

The Meaning of the Transition to Retirement at Midlife from Active Duty Military Service in the United States:

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THE MEANING OF THE TRANSITION TO RETIREMENT AT MIDLIFE FROM ACTIVE
DUTY MILITARY SERVICE IN THE UNITED STATES

a dissertation

by

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Abstract

Purpose: The purpose of this hermeneutic, dialectic, phenomenological qualitative study was to describe among a sample of recently retired (within the past five years) United States military veterans, the experience of the transition to retirement at midlife from active duty (AD.) The secondary aim is to describe within this sample of recently retired military veteran's, the meaning of health to their post military lifestyle.

Background: The transition to retirement from AD military service to retirement is a unique transition occurring at midlife about which little is known. Veterans serving after 9/11/2001 are more likely to have deployed and to have deployed multiple times compared to other service eras, having unique effects on relationships, physical and mental health, and meaning of health. No research has been done to examine the experience and meaning of health of career AD veterans who served during eighteen years of continuous war.

Method: This study was guided by Margaret Newman's *Health as Expanding Consciousness (HEC)* to explore the meaning of the transition to retirement and health among AD military veterans at midlife. Newman's HEC guided data collection and analysis. Fourteen participants were recruited through purposive, criterion snowball sampling. Participants were individually interviewed about meaningful people and events in the military retirement and meaning of health. Rigor and trustworthiness were ensured by taking measures to support credibility, confirmability, dependability, and transferability. The researcher developed a narrative and diagram of meaningful events and relationships which was shared with each participant and reflected together on life patterning.

Results: Fourteen participants consisting of men (n=10) and women (n=4) representing all branches of the military as well as officer and enlisted ranks participated in this study. The

difficulty of finding a sense of purpose in retirement was common among participants.

Participants also described becoming aware of health conditions after distrust of the healthcare system during their military careers. The experience of war was found to have effects on the entire family.

Conclusion: Through HEC, a more complete understanding of the meaning of health and transition to retirement among active duty veterans was formed. Future research should focus on the unique populations of veterans including of combat veteran and women veterans.

Keywords: military, health, meaning, combat, women, qualitative, Health as Expanding Consciousness

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Chapter One: Statement of the Problem

This study to explored the experience of the transition to retirement from active duty (AD) United States military service. The purpose of this chapter is to discuss the unique midlife transition to retirement faced by today's AD military, including its significance. This chapter will also define terms to be used, discuss the underlying assumptions and outline the specific aims of the study.

Statement of the Problem

The transition to retirement from AD military service is a unique transition occurring at midlife about which little is known. Currently, the United States AD military is undergoing an even more atypical transition to retirement compared to prior service eras such as World War II or the Korean War in part because the AD and/or recently retiring United States military has been engaged in a wartime mission since 2001. This fact suggests that some of the more recently retired veterans or AD military who are about to retire, have served in the military during a time of continuous wartime conflict.

This important difference in the currently or recently retiring military is coupled with the fact that number of military veterans retiring at midlife is large and growing. In 2017, more than 24,212 veterans transitioned to retirement from the military (Actuary, 2018). Currently, 3.7 million veterans have served in the still on-going Post 9/11 Era (Joint Economic Committee, United States Congress, 2015), making Post 9/11 veterans the second largest living veteran cohort behind Vietnam (7.3 million), and larger than other living veteran cohorts including 2.2 million living from Desert Storm, 2.3 million living from the Korean War, and 1.7 million veterans living from World War II (US Department of Veterans Affairs, 2016). (Veteran population data projections are based off of "best available data as of September 30, 2015

(National Center for Veterans Analysis and Statistics, 2019).) Despite this unique wartime service experience for a growing number of AD veterans, the experience of career AD service members transitioning to retirement at midlife is poorly understood.

Significance

The United States has been engaged military conflict in the Middle East since Operation Desert Storm in 1991, with an escalation in engaged forces after Sept 11, 2001. Accordingly, the United States military has been engaged in a continuous wartime mission for at least the past eighteen years. This is very unique compared to prior military service eras and experiences. For example, the Selective Service System (the draft) for the Vietnam War lasted for 4 years, with the Vietnam War itself lasting for 11 years (1964-1973) (PEW, 2011), the Korean War was three years long (1950-1953), and the United States was involved in World War Two for under four years.

In addition to duration, the post 9/11 service era has unique characteristics from other service eras. For example, post 9/11 veterans are more likely to have deployed and to have deployed multiple times compared to other service eras (PEW Research, 2019). Specifically, 75% of post 9/11 veterans report deploying at least once, with 58% reporting serving in a combat zone (PEW Research, 2019). There are 2.77 million service members who have deployed since 2001. These 2.77 million service members have served on 5.4 million deployments, meaning most service members deployed multiple times (Forbes, 2018). In contrast, 31% of pre-9/11 veterans never deployed (PEW Research, 2019). Post 9/11 veterans were more likely to experience combat (58%) compared to pre-9/11 veterans (31%) (PEW Research, 2019). Post 9/11 veterans who experience combat were more likely to report this experience had a negative impact on their physical health (41%) and mental health (52%) compared to veterans who

experienced combat pre-9/11 where only 34% reported negative impacts on their physical health and 28% reported negative impacts on their mental health from combat (PEW Research, 2019).

Post 9/11 veterans also seem to experience a more difficult transition to civilian life with 47% of post 9/11 veterans reporting the transition to civilian life as difficult compared to 21% of post 9/11 veterans (PEW Research, 2019). This difficulty is reflected in relationship status of veterans with 48% of married post 9/11 veterans reporting their deployment(s) put a strain on their marriages, compared to only 34% of pre-9/11 veterans (PEW, 2011). Post 9/11 AD veterans have a unique military service experience compared to veterans from other eras, which may be related to the duration of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND), repeat deployments, and the volunteer nature of military service after 1973. It appears that military service post 9/11 negatively affects marriages and the transition back to civilian life, however, little is known about the experience of the transition to retirement at midlife.

Participation in military service is competitive, using pre-induction screenings at Military Entrance Processing Stations (MEPS) to ensure only healthy, high school educated individuals are accepted to the military. Despite myths that military service is only an option for those who cannot navigate the education system (NBC News, 2006), approximately 80% of military applicants are turned down each year as a result of the MEPS screening process (Military.com, 2019). Applicants are deemed unqualified for reasons such as low aptitude test scores, disqualifying medical or physical conditions, too many dependents, disqualifying tattoos, a history of criminal activity or testing positive for disqualifying drugs (Office of the Under Secretary of Defense, 2013) with the most common reason for rejection being obesity process (Military.com, 2019).

Presumably because of strict pre-entrance requirements and intense fitness requirements during service, military service could be associated with better health later in life and continued positive health behavior (Wilmoth, London, & Parker, 2010). Military service should also decrease health problems by contributing to improved socioeconomic status (Crimmins, Hayward, & Seeman, 2004) and by providing education, training, and healthcare (Wilmouth et al., 2010). However, despite better pre-service health than the general population and strict fitness requirements during service, military veterans of all ages appear to have a heavier disease burden than the general population after completing military service.

In 2012, 50% of the general adult United States population was diagnosed with at least one chronic disease (Centers for Disease Control and Prevention, 2017), compared to only 13% of AD soldiers diagnosed with one or more chronic diseases (US Army Public Health Center, 2016). However, once AD service members leave the military, the prevalence of chronic disease shifts to disproportionately burden military veterans. In a national survey conducted by the CDC, participants identifying as military veterans were more likely to report having cardiovascular disease than civilians (Hoerster et al., 2012).

Military veteran healthcare at midlife is very expensive and is covered by tax payer dollars. The budget for VA medical care in 2019 was \$7.7 billion, and requests have been made to increase to \$8.44 billion in 2020 (US Dept of Veterans Affairs, 2019a). In addition to VA healthcare costs, retired military veterans are also eligible for Tricare, a military health benefit for retired military members and their spouses (Congressional Budget Office, 2012). According to the most recent financial analysis of Tricare Prime (military insurance) spending, the Department of Defense (DOD) spent an estimated \$2.1 billion per year on medical care associated with predictors of chronic disease, including tobacco use, obesity, and excessive

alcohol consumption (Dall, et al., 2008). Most of these expenditures were incurred by retirees and their dependents under the age of 65 (Dall, et al., 2008). Approximately \$50 billion is spent annually by the DOD on military healthcare benefits (Congressional Budget Office, 2017). Accordingly, there appears to be an excessive disease burden on AD military retirees despite their pre-entrance health, and required health and health behavior throughout their military careers.

Theoretical Framework: Health as Expanding Consciousness

Health as Expanding Consciousness (HEC) serves as the theoretical model for this study (Newman, 1986, 1994, 2008). HEC is especially relevant to periods of relative stability in life that are interrupted by disturbances, such as retirement from the armed services. The interruption in stability provides an opportunity for the individual to emerge recognize choices that were previously made are no longer working and may be an opportunity to think of different ways of doing things, allows for a higher level of conscious characterized by a higher level of organization, characterized by complexity, diversity, growing awareness, and new patterning, which emerges as a higher level of consciousness.

According to Newman, the nature of the person is represented by a unique pattern of wholeness, consciousness, and is purposeful. Newman defines consciousness as the exchanging capacity of information of the person with the environment. Patterns representing individuals manifest in ways specific to the mutual interaction of the person and environment. The interaction between the person and environment is mutual, dynamic, continuous, and interactive. During a lifetime, the person continuously communicates with the environment, which continues to create opportunities for growth and evolution with increasing complexity. This mutual interaction between the person and the environment is a process of expanding consciousness.

HEC draws the focus away from symptoms and diagnosis, and instead to focus on patients as unique individuals with unique patterns comprising their wholeness. Health is manifested in the process of expanding consciousness.

Theoretical Influence: Young and the Evolution of Consciousness

Theoretical support for HEC was drawn from Bentov, Bohm, Prigogine, Young and Whitmont (Newman, 2008). Young's evolutionary continuum serves as a visual representation of the stages of health as an expansion of consciousness, however, HEC is not linear. It occurs in five stages: (1) binding, (2) centering, (3) choice point, (4) decentering, and (5) unbinding. Binding refers to the earliest stage of expanding consciousness where individuals do not distinguish themselves as unique from the group. During centering, trial and error leads to a heightened sense of individuality. Choice occurs as a result of disruption or challenges such as a major life event, illness disease, or any circumstance that causes a disruption. Consciousness is an opportunity to recognize that previous ways of being may no longer be appropriate. Through reflection and awareness, a person is able to make new choices in response to the changes in the environment and person interactions. Essentially, the individual is recognizing new patterns by recognizing that what once worked no longer does. Initially, awareness of a change in patterns can cause confusion and frustration. As the pattern is recognized, the person gains a greater meaning of the whole where the person's past, present, future, definition and direction become clearer. This realization and process of learning new behaviors leads to a deeper awareness of self and relationships, and as the new behaviors are learned, the person experiences a sense of boundarylessness and the fourth stage of decentering occurs. The final stage, unbinding, occurs when the new behaviors result in increased growth, and the person experiences self-

transcendence freedom, allowing the individual to interact with the environment in increasingly diverse and complex ways over time.

Theoretical Influence: Bentov and Consciousness and the Life Process

Bentov's work identifies life as a process of expanding consciousness. Consciousness is the interactions within the system of the person and environment, the quality and quantity of those interactions, and therefore the informational capacity of system (Bentov, 1977; Bentov, 1978; Newman, 2008). Newman's theory uses this concept of expanding consciousness to relate to health as an expression of freedom from the constraints of a wellness – illness trajectory bound by disease or lack thereof. Health is the ability to be aware of this freedom and as such provides the impetus to move toward expanded consciousness. This is achieved through the process of unitary knowledge and recognition that there is choice, an opportunity for new ways of being and taking action, which leads to personal growth, freedom and expanded awareness.

Theoretical Influence: Bohm and Implicate Order

Bohm's Theory of Implicit Order describes an underlying pattern serving as an implicate order from which all tangible elements are tied. Humans can acknowledge the underlying pattern through feelings and tangibles of our world that we can touch, hear, see, or feel. This is called the explicit order, which rises from the primary, implicit order as a temporary manifestation in a periodic pattern, like waves on the ocean. Bohm refers to the temporary manifestations of the implicit (or total, undivided pattern) as the holomovement. In this view, the disease and /or illness and sense of being bound is a manifestation of the underlying pattern. Newman was influenced by Bohm's work by focusing on people's perception of disease as a revelation of the underlying life pattern.

Theoretical Influence: Prigogine and the Theory of Dissipative Structures

Prigogine describes the growth capacity of a system during disruption (Newman, 2008; Prigogine, 1976; Prigogine & Stengers, 1984). The Theory of Dissipative Structure explains the paradox of entropy and negative entropy in living systems. Living systems are open systems that are capable of exchanging both energy and matter with the environment. Positive entropy refers to disorder, where energy is dumped into the environment. Negative entropy refers to order, which drains from the environment to increase internal order and complexity of the local region of the open/living system. Living systems fluctuate in an orderly fashion until they undergo a disruptive event which requires the system to respond with a new process of self-organization. The system evolves to a new rhythmic and orderly fluctuation at a higher level, requiring energy from the environment. The ability of the system to re-self-organize represents the system's advancement and growth. Newman uses this theory to explain how disease serves as a mechanism for expanding consciousness.

Theoretical Influence: Whitmont and Pattern Representation

Newman's theory as a research protocol looks for pattern recognition by the participant. Whitmont's theory recognizes humanity's intrinsic expectation for growth and change by proposing unique and intrinsic forces can be represented by individual patterns. The experience of disease and the human response to illness can potentiate growth and change. Individuals respond to disease biologically, psychologically, and socially. All of these responses, regardless of the end result, can move humans to growth.

Definitions and Terms

Active duty: Full-time duty in the active military service of the United States (Joint Chiefs of Staff, 2016)

Body Mass Index (BMI): A person's weight in kilograms divided by the square of height in meters, used as screening for weight category, such as healthy weight, overweight, and obesity.

Chronic Disease: Conditions lasting three months or longer (National Health Council, 2014) such as heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis (CDC, 2017)

Health Promotion Behavior: Not smoking cigarettes, meeting aerobic physical activity recommendations, consuming no alcohol or only moderate amounts, maintaining a normal body-mass-index (BMI), sleeping at least seven hours per twenty-four-hour period (Liu, Croft, Wheaton, Kanny, Cunningham, Lu, Onufrak, Malachercher, Greenlund, & Giles, 2016)

Health Risk Behavior: specified by the CDC, four health risk behaviors underlie most chronic illnesses. These health risks lead to early death: (1) lack of exercise or PA, (2) poor nutrition, (3) tobacco use, and (4) excessive alcohol use (CDC, 2015)

Midlife: the period of life between the ages of 45 to 65 (Erikson & Erikson, 1998)

Physical Activity: CDC 2008 PA guidelines, adults age 18-64 require 2 hours and 30 minutes (150 minutes) of moderate intensity aerobic activity and muscle strengthening activity on two or more days per week to help reduce risk of chronic diseases such as CVD (CDC, 2016)

Retired military veteran: veterans who served for 20 years on active duty service or retired under the Temporary Early Retirement Authority (TERA) after serving for 15 years on active duty (Department of Defense Office of the Actuary, 2014)

Recently retired military veteran: within 5 years of retirement date on DD214 (separation from, military service paperwork.)

Reserve Component: The Armed Forces of the United States Reserve Component consists of the Army National Guard of the United States, the Army Reserve, the Navy Reserve, the Marine

Corps Reserve, the Air National Guard of the United States, the Air Force Reserve, and the Coast Guard Reserve (Joint Chiefs of Staff, 2016).

Retirement: the act of ending your working or professional career (Merriam-Webster, 2015).

Transition: a passage from one fairly stable state to another fairly stable state; it is a process triggered by a change (Meleis, 2010).

Transition to retirement: Process involving short (1 year) and long-term (6-7 years) adjustment periods (Gall, Evans, & Howard, 1997); however, there is no uniform adjustment pattern or timeframe for retirement (Wang, 2007).

Veteran: Under US Code 38, a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. Veterans who enlisted after 1980 are eligible for VA benefits if they served the “full period,” usually at least 24 continuous months, with exceptions for service connected disability and hardship discharges (Szymendera, 2016).

Assumptions Based on Existing Knowledge

This study was based on several assumptions. First, the study was undertaken using a constructivist world view, incorporating open ended and contextualized perspectives of military veterans towards reality (Creswell & Miller, 2000). This also assumes that participants were willing to speak openly and honestly about their experiences. The author brings assumptions and experiences which influenced the design of this study. The author has personal experience as an active duty Air Force Officer and primary care provider in a military treatment facility. In this role, she witnessed increased incidence of chronic disease among the retiring active duty military

veteran population, which she assumes could be related to the experience of retirement from active duty military service.

Specific Aims

The specific aim of this hermeneutic, dialectic, phenomenological qualitative study is to describe among a sample of recently retired (within the past five years) United States military veterans, the experience of the transition experience to retirement at midlife from AD.

The secondary aim is to describe within this sample of recently retired military veteran's, the meaning of health and health behavior to their post military lifestyle.

Research Question (RQ) 1: What meaning does retirement at midlife have to recently retired AD military veterans?

RQ 2: What is the meaning of health for recently retired AD military veterans during the transition to retirement at midlife?

Summary

Today's military veterans transitioning to retirement from active duty are a unique veteran population. Veterans retiring from military service enter retirement at midlife and have been engaged in an active wartime mission since 2001. Little is known about the meaning of the retirement experience for active duty military veterans. Newman's Health as Expanding Consciousness was used to describe this experience.

Chapter 2: Review of the Literature

This study explored the midlife transition to retirement among AD military veterans to civilian life. The purpose of this chapter is to discuss what is known about today's AD military population, chronic disease states and prevention efforts in the AD military, the cost of veteran health care, and existing knowledge on retirement at midlife in the context developmental theory.

Demographics of Military Personnel

In order to gain an understanding of the transition out of AD military service, it is critical to understand the demographics of those currently serving, and entering the military. Important demographics for predictors of chronic disease include social determinants of health, including socioeconomic status and education. According to the most recent estimates from a DOD's program called Military One Source, in 2017, the DOD was comprised of 1,294,520 AD service members, 472,047 serving in the Army, 319,492 serving in the Navy, 318,580 serving in the Air Force, 184,401 serving in the Marine Corps (Military One Source, 2017). The AD force was composed of 82.3% enlisted personnel and 17.7% officers (Military One Source, 2017). Several important demographic indicators are reviewed below.

Age

The enlisted AD military force is generally young, with 51.7% age 25 years or younger and the smallest group being age 41 or older (4.8%) (Military One Source, 2017). In contrast, approximately one quarter (24.3%) of AD officers are 41 years of age or older, with the next largest age group being 26-30 years (22.7%) (Military One Source, 2017). Almost half of enlisted service members (49.2%) and most officers (68.4%) report being married, with over half of AD males reporting being married (54.0%) and less than half of AD females (45.3%) (Military One Source, 2017). According to the Pew Research Center analysis of DOD data, the

AD force is older than previous years, with the average age of officers in 2015 at 34.5 years (was 32.1 years in 1973), and the average age of enlisted personnel at 27 years (up from 25 years in 1973) (Parker, Cilluffo, & Stepler, 2017).

Education

Military personnel age 18-44 years of age are more likely to have a high school diploma or some college compared to civilians of the same age cohort. Specifically, 92% of enlisted personnel have a high school diploma or completed some college, compared to 60% of US adults in the general population (Parker, Cilluffo, & Stepler, 2017). Furthermore, VA education benefits may be used during or after 90 days of AD military service, including the Post 9/11 GI Bill, the All Volunteer Force Education Assistance Program (Montgomery GI Bill), Education Assistance for Members of the Selected Reserve (Montgomery GI Bill Selected Reserve), Survivors and Dependents Education Assistance (DEA), Post Vietnam Era Education Assistance (VEAP), Reserve Education Assistance Program, the National Call to Service Program, and Vocational Rehabilitation Program (Voc-Rehab) (Veterans Benefits Administration [VBA], 2016). In fiscal year 2015, over one million beneficiaries received education benefits through the VA, with 30,843 beneficiaries attending vocational/technical programs, 55,328 beneficiaries attending college courses in non-degree programs, 119,188 beneficiaries in undergraduate programs, and 20,868 attending graduate programs (VBA, 2016).

Race and ethnicity

Less than one third of AD service members identified as a racial minority in 2016 (31.3%, 404,920 service members); however, the percent of AD personnel who identified as a minority has decreased in the past year from 33% (Military One Source, 2017).

Gender

Women made up 16.2% of the AD force (210,336 service members) in 2016, with men comprising 83.8% (1,084,184 service members) (Military One Source, 2017). According to the University of California Los Angeles (UCLA) Law School Williams Institute Report (2014) using data from the National Transgender Discrimination Survey (NTDS) conducted by the National Gay and Lesbian Task Force and National Center for Transgender Equality, there are approximately 15,500 transgendered individuals currently serving as AD and NGR, and approximately 134,300 transgendered veterans (no longer serving on AD or NGR) (Gates & Herman, 2014).

Geographic

Between the years of 2012 and 2017, the states with the most military enlistees per capita were Georgia, Alaska, South Carolina, Texas and Alabama (McCann, 2019). The three states with the highest AD military populations are California (127,720), Texas (116,810), and North Carolina (97,025), (Military One Source, 2017). The AD population is located across the globe, with the top three assignment locations being in the United States and its territories (87.5%), East Asia (6.5%) and Europe (5.1%) (Military One Source, 2017). In 2016, 48% of post 9/11 veterans had served in Iraq, Afghanistan, or both locations (Department of Labor, 2017).

Socioeconomic Status

According to the most recent VA report on veteran socioeconomic status (2016), in 2014, male and female veterans had lower poverty rates than male and female non-veterans in their same age range (Department of Veterans Affairs, 2016). Similarly, male and female disabled veterans had lower poverty rates compared to disabled non-veteran male and females in the same age group (Department of Veterans Affairs, 2016). Male veterans had a higher median household

income than non-veterans with the exception of ages 55-64, while female veterans had a higher median household income regardless of age (Department of Veterans Affairs, 2016).

Compared to other military service eras, Post 9/11 veterans have the highest poverty rate (8.4%) compared to Korean War Veterans (5.6%), Vietnam Veterans (6.3%), and Gulf War Veterans (6.3%) (Department of Veterans Affairs, 2016). The veteran unemployment rating varies across the country geographically, with the lowest veteran unemployment rating in Indiana (1.8%) and the highest in Washington, DC (7.6%) (Department of Labor, 2017). The unemployment rate for veterans deployed to Iraq and Afghanistan (4.8%) was not statistically different from post 9/11 veterans who served elsewhere (Department of Labor, 2017).

Regardless of region, the poverty rate for female veterans is lower than the poverty rate for non-veteran females (Department of Veterans Affairs, 2016). Regionally, highest poverty level for female veterans occurs in the Midwest (10.2% for veteran females compared to 14.4% poverty level for non-veteran females) (Department of Veterans Affairs, 2016). The largest difference in poverty level for female veterans compared to female non-veterans occurs in the south, with a female veteran poverty rate of 9.2% compared to non-veteran females at 16.7% (Department of Veterans Affairs, 2016). Similarly, male veterans have lower poverty rates than non-veteran males by region, with the lowest male poverty rates occurring in the northeast (5.6% poverty rate for male veterans compared to 10.5% for non-veteran males) (Department of Veterans Affairs, 2016). The largest difference in poverty level between veteran and non-veteran males by region also occurs in the south, with 7.1% of male veterans at poverty level compared to 13.6% of non-veteran males at poverty level (Department of Veterans Affairs, 2016).

The unemployment rating from all post 9/11 veterans in 2016 was 5.1% compared to 4.6% in the general United States population in that same year (Bureau of Labor Statistics,

2016). There was no statistically significantly different between unemployment ratings of male veterans (4.2%) and female veterans (5%) (Department of Labor, 2017). Of the 453,000 veterans who were unemployed in 2016, the majority were age 45 and over (60%), 36% were age 25-45, and 4% were age 18-24 (Department of Labor, 2017).

Socioeconomic status by race and ethnicity. Female veterans have a lower poverty rate than non-veteran females regardless of race and ethnicity, with the largest difference between veteran and non-veteran women poverty levels being between African Americans (12.5% poverty rate for veterans vs 25.1% poverty rate for non-veteran women) and Hispanics (11.9% poverty rate for female veterans vs. 25.2% poverty rate for non-veteran women) (Department of Veterans Affairs, 2016). Male veterans also had a lower poverty rate than non-veteran males in regards to race and ethnicity, with the largest differences occurring between American Indian or Alaskan Natives (12.5% veteran poverty rate vs. 26.1% poverty rate for non-veteran males) and Hispanics (9.2% poverty rate for male veterans vs. 19.1% poverty rate for male non-veterans) (Department of Veterans Affairs, 2016).

Socioeconomic status by gender. Male veterans have lower poverty rates than female veterans (6.7% for male veterans, 9.4% for female veterans), a discrepancy which exists when broken down by age cohorts as well (Department of Veterans Affairs, 2016). The largest differences in poverty rates between men and women by age occur at the youngest and oldest age ranges (Department of Veterans Affairs, 2016). Between the ages of 17-34, the male veteran poverty rate is 10.5%, compared to 13.1% of female veterans in the same age range; for veterans age 65 and older, the male veteran poverty rate is 4.9%, compared to 7.9% for female veterans (Department of Veterans Affairs, 2016). The poverty rate for the general United States population in 2016 was 12.7% (US Census, 2018).

Female veterans also have median lower household incomes than male veterans, although there is no significant difference between male and female median household incomes for veterans between the ages of 17-34 and 55-64 years of age (Department of Veterans Affairs, 2016). The largest difference in median household income between male and female veterans occurs between the ages of 35-54, with a median male household income of \$81,724 and a female median income of \$78,518, which is also the age range with the highest median incomes for male and female veterans (Department of Veterans Affairs, 2016).

Differences in poverty rates between male and female veterans can also be observed when examined by race (Department of Veterans Affairs, 2016). A high percent of female American Indian or Alaskan Native veterans are in poverty (20.7%) compared to male American Indian or Alaskan Native veterans (12.5%) and compared to white male (5.7%) and white female (8.1%) poverty rates (Department of Veterans Affairs, 2016).

Summary Related to Demographics of the Military

It is important to consider the demographic variable of those who enter the military especially now that military service is voluntary. Today's United States AD Military force is unique compared to prior service eras. Since 1973, the American military has been all volunteer, meaning no members of the military serve as the result of a draft. Notwithstanding the removal of the draft, the United States military consisted of over 2 million AD service members in 1990 (Parker, Cilluffo, & Stepler, 2017), but despite multiple international wars, conflicts, and threats since September 11, 2001, today's military is significantly smaller at 1.3 million AD troops in 2015 (Parker, Cilluffo, & Stepler, 2017). Force reductions came at the end of the Cold War and again as a result of the 2011 Budget Control Act, a reduction in force (also known as a RIF, consisting of voluntary and involuntary separation) of 30,000 AD Army Soldiers (Philpott,

2013), 11,000 AD Marines, and 16,700 AD Airmen (Office of the Assistant Secretary of Defense for Readiness & Force Management, 2014) over 5 years despite a thinly stretched force of nearly 200,000 troops deployed across 177 countries (Desjardins, 2017). Research has yet to be performed examining the effects of twenty or more years of AD military service in the Post 9/11 Era retirement and health.

Predictors of Chronic Disease and Prevention Efforts in the Active Duty Military

Four modifiable health risk behaviors underlie chronic disease and lead to early death: (1) lack of exercise or physical activity (PA), (2) poor nutrition, (3) tobacco use, and (4) excessive alcohol use (CDC, 2015). Health promotion aimed at reducing chronic illness and its associated costs for United States military has been a priority for the Department of Veterans Affairs (VA) and DOD. Despite requirements for AD military to adhere to physical fitness standards and required utilization of the military healthcare system during AD service, AD military engage in more health risk behaviors compared to civilians (Hoerster, Lehavot, Simpson, McFall, Reiber, & Nelson, 2012). AD military are more likely to report current smoking, smokeless tobacco use, and heavy alcohol consumption than civilians (Hoerster et al., 2012) placing them at higher risk for chronic illness.

Further contributing to chronic illness, veterans have been found to gain weight during the three years leading up to military discharge and three years after the discharge transition to civilian life compared to service members in the same age cohort who remain in the military (Littman, Jacobson, Boyko, Powell, & Smith, 2013). There have been studies examining health promotion and risk behaviors of young veterans under the age of thirty (Buis, Kotagal, Porcari, Carole, Rauch, Krein, & Richardson, 2011) and older veterans over the age of 65 (Haradi, Shawkat, Hahn, Kleinman, Fang, & Meika, 2010); however, no research has been done to

examine the effects of the midlife transition to retirement's impact on health promotion and risk behaviors. Accordingly, little is known about the experience of a midlife transition to retirement from AD

Tobacco Use in AD and Veterans

In 2015, approximately 28% of AD Army soldiers reported using tobacco products (US Army Public Health Center, 2016) compared to 15.1% of adults in the general United States population (CDC, 2017). In one year, the DOD spent \$564 million on care related to tobacco use (Dall, et al., 2008). As a response in 2009, the Institute of Medicine (IOM) recommended the DOD and VA prioritize tobacco control by implementing programs to achieve a tobacco-free military with a goal of alleviating many of the health and financial burdens incurred by military personnel and dependents from tobacco use (Bondurant & Wedge, 2009). The call was rejected by the Secretary of Defense, Robert Gates, citing the stress relief needs of service members that were met by tobacco use (American Public Health Association, 2014).

The proposition was also rejected by Congress members due to speculated influence from the tobacco industry (American Public Health Association, 2014). The American Public Health Association released a policy statement calling for a tobacco free military in 2014, citing issues of lower levels of military readiness/ability to deploy, lower physical fitness, increased prevalence of posttraumatic stress disorder and increased work and life stress, which was believed to be related to chronic nicotine withdrawal. Among injured service members, tobacco use was associated with longer hospital stays, doubled risk of post-surgical infection, and retarded wound healing (American Public Health Association, 2014).

Lack of Exercise and Poor Nutrition in AD and Veterans

In one year, the DOD spent \$1.1 billion on care related excess weight and obesity (Dall,

et al., 2008). In order to improve the health of the AD force, the Army established the Performance Triad (P3). P3 refers to the triad of sleep, activity, and nutrition behaviors that are essential to achieving optimal physical, mental, and emotional health and wellbeing (US Army Public Health Center, 2016). The P3 activity goals include the CDC's 2008 physical activity guidelines for adults of 150 minutes of moderate intensity exercise and two days of resistance training (comparable to the CDC's 2 days per week of muscle strengthening activity) but adds the goals of 15000 steps per day and 1 day of agility training per week (US Army Public Health Center, 2016). In 2015, approximately 54% of AD Army soldiers met the Army exercise goals under the Performance Triad (P3) program (US Army Public Health Center, 2016) compared to 49.9% of adults in the general population who met the CDC's physical activity guidelines (CDC, 2016).

Regarding nutrition, P3 prescribes that all AD soldiers should consume at least 8 servings of fruits and vegetables per day and refuel after strenuous exercise within 30-60 minutes (US Army Public Health Center, 2016). The Army goal for nutrition under P3 was achieved by 25% of AD soldiers, where only one in ten adults in the general population reported consuming vegetables daily (CDC, 2017). Accordingly, when examining the AD component of the Army as a representation of the AD military, AD soldiers perform better on health promotion behaviors than the general United States population in terms of exercise and nutrition.

The midlife transition to retirement from AD military service appears to be a turning point for health promotion behavior when comparing AD retirees to the general United States population. In the general United States population, 40.2% of Americans age 40-59 years old are obese and 37% of Americans age 60 and over are obese (Ogden, Carroll, Fryar, & Flegal, 2015). According to Army.mil, 50% of retirees from the Army who had medical appointments at a

military treatment facility (MTF) in the year 2013 had a BMI that classified them as obese (Drum, 2014). Military retirees were twice as likely to be obese compared to AD service members (Drum, 2014). The US Army Public Health Command estimates that Army retirees gain an average of four pounds in the first year of retirement alone (Drum, 2014).

The burden of obesity does not appear to only fall on Army retirees, but on veterans from all military branches. The VA estimates 78% of military veterans using the VA for care were obese, compared to 35% of Americans in the general population (US Dept of Veterans Affairs, 2016c). There appears to be a drastic change in health promotion and risk behavior at the transition to retirement from AD military service resulting in increased obesity.

Despite these findings, reasons for this change in body composition have only been speculated. According to an expert from the US Army Public Health Command, Lieutenant Colonel Sandra Keelin, the weight gain may be attributed to many factors, including a decrease in physical activity after leaving the military and not adjusting caloric intake accordingly (Drum, 2014). Other dieticians from the US Army Public Health Command speculate that “Uncle Sam” measures weight and physical fitness every six months in AD soldiers, but this accountability stops in retirement (Drum, 2014). There is also less incentive to maintain weight and physical activity after AD, as career progression in the AD military depends on maintaining weight and fitness levels (Drum, 2014). Retirement from the military indicates the first time in twenty or more years that a veteran will not have mandated weight and fitness standards. Presumably these fitness standards would contribute to health promotion and health risk behavior changes during the transition to retirement at midlife, but to date, little is known. Research is needed to explore the experience of a midlife transition to retirement and to understand how the military retirement experience seemingly results in poorer health status as compared to the non-military population

at midlife

Excessive Alcohol Use in AD and Veterans

In 2015, approximately 4% of AD Army soldiers had a diagnosed substance abuse disorder (US Army Public Health Center, 2016) compared to 7.8% of Americans age 18 and older in the general population diagnosed with a substance abuse disorder (Substance Abuse and Mental Health Services Administration, 2017). Despite having more favorable substance abuse statistics compared to the general US population, excessive alcohol consumption still poses a significant burden for the US military. AD military are more likely to report heavy alcohol consumption than civilians (Hoerster et al., 2012). Each year, approximately 10,400 AD military are unable to deploy and 2200 are separated from service as a result of excessive alcohol use (Schumm & Chard, 2012), contributing to the \$425 million spent by the DOD on medical care related to high alcohol consumption (Dall, et al., 2008).

In response to the negative effects of excessive alcohol use (driving under the influence (DUI), domestic violence, accidents, etc.) a Midwestern Army installation piloted limiting alcohol sales on base from 24 hours per day 7 days per week to closing alcohol sales between the hours of 11:01PM and 6:59AM (US Army Public Health Center, 2016). The change in hours resulted in a 10% decrease in emergency room visits, 15% decrease in hospital admissions, 21% in DUI convictions, and a 27% drop in serious injury reports over one year (US Army Public Health Center, 2016). Accordingly, short term implications of limiting alcohol consumption have been realized at Army installations; however, research regarding the effects of long-term alcohol use in military veterans and the transition to retirement have not been investigated.

Occupational Exposures Among Military Veterans

Common exposures in the OEF/OIF era include burn pits and toxic embedded fragments.

Burn pits are a way to get rid of waste at military sites in Iraq and Afghanistan by burning substances including chemicals, paint, medical and human waste, metal/aluminum cans, munitions and other unexploded ordnance, petroleum and lubricant products, plastics, rubber, wood, and discarded food in a large, open air, hole in the ground (Department of Veterans Affairs, 2019). There are concerns regarding toxins released by this disposal method as well as particulate matter that may have long-term effects on the lungs; however, no long-term health issues have been identified at this point (Department of Veterans Affairs, 2019). Toxic embedded fragments (also known as shrapnel) refers to fragments from improvised explosive devices (IEDs), bombs, mines and shells that may remain in the skin after blast injuries (US Dept of Veterans Affairs, 2019d). Some of the fragments may contain depleted uranium (US Dept of Veterans Affairs, 2019c), which can contribute to renal issues, including cancer (Bardack, S., Dalgard, C. L., Kalinich, J. F., & Kasper, 2014; Kalinich, J. F., Emond, C. A., Dalton, T. K., Mog, S. R., Coleman, G. D., Kordell, J. E., ... & McClain, 2005; Kane, M. A., Kasper, C. E., & Kalinich, 2009).

Paying for Chronic Disease in Veteran Care

Chronic diseases are associated with high healthcare costs. The most prevalent triad of chronic disease for non-elderly veterans is diabetes-hyperlipidemia-hypertension, costing an average of \$31,191 per patient, while the costliest triad for non-elderly veterans was chronic heart failure – renal failure – COPD, costing an average of \$82,154 per patient (Yoon, Zulman, Scott, & Maciejewski, 2014). Accordingly, a significant amount of the DOD and VA budgets and tax payer dollars are spent on the healthcare of retired military veterans.

Healthcare and health promotion services for veterans during the transition to retirement are available at the federal and local levels. Federally, resources include the VA and Tricare

Insurance provided by the DOD. Veterans are eligible for VA care based on congressionally determined criteria such as veteran status, presence of a service-connected disability or exposure, income, or other factors such as recipient of a Purple Heart or former prisoner of war status (Panangala & Jansen 2014). Veterans may be enrolled in the VA while receiving healthcare and health insurance from other sources, such as private insurance, Medicare, Medicaid, and Tricare. Tricare is administered by the DOD and provides healthcare services through military and civilian hospitals and providers (Panangala & Jansen, 2014). Other than high costs associated with working age retirees in midlife, little is known about the health behavior experiences at the unique AD military veteran's midlife transition to retirement.

Midlife Retirement

Early transitions to retirement exist in settings outside of the United States Armed Services. Studies on early retirement tend to focus on civil servants in European countries, and define early retirement as mid-fifties and early sixties (Godard, 2016) (Bloemen, Hochguertel, & Zweerink, 2017).

The benefits and harms of early retirement appear to be mixed. Some studies indicate that early retirement produces positive effects for health and morbidity. For example, one study found that early retirement decreases the probability of dying within five years of retirement and decreases the probability of dying within five years of a disease related to arteries, arterioles and capillaries (Bloemen et al., 2017). Decreased mortality from diseases of the arteries, arterioles, and capillaries are particularly interesting as these diseases can relate to stress, for example, aneurysmal disease (Suzuki et al., 2003). Diseases of the arteries, arterioles, and capillaries also are associated with modifiable risk factors, such as smoking, hypertension, obesity, alcohol consumption, stress and exercise (Bloemen et al., 2017), which make them good targets for

health intervention. However, other studies indicate that early retirement, especially from high stress, physically demanding jobs, leads to increased weight gain in retirement (Godard, 2016). Researchers speculate that those retiring from strenuous jobs face a decrease in job related exercise for which they do not compensate in retirement (Godard, 2016).

Regardless of the effect of early retirement on health, the transition to retirement from AD military service is uniquely different from civilian early retirement. Specifically, retirement from the AD military occurs during the mid-forties, whereas early retirement research focuses on the late fifties and early sixties. Furthermore, AD retirees often find second careers in retirement, where civil servant employees do not. Because of these differences, military retirement may be more similar to retirement from professional athletics or other public services such as law enforcement and firefighters.

Essentially no research exists examining the transition to retirement for firefighters and law enforcement; however, the transition to retirement from elite athletics is associated with psychological, financial, occupational, family and social problems (Knights, Sherry, & Ruddock-Hudson, 2016). Risk factors associated with problems after athletic retirement include: (1) the degree to which the retiree identifies as an athlete (Giannone, Haney, Kealy, & Ogrodniczuk, 2017) (Sanders & Stevinson, 2017), (2) retirement due to a career ending injury (Sanders & Stevinson, 2017), (3) chronic pain (Sanders & Stevinson, 2017), and (4) involuntary career termination (Wolanin, Gross, & Hong, 2015).

Some evidence indicates that retired athletes do not necessarily maintain health behaviors after retirement. For example, former Division I athletes perform significantly worse on physical fitness measures compared to non-athletes who were active in college (Simon & Docherty, 2017). The decrease in exercise may be related the physical and psychological effects of

musculoskeletal injury (Russell, Tracey, Wiese-Bjornstal, & Canzi, 2017), although studies are limited. Although there is no retirement literature specific to the military transition to retirement experience, parallels may be drawn from other early retirement experiences, which may negatively affect health.

Developmental Theory

According to Erik Erikson's Theory of Psychosocial Development, individuals experience a series of psychosocial crises that contribute to our psychosocial growth and development. Military retirement commonly occurs during Erikson's stage of Generativity vs Stagnation (ages 40-65 years old). During this stage, people assume bigger responsibilities, play the role of always being in charge, and fear being inactive and meaningless. The stage is overcome successfully by providing unconditional support for the community and children and having something to contribute the greater good. (Erikson, Erikson, 1998)

Military veterans' average age of retirement for enlisted military personnel was 45.9 years (Allen & Garcia, 2015) placing military retirement in the early years of Erikson's Generativity vs. Stagnation growth and development stage (Erikson, Erikson, 1998). Research has yet to be done regarding the psychosocial effects of AD military veteran retirement during the midlife crisis of Generativity vs. Stagnation.

Summary

Military veterans are a unique subset of the greater United States population. Military veterans are well educated, less likely to live in poverty, and healthy while in military service. However, military veterans tend to exhibit health behaviors that are predictors of chronic disease and appear to have higher chronic disease rates after military service. Little is known about the

experience of retirement from AD military service and how this transition may affect the health of veterans.

Chapter 3: Design and Methods

This study explored the transition to retirement on AD military veterans to civilian life. The purpose of this chapter is to discuss the research method to describe the experience and health behaviors of AD military veterans at the transition to retirement. This study was grounded in the hermeneutic phenomenological (HP) approach described by Newman's theory of Health as Expanding Consciousness (Newman, 2000). This theory is derived from Rogers (1992) Science of Unitary Beings. This chapter will first review the philosophical underpinnings of phenomenology and specifically hermeneutic phenomenology. It will then review the science of unitary human beings including key concepts, followed by Newman's phenomenology and those key concepts. Lastly, the method proposed by Newman when using her theory to gain a greater understanding of the person, in this case as it relates to retirement and health during this midlife transition. The following research questions were answered.

Research Question (RQ) 1: What meaning does retirement at midlife have to recently retired AD military veterans?

RQ 2: What is the meaning of health for recently retired AD military veterans during the transition to retirement at midlife?

Design

Phenomenology

Phenomenology is used to describe the common meaning for several individuals of their lived experiences of a concept or a phenomenon (Creswell, 2013). The goal of this method is to reveal essential meaning of an experience. There were two major influential thinkers in phenomenology, Husserl and Heidegger. Husserl's phenomenology is considered descriptive, focusing on the question, "how do we know?" in order to understand the lived experience

through reflection and by bracketing any preconceived notions of somethings' essence (Lopez and Willis, 2004). Heidegger built off of Husserl's work and fostered interpretive phenomenology, shifting the question to, "what does it mean to be human?"

Hermeneutic Phenomenology

The method of inquiry used to answer the research questions in this study, hermeneutic phenomenology was developed in ancient times to discover the truths within the bible. Hermeneutic phenomenology is unique from phenomenology in that it recognizes the researcher's experience in the world as unique, encompassing experiences of culture, history, and other people. Accordingly, this view on phenomenology counters the concept of bracketing pre-conceived notions, but focuses on the relationship of the individual in the backdrop of their occupied world. Heidegger (1962) is an example of interpretive phenomenology by focusing on interpreting the human situation rather than simply describing. Heidegger argues that description is always an interpretation. Humans find meaning in the context of their relationships, behaviors, culture, language and time. Both the participant and the researcher exist in time (Heidegger, 1999), and phenomena can be understood when the researcher and participant share a reflection of an experience in the present. Accordingly, hermeneutic phenomenology attempts to describe human experiences in everyday life before the phenomena have been theorized or abstracted in anyway.

Science of Unitary Beings

The Science of Unitary Human Beings (SUHB) was developed by Martha Rogers (1992) placing the unitary, irreducible human being in a pandimensional universe and the human's interaction with the environment as a central phenomenon of interest to nursing. The SUHB is composed of the metaparadigm concepts: human beings, environment, health, and nursing.

The metaparadigm concepts, human beings and environment, are represented by the concepts: energy field, openness, pattern, pandimensionality, and homeodynamics. The concept, energy field, has two dimensions: human energy field and environmental energy field. The energy field refers to perceiving people and their environments as irreducible wholes, they are infinite, in continuous motion, and pandimensional. Energy fields are not possessed, rather, human beings and environments are energy fields. The concept, openness, refers to the constantly open nature of energy fields. (Rogers, 1992)

The concept, pattern, is an abstraction (not directly observable manifestation) that is continuously changing, gives an identity to an energy field, and is characterized as a wave phenomenon. Manifestations of patterns come through observable events in the real world that emerge out of the human-environment mutual process such as sleep-wake cycles, the speed of motion, the diversity of experiences, and time passing. (Rogers, 1992)

The concept, pandimensionality, is a nonlinear way in which reality is perceived, as a domain without spatial or temporal attributes. The concept homeodynamics has three principles, resonancy, helicy, and integrality. Resonancy is the continuous change from lower to higher wave patterns in the human and environmental fields. Helicy is the continuous change, innovative, unpredictable, and increasing diversity of human and environmental field patterns. Integrality is the continuous, mutual, human field and environmental field process and emphasized the relationship between the human and environmental fields. (Rogers, 1992)

The metaparadigm concept, health, is represented by the concept of wellbeing. Wellbeing is a value expression of the life process, it is not dichotomous, value laden, or absolute. Accordingly, wellness and illness are not differentiated in the Science of Unitary Human Beings because there are no absolute norms of health. (Rogers, 1992)

The metaparadigm concept, nursing, is represented by the concepts: independent science of nursing and art of nursing. Independent science of nursing refers to an organized body of abstract knowledge arrived at by scientific research and analysis that is specific to nursing. The art of nursing practice refers to the creative use of the science of nursing for human betterment. (Rogers, 1992)

Health as Expanding Consciousness

Newman's hermeneutic phenomenological approach of Health as Expanding Consciousness (HEC), is a hermeneutic and dialectic approach that is informed by Rogers' (1992) SUHB. Rogers view of humans is that they are unitary, dynamic, and pandemential beings existing within the universe. Newman applied this theory to develop a research method to describe the transformative nurse-client relationship that occurs during a disrupting phenomenon. Phenomenon are identified by patterns and interactions within the larger whole (interactions with family, community, and the environmental system.) Disruptions occur during periods of instability and can be identified by a change in pattern. Disruptions provide an opportunity for increased complexity, growth and expanding consciousness (Newman, 1999). HEC is considered dialectic because the nurse and client engage in dialogue to allow for higher levels of insight and growth that lead to higher levels of consciousness.

Major concepts. Newman's theory has two major concepts, pattern and consciousness. Consciousness is unidimensional and refers to individual human beings' informational capacities and peoples' abilities to interact with the environment, and the quantity and quality of those interactions (Newman, 1990). The informational capacity and the human system includes processes such as thinking (cognitive processes), feeling awareness (affective processes),

physiochemical maintenance (nervous and endocrine systems), growth processes, the immune system, and the genetic code.

Pattern is a multidimensional concept consisting of three dimensions: 1) movement-space-time, 2) rhythm, and 3) diversity. Newman defines a pattern as an identification of the wholeness of the person. Patterns possess meaning, as more meaning is discovered and more information acquired, the pattern becomes apparent and more self-organizing. There are many types of patterns that are manifestations of the underlying pattern that identify us as a particular person, including genetic patterns, voice patterns, and movement patterns (Newman, 1986). Patterns manifest in nine ways: exchanging, communicating, relating, valuing, choosing, moving, perceiving, feeling, and knowing.

Movement-space-time is a dimension of the concept, pattern. Movement is a characteristic of life, an essential property of matter, a means of communicating, the means by which people perceive reality and therefore become aware of themselves. Time refers to two types of time: 1) subjective time (the amount of time perceived to be passing) 2) objective time (the time on a clock.) Time and space have a complementary relationship, incorporating components relative to the individual (subjective and objective time, the use of time, personal space, inner space, and life space) and components relevant to the family (private time, coordinated time, territoriality, shared space, and distancing).

Rhythm is another dimension of pattern and is a powerful factor in interpersonal relationships and communication. A basic component of movement, rhythm is essential for communication. For example, the rhythm of talking includes speaking, pauses, words, and silence. Establishing a mutually satisfying rhythm of interaction is crucial for communication and interacting with the environment.

The third dimension of pattern is diversity and refers to the parts of the pattern and their variability. Patterns are in constant movement or change, the movement is rhythmic, and the parts of the pattern are diverse and changing in relation to each other (Newman, 1994).

Qualitative Rigor and Trustworthiness

Despite the flexibility and creativity involved in qualitative research, rigor and trustworthiness are important when evaluating and establishing the worth of qualitative research (Lincoln and Guba, 1985). Qualitative research requires attentiveness to multiple sources analytic bias. Threats to trustworthiness include (1) holistic fallacy, where events are interpreted as more pertinent or patterned than they are (2) elite bias, where data from articulate and well-informed participants is over weighted and less articulate, lower informed participants are underrepresented (3) personal bias, where the researcher's personal agenda skews their ability to represent data, and (4) going native, where the researcher's perspective and bracketing ability has been co-opted into the experiences and perceptions of participants. (Miles et al., 2014)

Rigor and trustworthiness were ensured by taking measures to support credibility, confirmability, dependability, and transferability (Graneheim & Lundman, 2003; Lincol & Guba, 1985). Credibility refers to the value and believability of the findings (Lincoln & Guba, 1985) and began with the research team making decisions regarding the focus of the study, how to best select participants and how data were collected (Graneheim & Lundman, 2003). Credibility was also ensured by member checking (Lincoln & Guba, 1985). Member checking occurred after the coding process and through creating the narrative diagram and sharing it with the participant for feedback. Member checking helped to ensure that the findings were consistent with participant perceptions (Creswell, 2013).

Furthermore, credibility was assured by vivid and faithful descriptions in the form of in-vivo (direct) quotations were included in the presentation of the data (Creswell, 2013). As a part of the data collection process, the researcher and dissertation committee members participated in peer debriefing throughout the study (Lincoln & Guba, 1985), especially during the coding process, to ensure consistency in coding and that findings represented the participants' views as captured in the data (Creswell, 2013). Peer debriefing also helped to ensure that no relevant data was inadvertently excluded, and no irrelevant data included (Graneheim & Lundman, 2003).

Trustworthiness was also addressed through the notion of transferability. Transferability refers to the ability of particular findings to be transferred to another context without losing the meaning identified in the study (Leininger, 1994). By using thick, descriptive data, the reader is able to determine where the findings can be transferrable to other populations for which the findings may fit (Creswell, 2013). Components such as culture, context, selection characteristics of participants, data collection and process analysis were also be vigorously described with incorporated quotations to facilitate the reader's decisions regarding transferability (Graneheim & Lundman, 2003).

Dependability and confirmability refer to how stable the data are (Graneheim & Lundman, 2003), and was addressed by reflexivity, creating an audit trail and detailing how definitions, concepts, and themes were established (Creswell, 2013). Through record keeping, an external audit or an outside source was be created to assess the accuracy of the findings and processes (Creswell, 2013). Record keeping and open dialogue with the research team were used to ensure dependability as interviewers and participants gained new insights overtime during the interview process (Graneheim & Lundman, 2003). The findings were also confirmable through the process of sharing the results with a military colleague uninvolved in the research process

offered a critique of the findings (Creswell, 2013). The researcher practiced reflexivity to maintain the researcher as a part of the research instrument. As part of the audit trail the reflective journals provided a rationale for decisions made, instincts, and personal challenges experienced by the researcher (Houghton, Dympna & Shaw, 2013).

Miles, Huberman, and Saldana (2014) propose thirteen tactics for ensuring trustworthiness in data quality, looking at “unpatterns,” and testing explanations, which also were followed as described below.

Checking for representativeness. Checking for representativeness refers to determining if findings refer to a more general phenomenon, or if the findings are a result of sampling from non-representative participants, generalizing from non-representative events or activities, or drawing inferences from non-representative processes. The researcher avoided these pitfalls by enlisting critical reviews of findings from colleagues and other team members, increasing the number of cases and looking purposively for contrasting cases. (Miles et al., 2014)

Checking for researcher effects. Because outsiders to a group can influence insiders and vice versa, the researcher took several measures to avoid bias from the effects of the researcher on the case and from effects of the case on the researcher. Because data were collected over the phone, the researcher did not have a direct effect on the site or vice versa. Furthermore, as the researcher is a veteran, she created a minimal variation in normal behavior regarding discussing military background. The researcher avoided bias stemming from the researcher onto the participant by making sure intentions of the study and purpose of the study were clear to participants. (Miles et al., 2014)

The researcher avoided bias stemming from the effects of the site by including participants with different points of view, kept thinking conceptually by translating sentimental

thoughts to theoretical ones, triangulating with other data sources such as documents and GAO reports, not causally showing off how much the researcher knows, showing field notes to a colleague, and keeping the research questions firmly in mind. (Miles et al., 2014)

Triangulating. Triangulating refers to using independent measures to support a finding or contradict it. This helps to confirm data and show that it is complete. Different data collection methods combined to build upon each other to provide a three-dimensional perspective of the phenomena (Miles et al., 2014). Specifically, interview data and observational data (such as participant mannerisms during the interview) and objective reports on the phenomenon (such as Government Accountability Office (GAO) reports and statistics) were used as data sources for triangulation to help confirm findings. Ensuring veterans of both officer and enlisted ranks from each branch of the military were included in the study also helped to ensure completeness.

Weighting the evidence. In weighting the evidence, data on which a conclusion is based that is thought to be stronger was given more weight in the conclusion as opposed to weak or suspect data. Data quality was strengthened as much as possible through validation efforts described above, as well as by looking for ulterior motives and looking for deception. Participants often have reasons for omitting, selecting, or distorting data, may have had reasons for deceiving the researcher, and researchers may have reasons for deceiving themselves. Accordingly, strategies such as checking data against hard facts, checking against alternative accounts, looking for the “trapdoor” (looking for what is going on beyond the obvious), sharing the researcher’s own personal experiences to open up the respondent, and sharing what the researcher genuinely thinks is going on to see how the respondent reacts was used to further validate data. (Miles et al., 2014)

Checking the meaning of outliers. Checking the meaning of outliers refers to looking at the exceptional or discrepant cases to test or strengthen the general finding, protect the research from self-selecting bias, and help build a better explanation. In order to check the meaning of outliers, the researcher used well-ordered displays of cases, roles, settings, events, or individuals (depending on the data collected) and looked for coherent relationships. Outliers were identified and the researcher considered if the exception “proved the rule” or consider if the outlier indicated that the conclusion required modification.

Using extreme cases. Using extreme cases is similar to checking the meaning of outliers and weighting the evidence, where the most extreme outliers are identified and used to verify or confirm conclusions. The researcher identified a person known to have a strong bias, usually with the most to gain or lose from affirming or denying something. The person(s) provided a surprising answer, confirming something when they had much to gain by denying it, then the researcher became more confident in the conclusions. For example, many participants discussed mental health conditions associated with retirement despite holding security clearances (Miles et al., 2014).

Following up on surprises. Surprises often have more weight than outliers. Upon identifying surprises, the researcher considered three basic questions: (1) reflected on the surprise to surface on the violated theory or conclusion (e.g. what did this event tell me about my expectations, implicit theories, and taken-for-granted assumptions?) (2) considered how to revise the theory or conclusion, and (3) hunted for new aspects of the case that possibly lead to a new theory or conclusion (Miles et al., 2014).

Looking for negative evidence. The researcher employed the tactic of asking, “do any data oppose this conclusion?” or “are any data inconsistent with this conclusion?” to actively

seek disconfirmation of the conclusion. The researcher also asked committee members to take a skeptical look at conclusions to attempt to disconfirm the conclusions. The proportion of negative to positive evidence was considered to disconfirm or require reformulation of the conclusion to appropriately deal with the evidence. (Miles et al., 2014)

Making if-then tests. If-then statements are a way of formalizing propositions, where a series of if-then statements can be linked together to form predictions, an early step in theory development. Theory development is not an aim of this phenomenology study; however, if-then statements were developed to describe an expected relationship of an assumed condition and to determine if a condition was true, recognizing that these statements will be a long way from universality. (Miles et al., 2014)

Ruling out spurious relations. Ruling out a spurious relationship refers to undoing a relationship that appears plausible and strong to make sure two things are not incorrectly believed to be in relation to each other. To avoid establishing spurious relationships, the researcher asked committee members to help search for additional variables that may have been contributing to identified relationships, and considered new ways to consider third variables and their effects. (Miles et al., 2014)

Replicating a finding. Replicating findings helps to protect against the “holistic fallacy” of putting more logic, coherence, and meaning into events than is actually present, and can be protected against by study and finding replication. The researcher looked for emerging patterns from one case to be tested in others, used triangulation measures described above, and asked the dissertation committee to perform a rapid “replicability check” by reviewing the database and methods to determine how feasible it would have been for a colleague to repeat the study. (Miles et al., 2014)

Checking out rival explanations. Checking out rival explanations refers to challenging the idea that another explanation may better account for the phenomena than the one presented as the conclusion. Checking out rival explanations was a fairly iterative process, starting early on in the study. The researcher looked for the best of several accounts that explained the phenomena, and held onto several explanations until one of them became increasingly more compelling as the result of more, stronger, and varied sources of evidence. During this process, the researcher considered if there was a bias present that she was unaware of, or if new data needed to be collected. Rival explanations were also considered during the final analysis by checking the merits of the next best explanation or other alternative explanations to the conclusion. (Miles et al., 2014)

Getting feedback from participants. In a process also known as “member checking,” participants asked to evaluate the findings of the study in an opportunity for feedback and to learn more about the case. Data write ups were transformed to participant friendly language at the macro-analytic level of inference (main factors and relationships, causal determinants) by working up from particulars.

Newman’s Research Methodology

Newman’s research methodology requires the nurse and patient to remain in dialogue to achieve insight and awareness. There are six steps in Newman’s Methodology (the interview, transcription, development of the narrative, diagram, follow up, and application of theory), followed by a second phase, comparing across patterns.

The interview. Data was collected during an initial interview focused on what the participant found to be most meaningful in their experience. The interview began with the open-ended statement: “Tell me about the most meaningful persons and events in your military career

and transition to retirement.” The interview proceeded in a nondirective manner and lasted 45-60 minutes. The researcher took the role of active listener, clarifying and reflecting, and asked direct questions as necessary throughout the interview. The researcher also was present in the moment and remained sensitive to hunches and intuition.

Transcription. After the interview, the researcher re-listened to the interview and transcribed the recording. The researcher was sensitive to the topic of the data, particularly when the participant went off topic on a subject not related to the life pattern. The researcher was sensitive to the relevance of the data omitted irrelevant portions of the data (e.g. the details of a recipe.)

Development of the narrative. The researcher then developed the narrative by selecting statements deemed most important to the interviewee, arranged key segments in chronological order, and highlighted the most significant events and persons. The only change in the data from the interview were in the order of presentation. Natural breaks where pattern shifts occurred were noted and formed the basis of the sequential patterns. During this process, the pattern of the whole emerged and was made up of segments of the participant’s relationships over time.

Diagram. The narrative was then be transformed into a diagram. The diagram was made of sequential pattern configurations to help the researcher to visualize the pattern of the whole and help accentuate contrasts or repetitions in relationships over time.

Follow-up. Follow up interviews were held to share the diagram with the participant, but not any interpretation. The mutual viewing allowed the participant to clarify or revise the story. During the follow up interview the pattern of the person-environment interaction began to emerge. Energy flow was visualized as blocked, diffuse, disorganized, repetitive, or other metaphors that may emerge to describe the pattern. In some cases, reflection over the

participant's life pattern with the researcher led the participant to express that pattern recognition was occurring or had already occurred since the initial interview. The option was made available for the participant to engage in additional reflection and subsequent interviews until no further insight was reached. However, in some cases no signs of pattern recognition emerged, which contributed to characterizing the pattern for that participant. No participants were forced to achieve pattern recognition.

Application of the theory. After the follow-up interview(s), the data was further analyzed in light of the theory of expanding consciousness. The nature of the sequential patterns of interaction were evaluated in terms of quality, complexity, and in relation to Newman's HEC (1) binding, 2) centering, 3) choice point, 4) decentering, and 5) unbinding). Similarities among participants of the study were designated by themes and stated in propositional form.

Phase two: Comparison of patterns across participants. Phase two focused on finding common experiences across participants. The interviews were re-read and dwelled upon. During the dwelling process, initial and holistic codes were applied to attempt an initial understanding of the data using "grouping" techniques, as these are most intuitive for the initial coding process (Saldaña, 2016). After an initial, general understanding of the data was obtained, the researcher began line by line coding. Line by line coding mostly consisted of in vivo coding; however, the first cycle coding process was very iterative. As the researcher continued to explore and familiarize with the data, sub codes, simultaneous codes, and versus codes were applied.

Category development: Provisionally categorized and clustered codes. After completing the first cycle coding process, categories were formed by synthesizing codes as data analysis to arrive at a consolidated meaning (Saldaña, 2016) of the lived experience of retiring from AD military. Initially, the researcher formed categories by code mapping (Saldaña, 2016). First, the

researcher arranged the codes identified from first cycle coding in a list. In the second iteration, the initial codes were moved into categories. Codes were compared and sorted. The researcher examined supporting quotes for each code which further helped to re-categorize the codes.

Furthermore, some codes were combined, or re-coded, to versus and simultaneous codes. By the end of the second iteration of code mapping, several categories emerged.

The third iteration of coding re-categorized the categories of the second iteration down to fewer overarching categories, each with several sub categories and associated codes. The code mapping process served as a valuable auditing technique for the conceptualizing process (Saldaña, 2016).

Generating meaning. Meaning was generated from data and for testing or confirming findings using Miles, Huberman, and Saldana's (2014) Tactics for Generating Meaning. People are meaning finders and makers and are capable of making sense of chaotic events (Miles et al., 2014). The thirteen tactics for generating meaning (Miles et al., 2014) occurred simultaneously in an iterative process with the coding process described above, and helped to determine if meaning found in the qualitative data was trustworthy by confirming meanings, minimizing bias, and ensuring to the researcher's best ability the quality of conclusions (Miles et al., 2014).

Patterns and themes. First, the researcher (1) noted patterns and themes, (2) saw plausibility, and (3) clustered to help see "what goes with what" (Miles et al, 2014). *Noting patterns and themes* refers to recurring gestalts that pull together many separate pieces of data. Human minds find patterns fairly intuitively. Patterns often occur between variables, such as similarities and differences between categories; and patterns of processes, such as connections in time and space within a bounded context. Despite forming patterns intuitively, humans construct them from our observations of re-occurring phenomena, therefore the researcher was attentive to

evidence of the same pattern while remaining open to disconfirming evidence as it occurred before the patterns or themes were considered to represent useful knowledge. Patterns and themes were subject to skepticism of the researcher and the research team. Patterns and themes were also be subject to conceptual and empirical testing, considering whether the pattern or theme made conceptual sense, considered if the pattern or theme was found elsewhere in the data where it was expected, and if there were counter examples. (Miles et al., 2014)

Seeing plausibility. The researcher also looked for *plausibility*, where during analysis a conclusion made good sense, but did not necessarily have an underlying basis other than intuition. Because people are meaning finders, plausibility was the basis for conclusion in the early stages of analysis but required further checking through other tactics such as counting cases, or making contrasts and comparisons to avoid prematurely jumping to analytic conclusions. Accordingly, the researcher followed up on surprises in analysis, took care to notice a lack of plausibility as well as plausibility. (Miles et al., 2014)

Clustering. Clustering refers to the researcher's best attempt to categorize what seems to belong together and can be seen as a process of moving to higher levels of abstraction. The researcher inductively formed categories and sorted pieces of data, such as events, participants, processes and settings, into categories. Less complex data was sorted through aggregation and comparison by asking what things are like and unlike each other. This process was interwoven with the coding process described above. (Miles et al., 2014)

Making metaphors. Metaphors are used by participants and researchers to make sense of experiences. The researcher was cognizant of metaphors, yet cautious of their use. Metaphors were used to see theoretical possibilities with their richness and complexity, used as data-condensing devices by taking several particulars and making a single generality, used as a

pattern making device by helping place the pattern noted in a larger context, as a decentering device by helping the researcher step back to a more inferential analytical level and ask, “what’s going on here?” and as a way of connecting findings to theory by effectively uniting imagination and theory. However, metaphors were used with caution because they are a partial abstraction that compares two things by their similarities by ignoring their differences. Accordingly, the researcher dug into metaphors used for their implicit meaning and explicit exploration and testing, avoided looking for overarching metaphors too early in the study to avoid jumping to hasty judgements, was cognizant of knowing when to stop pressing a metaphor for its juice, and remembered that the two things being compared in a metaphor always have differences. (Miles et al., 2014)

Counting. Counting occurs in the background of many judgements involved in qualitative research (Miles et al., 2014). For example, patterns and themes are in part determined by things that happen a number of times or consistently occur in a certain way (Miles et al., 2014). Therefore, the researcher used numbers to see rapidly what occurred in a large batch of data, to verify a hunch or hypothesis, and to keep analytically honest to protect from bias (Miles et al., 2014). Initially, code landscaping was performed using a word cloud generator (www.wordclouds.com) to compare first cycle in vivo coding with a visual representation of frequent words used by the participant in the interview (Saldaña, 2016).

Making contrasts/comparisons. People naturally and quickly make comparisons when faced with experiences and can be an effective way to test a conclusion. As appropriate for the data, contrasts and comparisons were made to show how exemplary cases varied, by growth gradients to enable a comparison across time. All contrasts and comparisons were assessed for

their practical significance before and after comparisons were made by considering, “how big must a difference be to make a difference?” (Miles et al., 2014)

Partitioning variables. The differentiation of variables, or partitioning and subdividing of variables, occurred at multiple points throughout the analysis. In the initial stages, variables were partitioned to avoid monolithism and data blurring. Later in the analysis, as variables did not relate to other variables, partitioning also was considered. Partitioning was used with caution to avoid over-complexity and atomization and was used to find coherent, integrated descriptions and explanations. (Miles et al., 2014)

Subsuming particulars into the general. Subsuming particulars into the general refers to abstracting something into a more abstractly defined class that may be pre-defined or emerge through coding. The researcher engaged in this conceptual and theoretical activity, iteratively moving between first level data and evolving more general categories until the categories were saturated and new data did not add meaning to the category. The researcher was careful to avoid arbitrary abstractions or make taxonomic classifications that did not add meaning. Rather, the researcher subsumed particulars to the general with clear linkages to the study’s research questions. (Miles et al., 2014)

Factoring. Factoring refers to tightening patterns and categories into second order variables that have some communality. The researcher created pattern codes, or factors, by proposing that several disparate but related pieces of data had something in common and formed a smaller number of patterns and categories from a larger number of patterns and categories. The researcher continually analyzed pattern coding by asking, “do these factors make a meaningful difference?” or contribute to the understanding of the case and its underlying dynamics. (Miles et al., 2014)

Noting relations between variables. The researcher tried to discover what relationships, if any, existed between two or more variables. As indicated by the data the researcher used methods such as network displays to look at more complex configurations and show temporal dimensions more clearly, checked out rival explanations, ruled out spurious relations, used extreme cases, drew on skeptical colleagues, or used reversal exercises to draw conclusions about relationships. (Miles et al., 2014)

Finding intervening variables. When an inconclusive relationship between variables existed, the researcher worked to find intervening variables that may have been influencing the relationship by examining, comparing, and contrasting multiple examples of the two-variable relationship. (Miles et al., 2014)

Building a logical chain of evidence. Building a logical chain of evidence refers to bringing discrete pieces of information together to make a more economical whole that is more than the sum of its parts. The researcher used data from several participants which emphasized the factors independently and indicated causal links. The researcher then verified the logical predictions and claims, and accounted for countervailing evidence, undergoing painstaking verification at each step. The researcher used if-then tactics, or statements to verify if what is stated really occurs in the data and to determine if we can logically predict consequences. The researcher also verified that the relationships made sense and that the chain was complete, with no gaps in the chain from antecedents to outcomes. The evidential chain was constructed and tested gradually with analytic induction: starting with getting a sense of the main factors, then tentatively plotting the logical relationship, and testing the relationships against the next wave of data collection, modifying and refining the relationships into an explanatory map, and testing the map against new cases and instances. (Miles et al., 2014)

Making conceptual/theoretical coherence. At the end of data analysis, the researcher developed conceptual coherence by connecting observables with unobservable. As there is little research describing the transition experience to retirement among military veterans at midlife, the researcher moved from the bottom up, establishing discrete findings, relating findings to each other, naming the pattern, and identifying corresponding constructs. (Miles et al., 2014)

Inclusion/Exclusion Criteria

Inclusion criteria required participants to be retiring in midlife (ages 45 to 55) after serving in the post 9/11 era for at least 20 years on AD or opted to retire under the Temporary Early Retirement Authority (TERA) after serving on AD for at least 15 years. The exclusion criteria include veterans who were medically retired prior to serving at least 15 years (receiving full retirement benefits due to a service connected, medical condition, as a result of the “medical board” process) or did not serve on AD for a cumulative 15-20 years.

Sampling

Purposive criterion and snowball sampling were used to recruit individuals who had experienced the phenomenon (Creswell, 2013) to meet the study aims of describing the experience of the transition to retirement from AD military service in midlife. Participants were recruited through emails sent by a surrogate for the researcher to the researcher’s pre-existing network of military veterans throughout the United States. Tiffany Harwood LCSW, an Air Force veteran and clinical Social Worker, served as the surrogate for the researcher. Those interested in participation were asked to contact the surrogate who sent the email on behalf of the researcher. The researcher then contact potential participants who expressed interest in participation within 2 weeks to obtaining consent, complete the demographic questionnaire, and scheduled an interview. Subsequently, participants were asked to refer potential participants

(unknown to the researcher) for possible inclusion in the study. Participants were provided \$25 Amazon gift card sent via email for remuneration. Fourteen participants were interviewed (Sullivan-Bolyai, et al., 2005; Creswell, 2013) until data saturation was achieved (Creswell, 2013).

Setting

Recruitment occurred via email. The study procedure was offered to take place over web-based communication (Zoom) or phone depending on the participant's preference and comfort. In person interviews will occur with the participant situated in the location of his or her choosing.

Ethical Considerations

Prior to starting the interview, consent was obtained with a consent form approved by the IRB at Boston College (Creswell, 2013). At the start of the interview, the researcher reviewed the purpose of the study, the amount of time the interview was anticipated to take, plans for using the results, and offered a copy of the report to the participant once complete (Creswell, 2013). All members of the study team maintained CITI certification. Diligent effort was made to protect human subject participants and their data. All interview data were recorded on a password protected mobile device. All interview transcriptions were stored electronically on a password protected computer. Participants were de-identified with a pseudonym. Although contact information was collected to build a program of research and for member checking purposes, information was stored on a password protected computer. Only the study investigator had access to the password.

Verbal and written agreements were made with study participants during the consent process (Miles et al., 2014). As a part of the study agreement used by Miles, Huberman and

Saldana (2014), the researcher discussed the expected time and effort involved with study participation, including interviews lasting 45-60 minutes and an opportunity for participants to provide feedback after data analysis. Participants were reassured that participation was voluntary and participants had the option to refuse to participate at any point in the study. Pseudonyms will be used in any published materials and all information shared with the dissertation committee was de-identified.

Summary

Chapters One, Two and Three have described essential components of this dissertation proposal. The background and significance of the study were described, followed by a review of the literature supporting the research study and methods.

Chapter Four: Findings

Introduction

Chapter four is presented in three sections. Section I provides an overview of the study and a description of the study sample. In the second section, individual exemplars are developed following the protocol described in Chapter three. The exemplars include the narrative summary, life diagram, pattern analysis, and response to the life diagram. Section three reports themes reflected across participants in light of Newman's (1999) Theory of Health as Expanding Consciousness.

The purpose of this study was to examine two research questions: Research Question 1) What meaning does retirement at midlife have to recently retired AD military veterans? 2) What is the meaning of health for recently retired AD military veterans during the transition to retirement at midlife? Data analysis was conducted using Newman's theory of health as expanding consciousness and research praxis protocol as described in Chapter three.

Study Sample

Purposive criterion and snowball sampling were used to recruit participants. The initial participants were recruited using a surrogate who contacted veterans from the researcher's personal network. Participants reached out to other potential participants who then contacted the researcher or surrogate to volunteer to participate. There were fourteen total participants included in the study.

The study sample consisted of ten men and four women ranging in age from 45 to 55 years old ($M = 46.0$ years). In general, participants were well educated, all participants completed high school, three held bachelor's degrees, nine held master's degrees, and one held a Ph.D. Eleven participants held full time jobs after retiring from the military, two worked part

time, and one was fully retired although volunteers seasonally. Years of active duty military service ranged from 20 to 27 years ($M = 22.14$ years). Years since active duty service ranged from one to five years ($M = 2.64$ years). Most participants were officers ($n=10$) although enlisted personnel were represented in the study ($n=4$). All branches of the Armed Services were represented in the study, Air Force ($n=9$), Army ($n=1$), Navy ($n=1$), Marines ($n=2$), Coast Guard ($n=1$). Eleven participants identified as Non-Hispanic white, two identified as Black or African American, one identified as white Hispanic. Income ranged from \$50,000 to \$150,000 ($M = \$121,000$). Service connected disability ratings ranged from 50% to 100% ($M = 75.71\%$). Most participants took some form of medication ($n=10$, $M=1.67$ medications per person). Medications were used to treat conditions for non-opiate pain control ($n=3$), diabetes ($n=4$), hypertension ($n=5$), hyperlipidemia ($n=4$), allergic rhinitis ($n=2$), and mental health conditions ($n=5$).

Setting

Recruitment occurred via email sent by the surrogate. Interviews occurred via phone ($n=13$) and in person ($n=1$) according to the veterans' preferences and geographical location. Although video interviews were offered, no veterans chose the video platform. Prior to each interview the researcher centered by bracketing potential biases prior to the interview. After each interview, interview transcription, and coding phase, the researcher reflected on possible meanings of the retirement and health experience from the interviews patterning of participants and examined hunches. Periodically, the researcher debriefed with the committee chair regarding the meaning of health and retirement discussed by participants, patterning, and hunches. Pseudonyms were created for the participants as well as meaningful people described in their narrative summaries.

Data Collection and Analysis

The research protocol outlined by Newman (1999) was used to answer the two research questions listed above. Data was collected through interviews where participants were asked about the most meaningful people and events during their transition to retirement. During the study process the interview the initial opening question was “tell me about the most meaningful persons and events in your military career and transition to retirement.” The interview guide was change after the first participant expressed some difficulty sharing the experience of military retirement without first explaining the story of a military career. The experiences of a military career seemed to influence the experience of retirement, therefore the interview guide was adjusted to lead with the question, “tell me about your entrance to the military, and meaningful people and events during your military career and transition to retirement.” Most participants began their narratives in childhood where they described influences or experiences which drew them to military services. They continued to discussed their early, mid, and later careers as well as meaningful people and events during these times, and then discussed their retirement transition and often discussed how experiences throughout their lives effected the meaning of their midlife retirement and health.

Each interview was approximately one hour in length, and the follow up interview lasted forty-five minutes on average. All interviews were recorded verbatim and transcribed. Phase one portrays the unique stories of each participant following the protocol established in Chapter three including the presentation of the narrative, life diagram, pattern appraisal, and pattern analysis summary.

Kate’s Story: Balancing motherhood and service

Kate’s narrative summary. Kate states that she had a stable childhood. She grew up in a large family and both parents infused a strong Christian faith in her. In high school she met Jim who

shared her ideals about faith and service. They went to college together where Kate completed her undergraduate and master's degrees in social work. Jim was in ROTC and upon graduation commissioned in the Air Force and they married. Jim and Kate started their family shortly after they married. While a part of the Air Force family as a spouse, Kate learned about career opportunities and education opportunities for social workers on active duty and decided to commission with the Air Force. Now that Kate and her husband were both active duty officers, they were stationed apart or deployed at different times throughout their careers. They found themselves leaning heavily on their military community and church community for support during these times to help taking care of their two children.

Kate deployed in her early career to Afghanistan for 8 months while her children were both in Middle School. Kate traveled to forward operating bases (FOBs) to debrief with Army and North Atlantic Treaty Organization (NATO) forces after engaging in combat and assess if soldiers were safe to return to the frontlines. Kate was often the only women who had been to the more remote bases. She treasures her deployment as one of the most meaningful events of her career because she had the opportunity provide hope to service members in often hopeless conditions.

Kate was interested in the military spouse experience and pursued and completed her PhD in social work through an Air Force. During this time, Kate's husband was stationed in Korea and their two children stayed with Kate while she finished up her degree. Upon completing her degree, Kate recounts orders to Korea as well, this time for two years, and the family was reunited. After Korea, Kate and Jim were senior officers where fewer positions existed, making it even more difficult for them to receive assignments together. After Korea, Jim was reassigned to Hawaii and Kate was sent to New Mexico with the children. This was a

particularly difficult time for Jim being away from his family but he did find a new joy and hobby by sailing in his free time.

Later careers Kate and Jim were stationed in Florida and began to share the hobby of sailing. While still on active duty, they took this opportunity to purchase a boat which would soon become their home in retirement. Jim retired a couple of years before Kate. In her last few years in the Air Force, Kate turned down many leadership experiences to ensure she could stay with her family despite her chain of command recognizing her leadership potential.

During her transition to retirement, Kate was diagnosed with diabetes on a pre-retirement physical. Upon her diagnosis, Kate became very concerned about plans to live on a boat with her husband. Given their plans were to sail for months at a time access to care and medicines concerned her. In retirement, she feels generally healthy, but struggles with control of her diabetes due to failing solo oral therapy, deteriorating kidney function and excessive weight loss. Despite all this, Kate stabilized on insulin and is able to both keep her health at the forefront and travel, maintaining her lifestyle.

Kate's transition to retirement was marked by sharing more time with Jim, seeing her children grow up to become officers in Navy themselves., but also with a sense of loss from her children moving from home. Initially upon retirement, Kate reports that she had difficulty "filling the day." She felt a lack of purpose for several years. In order to fill her time and feel less selfish, Kate began volunteering during hurricane season (while the boat was in port) for nursing homes. In her fourth year of retirement and upon becoming a grandmother, Kate finally began to feel like she could retire for good. Along with babysitting her grandchildren, Kate and Jim also found a new community among the boating community. Kate did find it more difficult to be a

part of her faith community when sailing on a boat (not near a church) but found ways to improve her own spiritual practice with prayer and enjoying nature on a boat.

Images: Narrative diagram.

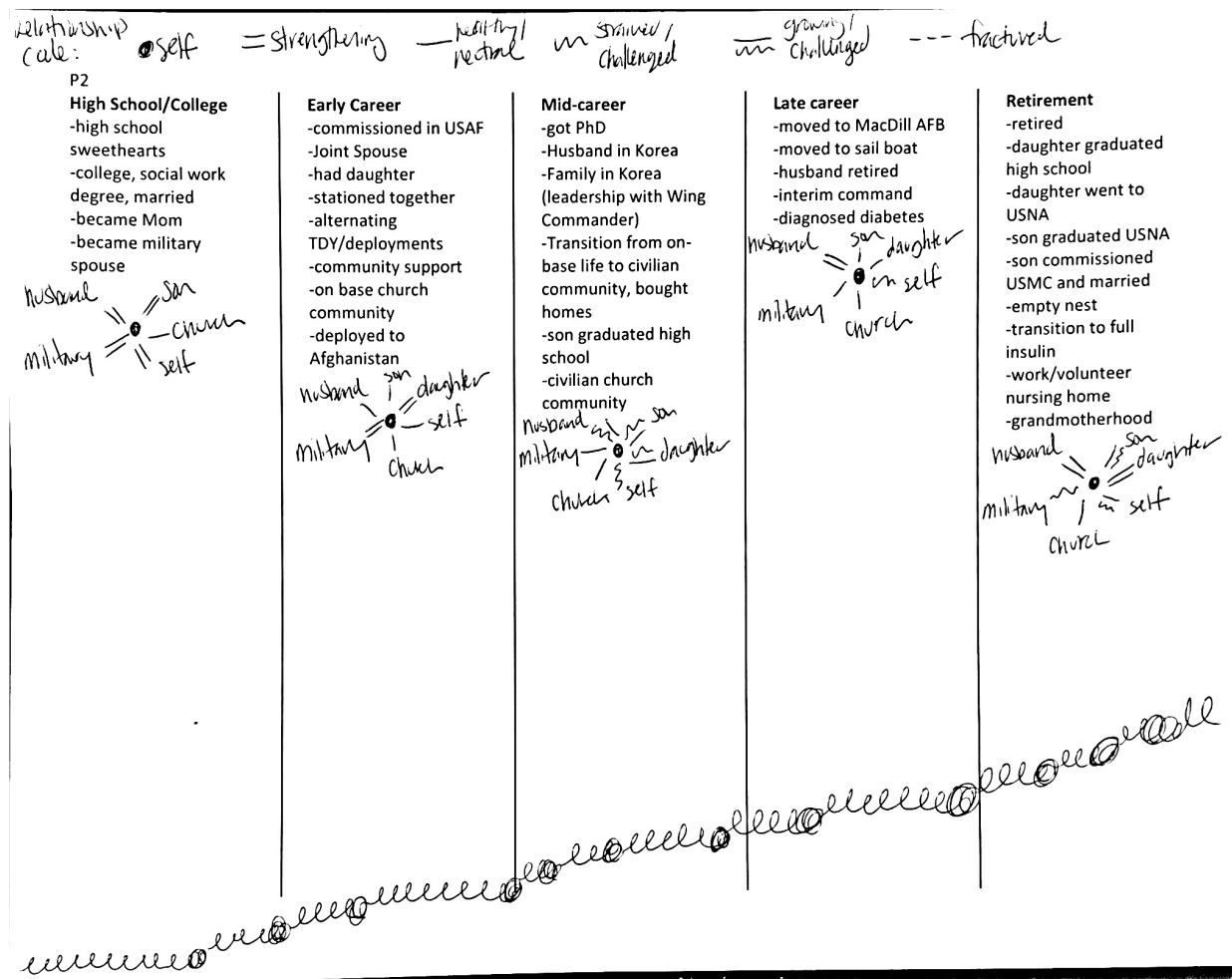


Figure 1. Kate’s Narrative Diagram

Kate’s response to the narrative diagram. “Makes life look so simple.”

Kate’s pattern analysis. The pattern analysis indicated that Kate had a stable childhood with a strong foundation in her faith, which helped support her emotionally and logistically in her military career. She found a spouse with similar values further adding stability throughout her life. They were both able to take advantage of educational offerings through the military. Kate’s meaning of health was to describe herself as healthy. At the transition to retirement, being

diagnosed with diabetes presented challenges to her given her goal with her husband to live on a boat. Downtime in initial transition was continuing to serve (volunteer in nursing home) After an initially bumpy period getting stabilized on the right medication, Kate has been able to manage her diabetes well and defines herself as healthy. In the transition to retirement, Kate initially struggled with an empty nest and a lack of a sense of purpose. As a new grandmother, she was finally able to shift. Now that she is a grandmother, Kate is finding a new meaning in serving her family as a wife and grandmother. During this transition phase, Kate has found new meaning in life, a new sense of spirituality which she expresses through journaling and being in nature.

In Young's sequencing of human evolution, Kate is in the fourth stage of decentering. Kate is starting to accept her status as a retiree and beginning to feel less guilt about no longer serving her country or community. Instead, she feels a sense of purpose as a grandmother and a sense of community with the boating community. She adjusted her lifestyle for her diabetes diagnosis and has developed new spiritual practices through journaling and being in nature.

Zach's Story: Helping the community

Zach's narrative summary. Zach grew up in a factory town in the Midwest. Zach reported he had no doubt throughout high school that he would join the Air Force upon graduation because his father was an Air Force veteran. Zach also reported a desire to escape from his hometown through military service because any male that stayed was destined to become a factory worker. The Air Force was the perfect way to accomplish this goal. Immediately upon graduating from high school, Zach enlisted.

In his early in his career, Zach was stationed in Arizona. He met his wife in Arizona but also divorced during this assignment. He did not describe his relationship with her first wife in detail, looking back, the most meaningful component of this relationship was how much he

wanted to deploy with his unit during the holidays to escape the stress of his divorce. Zach escaped on deployment to Haiti for the holidays and established lasting friendships with his two friends, Max and Tom. During this deployment, they served Port Au Prince by setting up a free clinic. Zach was later stationed in Texas for several years where he met Victoria, who was attending school in Texas at the time. They hit it off instantly, “became inseparable ever since” and quickly married.

Zach and Victoria next moved to Albuquerque, New Mexico. While stationed in New Mexico, Zach deployed to Afghanistan with his two friends Max and Martin during his first wedding anniversary. This deployment was particularly meaningful to Zach because Max, Martin and Zach served as a three-man team rescuing fallen soldiers during combat. Max developed severe PTSD from this deployment. When Zach learned about Max’s PTSD symptoms and diagnosis, he started to realize aspects of his father’s and his own mental health that may not be healthy.

Zach later deployed to Iraq in a leadership role and did not see combat. He was then stationed in Guam, and next in Florida. At his last assignment, Zach reported realizing the strong role politics played in leadership decisions and began to feel the Air Force had changed from the organization he had fallen in love with earlier on in his career. He also started to notice his health. He started to see a therapist and was diagnosed with depression and anxiety. He also saw a pain specialist for his low back pain and had a lumbar disc replacement. He also decided to focus on his personal growth. He had been slowly taking courses to complete his bachelor’s degree for the past several years but decided to increase his course load and graduate. After considering his health and future directions of his Air Force career, Zach decided to retire.

Zach reportedly enjoyed his retirement ceremony because it allowed him to reunite with his family and friends from prior assignments. Zach expressed joy in seeing Max again but was saddened to realize the severity of Max's PTSD. Zach was disappointed that his father did not attend the retirement ceremony, which initially placed a strain on their relationship. However, he recognized that his father had depression and decided to try to stay in touch by phone.

In retirement, Zach enjoys more time with his family. He is able to spend more time with Victoria her family, and his sister and her children. His sister's husband recently passed, and Zach was relieved to have the time in retirement to be able to support her and her children. Zach also takes care of his mother, who has dementia and lives with Zach and Victoria.

Zach and Victoria decided to stay in Florida. Victoria's career took off when Zach retired no longer having to move every couple of years. Zach described his struggle to find a civilian career that provided a sense of purpose. He initially worked for the Parks Service where he completed his bachelor's degree and enjoyed serving his community. There was a lot of manual labor involved which aggravated Zach's service injuries so he began applying for other positions. He accepted a position with the city establishing safety protocols. He felt a sense of purpose serving his community and that his talents were well used in his new career.

Images: Narrative diagram.

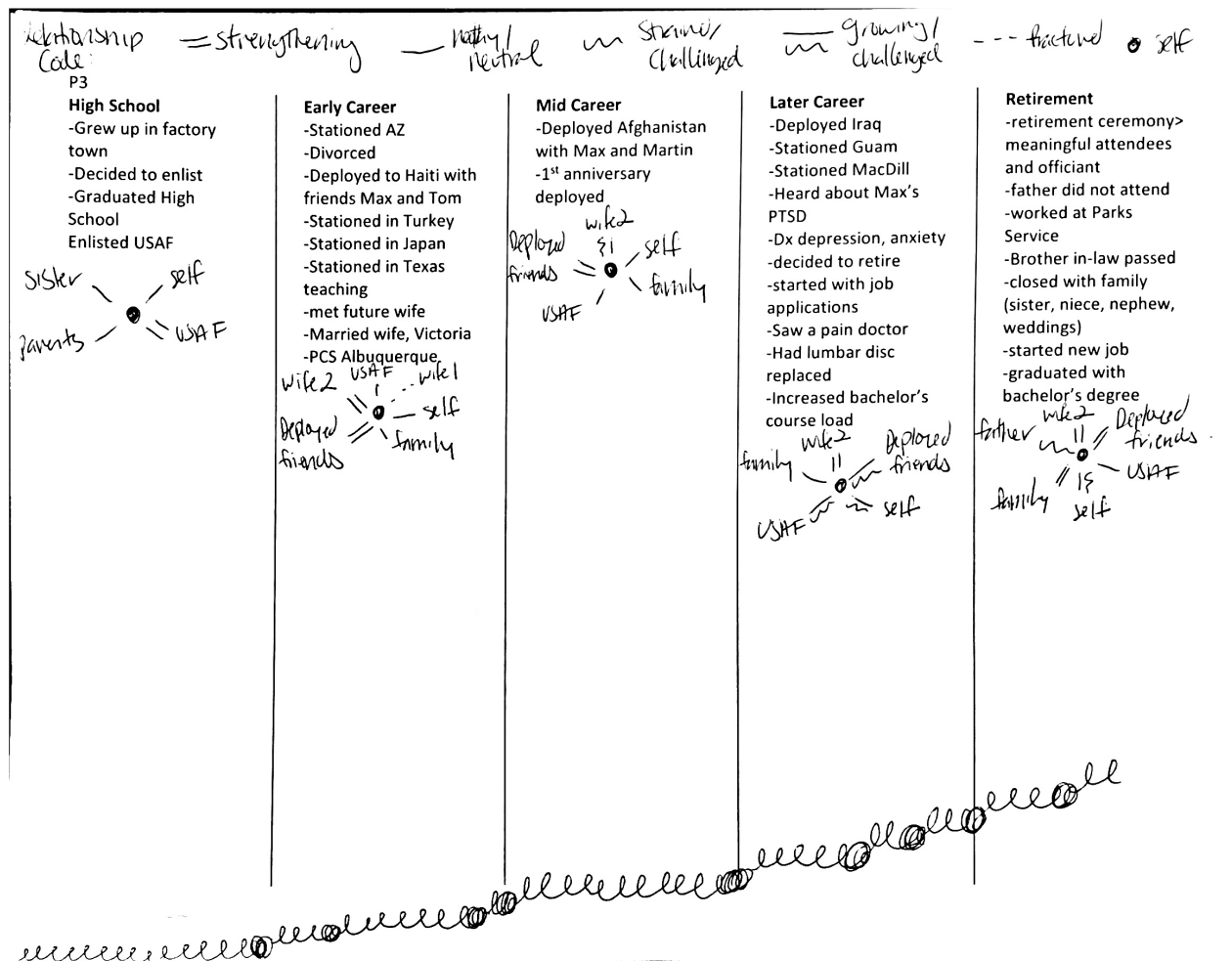


Figure 2. Zach's Narrative Diagram

Zach's response to the narrative diagram.

I think the big challenge, like we discussed earlier, you know, you're kind of unplugged you know, you have - one day you have everybody around you and you're active duty and then everybody's like yeah I'll see you soon, I'll keep in touch, and then crickets. For so many years you were part of something bigger than you so there's kind of, that relief that somebody else is looking out on the watch, but then it's a hard thing realizing too that if something happens or you know, I'm not going to be needed anymore, you know? I'm back in to the status quo I'm not a part of that greater military unit anymore and all that goes along with it.

Zach's pattern analysis. The pattern analysis indicated Zach's interest in the military as a way to emulate his father and escape from his hometown where he was destined to be a factory worker. In his early career, Zach continued to use the military as an escape route where he found relief on deployment to escape from the aftermath of his divorce. Towards the middle of his career, Zach no longer sought an escape route through the military. He was disheartened to miss his first wedding anniversary on deployment and appreciated the way his wife and family supported Zach in his career of service. He also became disenchanted with his father as Zach recognized his father's neglect of his mental health, a path he did not want to follow.

In retirement, Zach found meaning in his ability to continue to serve. His meaning of health was to be able to continue working in a career of service, which initially was a challenge as he could only find labor-intensive employment. After his Air Force retirement, Zach found "you don't realize how much you beat your body up... I was dealing with a lot of different things and lying to myself." Zach overcame his physical obstacles by seeking healthcare to address his physical and emotional pain and completing his bachelor's degree to create career opportunities for himself that were less physically demanding. By addressing his health issues, Zach was able to find meaning in retirement by serving his family and community. Zach was excited for Victoria as she found professional success in his retirement. As she began to flourish, Zach wanted to support her in every possible way because "her career is the important one now. She sacrificed for me all those years." Zach also wanted to serve his sister after her husband's death, her children, his mother with dementia, and friend Max. Instead of serving the entire country, in retirement, Zach found meaning serving the people with whom he had the strongest relationships.

In Young's sequencing of human evolution, Zach was in the fourth stage of decentering. Zach recognized new behaviors and personal growth were needed for civilian life and completed his bachelor's degree. This allowed him to be competitive in the job market and work in a field he was passionate for without taking a toll on his body physically. He has deepening relationships with his extended family with a less demanding schedule than his military service. His relationship with his wife has also shifted to focus on her career growth and needs over his own which Zach feels has strengthened their relationship as he can now reciprocate the support his wife provided him during his military career.

Tony's Story: Vaiavante

Tony's narrative summary. Tony grew up in New Jersey where he was supported by his parents. He always had a strained relationship with his brother and sister beginning in childhood. Tony and his father would often bully his brother for being similar to Fredo in the God Father, where Tony was similar to Michael being wiser and a better leader. Tony was inspired to join the Air Force after seeing the way a local Medal of Honor recipient was respected by his entire hometown. Tony attended a civilian university. In the end of his Junior year he and met with a recruiter and applied to Officer Candidate School (OCS) but avoided telling his family about his plans until only two weeks before because he knew he wanted to do escape New Jersey and that knew his family would not want him to leave.

After graduating OCS and commissioning as an Air Force Officer, Tony soon deployed to Saudi Arabia. On his deployment, Tony worked under a General who inspired him with his trust. This deployment led to Tony assignment to coordinate all of the medical operations in the aftermath of 9/11/2001. Tony continued to excel in his career, eventually married his wife, who was also an Air Force officer at the time. Tony had nothing positive to say about his wife and

was generally discussed that she had “never lost the freshman fifteen” and saw the Air Force “as a job, not a calling” as he did. Around the same time, he promoted to Major. Tony recalls his time as a major as fitting in with the stereotype, “Iron Major,” an officer who would put in long hours and exert sufficient authority to accomplish any task.

By his mid-career, Tony made Lieutenant Colonel and served as a Squadron Commander. He had the opportunity to mentor many of his Airmen despite leading at a higher level in the chain of command, and still maintains a meaningful relationship with some of his subordinates. One such mentee was a junior enlisted medic in Tony’s squadron. Tony continued to mentor this medic who eventually became an officer and Physician’s Assistant (PA).

Later in his career, Tony made the rank of Colonel and started to face more challenges in his personal life. His spouse began drinking excessively. His parents both passed away and he was unable to attend the funerals because of his command responsibilities. This further fractured Tony’s relationship with his siblings as he discussed annoyance at their inability to understand how his military position came with too much responsibility to indulge in his personal life. During this time, Tony developed the motto, *Vaiavante*, meaning keep moving forward, based off of a scene from a James Bond movie.

In an attempt to save his marriage, Tony decided to retire, move to South Carolina and buy a house. Tony volunteered frequently and worked at a children’s hospital while teaching community college on the side. After one year, Tony and his wife divorced and his son went off to college, his daughter went off to medical school. With his divorce, Tony’s health declined as he turned to fast-food. He decided to leave South Carolina for a job in Ohio. Although Tony maintains some friendships from his Air Force career, he found he lost many friendships when he retired and was no longer married or a Colonel with authority. Despite this difficult

realization, Tony was excited to move to Ohio on his own and realized that moving to Ohio was the first decisions he made on his own since joining the military. He now enjoys living alone and is dating again but avoids committing to a long-term relationship as he does treasures his new-found independence. He also started running after realizing he was “pear shaped” in a photo, and spends his free time traveling the country competing in marathons and half marathons. His goal is to travel internationally to run and sit in a café in Paris by himself.

Images: Narrative diagram.

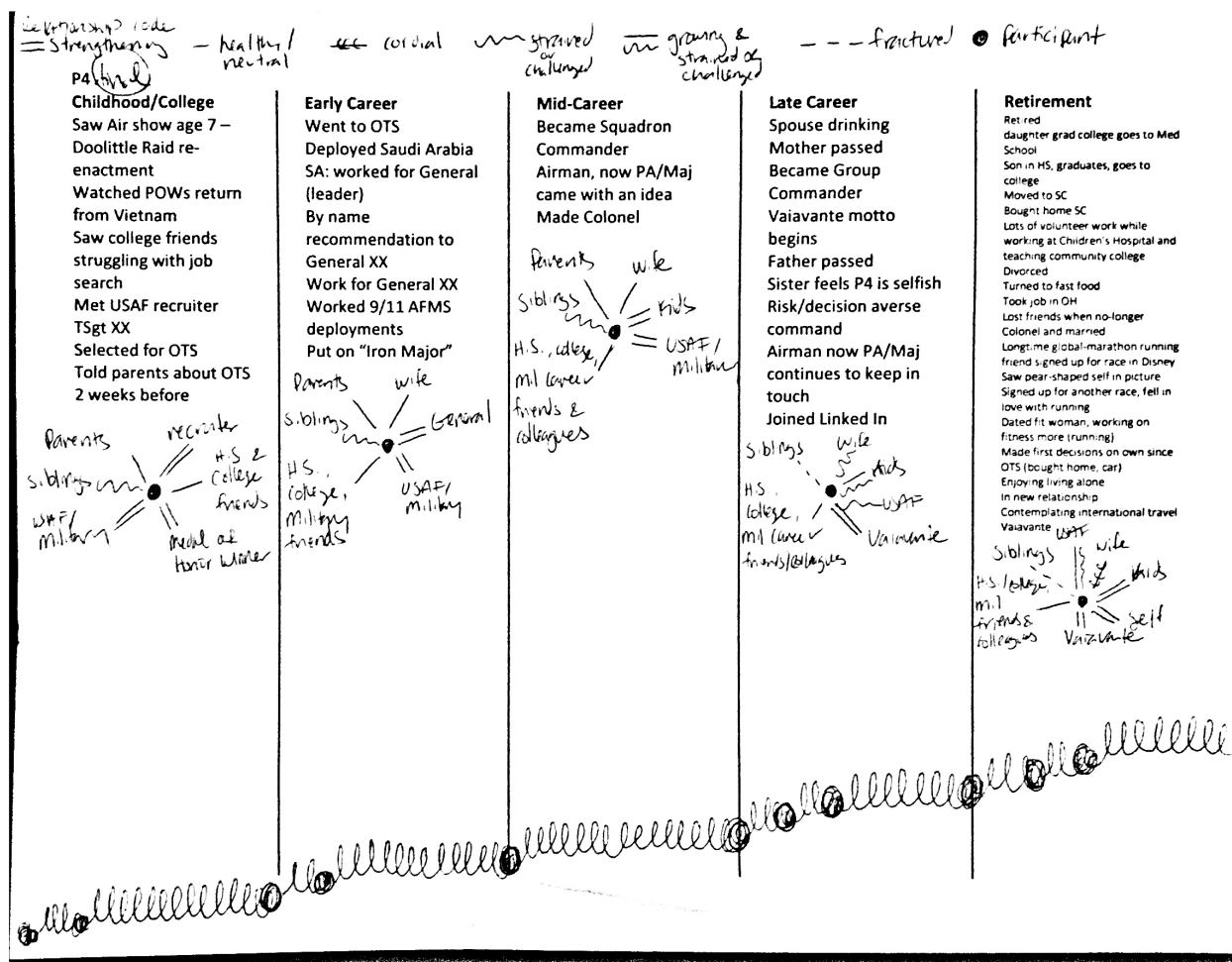


Figure 3. Will's Narrative Diagram

Tony's response to the narrative diagram.

I'm 54 and change right now. Every other 54 year old that I know it is either having career challenges, or marital challenges, or has already gotten divorced, or they've got kids in college, or there's a thousand things that they're dealing with. Most of them deal with things and their very unhealthy way. They get fat. They drink. They get sick, you know? I chose to not do any of those things. I chose to run. I chose to not drink. I chose to not drink because I was married to an alcoholic. I knew that alcohol wasn't the answer and I never ever use drugs. I never used tobacco. And one day, I realized that when I was running, I was running a half marathon, that as hard as it was it was the best thing I've ever done for my life because it gave me a unique, challenging perspective on life. And it gave me the opportunity to think. Because that's the one thing that you do when you're running thirteen or twenty-six miles is, with every time your foot hits the ground, you're thinking of something else. Even if it's, 's*** what am I going to have for dinner tonight?' or 'I just thought of something I want to say to my daughter as soon as I finish this race I'm going to text her,' those kinds of things. And you know, I think we as Americans we don't do a very good job of thinking, but running gave me the gift of appreciating the significance of taking a step back and thinking.

Tony's pattern analysis. Tony's childhood was shaped by his relationship with his father, where they teamed together to bully Tony's brother. Tony was inspired to serve in the military after seeing the honor bestowed upon a local Medal of Honor recipient and wanted to receive similar admiration. Tony met his wife in the Air Force and married her despite finding her career ambitions and care of her body as inferior. He always had a strained relationship with his siblings, which eventually fractured when he did not attend his parents' funerals. Tony claimed to retire for his wife's benefit to help her recover from alcoholism and save their

marriage but continued to avoid family life by following his own schedule, filling his time with two jobs and a volunteer position. They divorced shortly after his retirement and Tony found he could finally embrace his independence. He moved to a state where he knew no one, picked up an individual sport in retirement, and avoids committing to relationships. The only relationships he maintains are with his former subordinates who continue to seek his advice.

At the midlife transition to retirement, Tony's meaning of retirement is to escape family responsibility and embrace his independence.

I want to sit in a cafe in Paris all by myself and drink a cup of coffee and, you know, have a croissant and just watch the people, and not have to cater to somebody else's schedule and have to wait for somebody to do her hair, you know? I just want to be me.

Tony stopped attending family holiday celebrations and maintains a relationship with his children by calling them on occasion or by scheduling his races in their respective cities and sleeping on their couches the night before the race. His meaning of health at the transition to retirement is similar, to keep a small circle of friends and to maintain his mental and physical health by running.

Being healthy is being able to accept where it is you are in life and why you're there, and being happy with you know, who you are, what you believe in, and who you permit to be in that small circle of friends.

Tony came to this realization by running, recalling the decision to run as an "emotional decision" where he coped with his divorce but also addressed physical concerns, including the horror of seeing his "pear-shaped" body in a photo.

In Young's sequencing of human evolution, Tony was in the fourth stage of decentering. In retirement, Tony has found the freedom to reflect and recognized new patterns were needed

for his emotional health and physical health by divorcing his wife, decreasing fast-food, and running. He is in the process of finding a deeper relationship with himself and working to understand how others fit into this relationship.

Mike's Story: Forever young

Mike's narrative summary. When Mike was a Junior in high school, he realized the importance of financial stability. In his mind, financial stability required a college degree. Upon this realization, he started trying in school. He attended state college and studied engineering at a while working in a machine shop. Mike became interested in military academies when he learned the tuition was free. His calculus professor helped him apply to the Naval Academy where he was eventually accepted.

During his time at the United States Naval Academy (USNA), Mike formed a close bond with his classmates. They formed *The Society of Sponge Engineers* because they all “sponged off each other trying to get work done”. Upon graduation, Mike was assigned to the Supply Corps. Mike loved the Supply Corps because it fit his skills and allowed him to travel the world.

Mike married during his early career. They met through mutual friends, hit it off quickly, and married after dating for only a short time when Mike received orders to New Zealand. Shortly thereafter his wife became pregnant. After only a couple of weeks in New Zealand, she asked for a divorce and left to live near her family. Mike described his marriage as “doomed anyway” because their personalities were so different, but the geographical isolation from family and friends with active duty assignments hastened their marriage's end. Mike was determined to support his daughter despite the divorce and stayed in touch with his wife and daughter throughout his career.

Mike eventually made the rank of Lieutenant Commander. In Mike's eyes, this promotion ensured financially the financial stability he sought since high school as he would be able to retire from the Navy without the stress of achieving another promotion. Therefore, Mike decided to take assignments that were interesting opportunities even if they were not career progressing. He worked for the Blue Angels, then completed his MBA in California. While in California, he was able to find time to pursue his lifelong dream of acting. He took Improv lessons, performed in plays, and developed close friendships with other amateur actors.

Mike described noticing how old he looked in head shots and struggling to keep up in basketball. He decided to try plastic surgery for fat removal from his thighs, after which he noticed an immediate improvement in his appearance and athletics.

In his later career, Mike took a position as a Comptroller in Los Angeles, a dead-end position where officers go at the end of their career. When he did not make his next rank, Mike retired and continued to work in the same unit as a civilian. He used his vacation time to go on a road trip with his daughter. He also started doing yoga with a new friend, Karen, who was a D-list actress. When he started focusing on yoga, Mike started to focus on other aspects of his health like decreasing alcohol. He also started using "retail medicine" where he paid for services like plastic surgery and does not carry health insurance. He "treats himself" to one plastic surgery each year in retirement. Mike kept up with his health routine until his daughter decided to go to college out of state. He felt there was no longer a reason to stay in California and took a contracting job the Middle East.

In the Middle East, Mike fell out of his healthy habits and developed stress-coping mechanisms of overeating, poor sleep and low physical activity. He tried playing basketball but injured his back. However, Mike started to find a healthier routine of contracting in the Middle

East followed by surfing in Bali. Mike's health improved until he was medically released from contracting after coworkers reported his sleep walking and night terrors. Mike was aware of this issue since the USNA but had avoided seeking care in the Navy because the diagnosis would have led to a medical discharge.

Mike next traveled to Asia and Australia for vacation before looking for a new job. He started dating a woman from the Philippines during one of his surfing trips. Mike eventually found a government position in Washington, DC through one of his Naval Academy classmates from the Society of Sponge Engineers. The Society of Sponge Engineers reunites every year for a football game in Annapolis.

Narrative diagram.

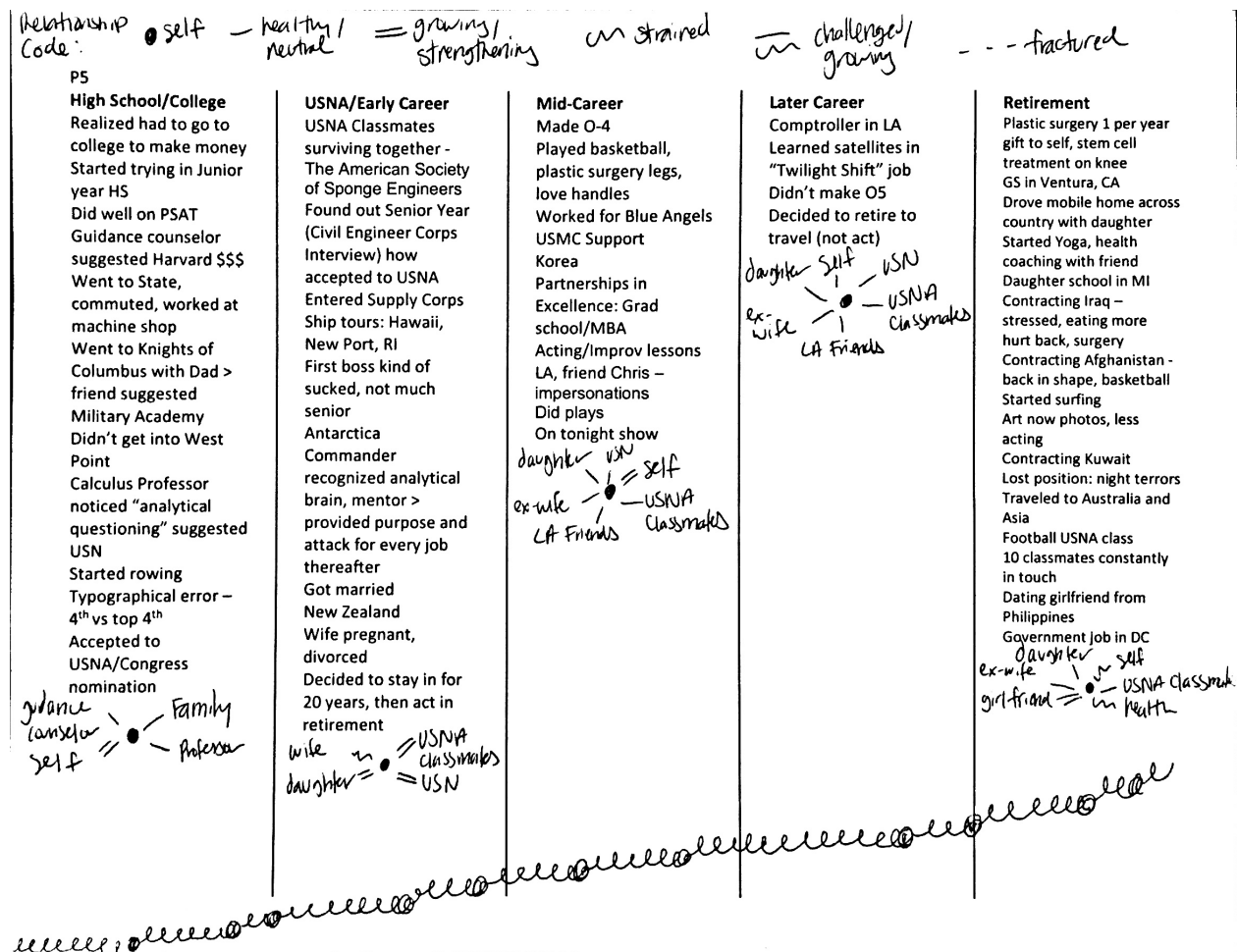


Figure 4. Mike's Narrative Diagram

Mike's response to the narrative diagram. "My life wasn't so bad! The only real realization that I've had since our last conversation is that I'm old and past my prime when it comes to surfing."

Mike's pattern analysis. Mike's pattern analysis centered around achieving financial stability. Mike was driven by financial stability since high school and decided to attend the Naval Academy to achieve this. Mike's meaning of retirement maintained this goal, where he finds the meaning of retirement to be financially stable and unrestricted in his leisure time. As a military retiree, Mike receives a monthly pension for income and does not have the pressure to work consistently in retirement. When he does work, the income is purely supplemental and funds his travel for surfing or to reconnect with friends.

In retirement, Mike's uses his financial stability to maintain meaningful relationships in the same manner he maintained them on active duty. On active duty, Mike had little control over his geographical location and maintained meaningful relationships from a distance. For example, Mike formed close friendships with classmates in his early Naval career at the Academy. He maintained these relationships despite geographical distances and considers his Naval Academy classmates to be his strongest relationship. He has a similar relationship with his wife and daughter. Mike and his ex-wife divorced quickly upon moving to New Zealand, together, but maintain a strong relationship as parents with geographical separation. Mike has a strong relationship with his daughter which has always been fueled by geographical separation. "Our relationship has always been built on travel because she never lived with me. When she was five she would fly alone and she loved that." In retirement, Mike's current romantic relationship is also long distance, where his girlfriend resides in Bali and Mike in Washington, DC. Despite

achieving financial stability and flexibility for travel, Mike continues in the same patterning as active duty where he was forced to maintain geographical separation from his most meaningful relationships.

Mike's meaning of health in retirement is to maintain youth and avoid traditional medical care. Mike is very aware of aging and employs modalities for health such as surfing, basketball, yoga, and plastic surgery to continue to feel and look young and healthy. Mike avoided medical care in military and continues to avoid traditional medical care in retirement.

In the Navy, the medical system was not my friend... When you're in the military, it's free and you don't get turned away and, you know, that's the good part. But the bad part is it's not your medical record, it's their records and it can be used against you. So you know, since I've been out, I had hurt my back in high school, so I needed a chiropractor and I used to have to go all over the world and pay for it myself to get a chiropractor in the Navy... I've been paying cash for anything I need so I got used to it. I did a lot of cosmetic surgery, so I was like you know, I like this feeling of retail where I am the customer.

Mike carried his health perceptions into retirement with "retail medicine." He continues to distrust his employers and the healthcare system after losing his contracting position in retirement for lifelong issue of sleepwalking. He uses plastic surgery to maintain health and avoids the medical system by not carrying health insurance.

In Young's sequence of human evolution, Mike is in the second stage of centering. In retirement, Mike experienced a heightened sense of individuality with plastic surgery, acting, photography, videography, and travel around the world. However, he has not adopted any new ways of being and continues to cling to defense careers and his youth. As he recognizes that he is

aging, he purchases procedures and items (such as a motorized surfboard) to allow him to maintain the same patterns from his younger days.

Jason's Story: Ballzy hippie

Jason's narrative summary. Jason reported knowing his entire life that he would join the military because every man in his family had done so. Jason reported abusing alcohol in high school, a habit that continued when he attended military college for his bachelor's in biology. After graduation he commissioned in an administrative role with the Air Force and obtained his Master's Degree in Environmental Management. He recalled gaining a General's attention for his "ballsy" attitude and the General recommended Jason for Flight School, an event that provided positive reinforcement for his drinking behavior. Jason excelled in Flight School and was selected for the F-15e (fighter jet).

Jason's mid-career was marked by deployments and strained marriages. Jason's first marriage was strained when he deployed just days after his son's birth. Jason and his wife met through their military careers and had a similar work-hard play-hard attitude which drew them together; however, Jason never let go of this attitude in fatherhood. He and his wife separated when Jason received orders to deploy followed by an assignment in Korea and eventually divorced. Jason then deployed to Afghanistan and met his future wife, an Air Force Intelligence Officer. They also found each other's work-hard play-hard attitudes attractive and eventually Jason married her and had a daughter together. Jason deployed several more times to Iraq and the United Arab Emirates and promoted. While on deployment to Afghanistan, his second wife left him for one of his friends which led to their divorce. Around the time of their divorce, his second wife called him and asked Jason if he wanted to "try to make another go of it". Jason was distraught by this call and drank heavily, called his first wife and said "all sorts of angry things,"

and injured his head while intoxicated. He recalls waking up the next morning and realizing it was time to address his alcohol abuse. He checked himself into the Air Force's Alcohol and Drug Abuse Prevention and Treatment Program the next day and decided to honestly answer alcohol screening questionnaires for the first time in his career.

Jason was eventually admitted to an intensive outpatient rehabilitation program and started working on the twelve steps and reflecting on his life goals. During this process, Jason realized that he "wanted to stop killing" with four years left in his Air Force career and decided to prepare for retirement. He joined the Buddhist tradition working closely with another veteran and Buddhist on his meditation practice. Jason met his future wife in his recovery community and married just before retirement.

In retirement, Jason applied to over one hundred jobs in the environmental field without success. He attributed this to a lack of actual skills in this field. In order to gain more skill, Jason started law school with plans to become an environmental lawyer. However, he needed to pay child support so he decided to leave school and accept his current job with the DOD. He finds his job meaningful because he works to promote pilot safety. Although he is glad to no longer be in combat, he misses the comradery of a combat unit and working with people you would die for.

Jason was able to find his sense of purpose outside of his work in the DOD. Jason started scuba diving for the first time in retirement and eventually became certified as a scuba instructor. He volunteers for an organization that teaches wounded veterans to scuba dive and volunteers for a wildlife organization. He identifies his most meaningful relationship in retirement as his recovery community, which motivates him to continue his rigorous routine of Buddhist meditation, attending recovery meetings, following the twelve steps, and volunteering to maintain his spiritual and mental health. He also values his physical health in retirement and runs

or bikes every day. He is challenged by chronic neck pain from a career of high G-forces as a fighter pilot. He has found no traditional modalities to relieve this pain (for example, physical therapy, medication, or acupuncture) but finds pain relief from the weightlessness of scuba diving. He also found similar comradery among scuba divers that he valued with his pilots on active duty.

Images: Narrative diagram.

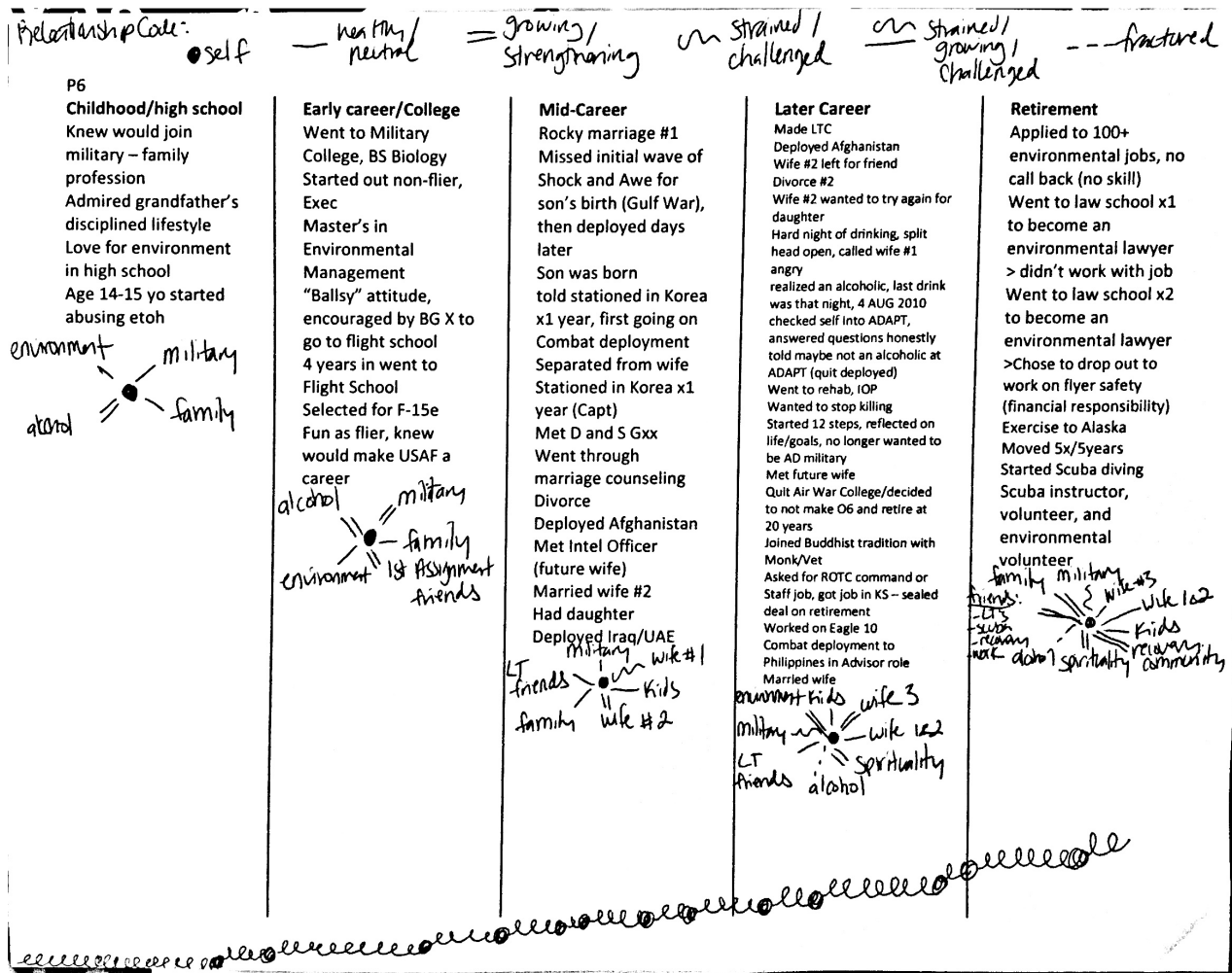


Figure 5. Jason's Narrative Diagram

Jason's response to the narrative diagram.

Except that, you know, you said that my, you know, I have a fractured relationship with alcohol and an increase relationship with my spiritual - I would also, I don't know if there's a category for it, but I have an increasing, a continuing increasing relationship with my recovery as well, you know, so that's quite possibly the number one thing in my life, you know. I love both my jobs, the scuba and the DOD job, I do find them both rewarding. And I love my marriage, you know, but if all that goes away, I will continue with my recovery community, you know, because that's what's keeping me alive.

Jason's pattern analysis. Jason's pattern analysis was marked by learning to find balance on health and his career. Starting in childhood, Jason started abusing alcohol. Jason's behavior was rewarded initially by admiration from his friends for his daring attitude and continued to find rewards as he entered the Air Force. His "ballzy" attitude fueled by heavy alcohol consumption led to receiving a General's recommendation for flight school and later his success as a pilot.

Part of my story is alcohol actually probably helped me in my career, you know. To be a fighter pilot that partied hard is not a bad thing for your career, at least initially, right? So, there is a point where they want you to grow up - but to be that hair-on-fire, you know, captain and major helped me not hurt me... it's just an attitude it's a, you know, 'live for today for tomorrow I may die' kind of attitude that helps you excel in that particular environment.

While alcohol led to an initially successful career, these behaviors did not translate to success at home with two failed marriages and his wives leaving him soon after becoming parents themselves.

I certainly couldn't see at the time, right, you know, I played the victim like, 'my wife left me while I was deployed' you know, but the truth is I wouldn't have stayed with me either. They were probably pretty happy to be free of me.

Despite the disequilibrium of these events, Jason did not discover how to attain a new balance until he experienced another chaotic event. After a conversation with his second ex-wife where he drank heavily, fractured his skull, and was verbally cruel to his first ex-wife, Jason realized a change in patterning was needed and immediately pursued new ways of being.

Jason's meaning of retirement and meaning of health are closely intertwined, as Jason's sudden awareness of his alcoholism prompted his retirement, new sense of purpose and new identity. He sought to attain balance through awareness of his health and pursued strategies to help achieve this. Jason reflected that "when I was angry I raged, when I was sad I was depressed, when I was happy I was euphoric, and none of that was healthy." Accordingly, Jason's meaning of retirement centered around recovering from alcoholism and identify a new meaning for when he could no longer identify as a fighter pilot.

A large portion of Jason's recovery and meaning of retirement focused on finding a sense of purpose. He initially pursued a career in the environmental field but did not have the skillset to accomplish this. Instead, Jason found meaning in service within the scuba diving community, which also allowed him to replace the comradery of his fighter squadron in retirement.

There's a group of us that I would call like-minded Veterans... We are really tight in the Scuba community and it's much like being in a Fighter Squadron. It's an inherent risk taking, and we watch out for each other. And I will also say, scuba diving is much like flying in that you have to prepare, you have to get your gear right, you move in three

dimensions, you know, you have to know the safety rules, all that kind of stuff. And yet there's still the flexibility to make it fun.

Jason found his sense of purpose in retirement by volunteering for his scuba organization, empowering wounded warriors and volunteering for an environmental organization.

Jason's meaning of health also centers around his recovery and sense of purpose. Jason's awareness of health at the transition to retirement led to his most meaningful relationship, his recovery community. Jason identified several new strategies that contribute to his health and healing in retirement. For example, he developed a new spiritual practice through Buddhist meditation, the routine and reflection help Jason to maintain sobriety but also to connect with another veteran with similar experiences. He also stays very physically active running and scuba diving, which help "keeping my head on straight" and provides pain relief through weightlessness in scuba. Jason's awareness of his health marked the beginning of his transition to retirement and provides him with a sense of purpose in retirement.

In Young's sequencing of human evolution, Jason is in the fifth stage of expanding consciousness. In catastrophic fashion, Jason learned he could no longer find success in his career or personal happiness with alcohol and combat. He decided to free himself of these two cornerstones of his prior personality and habits. Although Jason was unable to fully disconnect from the military and provide for his family, he has found other outlets for risk taking in scuba, for service in his wildlife organization and scuba, for health in his Buddhist practice and recovery community, and to stop killing by contributing to the safety of pilots in his DOD career. Jason has found a new set of behaviors to adapt to his civilian lifestyle and increased clarity on his past (failed) relationships as well as a deeper self-awareness in his passion for the environment.

Morgan's Story: Choosing self over the organization

Morgan's narrative summary. Morgan reports very fond memories of her early childhood but this all changed at age eight when her parents began to fight and divorced when turned twelve. She described her father as highly symptomatic with PTSD related to his own military service and her mother as shy and "had a mental breakdown" during the divorce. Her grandparents became her primary caregivers after the divorce. Morgan recalled blaming her mother through her teenage years but shifted her view as she became more aware of her father's condition in adulthood. Morgan expressed resentment towards her father recalling how he expected Morgan to take on her mother's role of cleaning the house and attending cocktail parties. Morgan was eager to escape her father and attended the Coast Guard Academy (USCGA) to do so.

At the USCGA, Morgan took a woman in literature course which led her to contemplated "the uniqueness of being a woman in the world." Upon graduation from the USCGA, Morgan was assigned to ship duty where she the only woman. While on ship, she reported an officer for sexual assault but was punished for speaking up. Later, Morgan went out with her colleagues and became inexplicably inebriated. Her friend, Luke, took her home and she woke in the middle of the night being raped by Luke. After this event, Morgan contemplated suicide but was save by her relationship with her grandmother.

In her midcareer, Morgan took command of a ship but developed severe knee pain and had to leave her post early. Morgan also started dating her future husband, who she met at the USCGA. They bonded over a mutual love of service and the ocean, became best friends and romantically involved. Her next assignment was to the northeast to obtain her Master's degree in Philosophy. They married and tried to start a family but were not having success. She had a

fertility evaluation and was told that she would not be able to have children. Morgan confided in her father and was horrified by his advice to have more sex. From that point on, Morgan kept her relationship with her father superficial. She attributes her master's in philosophy as the reason she still has a relationship with her father because she learned to accept that other people are broken as well. Her degree also led her back to the USCGA to teach Moral Philosophy. During this assignment, she cherished the opportunity to reconnect with her USCGA mentors and formed a strong bond with her students.

In her later career, Morgan worked with the now retired Captain who punished Morgan for reporting sexual assault. Through him, she learned her roommate was also sexually assaulted by Luke. This moment made Morgan realize her relationship with the Coast Guard was fractured because the Coast Guard did not care about her health. Morgan then began the process of retirement. She turned down her next assignment of Commanded for a lowly staff job which would allow her to see a therapist and obtain the knee surgeries she neglected during her career.

Morgan planned for retirement by working on her physical and mental health, finances, and social network. Morgan and her husband were on-land together for the longest stretch of time in their relationship and used this time to own a dog, know their neighbors, and see their families. After three years of preparation, Morgan retired from the Coast Guard and they moved to Washington, DC for her husband's career. They reside in her childhood neighborhood, which conjures up happy memories from before Morgan's parents divorced. Her mother is only an hour's drive away and their relationship has grown. She continues to see a therapist and enjoys gardening for exercise and for the opportunity to reflect. Morgan plans to start a PhD program with a goal to build a firm to employ her former cadets in meaningful civilian careers after their own Coast Guard retirements.

Images: Narrative diagram.

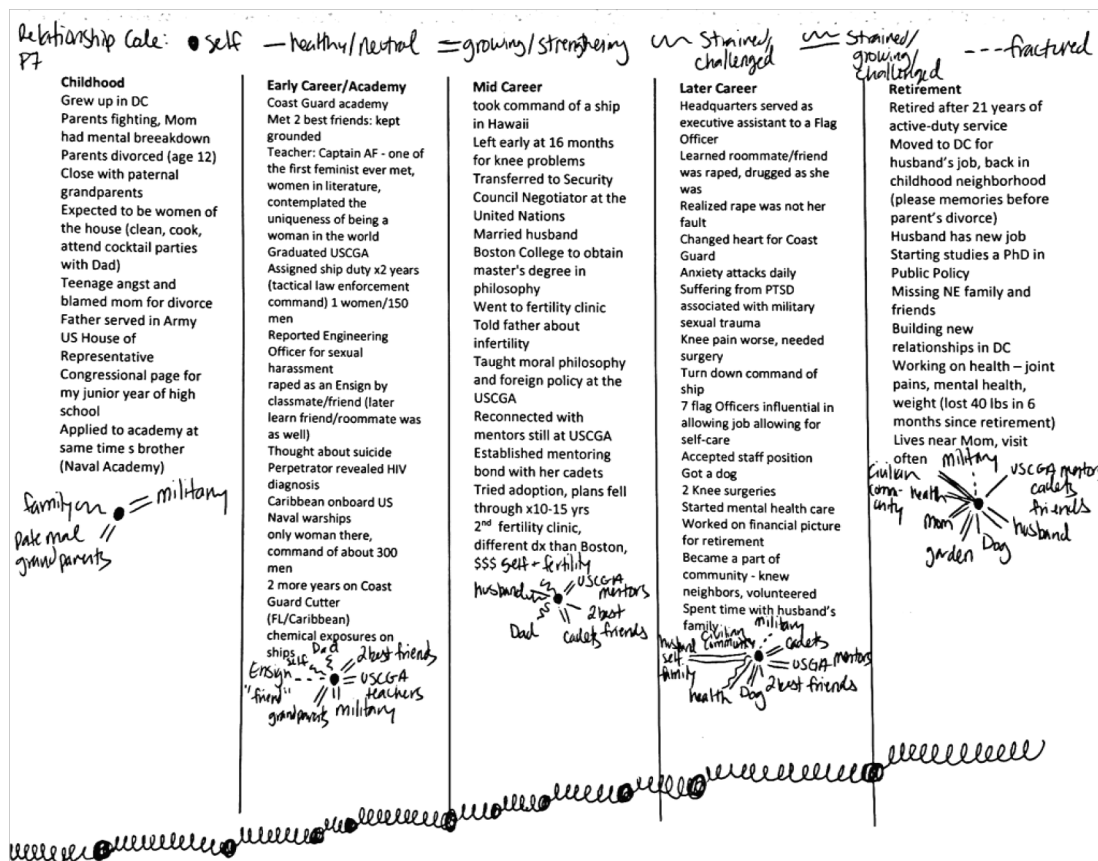


Figure 6. Morgan's Narrative Diagram

Morgan's response to the narrative diagram.

And let me just say that I feel blessed. First of all, I feel blessed that I didn't follow through with killing myself. I admittedly called to mind each time, I immediately thought of my little old grandmother who would take me to Catholic mass growing up and I thought, and she was still alive then, and I thought, this would kill her and I cannot kill my grandmother. I could kill myself but I cannot kill my grandmother. So that was what held me back from killing myself, my relationship with my primary caretaker from when I was growing up. The other thing that I will say is I feel incredibly grateful to God that I did have the resources, you know the sort of medical insurance, the military medical, you

know, that I have the personal financial wealth so to speak, to be able to do the things that I need to do. Like pay for yoga classes, eat in a more healthy way, get a dog - which is a purchase that comes with a recurrent you know recurring investment - if you really look at it right there, not free. All of that stuff, grateful to have the resources so that I could get my head on straight. And I still see a therapist today. I just celebrated one year since I retired from the Coast Guard, so I still therapist today. I still take meds today. I still go for walks. I garden a lot now. I love - there is something about gardening that quiets my soul. And I'm going back to school which is something I enjoy. So I'm deliberately trying to seek joy and get right in my life.

Morgan's pattern analysis. Morgan's pattern analysis indicated a tumultuous childhood with her father's PTSD, her mother's mental breakdown, her parents' divorce, and father's adultification of Morgan to replace his relationship with Morgan's mother. From these experiences, Morgan developed a strong relationship with her grandparents who took over the role of caregiver. Morgan joined the military to escape her father. In the Coast Guard, Morgan was immediately committed to service and neglected her own medical care to prioritize service to the Coast Guard. Specifically, she was always about sixty pounds overweight, avoided taking time for knee surgeries, and neglected her mental health despite a suicide attempt. Morgan achieved a higher level of consciousness through her master's in philosophy, reflected on her father's health and "brokenness," and decided to maintain a relationship; however, she continued to neglect her own health and "brokenness." Morgan's commitment to service-over-self did not falter until a chaotic event reconnecting with the retired Captain who punished her for reporting sexual assault. He revealed that Morgan's roommate was also raped by Luke, news which led to repeated panic attacks manifesting new patterning and a higher level on consciousness as her

relationship with the Coast Guard was fractured and she allowed herself to become aware of her own health.

Morgan's meaning of health at the transition to retirement became to "seek joy" and "get right in her life." She started by turning down a high-level Command assignment to allow her to address her physical and mental health. Through therapy, she realized the relationship between her mental health and physical health, starting with her weight.

Let me tell you about those sixty pounds. Those sixty pounds are absolutely attributable to having been repeatedly sexually assaulted, raped, and sexually harassed... every time I got thin somebody put their hands on me. Every time. Somebody senior, Captain, Commander - senior to me - Lieutenant Commander. And it was outrageous and horrible and jarring and awful and it made me have panic attacks and sent me back to the night I got raped by a friend. So that's what those 60 pounds are about.

Morgan employed multiple strategies to achieve health and joy, such as yoga, owning a service dog, gardening, therapy, and medication. She sought joy by reinvigorating relationships with family and her husband, and established relationships with her neighbors and community. At the time of the diagram interview, Morgan had lost forty pounds. She also found her sense of purpose in retirement – she plans to attain her PhD to create meaningful retirement careers for her USCGA cadets. In so doing, she continues to serve, but focuses her service on her own meaningful relationships and personal growth. Morgan values the financial stability provided by her military retirement to allow her ability to return to school and pursue healthcare.

In Young's sequence of human evolution, Morgan is in the fifth stage of expanding consciousness. Morgan learned more about her own sexual assault, accepted this event was not her fault, and realized the Coast Guard did not prioritize her health. She attended therapy and

learned new behaviors to prepare herself for civilian life, experienced relationships more fully with her family and community, and experienced a sense of boundarylessness as she prepares for her PhD program and entrepreneurship, focusing on relationships that she values most.

Stacey's Story: "What's my next"

Stacey's narrative summary. As a child, Stacey recalled a positive outlook on the military from her father's and grandfather's stories of Marine Corps service. Stacey attended a historically black college she where met with a recruiter and learned about nursing opportunities in the military. Stacey loved the idea of being able to travel and not lose any seniority, so she and her twin sister both accepted ROTC scholarships with the Air Force.

In her early career, Stacey began to appreciate her heritage. She attended the Tuskegee Airmen Convention and learned more about the original Tuskegee Airmen in World War II (the first African American pilots.) Stacey and her sister had a very close bond with one of the Tuskegee Airmen, who they called Grandpa. They maintained a relationship with him throughout their careers.

Stacey recalled some adversity as a woman in leadership. She was often referred to as a "bull dog" and was concerned this was referring to "the negative connotations of female dogs." Nevertheless, she was determined to "continue to be the best officer, professional, that I could be" and eventually made the rank of Colonel.

During her midcareer, Stacey deployed to Cuba and Kosovo. She also completed a fellowship in Evacuation and Readiness which prepared her for her next assignment to set up the Air Evacuation system for the Air Force. During these assignments she realized her love of management and creating effective systems.

Stacey was also running long distances. She competed in the Marine Corps Marathon during which she strained her calf and broke a bone in her foot. She never sought treatment for these injuries because she was so busy in her work. Her neglected injuries eventually resulted in a gastrocnemius tear. She also had persistent back pain requiring a Medical Evaluation Board (MEB). The board determined she could return to duty and she continued to push through daily pain. At this time, she also began to experience perimenopause and felt this was making her memory foggier. Coupled with the stresses of command, Stacey reported struggling to balance her career and personal life.

Stacey married later in her career to another military officer. While a newlywed, Stacey realized she had been in command for six straight years. In order to find a better work-life balance, Stacey requested permission to retire.

In retirement, Stacey immediately struggled. After a couple of months of sleeping for the majority of the day, Stacey talked to her friend who also recently retired from the military. They both felt they did not know what their “reason for being was anymore.” Stacey was also diagnosed with prediabetes, polycystic ovarian syndrome, gastroesophageal reflux and anxiety in retirement – all of which were new conditions requiring new medications. She struggled with her identity as a military retiree. She feels society does not recognize her military service as they do her husband’s and people make the assumption she is not a veteran.

After about one year of retirement, Stacey started to find a sense of purpose. She enjoys having extra time to spend with her husband. They enjoyed their first vacation together and realized it was the first time neither one was called back to their unit. She also returned to work as a nurse manager. She loves her work, but still looks for a new challenge and is considering a

doctoral degree in either nursing practice, research, education, or business. Stacey still reports feeling like her career can progress and grow in retirement but has not yet found “her next.”

Stacey’s narrative diagram.

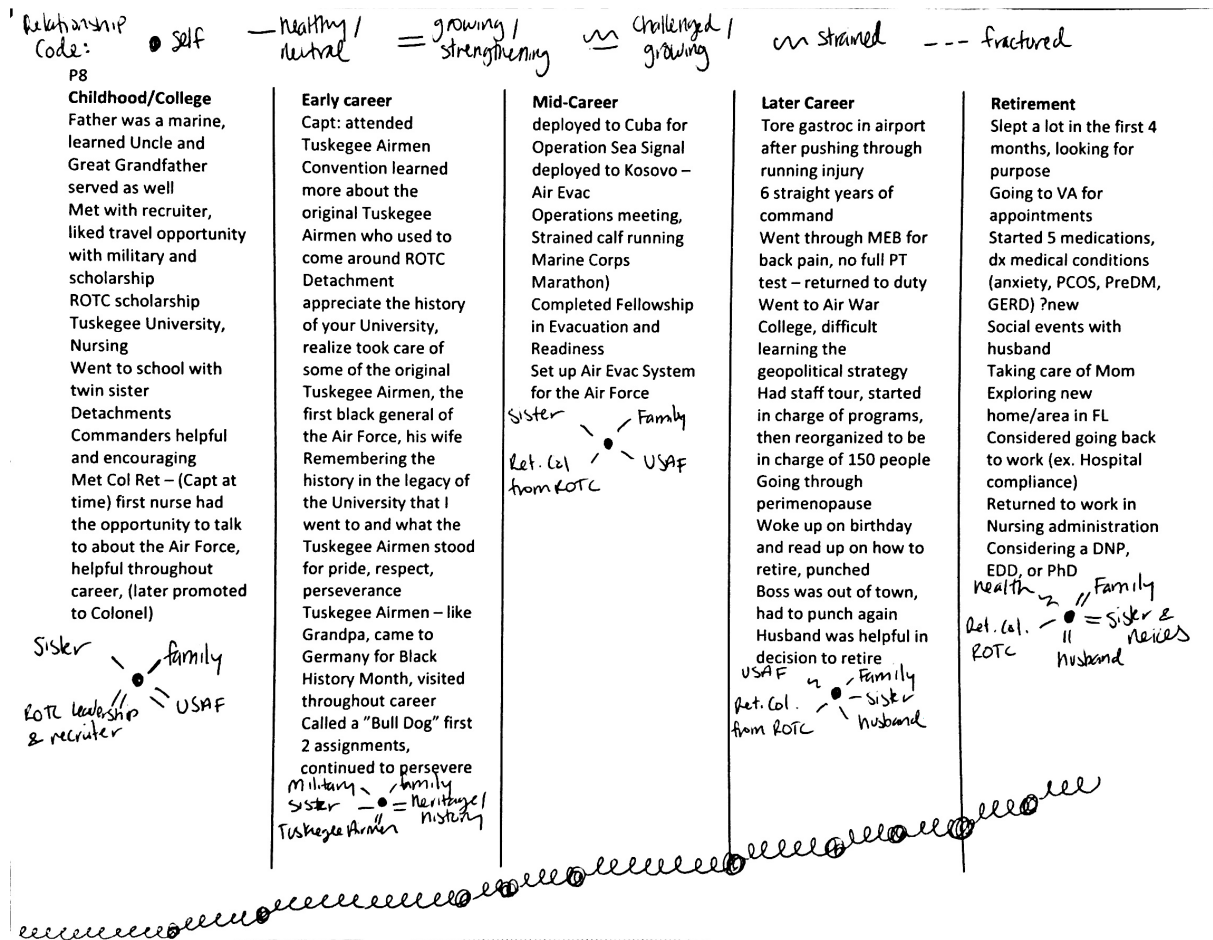


Figure 7. Stacey’s narrative diagram.

Stacey’s response to the narrative diagram.

But as for me and your study, I guess that I’m adjusting, you know, it was tough at first because a lot of it was trying to find myself, you know what I mean, kind of who I am, what is my role? Because I was so accustomed to, well you know, from a commander perspective, my position being military, that was my identity, you know? And then in the transition, because I told you, I got married, so we could go out, and it's a military town,

but everyone turns to him and says, 'hey what did you do?' you know and I'm like hey, well wait a minute, I did something too, you know? You didn't ask me, you know? At first I didn't take exception to it but then, I mean, it happens everywhere we went. They immediately assumed he was a military member and he was, but you know, I did six years longer than he did and I outranked him, you know? And I'm like, give me a break! So that was a struggle, you know? Just trying to accept that well, that's just society.

Stacey's pattern analysis. Stacey had a positive and mutually supportive relationship with her twin sister throughout her childhood, college, and their respective military careers. She faced adversity as a woman in her military career with a "bull dog" work ethic and continued to face adversity as a military retiree because she is not recognized as a veteran as her husband is. She describes "trying to assimilate back to the real world and people appreciating that I had some contribution to society" since she had a long, successful career of military service.

Stacey's meaning of health at the midlife transition to retirement is to gain a better understanding of her health. She became aware of multiple health conditions at her first primary care appointment in retirement. Stacey has an increased awareness of her medical conditions in retirement but is trying to identify effective modalities to address her health. She is currently prescribed multiple medications but is skeptical if this is the correct treatment for her. "I'm looking at like the pills, the bottles, and I'm like I went from zero to five overnight." She plans to address this by changing to a primary care provider who is better at explaining her diagnoses and treatment options. She also enjoys additional leisure time in retirement from the military, which allows her to kayak and hike with her husband, take care of her mother, and spend time with her sister.

Stacey's meaning of the transition to retirement from the military at midlife is to find a new sense of purpose. She began this process by spending more time with her husband initially and going back to work as a nurse manager after a year of retirement, but still wants to find a new challenge and opportunity for growth.

What's my next, you know? Do I want to stay in nursing administration? Do I want you know to go and be eventually, you know, I really kind of see myself in a coaching mentoring program you know? That type of stuff.

Stacey plans to continue a career of service in a mentoring position and is deciding how to best achieve this goal.

In Young's sequence of human evolution, Stacey is in the fourth stage of decentering. Stacey originally realized she needed new ways of being in retirement after sleeping for four months. She learned how to enjoy her free time with her husband, sister, and mother, and started a civilian career. However, she does not yet feel that she has found a career that fulfills her and is looking to another degree that would open more opportunities as a coach for nurses.

Joe's Story: Stopping the bad guys with your brothers

Joe's narrative summary. Joe recalled always wanting to join the military because his father was in the Army Reserves, his grandfather was in the army, and his uncle was retired Navy. Joe decided to drop out of college and enlist in the Marine Corps because he wanted to make sure he pursued the military "before I get too old and I was twenty-three" and he was "just going through the motions" in college anyway.

He began his career as a Marine in Military Police (MP). He also started dating his future wife, Kelly after joining the Marine Corps. They both had quiet personalities and synced quickly. He had always assumed she would not want to be a military wife so Joe separated from the

Marines after four years of active duty, joined the Reserves, and married Kelly. While in the Reserves, September 11, 2001 occurred. He talked with Kelly about returning to active duty. She “gave the green light” and he re-enlisted. One year later, he deployed to Fallujah, Iraq on a combat mission. During this deployment, Joe switched career fields to Counter-Intelligence due to lack of personnel.

After his deployment he attended Counter-Intel School and then deployed again on a ship in the Mediterranean and Indian Ocean. Joe describes this deployment as a “lot fun.” Their unit was involved in chasing pirates, rebuilding a school in Africa and training other forces. Joe deployed two more times to Afghanistan. During his first Afghanistan deployment, Joe missed his youngest son’s birth. When he deployed to Afghanistan again five years later, Joe realized he was eligible to retire. After discussing with his wife from Afghanistan, Joe requested permission to retire.

Because Joe requested to retire while deployed he had to wait until he returned home to do most of his retirement preparations. However, Joe was able to use his free time on deployment to finally complete his college degree. He and his wife also decided to move to Tennessee as they enjoyed living there earlier in their marriage.

In Tennessee, Joe knew there were no specific counter-intelligence jobs, so he tried to find something similar. Joe change jobs five times in his first four years of retirement. He held positions including private investigator and security positions. He left these jobs because they were not fulfilling, lacked upward mobility and he felt his co-workers lacked dedication. He volunteered with an anti-human trafficking organization and found this very fulfilling. Eventually, a salaried position was created and Joe took over full time. He enjoys this work and has a like-minded colleague, a former Federal Bureau of Investigations (FBI) investigator.

Outside of his career, Joe reports he is more involved in his church community than he was able to be while active duty. He spends a lot more time with his sons now and they fish and hunt together. He also sees his family consistently on holidays and enjoys the absence of deployments. He keeps in touch with his extended family who live nearby, but was concerned when his Uncle (who retired from the navy) died of Parkinson's related to Agent Orange exposure. This made Joe consider the exposures he encountered around the world and his own health. He feels healthy now except for some knee pain. He was having trouble sleeping because of stress, but this improved with cannabitol (CBD) oil and when he found a job he liked. He reports focusing more on his health in retirement by gardening for exercise, to clear his mind, and provide quality food for his family.

Joe's relationship with his wife initially suffered in retirement when Joe lost connection with his Marine Corps brothers. He did not realize how the brotherhood maintained his mental health in processing combat experiences until he retired. Because Kelly was his closest relationship, his internal frustrations were often expressed as frustration towards her. His wife is very quiet and avoids confrontation, so Joe has been working harder to hear her point of view. He is also working on opening up more about his experiences with Kelly because "she wants to help and work through it."

Images: Narrative diagram.

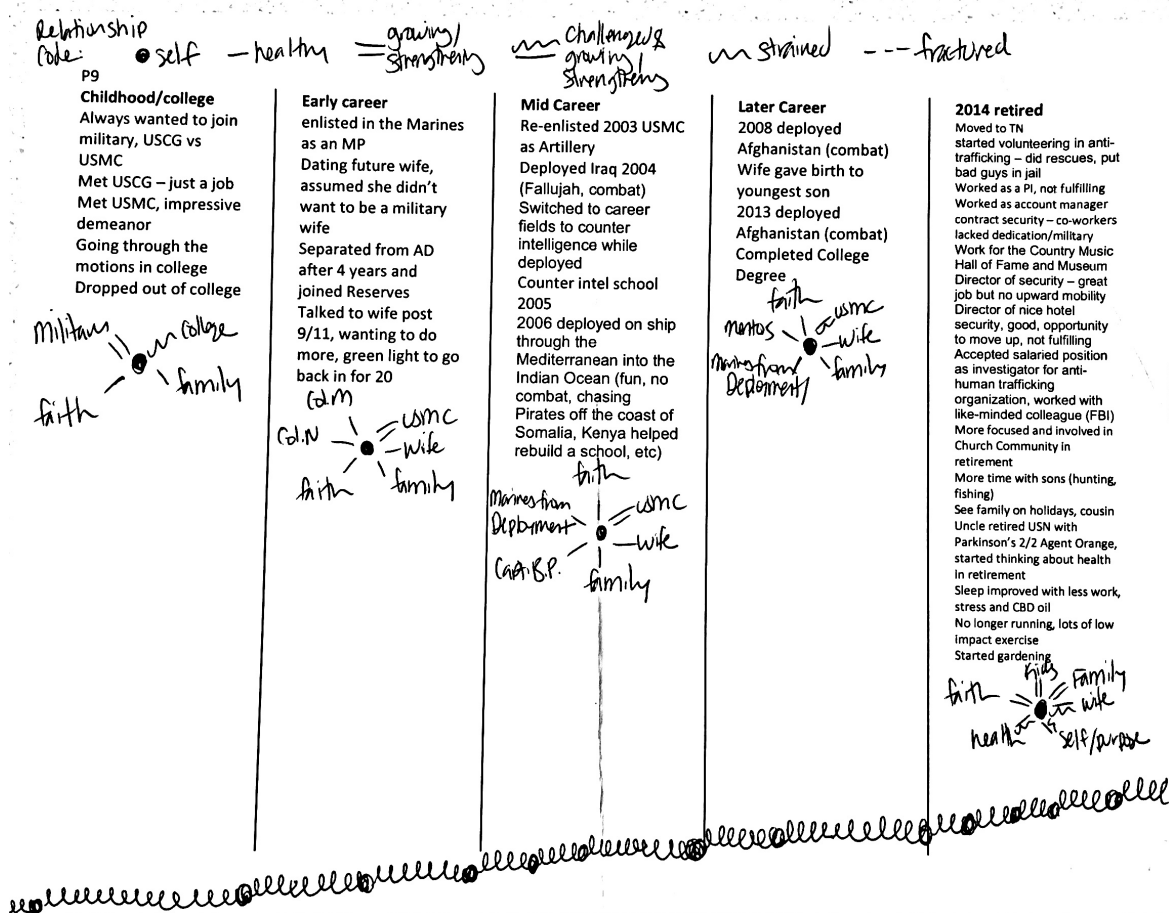


Figure 8. Joe's narrative diagram.

Joe's response to the narrative diagram.

Retirement was one of the biggest ones just kind of forcing you to really look at what do you want to do because in the Marine Corps, being a Marine is good you know? A lot of Marines get satisfaction out of just being a Marine, doesn't matter what job they do. And on top of that I enjoyed the job that I did, that a little bit over 10 years, and then when you retire and you're having to find something that you can get that same feeling, it really makes you think about what you want. Whatever what you want to put into it or all of that, so I think retirement is probably one of the bigger moments that I had to deal with. But other than that I am not, I think pretty much everything else is covered... the only other thing that I'll add is that a being retired there are days that I miss it but other days

I'm like, I'm glad I'm not doing that. And maybe that's because I do enjoy the job that I'm doing now. I don't know for sure, but yeah, retirement has been good, I just, you know, more relaxed maybe? More relieved? I don't know what the right word would be but I enjoy it.

Joe's pattern analysis. In childhood, Joe knew he wanted to be a Marine because all men in his family had served. Throughout his career, his relationship with Kelly was plagued by communication issues. Initially, Joe did not discuss, but assumed Kelly did not want to be a military wife so he left active duty after four years. However, after 9/11/2001 he wanted to rejoin active duty. This time he communicated with his wife and both agreed he would transition out of the Reserves to Active Duty. The couple's communication deficits continued throughout Joe's career, but were compensated for by his brotherhood in the Marines. In retirement, Joe lost his close connection to his Marine brothers and the communication issues with Kelly resurfaced.

I mean there were some rocky times after I retired, I think dealing with the, like, when you're in the Marine Corps everything that's happened on deployments, things like that, you really don't bring up. You don't talk about it. So you don't really deal with them - don't think about them. You don't think it's going to affect you or anything like that, but after you get out and you don't have that camaraderie anymore, you do - those things do come back up... but the aggravation and stuff I guess manifested towards her sometimes just because she's probably the closest one to you.

In retirement, Joe learned to communicate with his wife about his experiences in the Marine Corps and deployments to repair their relationship and adapt to their retired patterning. The couple leaned on their church community for guidance as they worked on their communication and reported their relationship is strengthening.

Joe's meaning of health at the transition to retirement from active duty at midlife was to become aware of his health having ignored it during his military career. While serving, Joe noticed ailments, such as knee pain, but did not address them. "I just didn't want to be that guy that would complain about his knees because you know, everybody's knees hurt. They just have aches and pains, that's part of it I guess. I just never said anything about it." Joe's view of health shifted in retirement when he learned of his Uncle's death from Parkinson's disease secondary to Agent Orange Exposure in the Navy.

After gaining awareness of military exposures effect on health after military service, Joe began to pay more attention to his health and take measures to prevent disease. Common exposures in the OEF/OIF era include burn pits and toxic embedded fragments (as discussed in Chapter 2). In order to mitigate these risks, Joe hunts and gardens both for exercise and to ensure he is eating quality food. He uses the healthcare system sparingly as he feels they prescribe too many medications.

Joe's meaning of the transition to retirement at midlife was to find a new sense of purpose and brotherhood. Initially he found a sense of purpose by volunteering for an organization "putting bad guys in jail, stuff like that, that's awesome and that really appeals to me and I wanted to do that full-time." He found his sense of purpose when he was hired by this organization fulltime and worked with a "like-minded" colleague, a retired FBI agent, with whom he felt a sense of brotherhood and connection. Joe found meaning in his continued service of stopping "bad guys".

In Young's sequence of human evolution, Joe is in the fifth stage of expanded consciousness. Joe recognized that his prior ways of coping with his deployment experiences were negatively impacting his relationship with his wife. He realized that he had to find a new

way to cope with his experiences without the companionship of his Marines and turned to his church and improving communication. Despite not initially finding a job that provided a similar sense of service and comradery as the Marine Corps, Joe volunteered and eventually was able to find meaning using his skills and passions from the Marine Corps in his civilian career.

Will's Story: Belonging and service

Will's narrative summary. Will describes his childhood as taking an abrupt turn when his parents divorced. With their divorce, he moved from a small town in Ohio to a big city at age twelve. He maintained a close relationship with his brother as he struggled to make friends in high school and searched for a sense of family. He initially found some comradery playing soccer. He excelled on the field and was a Division I prospect, but injured his knee as a Junior, which eliminated his chances at collegiate athletics. He also started dating Angela in high school. Despite his connection with Angela, he recalled feeling lost during his senior year. His next-door neighbor happened to be an Air Force recruiter, and Will was quickly intrigued by the Air Force and decided to enlist upon graduation from high school.

Will trained as an Aerospace Medical Technician. He enjoyed the Air Force from the very beginning and knew he wanted to stay for twenty years. He loved his first duty station because Angela lived nearby and could visit often. Will and Angela married a couple of years later. That same year, Will's brother and mother were murdered. Will was so busy caring for his young family and working on his career that he barely took a moment to process his grief and just kept working.

Will and Angela had three children together over the next 5 years. Around this time, Will started playing volleyball, fell in love with the sport, and began coaching. He also received orders to deploy to Afghanistan. Will described surprised to find how afraid he was to deploy as

his grief from his mother's and brother's deaths resurfaced. Will was certain he was going to die as his mother and brother did. He then decided to attend the mental health clinic to help prepare emotionally to deploy. He learned a lot of helpful coping techniques in therapy.

When he deployed to Afghanistan he served as the noncommissioned officer in charge (NCOIC). He worked with a supportive team and earned the respect of combat medics from other military branches. During his deployment, his youngest daughter was getting bullied at school. Despite serving as a combat medic, Will's largest stressor during deployment was not being around to help his daughter and wife. When he returned home, he met his family at his daughters' volleyball tournament and surprised his children. They had a memorable reunion playing a sport they all enjoyed.

When Will returned to his unit, he felt that the Air Force had changed politically. Around this same time, he missed his promotion due to an injury and failing his fitness test. His daughter was also graduating from high school and looking at college options. Will wanted to be able to visit his children in their transitions to adulthood and realized he felt ready to retire. As he put in for retirement he also started to apply for jobs. Before his retirement officially began he accepted a position with the city in Emergency Management. He liked this job a lot because he still felt like he was giving back to the community.

During his retirement process and establishing his disability rating with the VA, Will was diagnosed with PTSD from his brother's and mother's deaths. He continued to go to therapy for the first few years of retirement. His daughter decided to go college in Ohio so Will and Angela decided to move the entire family to Ohio as well. Will initially wanted a new job with structure similar to that of the Air Force and took a job with the Red Cross as the First Team Coordinator. He enjoyed this work, but it was very busy and stressful, he gained a lot of weight causing worse

joint pain, and he realized he wanted to have more time with his family. He then took a job with the VA but felt this pace was too slow and he gained more weight. After this he decided to “be a retired guy” and see his children grow to be young adults. He took a job as a part-time club volleyball team manager and college scout and enjoys the mentoring aspect. He is more active, lost all of the weight he gained and as a result, has less joint pain. Angela is now the bread winner in their family and thriving in her own career.

Images: Narrative diagram.

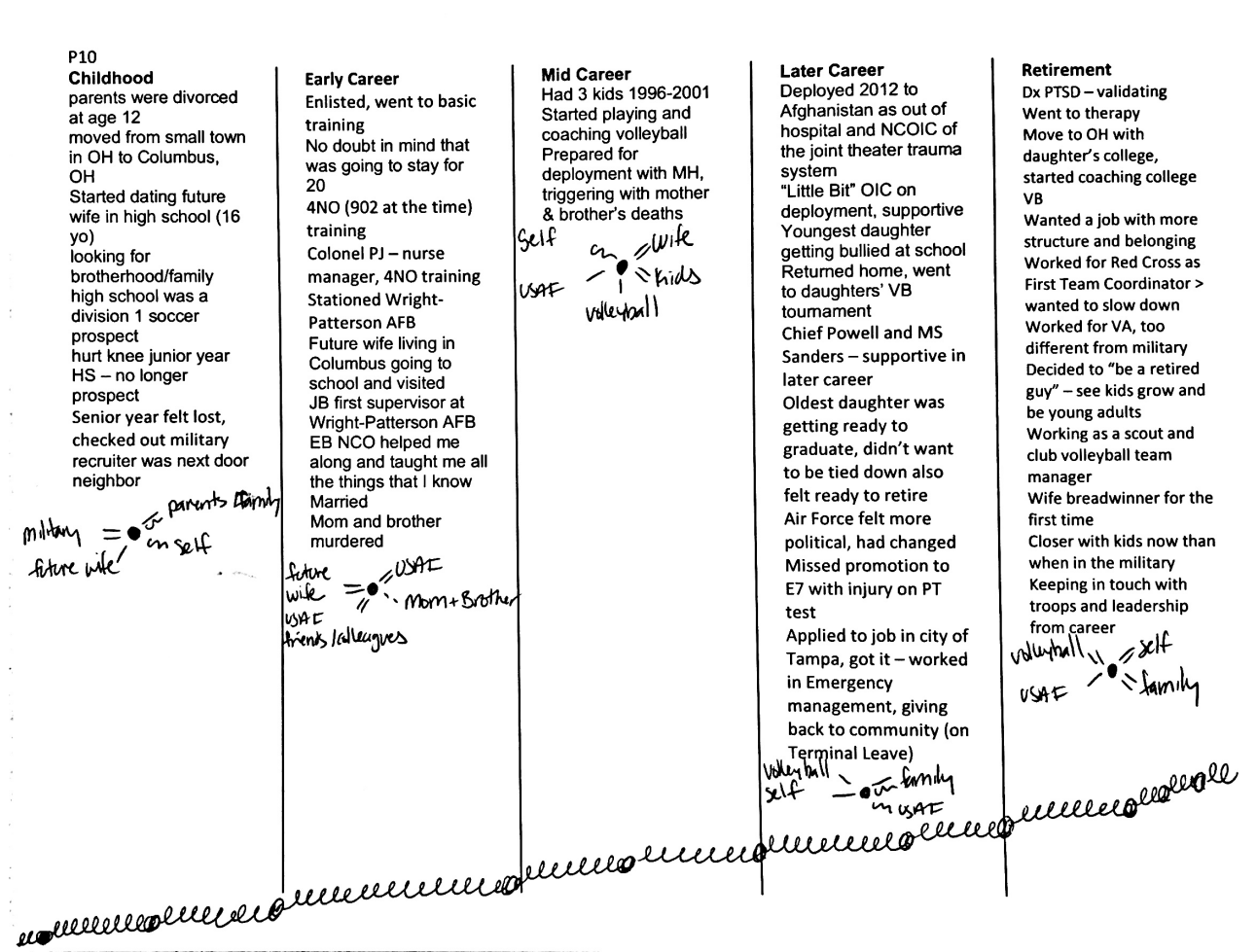


Figure 9. Will’s Narrative Diagram

Will’s response to the narrative diagram.

I know my place, I know I do, I know who I am and where I'm going and you know, where it is. So having that sense of purpose, I mean my purpose in life is to be a dad and that's exactly what I am so it's great because I mean the kids are home for the summer and I get to hang out with them and my son comes out and helps me with the car and it's just kind of something we never got to do while I was active duty and so it's kind of nice. So I never stressed out about it because eventually I will figure out something and just kind of keep moving on.

Will's pattern analysis. Will felt a lack of connection with his family and community when his parents divorced, he changed schools and due to an injury was unable to play soccer on the level he wanted. He joined the military because he was seeking a place to belong and he found this in the Air Force and with his high school girlfriend, Angela. Will experienced choice point before his deployment in his later career, where he was forced to cope with his mother's and brother's deaths and emotionally prepare for his own life-threatening experience on deployment. Despite his pre-emptive fears of death, his biggest concern deployed was caring for his family back home because his youngest daughter was being bullied in school and he felt powerless. In retirement, Will realized he wanted to prioritize his family, support his children, and serve his community through their shared passion of athletics.

Will's meaning of health and at the midlife transition to retirement from active duty was connected to finding his sense of purpose. In retirement, Will became aware of the effects his health behaviors (eating and inactivity) had on his health experience (joint pain) and sense of purpose. Will found his sense of purpose was engaging his community through sport, mentorship and by being present to help his children transition to adulthood. Upon finding his sense of purpose, his health improved. He lost twenty pounds and as a result his joint pain diminished.

In Young's sequencing of human evolution, Will is in the fifth stage of unbinding. After retiring, he tried several jobs over the course of four years and finally settled on fatherhood as a second career. Around his relationship with himself and his family, he realized a new set of behaviors and a deeper awareness of his relationship with his family in retirement as he found a way to spend more time with them. With his new realizations and behaviors, he experienced a sense of boundarylessness enjoys the freedom and mentorship of fatherhood and coaching.

Mateo's Story: "A guy actually making a difference"

Mateo's narrative summary. Mateo's childhood was tumultuous. He grew up in "a pretty rough part" of California and knew early on he wanted to escape. The military seemed like the perfect way out of the drugs and gang violence amid him.

Mateo served first nine years of career in the infantry where he made some of his closest friends. During this time, Mateo was seeing two women, but married one who told Mateo she was pregnant with his child. Shortly after his son's birth Mateo deployed to Australia. Mateo was with his fellow Marines at a bar when the bartender announced the United States was under attack on September 11, 2001. Mateo and his unit quickly deployed to the Persian Gulf, then to Pakistan to establish a stronghold and then to Afghanistan where his unit was the first to engage in combat. Mateo lead in his unit and reported feeling a tremendous pressure to protect "his brothers". He recalled an oncoming ambush from the Taliban when realized his actions would determine whether or not other Marines would make it home.

Mateo's wife asked Mateo to put in his "2 week notice" and threatened to leave him, but he refused to leave the Marines and re-enlisted anyway. Several months later, Mateo returned home to find his wife had left with his son. Mateo grew up without a father. Since his childhood he always wanted to be a father and was devastated that he had failed.

Shortly after losing his son and wife, Mateo's other ex-girlfriend contacted him. She informed Mateo that he was the father of her son born just a few months before Mateo's deployment. Mateo was ecstatic to have this son and ex-girlfriend in his life. They went on to initially have a strong committed relationship. Although they had two more children together, Mateo delayed marrying for ten years for fear of ruining the relationship as he did his first marriage.

Mateo was deployed to combat situations every two years, but after his first deployment, Mateo realized that infantry skills translated poorly to civilian careers. In order to expand his skillset and still serve protect other Marines, Mateo retrained counter intelligence/human intelligence. During deployments Mateo met and formed strong bonds with other Marines who had shared traumatic experiences serving in combat. They helped each other through "dark times" and in retirement, Mateo remains close to his Marine "brothers".

In his later career, Mateo who had gone into the military to escape drugs and gang violence, deployed to Central America for counter narcotics organized crime against drug cartels. This assignment triggered in Mateo the fears he had about living in California, but now he became concerned for his family's safety as they remained in California while he had escaped.

Mateo's wife urged him to retire to spend more time with family, but to first meet with mental health counselors. After one session during which he shared his combat experiences, Mateo was prescribed seven new medications. Mateo then retired and moved to Arizona with his family, but shortly upon arriving, his wife divorced him. Despite this, Mateo's relationship with his children is very strong. During Mateo's career, he had very little time to spend with his children and deployed for each of their births. In retirement, Mateo's major focus is to spend time with all his children from each of his marriages.

Mateo has several physical injuries from twenty years of combat, but downplays all of them. He has “degenerative disc disease or something like that, so if my L4 and L5 are almost fused,” he also has “damage on my right knee from an incident where I had a piece of metal going through it” as well as a “TBI from being blown up multiple times which has caused me some kind of cognitive delay”. Mateo reports regretting that he retired because the retirement physical made him aware of many health conditions he would not have previously given much thought.

The issues he could not continue to ignore were his sleep and PTSD. He constantly keeps busy to avoid allowing his mind to be inactive. When he “has no action” his mind starts to “fill the void” by recalling every “bad” situation he has ever been in and “overthinking it to death.” For example, Mateo only gets two or three hours of sleep each night because resting causes him to think “okay in this firefight, could you have helped this guy? How could you have done this? What part did you miss? Medications cause Mateo to feel like he has no control over his body, especially after his first experience with mental health care when he was started on seven medications simultaneously. He continues to work with mental health providers at the VA in Arizona. He reports his best treatment is to keep in touch with his fellow retired Marines, avoid sleep, keep busy, hike in the mountains near his home.

Narrative diagram.

having a positive impact on the country as a Marine and by becoming a father himself. The meaning of health for Mateo was being a protective brother to other Marines, having inner peace and in being a good father who protects his family. In fact, Mateo was reminiscent of what he described as a simple, yet nurturing life. The military and particularly the Marines provided him with a family and sense of purpose in protecting his fellow “brothers.” Despite combat deployments every two years, Mateo retired to Arizona because he felt most able to reminisce about Afghanistan, a place that was calmed by thinking about the landscape and a simpler time of deployment to the Middle East.

I know it sounds really weird and, but, it's a bit calming because on deployment, realistically, you have no worries. You have no worries about bills, family issues, nothing of that nature. The only worry you have is to stay alive. And in a twisted kind of way the deployment is more relaxing than being back in the States.

Mateo’s meaning of health at the transition to retirement is finding a similar stability and state where he can experience inner peace similar to how he felt on deployment. He first addressed this by moving to a landscape where felt closest to inner peace. However, Matteo currently sees the transition to retirement as one that made him have to confront health issues he had throughout his time of service including physical ailments and mental health trauma.

Prior to his transition and for one of his last assignments, Mateo recognized during the follow up interview, how he had gone “full circle” when he was deployed to fight drug cartels in Central America, reminding him of the gang life in California he had escaped. The transition to retirement was challenged by an awareness of his physical health, mental health issues and the loss of brotherhood experienced in the Marines.

I miss my Marines. I miss the camaraderie. I miss the brotherhood. And I miss the rush, the thrill. I don't miss the sadness. I don't miss the loss of a brother. That, that I wish had never happened. I don't miss some of the things I had to do while I was in the Marine Corps. But the brotherhood overcomes all of that. Working in the civilian world now, it's a different world. Different working in the civilian world now it's, realistically you can't put your life in another person's hands. You can't even trust another person completely. But in the Marine Corps, it's like hey I trust you with my life, not my money or my wife that's the motto [laughing] but you know that's the life style that I don't think I'll ever see again. So that's what made retirement so hard, and that's what made the transition extremely difficult, trying to figure out how to deal with that every single day.

Mateo's meaning of retirement from AD at midlife centers around his sense of purpose.

Although continuing to work for the DOD as a civilian, he finds the experience to be extremely difficult. Mateo did not feel ready to retire at the twenty-year point, instead he retired because his wife and children requested it. Now that his relationship with his wife is fractured, Mateo's reason for retirement in many ways disappeared. His reason for serving to prevent his children from experiencing war is also threatened as his son went to boot camp and his daughter plans to enlist with the Marines the following year when she graduates high school. Mateo feels some sense of purpose in trying to be a good father. Accordingly, Mateo's meaning of the transition to retirement from active duty is the loss of brotherhood and purpose.

In Young's sequence of human evolution, Mateo is in the binding stage. Through the chaotic events of military service, Mateo is beginning to realize that his prior ways of being a husband, father, and professional are not adequate in his civilian role as a retired Marine. He is

beginning to learn new behaviors by confiding in fellow Marines, working with healthcare professionals, and fostering valuable relationships with his children and his close friends.

However, he has not yet identified new behaviors to adapt to his civilian life. He deeply regrets retiring because it brought to light all of the health and mental health issues he was able to work through and ignore when he was active duty.

If I could go back, I would like slap myself across the face before I signed that paper work and tell myself, *you've got 10 more left in you*. It seems like the minute your body is told that you did your job is when it's like, okay I can stop pretending now, and it lets go and that's when every single thing that your mind has probably held together it lets go and that's where all the freaking issues that came up with medical stuff that I didn't know I had.

Although Mateo admits that another ten years of active duty would have continued to add on damage, he still feels this would have been healthier than knowing about all of medical conditions at this point in his life.

Ben's Story: Progressing Careers

Ben's narrative summary. Ben recalled his father and uncle both served in Air Force during the Vietnam Era and spoke positively of their experiences. Ben realized that he was not yet ready for college and decided to enlist in the Air National Guard (ANG). He was quickly activated and stationed in Germany where he met Thelma. They hit it off instantly, but their ambitions to attend college took them in different directions. After five years on active duty, Ben decided to separate from active service and rejoin the ANG, at which time he completed his bachelor's and master's degrees and earned a commission as an officer. While working as a civilian, he reconnected with Thelma who recently completed her Doctor of Pharmacy degree. As civilians

they had a chance to date, foster a relationship and eventually marry. Shortly after they married, Ben was activated for deployment and served in Saudi Arabia. He had a very successful deployment and his Squadron Commander asked Ben to rejoin active duty. Ben spoke with Thelma about the opportunity and they agreed that Ben should to return to active duty.

In his mid-career, Ben was stationed in Alabama and met two of his best friends, Bill and Thomas. He also deployed to Baghdad working for the Strategic Operations Center. Ben and Thelma then moved to Washington where they had their daughter, Veronica. Just four months after his daughter's birth Ben was deployed to Ali Al Salem, Kuwait. Thelma was left alone with the stress of being a new parent while her husband was deployed. This stress proved to be the "beginning of a very long end" to Ben and Thelma's marriage.

In Ben's later career, he served as a Squadron Commander. Just before he took command, there was a suicide in the unit. Then when he was in command, one of his Airmen was killed in a warehouse accident and another suicide was committed in his unit. All of these events fell under his responsibility as commander and began to wear on him emotionally. Ben started seeing a therapist which helped him through these challenges and allowed him to complete his command tour.

Ben received orders to deploy to Al Udeid, Qatar. At this point, Ben and Thelma finally decided to separate. After his deployment, Ben took a staff position instead of command in order to stay near his family. Despite their pending divorce, he wanted to be sure Thelma had the opportunity to advance her career. Ben also decided to retire to provide stability for his daughter.

Ben and Thelma decided to move to Colorado Springs because Thelma found an exciting position. Thelma move to Colorado a few months before Ben and Veronica as Ben finished out his Air Force Career. He enjoyed his time with Veronica on his own, "I was able to be her dad

without being told what I was doing wrong.” Ben also made sure to see his primary care provider to document all of his ailments to ensure he had a disability rating and correlating payment when he retired.

When he moved to Colorado, Ben still had not found a job. He was relieved to have his retirement pension, but his VA disability check would not start for six months. He had accrued thousands of dollars in credit card debt during his divorce. He worried about finding a job because the Colorado area did not have jobs that matched his skills despite the city’s strong military presence. He applied for a job in the library, but a friend’s wife ended up getting the job. She introduced Ben to co-worker, Kacey, who was also divorced with a school aged child. They found they had a lot in common and decided to date.

Ben ended up getting a job as a DOD contractor through his friends, Thomas and Bill, which improved his financial picture. At this time, his parents died of cancer and he received an inheritance. He reports being saddened by their death, but not surprised as they had been suffering for a long time. He was happy to have the flexibility to see them before they died and to have been able to attend the funeral. He finalized his divorce and married Kacey. Ben has a great relationship with his daughters from each marriage although he avoids interacting with Thelma. He continues to see a therapist intermittently to maintain his emotional health. He decided to start exercising when he married Kacey.

Images: Narrative diagram.

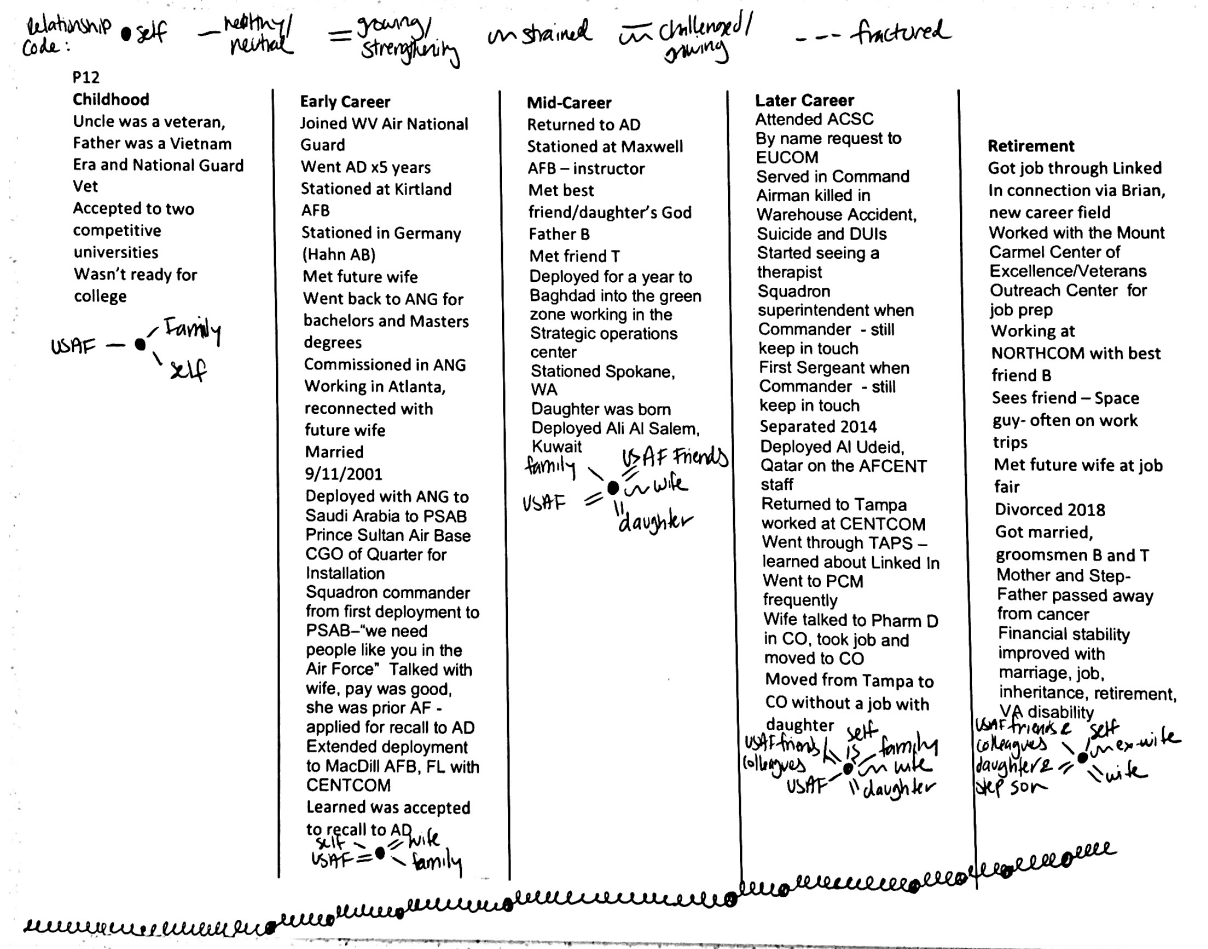


Figure 11. Ben's Narrative Diagram

Ben's Response to the Narrative Diagram.

I think [retirement] would have been challenging, I think the fact that I'm still working at the DOD as a DOD contractor helps a lot for this - I'm still in the military, I just wear different clothes and I get to have a beard now - but I still feel like I'm in military. While it's part of me, me it doesn't define who I am.

Ben's pattern analysis. Ben was not ready for college and joined the ANG the way his father and uncle after high school. He was called up to active service and took advantage of all opportunities offered through the Air Force. Specifically, he covered his college tuition for his undergraduate and advanced degree, progressed his career from enlisted to officer and now

enjoys retirement benefits. Ben's military career was complicated by frequently moving with new assignments and deployments which strained and eventually fractured his relationship with Thelma. In retirement, Ben was happy to no longer deploy so he could have more flexibility, such as the ability to visit his parents before their deaths and attend their funeral.

Ben's meaning of the transition to retirement at mid-life from active duty military service was to restore financial stability by finding a second career in retirement. He continues to work for the DOD and does not feel that he ever lost a sense of purpose, instead he continues to have one by continuing to serve in the DOD. He restored his financial stability with his retirement pension, new job, inheritance from his parents and VA disability check.

Ben's meaning of health in retirement was to ensure financial stability and maintain his health. His health contributed to restoring financial stability by scheduling primary care visits so as to document all ailments prior to retirement to ensure a high disability rating and proportionally high disability check each month of retirement. Once in retirement, Ben realized he stopped exercising after his last fitness test with several months left on active duty. He did not resume exercising since he no longer had to test. When he remarried, he and his wife bought a treadmill and are planning to start a fitness routine. "We really like each other so we want to live as long as we can so we're going to start exercising again." Ben's meaning of health at the transition to retirement centered around establishing an awareness of his health for documentation and financial purposes as well as disease prevention.

In Young's sequencing of human evolution, Ben was in the third stage of choice point. Ben recently underwent major life events with retirement, divorce, remarriage, a new job, and the loss of his parents. However, he is still working for the military, has the same friend group,

including his wife, Kacey who is a friend of his best friend, Bill. He is considering new strategies in retirement such as exercising with his wife, but has not yet begun any new patterning.

George's Story: Preparing for and executing the transition

George's narrative summary. George described himself as coming from a long line of military service. His father and two brothers served in the military. His sister also pursued a career in the Department of Defense as a civilian. George attended West Point and commissioned with United States Army. His early career was marked by frequent deployments. He estimated traveling for the Army at least one week each month for several years including several deployments during Desert Storm.

George was funded by the Army to attend Harvard's Kennedy School of Government. After completing his master's degree, George was stationed in Washington, DC for a staff position for the Army. He met his future wife in DC who had a background in the Department of Defense as a civilian and was in DC for her master's degree. Having just completed his own advanced degree in government, they were attracted initially by their mutual interests. They married later in George's career at which point they discussed the timing of his retirement from the military. George was up for promotion to General and if selected, planned to accept the promotion and continue to serve. However, his wife was from Massachusetts and eager to be near her family, nieces and nephews. They agreed that if George was not selected for General he would retire instead of trying again at the next selection board.

George was not selected for General and he began the retirement process. The General he worked under tried to convince George to stay in the Army but understood that he wanted to be near family. George recalled the General was also planning to retire and they were able to help one another out regarding resources, financial preparation plans, and attending Executive

Transition Assistance Program (TAPs), which was designed specifically for higher ranking officers transitioning out of the military. George began his TAPs one and a half years prior to retirement and made special note to re-take certain classes to refresh himself on benefits offered by the Department of Labor and Veterans Affairs. He and his wife started looking for jobs and a home in Massachusetts at the same time.

When George retired, he still had not found a job. He found the most challenging piece of his job search was not having a network in Massachusetts to help get a foot in the door. To remedy this, he joined several organizations including the Military Officer's Association of America (MOAA), attended West Point Academy seminars for transitioning to civilian life and joined LinkedIn. Through these mechanisms he established a network in Massachusetts and accepted a contract position which was supposed to last for several years. Unfortunately, the company lost the contract after only three months and George again found himself without a job.

George started searching for a job again, but during this time, George's relationship with his wife was becoming strained. For the first time in their careers, George and his wife were home together for most of the day, both looking for work. They realized they missed personal time and felt increased pressure to find work. One of George's connections through MOAA recommended George for a job with a nonprofit for veterans, especially those transitioning out of the military to Massachusetts. George met with the board of directors and was quickly hired. He is still in the same position after three years and feels the work is perfect. George felt that he learned many lessons about the retirement process the hard way, for example how to successfully find a job. He enjoys helping other friends and veterans navigate the transition to retirement successfully.

George elaborated very little on his relationship with his siblings and parents. He focused his discussion on his family's commitment to service. He recently advised his brother on preparing for retirement from the Coast Guard. His other brother recently died in his sixties, but George wonders if this brother knew about his own VA benefits, having served in the Navy. George described himself as very healthy except for occasional aches and pains, particularly in his shoulders.

Images: Narrative diagram.

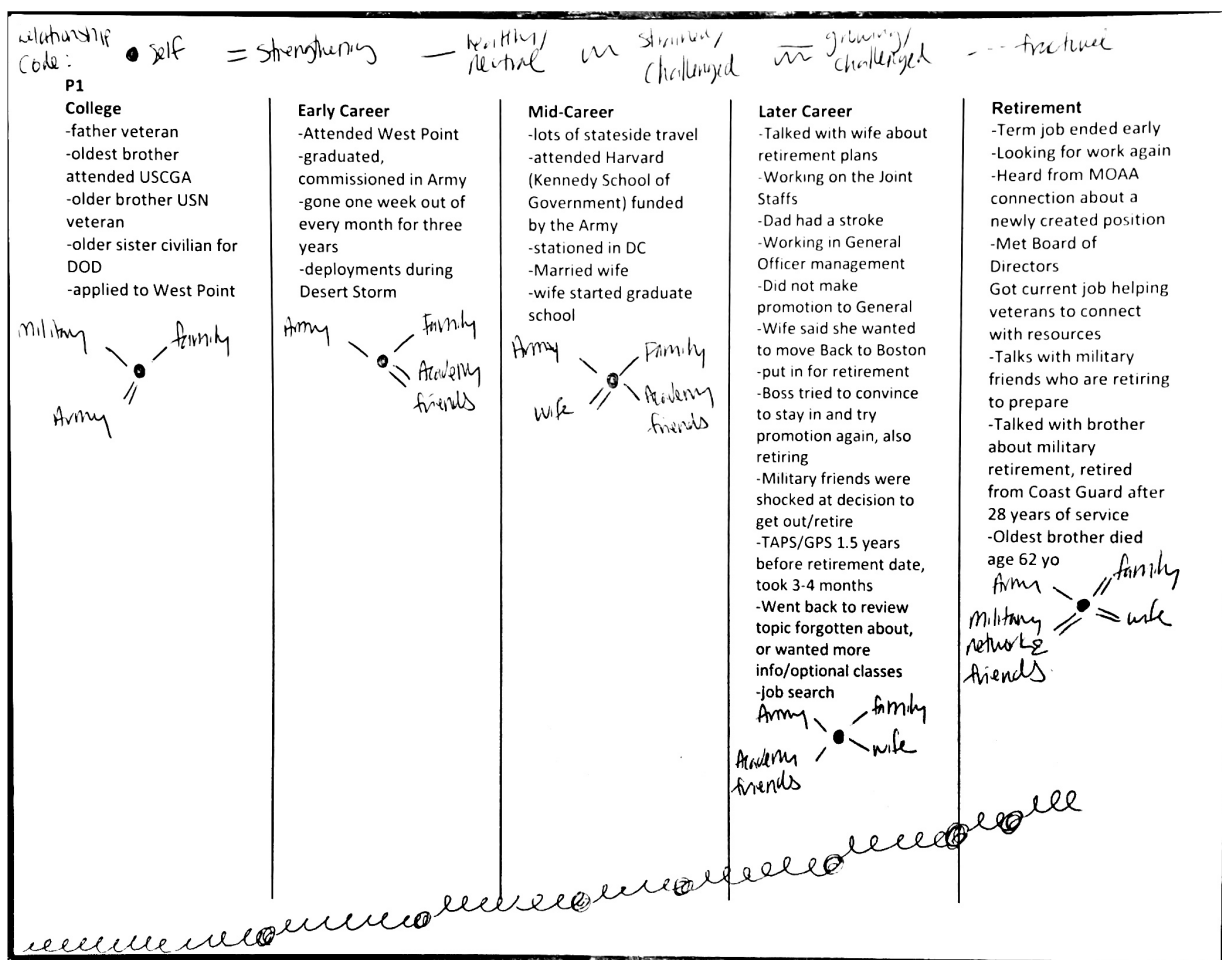


Figure 12. George's Narrative Diagram

George's response to the narrative diagram.

I think that's pretty good. I mean to me probably, the biggest piece of the transition is the networking piece. It's really about making that - having those connections to help you with that transition. Whether it's employment or you know, finding a good real estate agent or finding good CPA, or anything like that. I think, you know, you do some networking in the military, you know people in your uh that you worked with and you kind of keep in touch with them but it's even more pronounced I think as you transition out in the civilian world.

George's Pattern Analysis. George grew up in a stable household that valued military service. Every member of his family served in some capacity including George's wife who worked for the DOD as a civilian. He took advantage of all opportunities in military starting with free tuition and elite education at West Point, Harvard for an advanced degree and Executive TAPs along with various veteran networks to facilitate his adjustment to civilian life. George was very strategic and goal oriented throughout his career, retirement, and civilian career, but always kept service as his purpose. George's meaning of the transition to retirement from active duty service at midlife was financial stability and purpose through continued service. "In the military, it's mission first people always. In my current job with a non-profit, it's the mission is the people. Taking care of the troops is now still something I get to do every day." George was eventually able to find a new career as a civilian that provided for his family and provided a sense of purpose. George's meaning of health at the transition to retirement was to keep moving and the ability to continue serving. Staying active is a crucial part of George's daily routine and he enjoys spending time with his wife and dog hiking.

In Young's sequencing of human evolution, George was in the third stage of choice point. Although doing well in retirement, George did not change behaviors in retirement or

civilian life. George still operates under a similar mission to which he did in the Army, where “the mission is the people.” He works closely with veterans going through a similar experience which he did. He also prepared for the transition to retirement similarly to how he approached challenges in his military career, with meticulous planning.

Caroline’s Story: Rediscovering Caroline

Caroline’s narrative summary. Caroline recalled high school as the time during which she met the boyfriend she would marry. They connected as a result of a shared commitment to their faith, desire for service and mutual high school friends. Immediately after high school, he joined the Air Force and they married to allow Caroline to travel with him to his first assignment. After several years and two children, their relationship became strained and they eventually divorced. Caroline spoke very little about the details that derailed their marriage, but repeatedly reinforced he was a great father, so she worked hard to keep him in their children’s lives.

Shortly after their divorce, Caroline decided to go to nursing school and she completed her degree as a single mother while working full time. At her first job, she rose quickly and realized she wanted to be a nurse practitioner someday. At this same time, she realized she missed the lifestyle and community of the Air Force so she decided to commission with the Air Force to expand her career and education opportunities.

In her early Air Force career, Caroline again fell in love and married an Air Force mechanic. Her new husband eventually separated from the Air Force and pursued a nursing career using his GI Bill education benefits. As a civilian nurse, this made their moves from base to base easier because her husband was always able to find a job at all of her assignments. Caroline was also able to establish close relationships with senior nurses who served as mentors throughout her career and into retirement.

During her early career, her brother passed away which resulted in Caroline feeling an enormous amount of grief unlike any other sadness she had experienced. Overtime, this sadness passed. Caroline never consider seeking mental healthcare because she knew, no matter how much reassurance was provided by the military, seeing a mental health provider would ruin her career.

Caroline recalled her first deployment to Iraq in her mid-career as incredibly stressful. She worked the night shift in an Intensive Care Unit (ICU) but had not ever worked in an ICU before. When she returned home, she felt disconnected from her family for several months. Caroline felt unprepared for readjusting back to family life.

Her next assignment was to Florida. Caroline's son was just finishing up high school and on-track to be valedictorian. For her next assignment, Caroline and her husband decided that the family would stay in Florida while she moved a three-hour drive away to her next assignment. They visited each other most weekends. However, on this assignment, Caroline ruptured a disc in her back and the severity of the pain resulted in her requiring surgery.

Caroline deployed one more time in her later career to Qatar as the Chief Nurse. Caroline enjoyed this deployment much more as she was serving in a position where she had experience. After returning from her deployment, Caroline realized that the Air Force had changed in ways which she did not necessarily agree such as leadership decisions and other policies, such as repealing "don't ask don't tell." She also started to struggle with her fitness test as her back injury was easily re-aggravated. She also wanted spend time with her family. Caroline's mentors had all advised her that when it was time for her to retire, she would know.

Around the time she was deciding to retire, Caroline's father passed away. This served to cement her decision to retire and spend more time with her family. She also once again

experienced an unbeatable grief for several months, as she did when her brother died. Caroline kept her decision to retire a secret from everyone she worked with. Even when she was out of work for mandatory retirement classes, TAPs, she told people she was taking the week off instead.

In retirement, Caroline almost immediately felt lost and in a dark space. Caroline found it was difficult to stay in touch with her friends who were still in the Air Force. She also felt a loss of purpose and struggled with how to get through the day. This unraveling, resulted in a strained relationship with her husband. Soon, she came to realize she was likely suffering from depression and decided to see a therapist at a local Veteran’s Center. After working with her therapist for a full year, Caroline started to feel like she was coming out of her “dark place” by volunteering, working, and repairing her relationship with her husband.

Images: Narrative diagram.

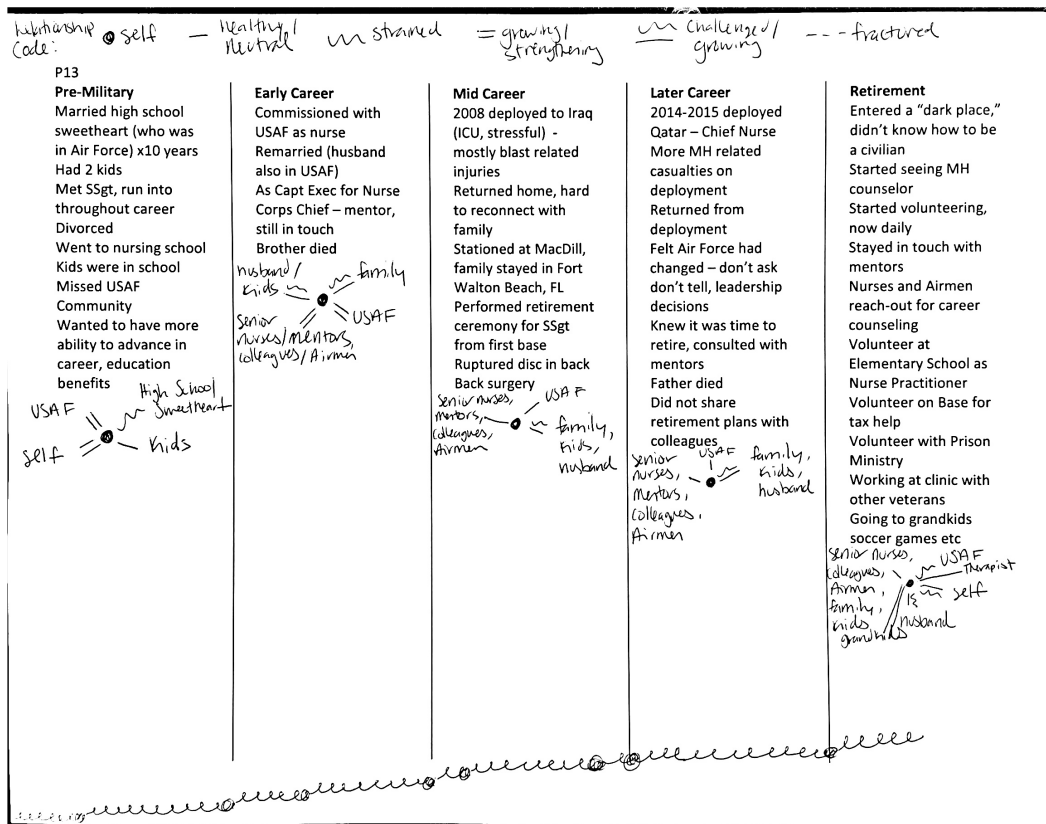


Figure 13. Caroline's Narrative Diagram

Caroline's Response to the Narrative Diagram. "It really makes you think, you know, the things you asked me, it really makes you dig into, 'how is my transition going? How are how am I doing?' You know, for me to ask myself."

Caroline's Pattern Analysis.

Caroline married immediately after high school to accompany her boyfriend on his military career. The couple soon divorced and Caroline learned new patterning, completing her bachelor's degree, and deciding she wanted to serve herself. She was motivated to join the Air Force for career and education opportunities and decided to commission. As an officer, Caroline took advantage of opportunities by getting her master's degree and becoming a nurse practitioner. She excelled and was promoted quickly and eventually retired from being a Chief Nurse, a job she enjoyed because it allowed her to be a mentor to other nurses and support staff. She experienced retirement as a chaotic event where she did little to prepare, not even telling her colleagues she was retiring, and quickly fell into depression.

This experience of depression forced Caroline to learn new patterning by trusting mental health care for the first time. With guidance from her therapist, she started volunteering and serving causes of her choosing instead of the Air Force's direction. Accordingly, Caroline's meaning of health at the transition to retirement from active duty at midlife was to become aware of her mental health needs. Depression was not an experience unique to retirement, Caroline had experienced depression two previous times in her career but never addressed her mental health for fear harm to her military career. She learned therapy was an effective modality for addressing her mental health and continues to attend.

Caroline's meaning of the transition to retirement from active duty military service at midlife was to rediscover her sense of purpose and identity, as she refers to it, her "new normal."

Your first name was Ma'am for 25 years of your life, and it's strange, that's another part of your identity that you really didn't use very much except maybe on the weekend because, especially you know, when you're in the military you really are 24/7 available to people and barely a day went by when you weren't constantly in your role, in your identity as a service member. And then all the sudden, you're supposed to go back to being Caroline, but who is Caroline, you know? You left Caroline behind 25 years ago when you commissioned.

Caroline's meaning of retirement and meaning of health were closely linked in that both meanings centered around losing her sense of purpose. Caroline found her sense of purpose by keeping busy with volunteer and career activities of her own choosing. She volunteers at a women's prison as a minister, she volunteers as the school nurse for her grandchildren's elementary school, she assists with taxes for retired veterans on base, and eventually went back to work as a clinician at a free clinic for immigrants which is also a veteran-run organization. Finding her sense of purpose and attending therapy allowed her to begin repairs on her relationship with her husband. Although she declined to discuss the details of their relationship, only that it was on the mend since the strain they underwent with her transition to retirement. While she does not yet feel she has found her sense of purpose, she believes she is well on the way to discovering her "new normal" in retirement.

In Young's sequence of human evolution, Caroline is in the fourth stage of decentering. She realized that her previous ways of being in the military were effective in her less structured, slower paced civilian retirement. She attended therapy which provided her increased awareness

through reflection as she began to make new choices regarding her environment and interactions by starting to volunteering, rebuilding her relationship with her husband, and working on understanding her own identity outside of the military. Although does not feel she has fully adapted to retirement, she has adapted new behaviors and continues to reflect on her past, present, and future to clarify her direction.

Tyler's Story: Embracing mental health

Tyler's narrative summary. Tyler recalled his childhood in a dysfunctional home. Although he has fond memories of his father, he died when Tyler was only 6 years old. In Tyler's senior year of high school, he described a lack of direction that continued through his first year of college. That summer, he reconnected with his best friend who was very excited about his future in the Air Force, which inspired Tyler to pursue an Air Force career. Tyler enlisted and initially fell in love with the structure and discipline of the Air Force. He continued to attend college, was accepted to ROTC and commissioned with the Air Force upon graduation. During college, he also dated his soon-to-be wife, and they married shortly after she graduated from college. Early in his Air Force career, Tyler was stationed in his home state of California. At that time, he and his wife gave birth to their first child.

Tyler initially was disenchanted with the Air Force as he was seeking mentors who had an authentic desire to help others develop personally and professionally. He considered leaving, but then was assigned to serve with a Colonel who inspired him. At this same assignment, Tyler took over Flight Command. His Airmen shared that they valued him as a leader which convinced him to stay in the Air Force. He was next assigned to the Pentagon where he continued to meet officers with similar leadership styles, providing Tyler a sense of belonging to the military.

While he was at the Pentagon, the attacks on 9/11/2001 occurred. Tyler specifically noted that one month after the attacks, he and his two-year-old daughter drove by the Pentagon and she noticed a hole left from the plane crash in the building where her father worked. At this time, Tyler realized the effects that war has on the entire family.

Tyler eventually served as Squadron Commander under another African American. He was expecting to have a nurturing relationship with this leader, but instead felt targeted, “a lot more toxic than I expected.” However, he continued serving and there was eventually a routine change in leadership. Under the next Commander one year later, he was “stratted” (ranked among his peers) as number one by the new Commander. His next assignment to the Netherlands strained his relationship with his wife as they struggled to communicate. During this assignment, Tyler was sent on temporary duty (TDY) to Central Command where he attended a meeting led by one of the Security Officers (SO) in regards to their secret level security clearances. The SO talked about decreasing stigma of mental health and how seeing a therapist does not negatively affect security clearances. Immediately after that meeting, Tyler made an appointment to see a therapist and was diagnosed with depression and PTSD from his childhood. (Tyler declined to describe the traumatizing events of his childhood.) After addressing his mental health, Tyler’s relationship with his wife improved drastically.

Tyler purposely spent the last nine years of his career in Washington, DC to provide some stability for his children, even though these were not necessarily career-enhancing decisions. He was selected for Colonel and attended Air War College where he met Sean, a Colonel with a background in Special Operations. Later in his career, he deployed again, this time to Qatar, and ended up working directly under Sean. They had a great friendship and their skillsets complemented each other well.

Close to his twenty-year mark, Tyler had chronic knee pain and struggled to prepare for his fitness test. He also had a poor diet due to frequent travel and was diagnosed with pre-diabetes. He decided it was time to retire so he began working with his therapist, co-workers, and family to prepare for retirement one year prior to actually retiring. Post service, Tyler works as a General Schedule (GS) employee in the same career field, under the same boss at a similar position which he held prior to retirement. He now works remotely from his home in California with occasional travel requirements. He enjoys time for walks with his wife and flexibility in his schedule to prepare his own, healthy meals.

Images: Narrative diagram.

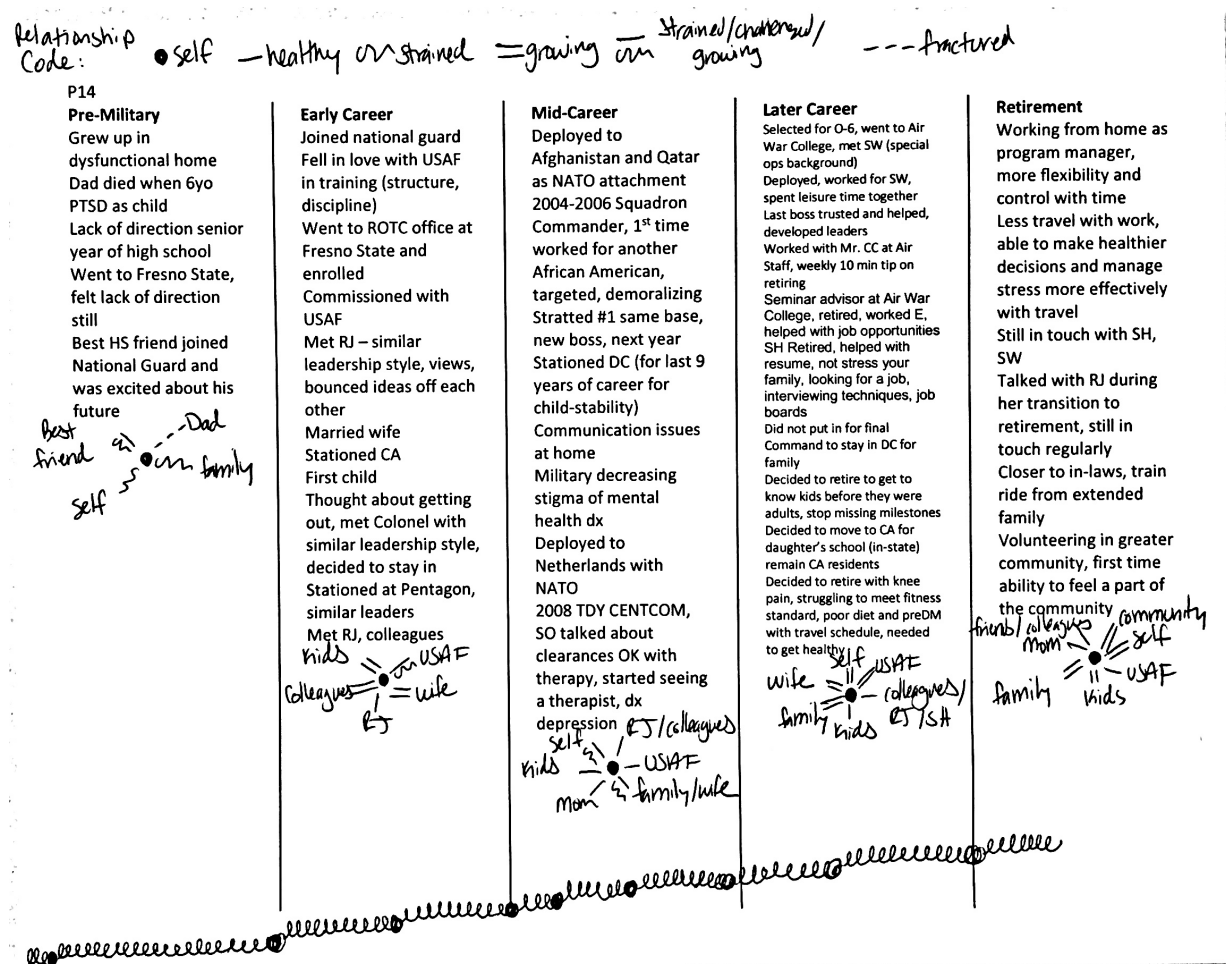


Figure 14. Tyler’s Narrative Diagram

Tyler's Response to the Narrative Diagram.

You know yeah actually so after we talked I really gave it a lot of thought and one of the things as veterans what we do is we're very loyal we're used to working for a purpose that's higher than ours and are loyal to that organization and that entity that we're working for. What I realize, while you want to be loyal to a degree, it is okay to change jobs a couple of times. It's okay to not necessarily buy into your next job has to like your next job is to be your next job for life. It's okay. It's one of the financial freedoms of being a veteran. It's okay to explore - you should explore. It's like having a second 20s - I feel like I'm in my twenties again. I'm going to back to my 20's that I didn't have back then. I started serving at 23 as a lieutenant so I didn't get that same time that my friends did out of college, so that's what I'm doing now, I'm exploring.

Tyler's Pattern Analysis. Tyler's pattern analysis indicated a dysfunctional childhood where he developed PTSD and struggled with untreated depression. He escaped his childhood to home to attend college, but found a lack of motivation until catching up with a friend who loved the Air National Guard. Inspired by his friend's passion, Tyler decided to enroll in ROTC and found new inspiration and sense of belonging. The sense of belonging faded on active duty when Tyler saw how his leadership style differed from other officers and did not feel valued. His sense of belonging further diminished when he met another African American Officer who was very toxic towards Tyler. Eventually, he experienced meaningful relationships with his subordinates, superiors and colleagues who validated Tyler's contributions and he continued to serve. During his service, the strains of the active duty military lifestyle (frequently moving around the world) coupled with untreated mental health issues strained his marriage, which resolved when Tyler received permission to pursue mental health care. Mental health treatment prompted Tyler to

learn new patterning that translated to strengthening his family relationships and he eventually chose family stability over career advancement.

Tyler's meaning of the transition to retirement from active duty military service at midlife was self-discovery. Tyler works from home in retirement and can experience family life with his wife and children during the workday. He feels the freedom to consider changing employers without losing his own identity. He still is trying to identify his sense of purpose in retirement, but finds the chaos in this process of self-discovery exciting instead of disorienting. Tyler's meaning of health at the transition to retirement is to employ strategies to incorporate health behaviors into his career and lifestyle. For example, in retirement he enjoys exercising by going for walks with his wife. Walking is a lower impact activity compared to traditional running in the military and does not aggravate Tyler's chronic knee pain. Walking also allows for communication and quality time with his wife, strengthening their relationship. In travel for work, Tyler plans trips around hotels that have kitchenettes and proximity to grocery stores to ensure he can prepare his own meals and avoid fast food. He is still prediabetic, but reports an improving A1C after only one year of retirement.

In Young's sequencing of human evolution, Tyler reached the fourth stage, decentering, after reflection following our initial interview. Tyler realized that in "Transition 2.0" he did not need to choose a new job and keep the same job for another twenty years. Instead, he had the financial and personal freedom to explore options. He recognized the potential chaos of transitioning to retirement, but is excited to learn new techniques and develop new patterning to adjust to his new lifestyle.

Phase One: Summary Paragraph

In answering the first research question, the research findings focused on understanding each individual's pattern and movement in relationship with HEC framework. Pattern and change in relation to behavior were discussed and provided insight into each participants' unique pattern.

Phase Two: Themes

While each individual had a unique pattern, commonalities across cases were evident. To do an across case analysis, interviews were re-read to obtain a general understanding of the data, then interviews were coded line by line. Codes were compiled into a list for each participant and iteratively adjusted with various coding techniques as described by Saldaña (2016). Line by line coding mostly consisted of in vivo coding; however, sub codes, simultaneous codes, and versus codes were applied as the researcher analysis continued. Categories were formed by synthesizing codes to help consolidate meaning by forming a list, comparing and sorting codes and examining supporting quotations from the interview. Categories were further synthesized within participants and then examined across participants for commonalities. Categories were considered in terms of how they linked conceptually and in this process were developed into themes. Qualitative rigor and trustworthiness were ensured by employing strategies recommended by Lincoln and Guba (1985) and Miles et al., (2014) described in Chapter Three.

The five themes common across participants were:

1. The decision to retire from the military was heavily influenced by financial stability

Sub theme: Many joined the military as a means to escape or to pursue education

2. War impacts the entire family, not just the active duty service member

3. Health and healing is a process involving awareness and focused strategies

Sub theme: There are pressures to avoid medical care during a military career

4. Finding a sense of purpose after retirement is difficult

Sub theme: Other avenues of service or mentorship provide a sense of purpose

5. Combat provides a brotherhood that is difficult to replace in retirement

Theme One: The decision to retire from the military was heavily influenced by financial stability

This theme refers to decision points in active duty careers where service members decided to continue on active duty for at least twenty years. All participants expressed a sense of financial stability when reflecting on their decision to stay on active duty until retirement. Despite the unpredictable nature of active duty service, participants recognized that retirement after twenty years of active military service provided low cost healthcare and a pension for life. Joe considered getting out of the Marine Corps before reaching retirement eligibility at twenty years. He received advice from the senior officers he confided in who told him: “Don't forget about having your retirement benefits when you actually do retire...they were kind of like saying, family's important yes, but you're so close now, try to stick it out and finish.”

Despite considering components of stability that may improve with leaving active duty prior to twenty years of service, such as connecting with family, consistency in living location and cessation of deployments, all participants felt the financial stability of remaining on active duty for twenty years to receive financial retirement benefits outweighed any other benefits from separating from military service earlier.

This ability to put financial security above all else does not reflect the reasons the participants gave for joining the military, which were to escape, to do as role models had done, to gain direction or an education and to see the world; however, once in the military, for many of the participants the benefit of financial security became a priority. For example, Ben, a retired

Air Force Logistics officer, described taking advantages of his financial benefits as a military retiree.

You know if this program is available to me, I'm going to take advantage of it. Just like you know, people say things about like why do you have a DV plate on your car? Cuz it's a free registration. I'd rather people don't know that I'm a disabled veteran but I have that DV tag because it saved me thousands of dollars so I'm going to take advantage of the program that you are offering.

This security seemed to be more important than stability in other parts of their life – health, family or deployment. In many ways, this financial security seemed to be rooted in a kind of recognition of the effort and sacrifices involved in time served.

Sub theme: Many joined the military as a means to escape or to pursue education.

Participants joined the military for a variety of reasons. Some joined as an escape from their current situation like Zach, who joined the Air Force to avoid working in a factory, Morgan, who commissioned to escape her father, or Mateo, who joined the Marines to escape his gang infested neighborhood. Mateo, a career Marine, recalled his motivation to escape his neighborhood:

I wanted to be that guy at the front lines, you know, pulling the trigger. Being the guy defending the country, you know. Childhood dreams. Just wanted to be the guy that made a difference. I grew up in a gang-infested neighborhood where I saw everybody there bringing the country down. I wanted to be completely the opposite. I wanted to actually make a difference in my own way and I wanted out of the neighborhood.

Other participants recalled joining the military for education benefits, like Kate who pursued her PhD in social work, Caroline who planned to pursue her master's degree in the Air Force, and Mike who wanted a free college education and attended the Naval Academy.

I knew that I want more. I wanted to advance. I wanted to go to grad school and I wanted the Air Force to pay for it. Because I knew about AFIT [the Air Force Institute of Technology], I knew about a lot of the benefits.

Caroline, like many participants, joined the military specifically to achieve her degree. All of the participants who joined the military specifically for education benefits were officers with the exception of one participant, Ben, who joined for education benefits while enlisted, but eventually commissioned after completing his bachelor's and master's degrees. For all participants, the military served as a means for social mobility, whether by escaping their prior lifestyle or providing education opportunities through service.

Theme Two: War impacts the entire family, not just the active duty service member

This theme suggests that the entire family is impacted by war, especially as related to deployment. Participants discussed the effects of eighteen years of continuous war on families as well as reintegration between deployments for the service member to the family. Many participants discussed the effects of September 11, 2001 on their families. Mateo talked about his recommitment to service after this event. After he completed his first enlistment his wife asked him to separate from the Marines but Mateo refused. He wanted to finish the fight so his newborn son (at the time) would not have to experience war in the Middle East as an adult. His son is currently serving on active duty in the Marines and his daughter intends to join the military after high school.

Active duty military service comes with an unpredictable and uncontrollable deployment schedule which contributed to several divorces among participants. Of the fourteen participants, five were divorced (two were divorced multiple times), and four of those participants directly

attributed their divorce to deployments and unpredictability associated with active duty military service.

Other participants talked about difficulty with being away from their families and returning after a long time a part. Will, an Air Force medic, was deployed while his daughter was in high school. During his deployment, his daughter was getting bullied in school. He recounted:

I usually took care of a lot of things for the kids when it came to their school and dealing with problems, so when my wife had to deal with that it was kind of hard... I was more concerned about how they were doing than my own safety.

Family members were forced to take on new roles during deployments and deployed family members felt added stress from not being able to help out their families at home. Returning home also presented challenges for families and veteran participants. Caroline, an Air Force nurse, talked about readjusting to her family life after both of her deployments.

I felt like I was watching everything on a TV or a movie, I felt so removed from myself that I didn't mentally feel home. I think because you shut down over there you detach and you just kind of shut portions of your life down inside. When you come back you have to turn those portions back on again if that makes sense.

Nobody teaches you, here's how you readjust after you've been in Iraq for eight months.

Participants reported challenges such as uncertainty regarding moving schedules and lack of clarity about where they would be living. The lack of certainty combined with geographical challenges with staying in touch with friends and family back home created unique challenges in active duty careers. Mike, a retired Naval officer, divorced early in his career when he and his wife received orders to Australia.

Because we were in New Zealand, that's pretty far away from everything. So like, let's say we had gotten married and gotten pregnant and I had just had a job in California. We probably would have stretched on longer because she would have been closer to home, etc. But because you're isolated out in New Zealand, I think that made her kind of, lose it.

Participants discussed difficulties faced by their families as a result of war. Many issues arose from frequent deployments and moving across the globe. Frequent deployments resulted in changes in family dynamics during deployment and upon return from deployment.

Theme Three: Health and healing is a process involving awareness and focused strategies

This theme refers to the meaning of health experienced by participants. Many participants became newly aware of their health as they approached retirement. Participants almost felt a need to give themselves permission to focus on their own health, but once they did, they employed a variety of strategies to achieve health. Their definitions of health varied. Most participants defined health as continuing to move in some capacity. Stacey, a retired Air Force nurse, defined health as the ability “to get out and enjoy life and do what makes you happy without a lot of aches and pains.” Most people also incorporated a spiritual component to their meaning of health. Jason, a retired fighter pilot, worked with a Buddhist monk who was also a veteran during his transition to retirement and struggles with alcoholism. He adopted the Buddhist tradition in retirement which led him to “breathing, meditation, it is perspective, all of these things, and ritual.” As a result of his new spirituality, Jason keeps to a routine meditative practice every morning which helps him maintain his sobriety and cope with his experiences of combat. Jason also is an avid scuba diver since retirement, an activity which allows him to experience weightlessness and freedom from chronic joint pain from his time as a fighter pilot. All participants discussed some form of physical activity which they enjoyed since retirement,

including walking, running, cycling, hiking, hunting, kayaking, dragon boat racing, gardening, power lifting, and yoga. Along with this many discussed being in nature so add this

Sub-theme: There are pressures to avoid medical care during a military career.

Participants discussed motivations to withhold health information during their military careers, which led many participants to delay treatment until they were ready to retire and felt they could not be negatively affected by the military health system anymore. For example, Morgan, a retired Coast Guard Officer, had struggled with depression and PTSD since her early career when she was sexually harassed and raped by senior officers. She withheld her mental health struggles and delayed a needed knee surgery to preserve her career until she had a panic attack in her office when triggered during a conversation with her former commanding officer. After that event she decided to seek the healthcare she needed. “Basically, I needed to make the decision to take care of myself...I was basically giving up promoting to Captain, not continuing my Coast Guard career.”

Similar to Morgan, other participants discussed deferring answering screening questions accurately regarding alcohol use, lying about aspects of their medical history which they knew would be disqualifying for military service, and avoiding seeking mental health care for depression until they felt confident their security clearance and career would not be negatively affected or they had already retired. Caroline, a retired nurse practitioner, recalled her first experience with the military medical system when she met with her recruiter to seek a commission.

He said, there are a few things that are absolutely disqualifiers, and women with endometriosis is one of them. So I want you to think really hard about your health history one more time, and all the sudden I didn't have endometriosis anymore. And that was pre

- Air Force. So even once you're in, I think the obvious one is mental health. I think everyone has had mental health challenges but there was nobody going to mental health no matter how many times you they assured us it was okay, people were just like, there goes your leadership position or there goes your opportunity. There's still that stigma, I don't care what anybody says, it's still there.

Participants learned before joining the military that health conditions were not to be disclosed and this culture perpetuated throughout active duty service, even among healthcare professionals.

Theme Four: Finding a sense of purpose after retirement is difficult

This theme refers to the challenges participants had in finding meaning in their post active duty life. Most participants described a transition to retirement which was marked by a lack of meaning or purpose. After a busy career of service with lots of direction and meaning, many participants reported feeling depressed, trapped or selfish when they retired. Stacey, a retired nurse, recalled speaking with her friend who also recently retired from the military. And their struggle to identify their purpose after active duty.

I felt I had no purpose. I felt like when I was in command I knew what I had to do. I knew this and that, but now it's just this, I would sleep a lot. I slept a lot. I mean for like four months that's all I did was sleep. And then I'd wake up like, I would move from the bed to the couch and I would make something to eat and then I would lounge. And I may not fall right asleep, but I was going back to sleep. And so there's that. But my girlfriend and I were talking and we were saying we just, we didn't really know what our reason for being was anymore and we were trying to – we're still in the process and trying to figure that out.

Stacey was able to confide in her friend to help process her experience and try to find a sense of purpose. Others sought mental health care, other with their spouses who in some cases were also retired military.

Kate, a retired social worker, juxtaposed her sense of purpose in the military with her sense of purpose in retirement. On active duty, “I understood why I was active duty and why what my purpose was and why I was doing what I was doing because it seemed like I made a difference.” Compared to retirement, Kate found she lacked a sense of purpose, instead this was replaced by guilt.

I think comes to mind is guilt like I feel like there's a lot of, like I feel to a certain degree, of not helping someone else or not serving. It feels very selfish to be retired. I feel like I should be at the VA, or I should be working, or I should be doing something more.

Because this feels like I haven't done enough.

Many participants expressed a similar loss of purpose and guilt as Kate and Stacey. After a career of service, finding meaning in retirement was consistently a challenge.

Sub theme: Other avenues of service or mentorship provide a sense of purpose. This sub theme refers to the mechanisms participants used to discover their sense of purpose in retirement. Participants worked as civilian contractors in similar jobs performed on active duty which allowed them to still feel connected to the mission of the military and mentor junior members of their teams. Tyler, a retired Air Force officer, still feels a similar sense of purpose and fulfillment as when he was in the military because he continues to work in a similar job and with the same people. He still mentors the people he works with and feels his advice is valued, “I still have the avenues for service that I had before.”

Others found their sense of purpose in family roles as they had the financial stability to stay at home be an active, full time parent or grandparent. Kate, the retired social worker described in theme four, found her sense of purpose as a mother and grandmother, helping her children, also on active duty, as they became parents with babysitting and “helping that next Generation to continue to serve.” Will, a retired medic, initially struggled to find his sense of purpose in retirement. He worked in emergency management with his city and then the red cross, then tried returning to healthcare with the VA, but could not find a job where he could balance time with his family and service to his community as a civilian until he decided to be a fulltime father.

My purpose in life is to be a dad and that's exactly what I am so it's great because, I mean the kids are home for the summer and I get to hang out with them. And my son comes out and helps me with the car and it's just kind of, something we never got to do while I was active duty and so it's kind of nice. So I never stressed out about it because eventually I will figure out something and just kind of keep moving on.

In addition to being a father, Will coaches part-time with a local volleyball club. His daughters also coach for the club which allows Will to combine his service and parenting. Others volunteered to find a sense of purpose in addition to holding civilian jobs where they did not find a sense of purpose.

Only one participant felt she had found her sense of purpose initially in retirement; however, she felt this was because she spent two years leading up to retirement preparing for the emotional experience of retirement with her therapist. She found her sense of purpose in planning to attend a doctoral program to build a firm to employ her former cadets after their military service. Of note, she has not yet started this process and was only retired for three

months at the time of her interviews. All participants described the importance of finding their sense of purpose in retirement. All participants eventually found or sought their sense of purpose through volunteerism or mentorship. All participants valued continued service in some component in their transition to retirement.

Theme six: Combat provides a brotherhood that is difficult to replace in retirement

There were four combat veterans in this study, three male, one female, two Marine Human Intelligence and Reconnaissance Senior Enlist Corps, one Air Force pilot, and one Coast Guard officer. Combat veterans struggled to find work they enjoyed or coworkers with whom they could connect. Combat veterans struggled with finding new careers in part because they placed strong value on replacing comradery and brotherhood. Joe, a retired Marine, found it was not difficult to find a job, but “my biggest challenge was finding a job that was fulfilling.” Joe wanted to find a job with upward mobility because “I’m young enough where I can have a second career.” Although Joe was still in his early forties, he knew he was not young enough for all jobs. “I knew I didn’t want to get into law enforcement just because I’m so old and broken... law enforcement always seems to be a top choice just because you got camaraderie, you got the Brotherhood,” but Joe knew he needed to find another line of work for his health. He changed jobs five times in four years before he found a position where felt a sense of purpose. He found a job working for an anti-human trafficking agency “putting bad guys in jail stuff like that that’s awesome.” After many attempts, Joe found his sense of purpose “now that I am of serving a bigger picture, that’s probably the biggest or the best thing that’s happened since I retired.”

Combat veterans reported feeling trapped professionally in retirement. Jason, a fighter pilot, struggled to find a career outside of combat. “Truthfully, I wanted to stop killing...I applied to a hundred different jobs on USAJobs and all sorts of environmental work and

everything else and did not get a call back for any of them, you know? And apparently the only skills I have are the skills for Combat-Ops so that is the job I have now.” Combat veterans experienced a unique transition to retirement compared to other veterans. Combat veterans placed a high emphasis on camaraderie and replacing the sense of camaraderie they experienced in the military in retirement. Although all veterans sought a sense of purpose in retirement, combat veterans seemed to place more emphasis on finding a career with likeminded individuals and continuing to positively contribute to society.

Phase Two: Summary

In answering the research questions, the findings included five themes across participants. This provided an understanding of the meaning of retirement and health for AD military veterans at the transition to retirement at midlife. All participants, although retired, continued to work for their health, their sense of purpose, their communities, or their families.

Conclusion

In this chapter, individual exemplars, comparison of pattern manifestation and themes across participants were examined. The meaning of retirement and health at midlife during the transition to retirement from AD military service was described. Reflecting on the data, the answers to the two research questions were evident. Five main themes across participants were identified: 1) The decision to retire from the military was heavily influenced by financial stability. 2) War impacts the entire family, not just the active duty service member. 3) Health and healing is a process involving awareness and focused strategies. 4) Finding a sense of purpose after retirement is difficult. 5) Combat provides a brotherhood that is difficult to replace in retirement.

Chapter Five: Discussion

Introduction

The purpose of this study was to describe among a sample of recently retired (within the past five years) United States military veterans, the experience of the transition to retirement at midlife from AD. The secondary aim was to describe within this sample of recently retired military veteran's, the meaning of health to their post military lifestyle.

Chapter One discussed the uniqueness of military service in the Post 9/11 era and highlighted what is known about transitioning to retirement from active duty military service at midlife. Chapter two provided a review of the literature starting with the demographics of the active duty military and followed by a summary of what is known about chronic disease predictors and active duty military, the cost of chronic disease in the military veteran population, and what is known about midlife retirement. Chapter three outlined the method used in this study. This study was grounded in the hermeneutic phenomenological (HP) approach described by Newman's theory of Health as Expanding Consciousness (Newman, 2000). Chapter Four discussed study findings that were discovered through within case analysis through individual exemplars and findings that were common across cases which led to theme development.

The following research questions were answered during this study:

Research Question (RQ) 1: What meaning does retirement at midlife have to recently retired AD military veterans?

RQ 2: What is the meaning of health for recently retired AD military veterans during the transition to retirement at midlife?

Findings from this study support Newman's (Newman, 1986, 1994, 2008) Health as Expanding Consciousness as an appropriate approach to explore the experience and meaning of retirement and meaning of health at the transition to retirement from active duty military service through the reflective process that is integral to this praxis methodology. Story telling allowed participants to share important events and relationships in their lives, reflect on their unique patterns, and derive meaning by reflecting on their pattern. Five main and three sub themes across participants were identified in answering the research questions. This chapter reviews the themes and subthemes described in Chapter Four and discusses how the themes answer the research questions. Themes are discussed in the context of what is known and not known about the phenomenon, *the transition to retirement at midlife among active duty military veterans*. The researcher's insights as they relate to the findings and literature are also presented. The findings will be discussed in terms of implications for future research, practice, education and policy. Lastly, limitations, of the research will be considered.

Discussion

Demographics

The active duty military is comprised of 1,294,520 service members, 472,047 serving in the Army, 319,492 serving in the Navy, 318,580 serving in the Air Force, 184,401 serving in the Marine Corps (Military One Source, 2017). The active duty force is composed of 82.3% enlisted personnel and 17.7% officers (Military One Source, 2017). Among enlisted personnel, the Air Force enlisted corps is the most educated, with 24.6% of active duty personnel having obtained an associate's degree, compared to only 2.3% of enlisted Marines, 6.4% of enlisted Army, and 7.7% on enlisted Naval personnel (Military One Source, 2017). Air Force enlisted personnel also report the most bachelor's degrees (8.7%) with the Marines having the fewest bachelor's

educated personnel (2.6%) (Military One Source, 2017). There is little variation among officers regarding bachelor's degrees as officer candidate school requires at least a bachelor's degree for entrance.

The variation in education levels among enlisted personnel is likely reflective of entrance criteria for each branch. In order to enlist in the armed services, candidates are required to take a standardized test called the Armed Services Vocational Aptitude Battery (ASVAB). The ASVAB covers nine subject areas: General Science, Arithmetic Reasoning, Word Knowledge, Paragraph Comprehension, Mathematics Knowledge, Electronics Information, Auto & Shop Information, Mechanical Comprehension, Assembling Objects. Each branch has a different minimum score requirement which also varies by entrance degree. A higher score is required for candidates with a General Education Development (GED) compared to those with a high school degree. The scores vary by branch based on the career fields offered by the branch of the military (ASVAB Tutor, n.d.). For example, the Air Force has the highest ASVAB minimum score requirements in the DOD because most Air Force careers are technical. For example, the career fields with some of the lowest score requirements in the Air Force are Remotely Piloted Air Craft Maintenance, which is essentially a mechanic for drones, and Cyber Security. In contrast, the Marines and Army have the lowest ASVAB requirements, reflecting opportunities in "grunt" level career fields such as Mortarman and Machine Gunner. Accordingly, Air Force enlisted personnel were likely more academically inclined prior to entering the military based on higher minimum ASVAB score requirements. They also tended to continue their scholastics and take full advantage of educational opportunities provided by the military.

Regarding race and sex, the active duty Navy has the most racial minorities (38%) and the active duty Marine Corps has the fewest racial minorities (20.3%). The active duty Marine

Corps also has the fewest women (8.4%) compared to the Air Force with the highest percentage of women (19.8%) (Military One Source, 2017).

The active duty force is spread around the globe. The five countries with the largest active-duty U.S. military presence in 2016 were Japan (38,818), Germany (34,602), South Korea (24,189), Italy (12,088) and Afghanistan (9,023) (PEW Research, 2017). Of the countries in the top five, Afghanistan is the only country in open conflict. A service member on assignment to Afghanistan would be considered deployed, where they are not accompanied by their families and unable to take any time off during their deployment. The Army deploys most frequently and for the longest duration. Army deployments typically last for 12-15 months followed by 24 months at home (Powers, 2019b), compared to Air Force deployments, which are the shortest at four-six months.

The deployment of active duty service members by branch has been increasingly difficult to track starting in September of 2017 even though troop numbers and locations are released quarterly by the Pentagon through the Defense Manpower Data Center (DMDC). For the quarter ending in September and reported in December 2017, the report on troop location and numbers for open conflict areas of Afghanistan, Iraq, and Syria were left blank (Defense Manpower Data Center, 2019). When asked about the blank reports in December 2017, defense officials reported “DMDC is currently updating their policy for these reports. The information should be available soon, and retroactive numbers will be available” (Copp, 2018). However, as of October 2019, the quarterly report continues to be left blank for troop numbers in Afghanistan, Syria, and Iraq.

In the absence of current data, deployment variations by branch can be understood by examining data from 2010, when deployments for the Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn (OEF/OIF/OND) conflict were at their peak (PEW

Research, 2017). In 2010, The Air Force had the highest percentage of active duty branch members deployed with 49.2% of active duty Air Force personnel deployed, followed closely by the Marines (48.9%), Army (47.3%), Navy (44.8%) and Coast Guard (19.1%) (Committee on the Assessment of the Readjustment Needs of Military Personnel, Veterans, and Their Families, Board on the Health of Select Populations, Institute of Medicine, 2013).

Active duty personnel are likely to serve on multiple deployments, averaging 1.77 deployments per individual. Air Force personnel were most likely to have served on multiple deployments ($m = 1.94$), followed by the Army ($m = 1.76$), Navy ($m = 1.71$), Marines ($m = 1.69$) and Coast Guard ($m = 1.28$). Deployments also differed in length by branch, with Army deploying for the most months on average ($m = 9.66$), followed by Marines ($m = 7.21$), Navy ($m = 6.00$), Coast Guard ($m = 5.29$) and Air Force ($m = 4.89$). The duration of time between deployments also varied by branch referred to as “dwell time,” or the amount of time spent home between deployments. The Marines had the least amount of dwell time as measured by months ($m = 15.76$), followed by the Coast Guard ($m = 15.86$), Army ($m = 20.37$), Air Force ($m = 21.95$) and Navy ($m = 22.46$). There are also differences between branches regarding deployed location. Army and Marines were most likely to deploy to known combat areas in Iraq and Afghanistan (Army = 81.5%, Marines = 75%), whereas Air Force and Coast Guard had the most deployed personnel to Middle East support locations such as Kyrgyzstan, Kuwait, Pakistan, and Saudi Arabia (Air Force = 17.6%, Coast Guard = 25.2%). Accordingly, The Army and Marine Corps had high percentages of personnel deployed during the peak times of OEF/OIF/OND, they also had some of the longest deployments with the shortest amount of dwell time between deployments and were most likely to be deployed to a combat area. (Committee on the

Assessment of the Readjustment Needs of Military Personnel, Veterans, and Their Families, Board on the Health of Select Populations, Institute of Medicine, 2013)

Discussion

Through the process of data collection and analysis, a greater understanding of the meaning of retirement and health among recently retired active duty military veterans at midlife was revealed. The unique five main and three sub themes were: *1) The decision to retire from the military was heavily influenced by financial stability. Sub theme Many joined the military as a means to escape or to pursue education. 2) War impacts the entire family, not just the active duty service member. 3) Health and healing is a process involving awareness and focused strategies. Sub theme: There are pressures to avoid medical care during a military career. 4) Finding a sense of purpose after retirement is difficult. Sub theme: Other avenues of service or mentorship provide a sense of purpose. 5) Combat provides a brotherhood that is difficult to replace in retirement.* The following two sections describe how the findings answer the two research questions.

What meaning does retirement at midlife have to recently retired AD military veterans?

Military veterans retiring at midlife found meaning in retirement by exploring meaningful events throughout their careers in addition to meaningful events at the transition to retirement. In describing meaningful events, all veterans began by describing factors that made them choose to join the military. Most participants sought the military as a means of escape and a means to pursue education. Generally, this was influenced by a desire for adventure and purpose, to serve others, to obtain independence or a need to belong (brotherhood). It was often a choice made based on the influence of a friend or family member who was a veteran.

In the transition to retirement and out of the military, the aspects of military life which drew participants to join created a void for recently retired veterans and left participants struggling to find their sense of purpose in retirement. In order to discover their sense of purpose outside of the military, participants who felt they had found a sense of purpose turned to civilian avenues of service. Many volunteered in areas they felt passionate about such as ministry, athletics, and health care settings. Others found careers which would allow them to continue on as mentors or to provide a meaningful service out of uniform. Others found meaning in spending time with their families as parents or grandparents and cherished the opportunity to spend time with their families as they were forced to spend many years apart during active duty.

Participants all felt enabled to find their sense of purpose as a result of the financial stability which comes with retirement from active duty military service. Participants discussed delaying leaving the military to ensure retirement specifically for financial benefits in retirement of a pension and health insurance. Participants used their financial stability in retirement to find their sense of purpose because the financial benefits created less pressure to find a high paying job; instead, participants could change jobs multiple times to find their best fit or not work at all and focus energies on other passions such as family, volunteerism and school work.

Combat veterans struggled more than other veterans to find their sense of purpose in retirement. This was attributed to their strong sense of a shared experience of brotherhood in the military. They struggled to find this same level of comradery in civilian life. The two combat veterans who felt they were able to replace this brotherhood turned to volunteer work with “like-minded” individuals, one volunteering (and eventually working fulltime) for an anti-sex trafficking organization with retired FBI agents, and another volunteering with a veteran-run scuba organization for wounded veterans. Combat veterans were the only participants who

reported a need to find a sense of brotherhood in retirement. They reported a need for brotherhood not only for a sense of purpose but for coping with past traumas from their military careers.

The Transition to Retirement and Newman's Health as Expanding Consciousness.

After the interviews were completed, the nature of participant patterning and interactions were evaluated in terms of complexity and interpreted according to the participant's position on Young's spectrum of consciousness according to the research protocol on HEC. The spectrum on consciousness used in HEC was derived from Young's spectrum of consciousness and consists of the stages binding, centering, choice point, decentering, and unbinding. The earliest stage, binding, occurs when individuals do not distinguish themselves as different from the group. Next, trial and error leads to a heightened sense of individuality in the centering stage. As a result of a disruption, challenge, or major life event, illness, or other disrupting circumstance, choice occurs. In the fourth stage of decentering, the individual experiences a sense of boundarylessness as new behaviors are learned and deeper awareness of self and relationships are developed in response to the disrupting event. The final stage of unbinding occurs when the new learned behaviors result in growth and self-transcendence freedom which allows the individual to interact with the environment in increasingly unique and diverse ways over time.

The majority of participants reported doing well in retirement after struggling initially. Most participants (n=6) were in the fourth stage of decentering as described by Newman. This stage is marked by an increasing awareness that the prior ways of living and being are not working and new ways are being discovered. During their transition to retirement, participants found a deeper awareness of themselves and their relationships and learned new behaviors to adapt to civilian life and retirement.

Many participants were also in Newman's fifth stage of unbinding (n=4) where their new behaviors resulted in increased growth and transcendence. Lastly, two participants, both officers, were at choice point, where they had noticed a disruption and challenge in their usual way of being during the transition to retirement and recognized that new patterning was needed; however, had not yet learned new behaviors. One participant, a retired Naval Officer in the centering stage began to experience individuality in preparing for retirement from the Navy by engaging in hobbies such as acting and surfing, but was unable to consider new behaviors associated with aging. Instead, he tried to hold onto youth with plastic surgery. One participant was in the first stage of binding, an enlisted Marine and combat veteran who clung to his brotherhood mentality as a Marine and regretted ever retiring and losing his connection to his brothers and sense of purpose.

The increased awareness and evolving consciousness that most participants experienced is likely a reflection of the sample. Participants were primarily Air Force officers who had a sense of purpose from a young age, were well educated and generally well prepared for retirement. Those who did not prepare for retirement were well versed in resources available and sought mental health care and other forms of support in their transition to retirement. However, one of the four participants who was also experiencing unbinding was an enlisted Marine combat veteran. This participant reported initially struggling to find a sense of purpose and replace his brotherhood in the Marines during retirement, but was able to find meaning through volunteer work. The other enlisted participant who was in the Air Force was also adapting well to retirement in the fourth stage of decentering. He found meaning in serving his community as a city employee and empowering his wife to pursue her own career goals.

This is the first study to research the transition to retirement among military veterans at midlife. It is also the first to include all branches of services as well as enlisted and officer ranks. More research is needed to determine if there are meaningful differences in experience at the transition to retirement between officer and enlisted personnel.

What is the meaning of health for recently retired AD military veterans during the transition to retirement at midlife? Military veterans retiring at midlife found the meaning of health at the transition to retirement in midlife as a process of awareness. Many participants reported being unaware of health conditions prior to retirement and became aware of new diagnoses during their pre-retirement physical, the compensation and pension process or during their first physical in primary care during retirement. Participants reported being unaware of health conditions because they avoided the military health care system during active duty. The military medical system is designed to ensure deployability of active duty personnel, meaning the care modalities are designed to return sick or injured service members to duty. This is an important component of military health care because those who cannot be returned to medical standards required for deployment are removed from military service. Active duty personnel are motivated to avoid the health care system because if conditions unsuitable for deployment and military service are identified, the military member will go through the Medical Evaluations Board (MEB) process which may lead to involuntary discharge from the military.

There are many conditions which are considered unsuitable for military service. Generally, conditions that would worsen in the “austere environment” of deployment or prevents the service member from wearing necessary gear for deployment (such as a neck injury or arthritis that worsens with the weight of a helmet or kevlar vest) deem a service member non-deployable. Other conditions that require daily medications can be deemed disqualifying because

of complications of storing pills or vials (for example, storing a fifteen-month supply of antidepressants or insulin vials) on deployment in the Middle East where there likely will not be access to a refrigerator or pharmacy.

Servicemembers first become aware of these disqualifying conditions during the application process to enter the military at the Medical Entrance Processing Station (MEPS). For example, one participant learned to not share her history of endometriosis during the MEPS process as this would have made her ineligible for active duty service. At MEPS, military members of all branches are screened for aptitude (with the ASVAB) and medical conditions with a review of medical records, blood and urine screening for alcohol and drug use, HIV, and sickle cell disease, height and weight measurements, as well as hearing, vision, blood pressure and pulse. As discussed in chapter two, many applicants are turned away in this process. Military applicants who are not turned away learn that medical records and health conditions should not be shared with the military medical system as they may result in involuntary discharge from the military.

While this habit of avoiding the health care system begins with the MEPS process, avoiding health care seemed to continue into later careers and the transition to retirement. Many participants discussed recognizing when they were ready for retirement and they could not be “hurt” by their medical record anymore as they were leaving the military anyway, but still avoided care. These participants reported being too committed to their military roles, generally in leadership positions, to take the time for themselves and health care. However, during the retirement process they were forced to have a physical to leave the military and to enroll in VA health care which led to the diagnosis of multiple conditions simultaneously. The phenomena of avoiding the military health system for medical conditions is essentially absent from the literature. Research regarding avoiding health care in the military focuses on avoiding mental

health care, but no research examines avoiding care for physical conditions in military service or the impact these behaviors have on the health of retired military veterans.

While many participants avoided health care until retirement, one participant reported intentionally seeking care for the “slightest twinge” upon deciding to retire to boost his VA disability rating. VA disability ratings are used for disability payments for service connected conditions and to determine eligibility for VA benefits including health care benefits, education benefits, housing benefits, and other benefits. The VA disability rating is comprised of conditions that occurred during military service, called “service connected conditions.” During the military discharge process, including retirement, transitioning service members are encouraged to initiate a compensation and pension claim with the VA for any medical conditions such as mental health conditions, injuries from deployment, injuries that occurred during military service over time (such as knee pain), or general medical condition that occurred during military service (such as sleep apnea) (US Dept of Veterans Affairs, 2016b). Because the VA disability rating has direct financial benefits as a tax-free monthly disability payment and applies to other benefits such as the education benefit Vocational Rehabilitation and Employment program (US Dept of Veterans Affairs, 2019f), service members may be motivated to spend additional time in the military medical system to ensure documentation of all medical conditions and a higher VA disability rating. Only one participant expressed this motivation, all other participants reported avoiding the military health care system throughout their careers or until their conditions progressed to a point where health care could no longer be avoided or retirement.

The Meaning of Health and Newman’s Health as Expanding Consciousness.

Participants reported multiple health conditions including diabetes, prediabetes, joint pain, obesity, infertility, sleep walking, joint pain (knee, shoulder and back pains),

endometriosis, infertility, polycystic ovarian syndrome, traumatic brain injury, PTSD, anxiety, and depression. Participants reported treating their health conditions in multiple ways. Many reported taking medications but often found these ineffective, especially with joint pain. Most participants sought less conventional treatment options which they found the most useful. For example, many participants found experiences in nature to be the most therapeutic. Jason found scuba diving to be the most effective pain relief with weightlessness, but also valued the routine in his recovery from alcohol abuse when coupled with his meditation practice and belonging in his recovery community. Ben and Morgan turned to gardening for exercise and a form of therapy in treatment of their PTSD. Mateo turned to hiking in the mountains near his Arizona home every morning to cope with his PTSD, and Mike turned to surfing for exercise when his knee and back pain became too severe for basketball. Kate also found her spiritual health in retirement by journaling in nature.

Three participants were formally diagnosed with PTSD from their military service, however several participants reported traumatic experiences occurring prior to military service. For example, Tyler reported PTSD and depression stemming from his childhood and chaotic upbringing although declined to provide details of his childhood. Mateo also reported a chaotic childhood growing up without a father in a gang-infested neighborhood. Morgan reported emotional abuse with her father after her parents' divorce and later developed PTSD from military sexual trauma. Will was also diagnosed with PTSD related to his mother's and brother's deaths by murder, although unrelated to his military service, caused significant trauma for Will prior to his deployment to Afghanistan.

With the exception of Mateo, participants who experienced trauma prior to military service adapted well to retirement and were in decentering or unbinding as described by

Newman (1999). With the exception of Mateo, participants with childhood trauma sought mental health care while serving in the military. This allowed them to achieve insight and prepare more effectively for retirement by examining personal meaning in addition to meaningful relationships and how these would change in retirement. Mateo, a retired Marine, regretted retiring, coming to the realization of his medical conditions, and losing his brotherhood of Marines which helped him to ignore his health for twenty years. Combat experience and occupational culture similar to that of the Marine Corps may influence the meaning of health at the transition to retirement but more research is necessary to understand the effects of unique occupational cultures on the meaning of health in retirement.

Findings Related to Other Professions

Meaning of retirement. Military combat veterans may not be the only demographic to find meaning in brotherhood at the transition to retirement. Professional athletes, firefighters and police also retire at midlife. The latter two professions engage in high-stress careers as first responders which are characterized by brotherhood. Similarly, professional athletes typically perform for the “team” and not in isolation. Although retirees from these careers may also struggle to replace this connection in retirement, there is a dearth of research that exists on the transition to retirement among firefighters and police officers in the United States. Data is limited to documentaries on firefighters during the attacks on September 11, 2001 (Boyles, 2003), opinion pieces (The Bill Blackwood Law Enforcement Management Insititute of Texas, 2018) and employee handbooks.

However, the United Kingdom and Kenya have begun to research the experience of retirement among police officers. A study in Kenya found a reliance on brotherhood among police officers during service and loss of brotherhood after service which resulted in poor

adjustment to civilian life coupled with the lack of mental health resources available to police officers in Kenya (Muthondeki, Sirera, & Mwenje, 2014). In the United Kingdom, researchers found the transition to retirement among police officers was particularly disruptive around social support and self-esteem, and even more so if officers retired for medical reasons (Bullock, Garland, & Coupar, 2019). Similar findings likely exist in the United States; however, more research needs to be performed on the experiences of midlife retirement and likely associated health conditions of potentially traumatic service careers including combat veterans, police and firefighters.

More research exists on the experience of retirement from athletics. For example, researchers have created interventions where wounded military veterans and elite collegiate athletes work together towards wellness due to their presumably similar experiences of teamwork and mission through the military and elite athletics (Burgess, Thabault, Kiernan, Flaherty, & Leestma, 2019). Research on professional athlete retirement reports that athletes struggle to find a new identity in retirement (Sanders & Stevinson, 2017; Webb, Nasco, Riley, & Headrick, 1998). Those who struggled the most with identity were athletes who retired because of an injury (Sanders & Stevinson, 2017; Webb et al., 1998).

Athletes retired for many reasons, some for failure to achieve the next level of elite competition (Fortunato & Marchant, 1999; Wolanin et al., 2015), medical conditions such as eating disorders (Petrie, 2018), chronic pain (Sanders & Stevinson, 2017), injury (Fortunato & Marchant, 1999) and burn out (Eklund & DeFreese, 2015). Although many professional athletes retire at mid-life, no studies have specifically examined this phenomenon. Instead, current research groups all ages of elite and professional athletes together, examining the experiences of athletes at midlife in the same study as elite collegiate athletes who do not continue on to the

professional level (Sanders & Stevinson, 2017; Webb et al., 1998) or athletes who have short professional careers for injury or failure to succeed at the professional level (Blinde & Greendorfer, 1985). More research is needed regarding unique experiences of professional athletes in midlife retirement. Athlete retirement due to injury or failure to succeed at the elite level may relate to the experiences of military veterans who are medically discharged from the military, but more research as needed.

Meaning of health. Professional athletes, firefighters, and police officers likely face similar avoidance of health care as military veterans due to their reliance on their physical ability to perform their work. Similar avoidance of mental health care is evident in research of others in service careers with midlife retirement such as police officers and firefighters. Police officers reported avoiding mental health care due to concern for negative career impacts and breeches on confidentiality (Fox et al., 2012) and firefighters would not recommend mental health service to colleagues due to stigma (Gulliver et al., 2019). However studies focus on police officers and firefighters who were currently serving (Fox et al., 2012; Gulliver et al., 2019), or served during Sept 11, 2001 (Cone et al., 2015; Yip et al., 2016), and no studies examine the effect of neglected mental health and stigma on the transition to retirement.

Instead of seeking mental health care, most firefighters and police officers relied on their fellow service-members (Fox et al., 2012; Gulliver et al., 2019) similar to participants in this study identifying as combat veterans reliance on their brotherhood in the Marine Corps for mental health support. Furthermore, most studies focus on individuals whom police officers serve, such as individuals taken to emergency departments for mental health crises (McKenna, Furness, Oakes, & Brown, 2015), sex workers (Kim et al., 2018), at risk youth (Janopaul-Naylor, E., S. L., LeeE., & Barrett, 2019) and victims of drug abuse (Heath et al., 2016). This further

enforces the findings in this study that individuals in service careers avoid self-care to continue serving others above themselves and may relate to findings of brotherhood as a source of mental health support during service which needs to be replaced in retirement.

Regarding firefighters and police officers, no research currently exists regarding motivations to avoid health care during service; however, the phenomenon likely exists as reference to health care avoidance can be seen in popular culture. For example, the television series, *Rescue Me*, depicts the lives of New York firefighters in the aftermath of September 11, 2001. One character, Garrity, hides his cancer diagnosis from the Fire Department to avoid losing his position on the team (Makris, 2011). Despite these known societal pressures for firefighters, and police, no research has been done to examine motivations of these career fields to avoid the health care system and what impact this avoidant behavior may have on their health at the transition to midlife retirement. More research is needed to find an effective replacement for the brotherhood of service careers in retirement and to promote physical and mental health in retirement at midlife.

Unlike the firefighter and police career fields, research has been performed to examine health and health behavior among athletes in retirement. Professional athletes seem to face motivations to avoid seeking health care with new concussion treatment and return to play policies across professional and amateur athletics (Asken et al., 2018). For example, under the current *NFL Head Neck and Spine Committee's Concussion Protocol* (2017) any player with a suspected or self-reported head injury must go through a series of tests on the side lines followed by a locker-room evaluation. All testing of suspected head or spine injuries in the National Football League (NFL) must be performed with team medical staff (athletic trainers and team physician) as well as an Unaffiliated Neurotrauma Consultant (UNC) (a board certified physician

who is impartial and not associated with any club in the NFL.) Positive exam findings include loss of consciousness, seizure, gross motor instability, “fencing” posture, confusion, or amnesia and result in the player not being allowed to return to play until completing the *Return to Participation Protocol* (NFL Head, 2017). The *Return to Participation Protocol* consists of five steps which are completed over an unspecified amount of time dependent on the player’s symptoms and collaborative assessment with the UNC and team physician: 1) Rest and recovery, 2) Light aerobic exercise, to serve as a cardiovascular challenge for signs of concussion, 3) Continued aerobic exercise and introduction of strength training to further challenge for signs of concussion, 4) Football specific activities to add the cognitive load of playing football in addition to physical demands to further assess for concussion symptoms and 5) Full football activity and clearance to assess for tolerance of football activities without concussion signs or symptoms (NFL Head, 2017). In response to growing literature on the long-term effects of head injuries, the NFL and other sports organizations have created stricter guidelines regarding the assessment of head injuries and return to play guidelines.

Because athletes and NFL players are dependent on their athletic participation for their careers, athletes likely have motivation to avoid the *Return to Participation Protocol* which requires time away from athletic participation for recovery. Research has identified motivations among National Collegiate Athletic Association (NCAA) Division I college athletes to avoid concussion symptom disclosure for high stakes games and concern for teammate perception (Conway et al., 2018). Similar findings were identified in this study among veterans at the transition to retirement, as participants reported avoiding medical care to prevent burdening their colleagues with additional work from their absence and because of occupational culture to not complain about pain.

Nondisclosure and undertreatment of concussion symptoms in professional athletes places retired athletes at higher risk for long-term physical and mental health concerns. For example, concussion history and depression in retirement among American football players were found to be positively associated (Didehbani, Munro Cullum, Mansinghani, Conover, & Hart, 2013). Furthermore, a Canadian study comparing cognitive and psychosocial functioning among retired hockey players found athletes with a reported history of concussion and possessing the Apolipoprotein $\epsilon 4$ allele, a gene associated with Alzheimer's disease, were more likely to experience psychiatric impairment in retirement (Esopenko et al., 2017).

Previously, concussions have not been associated with Alzheimer's disease in professional athletics (Guskiewicz et al., 2005); however, more recent research associates head injury, specifically among former professional football players, with chronic traumatic encephalopathy (CTE) (Omalu, Hamilton, Kamboh, DeKosky, & Bailes, 2010). CTE is a progressive neurodegeneration associated diagnosed postmortem and appears to be caused by repetitive head trauma (Omalu et al., 2010). Symptoms of CTE include cognitive and neuropsychological impairment, chronic depression, and suicide attempts (Mez, J., Daneshvar, D. H., Kiernan, P. T., Abdolmohammadi, B., Alvarez, V. E., Huber, B. R., ... & Cormier, 2017; Omalu et al., 2010). Retired athletes with a history of four head injuries are 1.5 time mores likely to report substance, anxiety, depression, and sleep disturbances (Gouttebauge, Aoki, Lambert, Stewart, & Kerkhoffs, 2017). The likelihood of reporting substance, anxiety, depression, and sleep disturbances among retired athletes increases to five-times more likely among athletes reporting six or more sports-related concussions (Gouttebauge et al., 2017).

Traumatic brain injury (TBI) is considered a "signature injury" among veterans of the Iraq and Afghanistan conflicts with 350,000 TBI diagnoses in the United States military since

2000 and 23% of deployed military service members being diagnosed with a TBI (Lindquist, Love, & Elbogen, 2017). Of veterans diagnosed with TBI, 50% have comorbid PTSD, one third have comorbid depression, and TBI among veterans is associated with an increased risk of suicidal ideation, suicide attempt, and suicide completion (Jaffee, Stokes, & Leal, 2007) making veterans with a TBI diagnosis 1.55 times more likely to die from suicide compared to those without a TBI (Brenner, Ignacio, & Blow, 2011). Repeated head injury has been associated with alcohol misuse among retired professional athletes and likely has implications for alcohol misuse among retired veterans. One retired combat veteran in this study reported a history of alcohol abuse which led to his retirement from the Air Force. Current research indicates 20% of veterans are diagnosed with a substance use disorder (National Center for PTSD, 2019). CTE research among professional athletes likely has significant implications for veteran health given the similarities in occupational exposure to head injury. More research is needed to address barriers to reporting head injuries and the effects of occupational culture on health among veterans.

Implications for Theory, Future Research, Education, Practice and Policy

Theory. This was the first use of HEC in the retired active duty veteran population and the first to explore the meaning of health across cases in military veterans. The HEC method allowed the participants and this researcher to view health as a pattern of the whole as opposed to disease as a separate entity through diagramming and discussing the experience and meaning of retirement and health. The prevalence of military culture's fear of diagnosis of disease was prevalent through this method. Participants reported mistrust of the military health system and a strong stigma against seeking mental and physical health care. This stigma seemed rooted in the notion of serving others as foremost rather than being concerned with one's own health as a

priority. Service in the military for 20 years while avoiding health care through continuous wartime was associated with depression, anxiety, and PTSD for many participants.

For many participants a pattern manifestation of putting others before self was discovered through the research process. The awareness of this allowed many participants to see for the first time how the military environment perpetuated a lack of focus on self and an avoidance of traditional health care. However, these participants also described exploring non-traditional ways to seek health and that this provided a sense of freedom and expanded consciousness.

As a praxis method, HEC has the potential to facilitate new awareness about the transition to retirement and experience of health among military veterans retiring at midlife. As an example, HEC could be used as a part of the mandatory Transition Assistance Program classes to assist military veterans at the transition to retirement to achieve pattern recognition prior leaving the military. Although more research is needed across greater numbers of military, the findings from this research support the use of a nurse participant praxis approach exploring meaning of health and sense of purpose in retirement.

Future research. Other areas for future research especially related to stigma were identified.

The concept of stigma as a barrier to seeking health care has begun to be explored through psychology research on “self-stigma,” when people come to believe negative stereotypes are true for themselves (Lucksted & Alicia, 2019), and is applied to barriers to seeking mental health care among veterans in the post 9/11 era (Bonfilso et al., 2018; Dickstein, Vogt, Handa, & Litz, 2010; Mittal et al., 2013). However, this concept has not been explored among veterans and barriers to seeking physical health care, nor has the concept of commitment to serving others at all costs overpowering the need to care for self among veterans been explored.

According to the 2016 Government Accountability Office (GAO), mental health stigma in the DOD is prevalent. GAO issued a report outlining the steps needed to decrease mental health stigma in the DOD (United States Government Accountability Office, 2016). Similar to findings in this study, GAO found DOD personnel avoided mental health care for fear of losing security clearances and high-level positions within the military despite DOD efforts to destigmatize mental health care. Barriers to mental health care continue after military services as veterans continue to be apprehension about seeking mental health care through the VA (Cheney, A. M., Koenig, C. J., Miller, C. J., Zamora, K., Wright, P., Stanley, R., ... Pyne, J. M, 2018).

In this study, the avoidance of the health care system while on active duty may mean that participants may not have received care for their physical or mental health conditions and that the conditions were not documented or attributed to service. The DOD has specific guidance from GAO for identifying and decreasing the stigma of mental health care as discussed above (United States Government Accountability Office, 2016); however, more research needs to be done to address the remaining stigma against health care among veterans after serving. For example, Stacey and Caroline, two retired Air Force nurses, neglected their back injuries throughout their careers because of their workload and not wanting to burden their colleagues with covering their work. Will and Mateo, two retired Marines, avoided care for their multiple combat related injuries because it was the culture within the Marines not to complain about pain; instead, it was assumed everyone had pain. Many participants, including the four listed above, expressed surprise during their retirement physical when they reviewed their medical history with their primary care because they either forgot their conditions existed or never realized their symptoms were associated with a medication condition because they avoided seeking health care.

More research also needs to be performed to understand the experience of women veterans during the transition to retirement at midlife. During the analysis, women veterans seemed to have unique, outlying experiences. According to the Department of Veterans Affairs, women are now the fastest-growing subgroup of U.S. Veterans and the number of women veterans is expected to increase dramatically in the next 10 years (US Dept of Veterans Affairs, 2019g). Women veterans reported experiencing additional, personal and biological transitions at the transition to retirement including the transition to menopause and coping with the finality of their infertility diagnosis.

Two female participants reported struggling with fertility. Morgan accepted her diagnosis with retirement and pursuing other forms of mentorship with her cadets. Stacey, who also struggled with infertility, accepted her infertility when she realized she was going through menopause at the transition to retirement. She spoke very little of her fertility struggles other than to express a new diagnosis of PCOS in retirement and confusion as to how this diagnosis could not have been made earlier in her fertility evaluation. Stacey's largest frustration, however, was with the experience of menopause and coping with this experience during the stress of her command position and retirement from the Air Force, as well as in the context of her personal life as a newly-wed. Women experienced unique personal and biological transitions at the transition to retirement including menopause and infertility. More knowledge regarding the unique experiences of women veterans is needed.

Nursing Practice. Only 34.9% of veterans use VA health care (US Dept of Veterans Affairs, 2016a) meaning 65.1% of veterans receive their care in the private sector. In 2015, the State of New Hampshire's Legislative Commission on Post Traumatic Stress Disorder and Traumatic Brain Injury launched their *Ask the Question Commission* in response to a 2011

survey among New Hampshire veterans identifying a major barrier to health care among veterans was not feeling understood by their health care providers in the private sector (The NH Legislative Commission on Post Traumatic Stress Disorder & Traumatic Brain Injury, 2019).

The commission directs health care providers to ask all patients, “have you or a family member ever served in the military?” to help build rapport, understand the relationship between military experiences and medical symptoms, and facilitate appropriate referrals (The NH Legislative Commission on Post Traumatic Stress Disorder & Traumatic Brain Injury, 2019). Although no research has been performed regarding the effectiveness of this campaign, *Ask the Question* serves as an important initial step in practice to recognize the unique health experiences, meanings, stigma, and conditions of military veterans - many of whom receive health care in the private sector.

In addition to asking about military service, connecting veterans with necessary resources is essential for nurses and nurse practitioners in practice. From personal experience, health care providers who ask about military service are unsure what to do with a positive response, appear uncomfortable, and default to saying, *thank you for your service*, and continue with care as usual. Findings from this study support that health care providers, such as nurses and nurse practitioners who often perform these screenings, should screen for unique military health hazards such as Military Sexual Trauma (MST), Post Traumatic Stress Disorder (PTSD), Depression, burn pit exposure, and embedded shrapnel injuries. These screenings are all performed at initial and annual visits within primary care at the VA but are necessary to incorporate into civilian health care as most veterans receive health care outside of the Department of Veterans Affairs health care (US Dept of Veterans Affairs, 2016a). The VA screens for PTSD with the DSM-5 (PC-PTSD-5) tool within primary care annually (Prins et al.,

2016), MST with the Trauma Questionnaire (McIntyre et al., 1999) and depression with the PHQ-2 (Arroll et al., 2010). Results from screenings should be used to connect veterans with resources specific to identified conditions such as mental health resources, burn pit and shrapnel registries, and community resources for reintegration.

The Department of Veterans Affairs has specific resources for occupational hazards specific to military service including burn pit exposure and shrapnel injuries (Tanielian et al., 2008). Veterans identifying burn pit exposure and embedded shrapnel injuries are encouraged to complete the associated registries including a survey of symptoms and a medical exam to assist with identifying trends and connecting veterans with care as health hazards are discovered (Department of Veterans Affairs, 2019). It is important that civilian health care providers are familiar with unique occupational health hazards experienced by military veterans (discussed in Chapter Two) and refer veterans to appropriate health care services.

Military veterans are more likely than their civilian counterparts to experience MST, PTSD, and depression (Olenick, Flowers, & Diaz, 2015). In addition to effective screening practices, trauma informed care is essential to the care of military veterans (Gerber, 2019). Trauma informed care seeks to address the unequal power imbalance associated with health care and asks the question, *what happened to you* as opposed to the traditional *what's wrong with you* (Kimberg & Wheele, 2019) consistent with Newman's HEC view of health as a pattern of the whole as opposed to the absence or invasion of disease (Newman, 1999). It is essential for nurses and nurse practitioners to practice trauma informed care when caring for military veterans and to incorporate in their approach to positive screenings for traumatic events.

All nurses should also be aware of federal and local referral resources available for veterans who screen positive for PTSD, MST, or depression. Veterans Centers are available

outside of VA campuses, provide free, confidential mental health care for veterans with PTSD, combat veterans, or survivors of MST (US Dept of Veterans Affairs, 2019e). Many therapists at Veterans Centers are veterans as well which was attractive to participants in this study who felt these providers “spoke the same language” and had a better understanding of their military experiences. There are also several community resources available such as the Home Base Program in Massachusetts, which is operated by Massachusetts General Hospital and The Red Sox Foundation, providing state of the art care for PTSD, TBI, exercise programs, and mental health care for veterans and their family members (Red Sox Foundation & Massachusetts General Hospital, 2019).

Local resources can be identified nation-wide through Veterans Service Officers (VSOs) who are veterans or family members of veterans employed by the state to help connect veterans with resources in their communities and are also available as resources to health care providers to facilitate care for veterans in their communities (Commonwealth of Massachusetts, 2019). In this study, only six of fourteen participants received their health care through the VA, highlighting the importance of nurses practicing in the private sector to be well versed in unique experiences of military veterans and the resources available to address unique needs of military veterans in their communities.

This study identified unique occupational hazards and traumas experienced by military veterans. Recent policy changes enable veterans to receive care in the private sector. It is essential that all nurses and nurse practitioners are aware of unique health experiences, barriers, and traumas experienced by veterans and using evidence-based screening tools to identify veterans and these conditions. Once conditions are identified nurses and nurse practitioners should coordinate appropriate resources and referrals for veterans.

Nursing education. Knowledge of unique veteran needs is essential to all health care providers as many retired veterans seek care outside of the Department of Veterans Affairs. Veterans seek care outside of the military through private insurance from civilian employers after their military service, Tricare for retirees, and the Mission Act. The Mission Act was enacted in 2018 to help facilitate veteran health care in the private sector when care is not available through the VA or cannot be provided in a timely manner (under twenty-eight days) through the VA (US Dept of Veterans Affairs, 2019b). With enacting the Mission Act of 2018, there is increased access to private health care for all veterans. The VA Health care System does not report on the number of utilizers who are “retired” status from the military; however, in 2015, there were 737,702 total military retirees in the United States (Actuary, 2016). Of these retirees, 590,000 were using Tricare Prime for insurance, meaning most retirees were receiving health care in the private sector and not within the Department of Veterans Affairs (Tricare, 2019). Accordingly, it is essential that nurses are educated to the needs and experiences of retired veterans as this population only continues to grow in our eighteenth year of continuous war.

This study adds to current research findings indicating that veterans experience mental health disorders, substance use disorders, post-traumatic stress, and traumatic brain injury at disproportionate rates compared to their civilian counterparts (Olenick et al., 2015). This study also supported veteran health concerns regarding unique occupational exposures including burn pits and potentially radioactive shrapnel (McAndrew, Teichman, Osinubi, Jasien, & Quigley, 2012). Participants also expressed the need for likeminded caregivers and colleagues in this study, reporting quality mental health care at Veterans Centers where the mental health provider was also a veteran and “spoke the same language” regarding military terminology and understood military culture. Participants also found meaning in careers and recreational physical

activities where they worked with other “like-minded” veterans. This study highlights important educational needs for nurses as veterans seek care for their unique needs outside of the VA.

As veterans pursue care outside of the VA, nurses will need education regarding the unique needs and resources for veterans. Many veteran health care needs are not currently known and will require additional research as veterans generally avoid health care, as indicated in this study and other research era (Bonfilso et al., 2018; Dickstein et al., 2010; Mittal et al., 2013). This study highlights the uniqueness of veterans’ experiences and their transition back to civilian life at midlife retirement from active duty. More research is needed to identify specific educational needs of nurses for veterans’ health care needs, to address barriers to health care and to facilitate delivery of needed care in the most appropriate manner.

Policy. According to a 2017 study performed by the Department of Veterans Affairs, 24.5% of female patients screened positively for military sexual trauma (MST) at VA medical centers (Gundlapalli, A. V., Brignone, E., Divita, G., Jones, A. L., Redd, A., Suo, Y., ... & Samore, 2017). In this study, one of the four female participants experienced severe PTSD related to MST which led to her retirement. The Government Accountability Office (GAO) conducted a study on sexual assault in the military (United States Government Accountability Office, 2017). The report identified a need for anonymous reporting opportunities and five prevention strategies as outlined by the CDC: 1) Promote social norms that protect against violence 2) Teach skills that protect against violence 3) Provide opportunities to empower and support girls and women 4) Create protective environments 5) Support victims/survivors to lessen harms (Centers for Disease Control and Prevention, 2019).

Despite the public attention military sexual trauma is receiving, the outlined plans fail to grasp the extent of the continuum of unwanted sexual behavior in the military. For example, GAO

(2017) encourages opportunities for anonymous reporting. These opportunities have existed within the DOD since 2004 through the Sexual Assault Prevention Response Office (SAPRO) with an anonymous “help” telephone line and Sexual Assault Response Coordinators (SARC) who are anonymous resources for survivors outside of the chain of command (DOD, n.d.). However, these resources seem to be ineffective prevention measures as sexual assault continues to occur since 2004 and prompted the GAO report in December 2017.

Military service is a unique experience. For example, the military creates inherently unsafe environments in deployed locations where women are sexual minorities. There are relatively very few woman serving in the military, only 16.2% of active duty personnel are women (Military One Source, 2017). The CDC recommendation number four, *create protective environments* (Centers for Disease Control and Prevention, 2019) is very difficult to achieve in the military given the nature of wartime military service occurring at inherently unsafe environments. With women now allowed to serve in combat roles (Gilkey, 2015) environments in which women serve are likely to become less safe, further complicating the CDC’s recommendations. The CDC and GAO also did not address the effects of sexual minority status and the risks this poses for sexual assault.

The military’s wartime environment is not the only unique component to military culture complicating sexual assault prevention. The military has a strictly enforced occupational structure which creates power imbalances called “the chain of command.” Military structure is defined by the chain of command, whereas a subordinate reports to their immediate supervisor and not the superior of their immediate supervisor. While effective in defining roles in military operations, this chain of command structure creates a dangerous power imbalance in the context of sexual assault where it is difficult to report unwanted sexual behaviors against an individual

higher ranking in the chain of command. The GAO (2017) report does not address mitigation needs or strategies to overcome the power imbalances or unsafe environments inherent to military service and culture.

The military sexual trauma survivor in this study, Morgan, experienced repeated sexual assault as a result of power imbalance, unsafe environments, and being a sexual minority. She reported multiple sexual assaults and harassment throughout her career occurring onboard Coast Guard cutters (ships) while at sea. Being onboard a ship creates an unsafe, isolated environment that is required for Coast Guard service. However, mitigating the risks of this environmental hazard for sexual safety is not addressed by GAO or the CDC. Morgan also reported that each sexual assault was perpetrated by a superior, highlighting the role of power differential in her experience. The one time when Morgan reported a sexual assault in her early career by “jumping” the chain of command to report to her perpetrator’s superior (instead of her own superior) she was punished and never reported sexual assault again. This highlights the importance of addressing the role power differential and the chain of command in sexual assault prevention in the military. Lastly, Morgan reported each of her assignments that she was one of two women (or the only woman) among 150-300 men. In one instance, both Morgan and her roommate were the only women onboard and both were sexually assaulted. This highlights the importance of sexual minority status in the prevention of sexual assault in the military not addressed by the CDC or GAO. Accordingly, this study has several implications for policy as several essential components of sexual assault were discovered in this study and are not currently addressed in military sexual assault prevention policy. More research is needed to understand the experience of MST survivors and the conditions which led to their experience in order to establish effective policy changes for sexual assault prevention in the military.

Limitations

The limitations specific to this research study are as follows. First, although all branches of the military and both enlisted and officer ranks were represented in this study, most participants were Air Force officers due to the snowball sampling method. An early participant was an Air Force officer, therefore the initial sample consisted of other Air Force Officer colleagues. Although this study did not have a reflective sample of military demographics being predominantly officer, Air Force, and 28% female (n=4), and predominantly non-Hispanic white (78%, n=11), components of these demographics were reflected in this study. Being a predominantly Air Force population, participants were very well educated: three held bachelor's degrees, nine held master's degrees, and one held a Ph.D. The only participant without a college degree was an enlisted Marine. These education demographics were consistent with the military as a whole as discussed earlier in this chapter where only 2.3% of enlisted Marines obtained an associate's degree and 2.6% obtained a bachelor's degree in the enlisted Corps compared to almost one quarter of Air Force enlisted personnel with a college degree (Military One Source, 2017).

Furthermore, the theme of brotherhood was very strong among combat veterans, especially the two enlisted Marines in the study. Both Marines served on at least four combat deployments over their twenty-year careers. Although the Air Force participants deployed multiple times in their careers as well, consistent with demographic data (Committee on the Assessment of the Readjustment Needs of Military Personnel, Veterans, and Their Families, Board on the Health of Select Populations, Institute of Medicine, 2013), the theme of brotherhood was not apparent in the non-combat Air Force population. This can be explained by demographic data, as most Air Force deployments were in support roles to relatively safe

locations, such as Al Udeid, Qatar and Ali Al Salem, Kuwait Air Fields. In contrast, most Marines were deployed on combat missions to Iraq and Afghanistan, including the participants in this study (Committee on the Assessment of the Readjustment Needs of Military Personnel, Veterans, and Their Families, Board on the Health of Select Populations, Institute of Medicine, 2013).

No participants identified as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). The LGBTQ population is likely difficult to access given the history of the DOD's views and policies on homosexuality. In 1982 the DOD established the policy that "homosexuality was incompatible with military service" and involuntarily discharged approximately 17,000 men and women (Powers, 2019a). Under the Clinton Administration in the 1990s, the campaign's promise to end the military's discrimination based on sexual orientation resulted in the "Don't Ask Don't Tell" policy where military personnel would not be asked about their sexual orientation. However, having sexual relations or displaying romantic overtures with members of the same sex or telling anyone about sexual orientation was considered "homosexual conduct" and served as basis for involuntary discharge (Powers, 2019a). In 2010, the House and Senate voted to repeal "Don't Ask Don't Tell," signed into law by President Obama on December 22, 2010. Next, in 2016, transgender regulations were repealed. However, in 2017, the Trump administration reported a goal to not allow transgender men and women to serve in the military (Powers, 2019a). Accordingly, there have been multiple policy changes regarding LGBTQ personnel's military service which may cause this population to be less likely to self-identify. The LGBTQ population likely has unique experiences at the transition to retirement and meanings of health. More research is needed to specifically include the LGBTQ population's meaning of retirement and health at the transition to retirement from active duty military service

at midlife. Lastly, the research study findings are limited to this group of participants and cannot be generalized to all military veterans.

Conclusion

Nursing research is essential to shape nursing practice, health policy, and impact the health of people across the globe (AACN, 2019). This study contributes to nursing knowledge by providing insight to the meaning of retirement from active duty military service at mid-life and the meaning of health among this population. Active duty military veterans at the transition to retirement at midlife report five themes describing their meaning of the transition to retirement and their meaning of health during this midlife transition. The themes identified are: 1) *The decision to retire from the military was heavily influenced by financial stability. Sub theme Many joined the military as a means to escape or to pursue education.* 2) *War impacts the entire family, not just the active duty service member.* 3) *Health and healing is a process involving awareness and focused strategies. Sub theme: There are pressures to avoid medical care during a military career.* 4) *Finding a sense of purpose after retirement is difficult. Sub theme: Other avenues of service or mentorship provide a sense of purpose.* 5) *Combat provides a brotherhood that is difficult to replace in retirement.* Each participant had a unique story and life pattern that was explored through Newman's research as praxis framework and enabled a deeper understanding of his or her story.

These findings identified areas for future research, implications for nursing practice and education, and implications for policy changes despite limitations to the study. More research needs to be performed regarding the experiences and meaning of health among unique populations including combat veterans, women veterans, and LGBTQ veterans. Policy changes are needed to decrease stigma of veterans seeking mental health care, physical health care and to

decrease the incidence of military sexual trauma. Nursing practice should include trauma informed care and screening practices to identify veterans who receive care outside of the VA with the knowledge to connect veterans with resources as indicated by evidence-based screening methods. Nursing education should include the unique health care needs and experiences of veterans at the transition to retirement from active duty military service during midlife.

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Appendix A Demographic Information

Gender: Please select one

Female Male

Age: Please list in whole years: _____

Years of Active Duty Military Service: Please list in whole years: _____

Number of years since retirement according to DD214 retirement date (nearest whole year):

1

2

3

4

5

Race/ Ethnicity: American Indian/ AlaskaNative Hawaiian or other

Pacific Islander

Asian or Asian American

Black or African American

Hispanic or Latino

Non-Hispanic White

Highest level of education completed: Some high school completed

High school graduate

- Completed some college
- Associate's degree
- Bachelor's degree
- Master's degree
- PhD, law, or medical degree

- Branch of Service:
- Air Force
 - Army
 - Navy
 - Marines
 - Coast Guard

What is your total household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999

\$100,000 to \$149,999

\$150,000 or more

VA disability rating: ____%

Current Medications:

Appendix B Boston College Consent Form**Boston College Consent Form****Boston College Connell School of Nursing**

Informed Consent to be in study *Health Behavior Among Military Veterans at the Midlife*

Transition to Retirement

Researcher: Erin Flaherty MSN, FNP-BC

Adult Consent Form**Introduction**

- You are being asked to be in a research study of health behavior at the transition to retirement from active duty military service.
- You were selected to be in the study because you are within five years of retirement from active duty service.
- Please read this form. Ask any questions that you may have before you agree to be in the study.

Purpose of Study:

- The purpose of this study is to describe health behaviors such as physical activity at the transition to retirement from active duty military service.
- People in this study are from and branch of service

- The total number of people in this study is expected to be 30.

What will happen in the study:

- If you agree to be in this study, we would ask you to do:
 - Fill out a one-page demographics questionnaire
 - Participate in a one-on-one interview about your transition to retirement and exercise habits. The interview should take approximately 30-45 minutes
 - We may request that you participate in a follow up interview as we analyze more data
 - Agree to be contacted for future research performed by the PI

Risks and Discomforts of Being in the Study:

- There are no expected risks. This study may include risks that are unknown at this time.

Benefits of Being in the Study:

- The purpose of the study is to describe experiences and health behaviors at the transition to retirement from active duty military service.
- The benefits of being in this study is the opportunity to discuss your recent transition to retirement.

Payments:

- You will receive the following payment for being in the study:
 - A \$25 gift card for participating in the interview process
 - The expected duration of the interview is 45-60 minutes

Costs:

- There is no cost to you to be in this research study.

Confidentiality:

- The records of this study will be kept private. In any sort of report we may publish, we will not include any information that will make it possible to identify you. Research records will be kept in a locked file.
- All electronic information will be coded and secured using a password-protected file.
- All audio recordings will be only accessible to the PI, the faculty on the dissertation committee. Audio files will be stored on a passcode-protected device and destroyed 7 years after the study.
- A de-identified audio file will be sent to a transcriptionist, who will type your recording into a word document.
- Mainly just the researchers will have access to information; however, please note that a few other key people may also have access. These might include government agencies. Also, the Institutional Review Board at Boston College and internal Boston College auditors may review the research records.

Choosing to be in the study and choosing to quit the study:

- Choosing to be in this study is voluntary. If you choose not to be in this study, it will not affect your current or future relations with the University.
- You are free to quit at any time, for whatever reason.

- There is no penalty or loss of benefits for not taking part or for quitting.
- If you withdraw, you will still receive a \$25 gift card.
- During the research process, you will be notified of any new findings from the research that may make you decide that you want to stop being in the study.

Getting Dismissed from the study:

- The researcher may dismiss you from the study at any time for the following reasons: (1) it is in your best interests (e.g. side effects or distress have resulted), (2) you have failed to comply with the study rules, or (3) the study sponsor decides to end the study.

Care and payment for Injury:

- If you experience an emergency medical problem or injury as a direct result of being in this study, please seek care with your healthcare provider.

-

Contacts and Questions:

- The researchers conducting this study are Erin Flaherty and the dissertation committee, Dr. Jane Flanagan, Dr. Dan Willis, Dr. Ann Burgess. For questions or more information concerning this research you may contact her at flaherec@bc.edu
- If you believe you may have suffered a research related injury, contact Erin Flaherty at flaherec@bc.edu who will give you further instructions.

- If you have any questions about your rights as a person in this research study, you may contact: Director, Office for Research Protections, Boston College at (617) 552-4778, or irb@bc.edu

Copy of Consent Form:

- You will be given a copy of this form to keep for your records and future reference.

Statement of Consent:**(Choose only one statement according to type of consent or assent form)**

I have read (or have had read to me) the contents of this consent form. I have been encouraged to ask questions. I have received answers to my questions. I give my consent to be in this study. I have received (or will receive) a copy of this form.

Signatures/Dates**(delete those that do not apply to the protocol)**

Study Participant (Print Name): _____ Date _____

Participant or Legal Representative Signature : _____ Date _____

Appendix C Interview Guide

- Opening Question: Tell me about the most meaningful persons and events in your transition to retirement.
 - Prompt: Please describe the circumstances surrounding your decision to retire?
 - Did you choose to retire? Or were you forced to retire?
 - Prompt: Please describe any preparations or plans you made for retirement
 - Prompt: Please describe your interpersonal relationships during your retirement transition
 - Are you married? Were you married? How is your marriage?
 - Do you have children? What is your relationship like with them? How has it changed?
 - Do you have extended family? How is your relationship with them? How has it changed?
 - Prompt: Please describe your health at the transition to retirement
 - Do you consider yourself to be healthy now? Did you consider yourself to be healthy before retirement?
 - What does health mean to you?

Appendix D Email to potential participants from surrogate (Tiffany Harwood, MSW, LCSW)

Dear [Mr/Mrs/Ms Participant],

I am contacting you on behalf of Erin Flaherty. Erin is conducting a research study on the transition to retirement from active duty military service as a part of her PhD program at Boston College. As a part of the study, she will be interviewing veterans who retired from active duty about their experiences with the transition to retirement. Interviews are completely voluntary, can be stopped at any time, and will last about 45-60 minutes. Anyone participating in an interview will receive an Amazon gift card for \$25.

Would you be interested in participating in this research study? If you are interested, please reply back to me and I will let Erin know. You can then expect to receive an email from Erin within one week contacting you to schedule a time for an interview. Interviews may take place in person, over the phone, or using a video communication technology called Zoom, whichever mode of communication you prefer.

Thank you for your service and for considering this opportunity.

All the best,

Tiffany Harwood