Dissertations   Student Research

8-2022

Lived Experience of Reintegration Among Involuntarily Separated Operation Enduring Freedom (Oef) And Operation Iraqi Freedom (Oif) Era Veterans

Austin Deshon Hamilton

UNIVERSITY OF NORTHER COLORADO

Greeley, Colorado

The Graduate School

LIVED EXPERIENCE OF REINTEGRATION AMONG INVOLUNTARILY
SEPARATED OPERATION ENDURING FREEDOM (OEF) AND
OPERATION IRAQI FREEDOM (OIF) ERA VETERANS

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Austin Deshon Hamilton

College of Education and Behavioral Sciences
Department of Applied Psychology and Counselor Education
Program of Counseling Psychology

August 2022

This Dissertation by: Austin Deshon Hamilton

Entitled: *Lived Experience of Reintegration Among Involuntarily Separated Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Era Veterans*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in the College of Educational and Behavioral Sciences in the Department of Applied Psychology and Counselor Education, Program of Counseling Psychology.

Accepted by the Doctoral Committee

Jeffrey A. Rings, Ph.D., Research Advisor

Stephen Wright, Ph.D., Committee Member

Jennifer Smith, Ph.D., Committee Member

William Douglas Woody, Ph.D., Faculty Representative

Date of Dissertation Defense: May 7, 2021

Accepted by the Graduate School

Jeri-Anne Lyons, Ph.D.
Dean of the Graduate School
Associate Vice President for Research

ABSTRACT

Hamilton, Austin Deshon. *Lived Experience of Reintegration Among Involuntarily Separated Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Era Veterans.* Published Doctor of Philosophy dissertation, University of Northern Colorado, 2022.

The present study is the first known attempt to explore what reintegration is like for those who separated from the military against their will. The primary purposes of this study were to (a) assist counseling psychologists, other mental health care providers and administrators who work with involuntarily separated veterans in better understanding the unique difficulties and psychological stressors associated with leaving the military community against one's will; and (b) highlight potential barriers to accessing mental healthcare among involuntarily separated veterans. Finally, the secondary objective was to identify whether interpersonal theory of suicide (Joiner 2005)-related constructs were present among this sample of involuntarily separated (IS) veterans.

Using an interpretative phenomenological approach (Smith et al., 2009), this study contributed to the scope of research on the experiences of transitioning between military and civilian life while expanding the topic in a way that captured the importance of choice in transitioning from military to civilian life, giving voice to both convergent and divergent accounts of participants' lived experiences. Themes included (a) Military/Civilian Cultural Differences are Dramatic, (b) Who Am I Now? Life After Involuntary Separation, (c) Disappointment and Disenchantment, (d) Psychological Concerns as a Result of Involuntary Separation, (e) Recommendations for Mental Healthcare Providers, and (f) Interpersonal Theory

of Suicide. Recommendations from this study included calls to begin tracking volition of separation, recognizing IS veterans as a unique subgroup, reducing IS-related barriers to treatment, recognizing IS-related mental health concerns during transition. Interpersonal theory of suicide related (Joiner, 2005) constructs were found among IS veteran participants of this study. Recommendations were made for counseling psychologists, mental healthcare administrators, and researchers.

ACKNOWLEDGEMENTS

First and foremost, thank you to each and every participant of this study. Without your willingness to share your experiences in such honest and open ways, this dissertation would not have been possible.

Dr. Rings, what can I say? You personify what a mentor *should* be in every way. With unwavering commitment you have guided me through the highest of highs and some really tough times as well. You have challenged me at every step, encouraged me when I needed it, and supported me through loss and tragedy. Most importantly, over the last seven years you have taught and led by example. I cannot thank you enough. Truly.

You know, some people are lucky enough to have one mentor, I have had the distinct honor of having two. Dr. Woody, thank you. Your love of learning is contagious and has inspired me in so many ways. Throughout our work together I have deepened my own love of learning. Good scholarly activities should be both enriching and "a ripping good time." I can feel the wind in my hair now!

Dr. Wright, Thank you for supporting me throughout our time together. Your example has taught me that I can be both highly professional and have a few laughs. Our clients are all the better for it. Dr. Smith, I owe you so much! Thank you for shining a qualitative light in the darkness. I may still be looking for the "perfect" methodology if it weren't for your guidance.

To the many outstanding faculty that I have had the privilege to learn from, if I were to properly thank you no one would have time to read the rest of this dissertation. Please know that I am forever in your debt. Words cannot express my gratitude.

Throughout my time I have had the great honor and privilege to serve and learn alongside some the finest people I have known both in the military and in academia. For my military colleagues, thank you. The many laughs and hardships that we have shared have helped shape the man I am today. For those we've lost along the way, know that I aim to carry you with me always. This very dissertation is dedicated to you. Academic colleagues, thank you from the bottom of my heart. From Colorado Springs to Greeley you have been my family here in Colorado. Thank you all for your support throughout this process. LC, thank you for what you have taught me, and the rest of us too. No one makes it here alone. We succeed *together*.

 To my family, thank you for your unyielding support. Throughout this process you have been a phone call away. My children know it's not always so easy to be the child of a doctoral student. I love you and although I can never repay you for your sacrifices, I'll sure try!

Most importantly, thank you to my wife and best friend, Katy. None of this could have happened without you. Long before I knew this was possible, you did. Thank you for your belief in me and your willingness to do whatever it took to make my dreams come true. I love you always.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

The present study is the first known attempt to explore what reintegration is like for those who separated from the military against their will. By initiating a recruiting strategy which purposefully avoided the use of the Veterans Administration (VA), mental healthcare providers and administrators are provided a more diverse account of reintegration back to civilian life. Many veterans who received discharges that would otherwise exclude them from participating in studies commonly recruited through the VA system were able to contribute to this study in a nearly unprecedented manner and contribute to the overall aim of this research endeavor.

The primary purposes of this study were to (a) assist counseling psychologists, other mental health care providers, and administrators who work with involuntarily separated veterans in better understanding the unique difficulties and psychological stressors associated with leaving the military community against one's will; and (b) highlight potential barriers to accessing mental healthcare among involuntarily separated veterans. Within these two primary objectives, the secondary objective was to identify whether interpersonal theory of suicide (ITS; Joiner, 2005)-related constructs were present among this sample of involuntarily separated veterans. Finally, this study contributed to the scope of phenomenological research on the experiences of transitioning between military and civilian life, while expanding the topic in a way that captured the importance of choice in transitioning from military to civilian life, giving voice to both convergent and divergent accounts of participants' lived experiences.

The United States has been in constant military conflict in the Middle East since 2001. Operations leading to the deployment of nearly three million military service members including Operation Enduring Freedom (OEF—October 2001 to present), Operation Iraqi Freedom (OIF—March 2003 to August 2010), and Operation New Dawn (OND—September 2010 to December 2011) have resulted in higher prevalence of both physical and mental health problems among military personnel including posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), anxiety disorders, major depressive disorders, and general difficulty transitioning from military operations to civilian life (Elnitsky & Kilmer, 2017; Sayer et al., 2014). Perhaps the most alarming health problem for military service members and veterans (MSMVs) is a suicide rate that exceeds that of their civilian counterparts (Kuehn, 2009; Levin, 2009). Military service members and veterans' suicide rates have been at their highest during the recent conflicts, increasing by 25.9% from 2005 to 2016 according to the U.S. Department of Veterans Affairs (VA, 2018).

Today's military is an all-volunteer force consisting of mostly men (85%) with 45% between the ages of 17 and 20 (U.S. Department of Defense [DoD], 2017). Volunteering for military service can be related to many factors. As a cultural group, the military has its own history and set of norms encompassing the spectrum of beliefs, values, traditions, behaviors, and events as they pertain directly to service and lifestyle (Reger et al., 2008). To facilitate the transition from civilian to military life, a recruit must complete basic military training (BMT; McGurk et al., 2006), which involves strictly regimented behavior over the course of 8 to 12 weeks. The intensity of initial training is designed to rapidly acculturate new recruits, to make them battle-ready, and to aid them to establish their newfound military identity as primary for them. Perhaps the single most important cultural stance is the military unit's needs must come

before the individual's. This doctrine is captured in each military branch's core tenets or values. For the Air Force, "service before self" is the first of its core values (U.S. Department of the Air Force [USAF], 2015) that each recruit must memorize and internalize before graduating BMT.

Military members develop camaraderie, esprit de corps, group cohesiveness, and a set of honorable tenets that bind them together (Krueger, 2000). Unit cohesion, a defining value of military culture, has been shown to correlate with reduced stress, psychological illness, and occurrence of suicide (Hinojosa & Hinojosa, 2011; Nock et al., 2013). Indeed, the bonds forged through military service are incredibly strong and not typically found in civilian life.

The loss of camaraderie following military service is one of the most commonly identified factors in the development of maladaptive psychological states among veterans (Brenner et al., 2008; Elder & Clipp, 1988; Gabriel & Neal, 2002; Harrell & Berglass, 2011). Ahern et al. (2015) identified that 19 of 24 veterans felt disconnected from friends and family members who had not shared the experience of military service. This is a reality military members contend with while serving and especially while transitioning back to civilian life. For the service member returning to civilian life, separation from the military is a new reality marked by an overwhelming sense of alienation (Ahern et al., 2015; Hall, 2011). The veteran can no longer experience the connectedness and camaraderie they once benefited from while serving (Demers, 2011). This transition from military to civilian life is likely made all the more cumbersome for the individual who did not choose to leave the military.

Background and Context

Between 2014 and 2020, it is estimated over one million military members will separate from their branches according to the U.S. Government Accountability Office (GAO, 2014). The type of discharge or separation distinction can have major ramifications for the transition process

and life after military service as well. The circumstances under which a veteran separates could have dire consequences that impact one's education and healthcare benefits, income (Moulta-Ali & Panangala, 2015), and even individual rights such as voting or buying firearms (U.S. Department of Treasury. Bureau of Alcohol, Tobacco, and Firearms [ATF], 1997). *Separation* is a broad term that includes early separation, discharge, and retirement. Discharge completely relieves any unfulfilled military service obligation, whereas a separation often has additional service requirements (Veterans Legal Clinic [VLC], 2016).

Discharge falls into two broad categories: administrative and punitive. Administrative discharge has far more favorable results including access to most veterans benefits such as education and healthcare resources at little to no cost to the veteran. Administrative discharge types, from most favorable to least favorable, include honorable, general (under honorable conditions), and other than honorable (OTH) conditions. Punitive discharge types include bad conduct (by general courts-martial or special courts-martial) and dishonorable, both of which almost always involve confinement in a military jail. A dishonorable discharge is the worst punitive discharge a veteran can receive and is comparable to a felony conviction. Those discharged dishonorably cannot receive federal government assistance or lawfully purchase or possess a firearm according to the ATF (1997). For the first time, as of June 2017, VA mental healthcare benefits have been extended to veterans with OTH discharges. Veterans Health Administration Directive 1601A.02 (VA, 2017) allows benefits to OTH veterans who need emergency mental healthcare related to conditions the former service member asserts to be related to military service.

In a study investigating the differences between OTH veterans and those honorably discharged, Tsai and Rosenheck (2018) concluded OTH veterans had substantial mental

healthcare needs and would likely greatly benefit from VA benefit access but they might need even more comprehensive services than have been historically afforded to them. This study marked a shift in the literature, capturing a sample not ordinarily represented in the literature. A major limitation of the vast majority of veteran-based research that recruits through the VA system is the VA almost exclusively provides services to honorably, and generally, but only rarely to OTH discharged veterans. Yet, the VA (2017) reported that less than half of all veterans accessed any benefits whatsoever through its system. Therefore, studies that use the VA to recruit participants only capture the stories of those who meet these requirements, excluding the voices of most others who, according to Tsai and Rosenheck, reported greater frequencies of physical and mental health concerns. Thus, most studies are likely under-reporting veteran concerns. By doing so, we are effectively silencing the voices of those who are suffering the most. We need to hear from their group so we can provide better mental health care and make policy changes that better the lives of those who have sacrificed so much already. The present study captured accounts from veterans who were separated against their will, many of whom received discharges that would otherwise exclude them from participating in studies commonly recruited through the VA system.

Recently, the term *non-routine discharge* (NRD) has been used to describe veterans who were discharged under circumstances other than retirement or the conclusion of service obligation. Reasons for NRD include failure to meet or maintain qualifications (i.e., fitness standards), early release due to family or other obligations (i.e., becoming pregnant or providing care for disabled dependents), disability, and disciplinary actions (Brignone et al., 2017). Non-routine discharge has a strong relationship with several negative reintegration concerns for veterans including unemployment (Horton et al., 2013), homelessness (Gundlapalli et al., 2015),

incarceration (Noonan & Mumola, 2004), and suicide (Barr et al., 2019; Reger et al., 2015). Compared to veterans who were routinely discharged (RD), Brignone et al. (2017) found NRD veterans were more likely to be diagnosed with personality disorders, bipolar or psychotic disorders, alcohol or other substance use disorders, and suicidal ideation and behavior. The fact that NRD has a positive relationship with suicidal ideation and behavior (Brignone et al., 2017; Tsai & Rosenheck, 2018) is alarming and yet not surprising given the recent history of suicide among those associated with the military.

Suicide has been a major concern and received greater attention within the U.S. Armed Forces for the last 15 years. In 2017, 506 military members completed suicide (DoD, 2019). This number is relatively consistent with 483 suicides in 2016 and 481 in 2015 (DoD, 2019), highlighting the persistence of this current trend. Active duty veterans who served during the Iraq and Afghanistan wars showed a 41to 61% higher risk for suicide than the U.S. general population (Kang et al., 2015). Among those who had previously served in the military, in 2014 over 7,400 veterans died by suicide, accounting for approximately 18% of all suicides nationwide. From 2005 to 2016, the suicide rate among veterans increased by 25.9% (VA, 2018), which in 2016 amounted to 30.1 suicides per 100,000 persons.

These rates are all the more shocking when compared to recent national rates among all Americans. During 2017, suicide was the 10th leading cause of death nationwide with more than 47,000 total lives lost (Centers for Disease Control and Prevention [CDC], 2018). Among those between the ages of 10 and 34, suicide was the second leading cause of death (CDC, 2018). Between 2001 and 2017, the national suicide rate increased by 31%, from 10.7 to 14.0 suicides per 100,000 persons including both civilian and military-affiliated suicides. While the overall

rate of suicide in the United States is higher than ever, it is significantly higher for veterans (VA, 2018).

One leading theory addressing suicidal behavior is Thomas Joiner's (2005) interpersonal theory of suicide (ITS). The ITS has been to be found appropriate for conceptualizing suicidal ideation and behavior among U.S. veterans in particular (Brenner et al., 2008; Bryan, Morrow et al., 2010; Gutierrez et al., 2013; Ribeiro et al., 2015; Selby et al., 2010; Silva et al., 2016). This theory identifies three major components that, when combined, lead to suicidal behaviors: perceived burdensomeness (PB), thwarted belongingness (TB), and acquired capability (AC) for suicide (Joiner, 2005).

The first construct of the ITS, perceived burdensomeness, is the sense one is a burden on, does not contribute to, and is a liability to the wellbeing or safety of their loved ones (Joiner, 2005). Thus, individuals who experience high levels of PB often view their own lives as expendable and, ultimately, often believe loved ones would be better off if they were dead. For military members, given their cultural focus on collectivistic values, the focus of burdensomeness is extended to the unit as well (Bryan, Morrow et al., 2010; Reger et al., 2008). Thus, military members often view PB in relation to their usefulness and/or contributions to the military unit. The extension of PB to the unit has major ramifications, especially among those who survived combat exposure while their comrades died (Brenner et al., 2008; Gutierrez et al., 2013; Selby et al., 2010). For veterans who have left the military under non-routine conditions, PB might be a result of higher rates of unemployment (Horton et al., 2013), homelessness (Gundlapalli et al., 2015), and incarceration (Noonan & Mumola, 2004), all of which have clear negative consequences and indeed might constitute burdens placed on one's family.

The second construct of the ITS, thwarted belongingness, is the sense of lacking connection with others and that previously meaningful relationships have been strained or lost (Joiner, 2005). Because humans are inherently social creatures, many factors associated with suicide such as living alone, low social support, and loneliness can be conceptualized as indicators of TB (Van Orden et al., 2012). For active duty military members in relation to their civilian loved ones, TB might have various contributing factors commonly associated with military service including number of deployments (Erbes et al., 2008), deployment length (Institute of Medicine [IOM], 2012), and a growing military–civilian cultural gap (Collins, 1998; McCormick et al., 2019), causing relationship strain or loss.

Joiner (2005) posited that when high levels of PB and TB are combined, a person will experience a *desire* for suicide. Yet, suicidal ideation alone is not sufficient for one to make a suicide attempt. This is supported by the fact that most individuals who experience suicidal ideation do not attempt suicide (Nock et al., 2008). For an attempt to occur, a third element, acquired capability, is necessary (Van Orden et al., 2010).

Acquired capability, Joiner's (2005) third and final construct of the ITS, comprises fearlessness about death and increased tolerance for pain. Military members have been shown to have higher rates of AC compared to civilians (Bryan, Cukrowicz et al., 2010), which might be due to the high probability of exposure and habituation to violence during training and deployment (Bryan & Anestis, 2011; Bryan & Cukrowicz, 2011). Specifically, the military is the only group explicitly trained to kill (Bryan, Cukrowicz et al., 2010) and requires its members to psychologically harden themselves to the idea that the cost of service could be life itself (Bryan, Jennings et al., 2012). Acquired capability is considered static in that once a person has habituated themselves to an increased tolerance for pain and fearlessness about death, they

theoretically demonstrate high levels of AC throughout life (Van Orden et al., 2010). Thus, military members who later separate and become veterans would likely exhibit the same levels of AC throughout reintegration.

Rationale

Recently separated veterans are uniquely positioned to be at risk for many problems related to reintegration. Sayer et al. (2015) found 54% of over 8,000 OEF/OIF veterans surveyed had indicated they experienced significant concerns related to reintegration including difficulties with social functioning, productivity, community involvement, self-care (Sayer et al., 2010, 2015), feelings of isolation (Bloeser et al., 2014), familial readjustment, and military–civilian identity concerns (Beder et al., 2011; Wilcox et al., 2015) regardless of how veterans separated. Among NRD veterans, difficulties following discharge appeared to be much more severe (Brignone et al., 2017) as they encountered higher rates of unemployment (Horton et al., 2013), homelessness (Gundlapalli et al., 2015), incarceration (Noonan & Mumola, 2004), and suicide (Barr et al., 2019; Reger et al., 2015) than RD veterans. Among VA and non-VA users reporting difficulties reintegrating, an average of six years had passed since their separation from the military regardless of separation characteristics (Sayer et al., 2015). Difficulties with reintegration appeared to be prevalent for most veterans. The problems encountered varied depending on the conditions of separation or discharge and were longstanding. Therefore, many concerns veterans encountered were unlikely to resolve without intervention (Sayer et al., 2015). Thus, we need to better understand the unique perspectives of those who did not choose to separate from the military, regardless of separation characteristics, in order to design and implement interventions aimed at easing an already difficult process of reintegration.

Fortunately, many healthcare professionals, researchers, and administrators have dedicated their professional lives to helping veterans with the difficult task of transitioning from military to civilian life. Researchers (Hoffmire et al., 2019; Sayer et al., 2010) identified significant differences between veterans who accessed mental health care and those who did not. Hoffmire et al. (2019) found nearly a 500% increase in reported active suicidal ideation among administratively discharged veterans who did not access mental health care within the last three months compared to similar, honorably discharged veterans regardless of mental healthcare usage. Furthermore, among veterans who had recently separated from the military (within two years prior), those who did not access mental health care had a higher risk of suicidal ideation regardless of discharge type. Less than half of the total participants had received any mental health treatment within the prior three months. In essence, Hoffmire et al. showed that accessing mental health care, whether through the VA or another provider, was paramount to reducing suicidal ideation, especially for those within two years of separation from military service. We need to better understand potential barriers to accessing mental health care, especially among those involuntarily separated, if we are going to reduce suicidal ideation among reintegrating veterans.

Many recently discharged veterans seek out mental health treatment related to reintegration but nevertheless encounter significant barriers such as fear, embarrassment, long wait times, and great distances to a facility. Elnitsky et al. (2013) identified stigma as the most common barrier to treatment among its 350 participants, 62% of whom identified this as a barrier to treatment. Most notably, Elnitsky et al. found that when a veteran experienced any single barrier to treatment, their odds of not returning to mental health treatment were doubled. Sayer et al. (2015) indicated that among 1,300 veteran participants experiencing integration difficulties,

66% accessed treatment through the VA system. For those encountering difficulties reintegrating with civilian life, the VA clearly constitutes a major resource. Unfortunately, VA healthcare benefits are inaccessible for some 16% of all discharged veterans due to benefit ineligibility resulting from being discharged with OTH or worse (Hoffmire et al., 2019) with less than half of all veterans accessing one or more benefit or service during 2016 (VA, 2017a).

The literature clearly pointed to underutilization of the VA system and of those who initially accessed VA services, many never returned for a second appointment. These studies depicted a bleak reality for veterans in general but all failed to identify one likely contributing factor: whether a veteran chose to separate from the military. It might be that being involuntarily separated was a greater contributing factor than discharge type alone. Being forcibly separated would likely result in a sense of rejection and alienation from one's cultural community, undoubtedly introducing yet another barrier to accessing crucial health care. Furthermore, involuntary separation likely impacts veterans who separate or discharge under various conditions ranging from forced retirement to dishonorable discharge, drastically increasing the potential total number of those negatively impacted as compared to NRD veterans alone. Thus, involuntary separation needs to be further studied. The implications of this study could be significant for psychologists, healthcare providers, and administrators in their efforts to stymie current rates of suicide among veterans.

Researchers have unwittingly silenced the voices of perhaps the two most vulnerable of veteran populations: those unaffiliated with the VA and those who have been forcibly separated. Most studies lacked recruitment strategies that included non-VA-affiliated participants. This limitation was identified in multiple studies (e.g., Brignone et al., 2017; Sayer et al., 2010, 2015) and marked a significant difference between the existing literature and the present study. Not

only did the recruitment for this study take place outside of typical VA confines, this study is the first of its kind to explore what reintegration was like for those who were forced out of the military. It might be that many involuntarily separated veterans harbored feelings of rejection associated with their departure from the military that were then applied to all military-affiliated entities including the VA itself. As a result, it is likely many of those who were forcibly separated from the military community were much less likely to access VA treatment. Perhaps this was one of many contributing factors that resulted in less than half of all veterans accessing VA services (VA, 2017b). Thus, more research must be conducted that includes the experience of non-VA-affiliated participants as they were vastly underrepresented in the literature (Sayer et al., 2010, 2015), and likely included involuntarily separated veterans whose experiences were almost certain to be different for many reasons.

The veteran population has demonstrated a significantly higher rate of suicide than the general public for more than 15 years (DoD, 2019; Kang et al., 2015). A leading theory explaining why people die by suicide was Joiner's (2005) ITS, which posited that a combination of PB, TB, and AC leads to suicide completion or attempt. Bryan, Cukrowicz et al. (2010) showed that military veterans exhibited higher rates of AC, which is considered a stable construct resistant to change and thus not a target for intervention (Van Orden et al., 2012). Veterans therefore begin their reintegration with the civilian world with the added burden of a near-unchangeable factor that might lead to suicide attempts.

Research has shown that transitioning from military to civilian life is fraught with difficulties for over half of all veterans (Sayer et al., 2015). NRD veterans in particular have exhibited a higher risk of a number of negative outcomes, most poignantly higher rates of suicide (Brignone et al., 2017; Tsai & Rosenheck, 2018). Thus, according to the ITS, NRD veterans

might also exhibit higher rates of PB and TB (Joiner, 2005; Van Orden et al., 2012). Given that only 15% of all discharges are NRD (Hoffmire et al., 2019), non-routine discharge alone cannot account for all veteran suicides. Routinely discharged (RD) or veterans who discharge under ordinary circumstances (i.e., end of service agreement) certainly also complete suicide but much remains unknown about this phenomenon. Specifically, the literature has not looked at the role volition of separation from the military has on levels of PB and TB or how involuntarily separated veterans access mental health treatment.

Given the documented higher rates of AC among veterans (Bryan, Cukrowski et al., 2010), involuntary discharge might compound suicide risk. Among the 85% of RD veterans are those who did not choose separation. These involuntary RD veterans might encounter the same feelings of rejection and alienation as their NRD counterparts, potentially leading to higher levels of PB and TB. Given the cultural values of putting the unit before the self (Reger et al., 2008), not wanting to be a burden, stoicism (Bryan, Cukrowski et al., 2010), and increased stigma pertaining to accessing healthcare (Elnitsky et al., 2013), being forcibly separated from the military might make transitioning more difficult and perhaps dangerous. Thus, the forcibly separated veteran might be at greater risk for difficulties with reintegration regardless of NRD or RD status. Because involuntarily separated veterans did not appear to have been studied, researchers, healthcare providers, and administrators have not heard accounts from this specific group of veterans. Their stories likely are unique and might serve to illustrate the subtle nuances and specific cultural considerations of transitioning from military to civilian status without the support of the military community.

Elnitsky, Blevins et al. (2017) recently analyzed literature on veteran reintegration over the prior 15 years. They found significant gaps in the literature pertaining to individual context

including qualitative accounts of reintegration and a lack of diversity of potential influences beyond a narrow list of disorders (i.e., PTSD, TBI) on the process of reintegration. Reintegration concerns might be addressed via efforts encompassing prevention, mental health treatment, rehabilitation, education, and community support (Danish & Antonides, 2013) but in order to do so, researchers must incorporate more qualitative insight into how these programs are developed (Elnitsky, Blevins et al., 2017). Hoffmire et al. (2019) called for more studies investigating the experiences of veterans with both administrative and punitive discharges, regarding the patterns of interacting with healthcare systems, as well as identifying specific drivers of suicide risk. Unfortunately, both studies overlooked involuntary separation as a contributing factor to reintegration difficulties and, perhaps, increased suicide risk. Involuntarily separated veterans constitute a minority within a minority. Their personal accounts of transitioning and possible experiences with suicidal ideation would be valuable and could provide insight into the subtle nuances and cultural differences between military and civilian life.

The difficulties in transitioning from military to civilian life were almost entirely centered on choice for participants in a study by Libin et al. (2017). Although the study was not designed to capture volition of separation, participants stressed they had *chosen* to join the military and willfully engaged in training and acculturation that provided them new social identities and that they *did not choose* to leave the military. Libin et al. explicitly called for more qualitative inquiry related to the "negation of self-determination that involuntary discharge presents…to help veterans better understand their own experiences of service and injury and make more self-aware choices on the reintegration pathway" (p. 137). Indeed, because involuntary separation has never been purposefully investigated in a known study, there MIGHT be few who make up this population. Involuntarily separated veterans' accounts of reintegration MIGHT be seen as

outliers in most quantitative research approaches. Thus, the initial inquiry into this uncharted domain must begin with qualitative methodology.

Qualitative studies are designed to capture the accounts of participants who would otherwise be lost. Elnitsky and Kilmer (2017) explained, "Understanding the reintegration process and outcomes among those who may be at the greatest risk of poor outcomes…will be critically important [for future research]" (p. 112). Veterans separated against their will are exactly whom Elnitsky and Kilmer discussed. Pease et al. (2015) noted that while considerable knowledge has been gained about risk factors for suicidal behavior among separated veterans, much remains to be researched and understood pertaining to how the transition to civilian life and reintegration into society relates to mental health concerns and suicide risk. The lived experience and subsequent meaning made from the process of reintegration for involuntarily separated veterans is sorely needed. By discarding their accounts, researchers, healthcare providers, and administrators lose insight into what reintegration means for those enduring it. Without these invaluable accounts, the decision-making process, impacting the lives of so many veterans, is severely limited.

Given the negative ramifications of NRD, the exclusive bounds of military culture, and the ITS, it seems likely involuntary discharge would make the transition from military to civilian life vastly more difficult. Healthcare providers and administrators desperately need the accounts of those who have been involuntarily separated from the military to better understand the impact forcible separation plays in reintegration with society. The insight gleaned from these personal accounts of reintegration could lead to better administrative decisions, better interventions, and further research to improve the lives of those who have sacrificed so much for the United States. Thus emerged the research questions and reason behind this study:

Q1   How do OIF and OEF veterans who were discharged against their will experience reintegration with civilian life.

Q2   How do OIF/OEF era veterans who were separated against their will experience access to mental healthcare after transitioning?

Intended Audience

Counseling psychologists and other mental health professionals working with military populations are expected to offer evidence-based practices (American Psychological Association [APA], 2005) that demonstrate cultural competency (APA, 2018) with respect to the intersectionality of identity. Recognizing the differences between civilian and military culture and the inherent difficulties of transitioning between the two cultures could better inform choices of intervention. This study highlighted the importance of personal choice in transitioning from military service and added to a growing body of literature related to transition and military culture at large.

Administrators who are responsible for shaping policies and programs designed to alleviate difficulties associated with transitioning from the military might benefit from the results of this study as well. During an investigation of VA mental health treatment utilization, Bloeser et al. (2014) found that of 152 newly separated OIF/OEF veterans, 6.7% reported moderate to severe problems with social support while almost 17% had moderate to severe problems with isolation following discharge. Of particular note to administrators was of those reporting moderate to severe isolation, nearly 31% did not receive VA-provided mental health treatment. The results of this present study add qualitative accounts of personal experience in navigating this transition particularly among those who had to do so unwillingly.

Statement of Purpose

The purpose of this study was to describe and interpret the experiences of veterans transitioning away from the cultural, social, and personal identity associated with military service back to a primarily civilian identity against one's will. Specifically, this study sought to better understand the experiences of reintegration with civilian life in terms of identity (e.g., cultural, social) following involuntary separation from military service. Veterans are a cultural group unlike any other in the United States. To be part of this community, service members initially are asked to make their military identity primary and set aside self-interests for the betterment of the unit as a whole. Consistent with this lifestyle are strict cultural adherences each service member is expected to uphold including mental and physical toughness, personal sacrifice, commitment to duty, honor, courage in the face of adversity, and integrity. The development of all of these cultural aspects does not simply go away upon discharge.

To help facilitate the transition from civilian to military life, BMT or "bootcamp" was created. There, recruits are aided in developing their military identities and exposed to the rich history, culture, and guidelines set forth by countless others who served before. Unfortunately, no comparable institution aids the transition back to civilian life. Instead, veterans who are discharged under favorable conditions frequently make do with various organizations of the VA such as the Veterans of Foreign Wars (VFW) or Student Veteran Association (SVA). These organizations serve as makeshift bridges between military and civilian life where veterans can freely share their past experiences of serving to others within their cultural community. Yet, veterans discharged against their will might not be afforded the same connections to these groups as others for various reasons.

Given that transitioning from military to civilian life is difficult enough for those who separate under favorable conditions, it might be more difficult for those who did not choose to transition out of the military. It is critical that administrators, counseling psychologists, and other mental health professionals who work with recently discharged veterans develop a clearer understanding of the unique challenges being involuntarily separated might add to these difficulties. With such knowledge, these professionals could provide more effective and competent care while making appropriate changes to policies affecting involuntarily separated veterans.

The primary purposes of this study were to (a) assist counseling psychologists and administrators who work with involuntarily separated veterans in better understanding the unique difficulties and psychological stressors associated with leaving the military community against one's will, and (b) highlight potential barriers to accessing mental health care among involuntarily separated veterans. Within these two primary objectives, the secondary objective was to identify whether ITS-related constructs were present among this sample of involuntarily separated veterans.

Limitations of the Study

No study is without limitations. The best any researcher can do is anticipate and attempt to mitigate them. In accordance with qualitative inquiry, I, as the researcher, was the instrument for both data collection and analysis. Thus, every aspect of developing this study was influenced by my personal experiences, perspectives, cultural background, and experiences of military service. For example, my experience with military service has been positive overall and I received an honorable discharge. This allowed me access to many benefits the participants in this study might not otherwise have had. Because I have only known my experience, I might

inadvertently overlook particular details or disregarded others' negative experiences. Further, social desirability might have influenced participants to respond differently than they might have otherwise. Given that the aim of the study was to investigate the lived experiences of reintegration for involuntarily separated veterans, a qualitative approach was appropriately chosen.

Being a qualitative study using interpretative phenomenological analysis (IPA; Smith et al., 2009), the results are not generalizable. The IPA method of research was designed to capture the lived experience of individual participants as well as to find the essence of the phenomena in question shared between participants. Thus, the results of this study were unique to each participant and to the sample as a whole. The goal of qualitative research is never generalizability. Instead, its focus is on rich, "thick" description that communicates a more holistic and realistic picture to the reader (Denzin, 2001). Thus, it is up to the reader to decide whether or not the results of this study are transferable.

Further, IPA (Smith et al., 2009) demands that researchers bridle their personal experiences at various stages of data collection and analysis. To address concerns related to subjectivity and bias as a researcher, I employed multiple techniques including member checks, analyst triangulation, journaling, and audit trails. As part of the initial planning stages of this study, I provide a reflexivity statement in Chapter III that shows many of my preexisting biases with this topic including my own personal experiences with military service. This provided a means by which to evaluate the trustworthiness and transferability of my study. While an initial reflexivity statement begins the process of accounting for bias, Dahlberg and Dahlberg (2003) caution that bridling is not a one-time event but rather an active project that demands near-

continuous commitment, and one that is interwoven with the methodological approach in various ways.

In accordance with IPA (Smith et al., 2009), following individual participant transcript analysis, a second interview was conducted with each participant that served as a means to confirm my analysis. This technique, known as a member check, allowed me to ensure accurate interpretation of the initial interview before moving onto further analysis. Following all interviews, transcriptions, and analysis, I verified my thematic results with a fellow doctoral candidate with an expertise in qualitative inquiry through analyst triangulation (Shenton, 2004). Finally, within 24 hours of each interview, I documented my initial impressions and noted decisions made regarding interpretation and/or methodology using a combination of audit trail and journaling. Thus, future researchers have a means to recreate the methodology used in this study as well as a justification for the various decisions I made. The result was increased confirmability.

Another key limitation of this study was the use of semi-structured interviews as a means of data collection. Inherent in any interview setting is the possibility for social desirability (Crowne & Marlowe, 1960) to impact the interaction. It is entirely possible that participants responded to my questions in a way that garnered a positive response from me as opposed to answering each question wholeheartedly and honestly. My expectation was that following a brief personal introduction, the participant would become progressively more relaxed and open as the interview continued. Furthermore, the second interview served as an opportunity for the participant to correct any discrepancies between my interpretation and the meanings they were trying to convey. Thus, the second interview built upon the foundational trust previously established and, hopefully, allowed the participant to be as open and honest about their

experiences as they would like to be. Another potential limitation was centered on the cultural value of the chain of command which is a cultural value associated with the military (Bryan, Jennings et al., 2012). Because I am currently an officer in the U.S. Navy and all of the participants were enlisted, the potential for biasing a participant's response was ever-present. Specifically, participants might have been reticent to disagree with my impressions of military service. To account for this potential bias and provide commonality, I only discussed my prior Air Force enlisted service in the most neutral manner possible

During one interview, a participant pointed out I was currently serving as a naval officer and asked me to compare physical standards between the Navy and Air Force. This brief and somewhat awkward question demonstrated that my efforts to only discuss my enlisted career were unsuccessful. Upon further review, it occurred to me that my social media accounts held pictures of me in uniform during both prior and current service periods. Thus, participants were able to deduce my current rank. It is unclear what, if any, effect this information might have had on participants; however, it could have served as a potential barrier to honest conversation.

Another limitation of this study was the lack of diversity of the sample. Although every branch of the military was represented, the Air Force was overrepresented with six participants including one multi-service participant with a history of service in the Air Force. Furthermore, every participant identified as male and all participants were prior-enlisted. The most frequently identified career field among participants was related to aircraft maintenance (six of nine). Finally, the most frequent discharge type was Honorable with only one participant receiving an Under Honorable Discharge. All other participants received an Honorable Discharge. Every participant was eligible to receive mental healthcare benefits through either Tricare or the VA; yet only five participants accessed those benefits following involuntary separation. Future studies

should include a more diverse sample including more officers, women, and a more even distribution of prior service branches. Additionally, involuntary separation (IS) veterans who were not Honorably Discharged should be recruited and compared to Honorably Discharged IS veterans.

Finally, when participants were asked about the most extreme way someone could cope with losing a close relationship, almost all of them interpreted the question as dealing with loss as a result of death. In other words, they responded to the question in a way that related more to grief than to the overall concept of thwarted belongingness. While grief is subsumed under a lack of reciprocal care, loneliness was not mentioned in either the question or participants' responses. When constructing future research endeavors investigating TB, questions should elicit responses related to both lack of reciprocal care and loneliness.

Definitions

The military community is infamous for using terms and acronyms that, at times, sound like its own language. As of the writing of this dissertation, the APA is still constructing its *Guidelines for Psychological Practice with Military and Veteran People*. Until the publication of these forthcoming guidelines specific to MSMVs, the APA (2018) provided *Multicultural Guidelines* to aid psychologists. Although there are no current formal guidelines for working with MSMVs, ample literature pertained to specific targets of intervention (Hall et al., 2018), common concerns (VA, 2018), and cultural considerations (Atuel & Castro, 2018). Given that the military has its own history and norms (Meyer, 2015) encompassing beliefs, values, traditions, behaviors, and events (Atuel & Castro, 2018), this intersecting cultural identity must be considered when working with MSMVs.

Active duty. Full-time duty in the active military services of the United States including full-time training duty in the Reserve component (Office of the Chairman of the Joint Chiefs of Staff [OCJCS], 2019).

Acquired capability. One of three constructs, along with PB and TB, from the ITS (Joiner, 2005). Acquired capability includes both fearlessness about death and an increased tolerance for psychological and physical pain. Acquired capability is considered to be stable and the least productive of the three ITS constructs to target during psychological intervention.

Administrative separation. This type of separation occurs when a service member's command seeks through a non-judicial process to separate them before the expiration of their service agreement. The command is required to provide a basis for the separation and the recommended characterization of service. The basis of separation could be misconduct, drug abuse, insubordination, weight control issues, or nonperformance of duties, among others. The characterization of service informs whether the service member receives an honorable, general, or OTH (defined below) discharge (VLC, 2016).

Bad conduct discharge. A bad conduct discharge is the least severe punitive discharge possible; it is the result of a formal court-martial and often includes a period of confinement in military prison (VLC, 2016). Most individuals who receive this discharge are not eligible for VA benefits (Moulta-Ali & Panangala, 2015).

Discharge. Discharge is a type of separation that completely absolves a veteran of any unfulfilled military service obligations. Discharge falls under one of five categories: honorable, general (under honorable conditions), other than honorable conditions (OTH),

bad conduct (by general court-martial or special court-martial), or dishonorable (Moulta-Ali & Panangala, 2015).

Dishonorable discharge. The most severe form of punitive discharge that results in complete loss of benefits and government assistance (VLC, 2016) as well as prohibition of lawful ownership of firearms (ATF, 1997). A dishonorable discharge is similar to having a felony conviction in that most states prohibit voting as a result.

General discharge. Also called "under honorable conditions," this type of discharge is given when one's service is marked by a considerable departure from the duty performance and conduct expected of military members. Although general discharge falls under the administrative category, it is almost always accompanied by a loss of education benefits (VLC, 2016).

Honorable discharge. The most favorable category of discharge, it makes the veteran eligible for a full benefit accouterment. Veterans who have completed a minimum of 180 days of active duty service characterized by meeting or exceeding the required standards of duty performance and personal conduct most often receive an honorable discharge (VLC, 2016).

Interpersonal theory of suicide. A leading theory explaining why people die by suicide, ITS was developed by Joiner (2005). The ITS posits that two constructs, PB and TB when elevated, comprise suicidal desire. When AC, the third construct in the ITS, is also present, an individual with a desire for suicide might act on those impulses. The theoretical constructs and hypothesis of the ITS have been supported over the last decade by over 120 peer-reviewed articles to date (Chu et al., 2017) across many populations including military members (Bryan, Jennings et al., 2012).

Individual ready reserve (IRR). Collection of military members who have already received

    military training and might have some period of their military service obligation

    remaining (OCJCS, 2019). Those on IRR status could be involuntarily recalled to active

    duty under a Full Mobilization, Partial Mobilization, or Disaster Response Activation, but

    these are rare.

Involuntary separation. A term used within the military with specific characteristics but used

    for the sake of this study to capture any separation from military service (discharge,

    separation, or retirement) that occurred against the will of the service member.

National Guard. A military organization affiliated with either the Army or Air Force that draws

    its origins from colonial-era militias. These organizations receive funding from both

    individual states and the federal government. The National Guard is made up of 54

    separate National Guard organizations: one for each state and one each for Puerto Rico,

    Guam, the U.S. Virgin Islands, and the District of Columbia.

Non-routine discharge (NRD). Any discharge or separation from military service not a result of

    completion of military obligation or retirement (Brignone et al., 2017).

Other than honorable (OTH) discharge. The most severe administrative discharge possible, it

    characterizes one's military service as a serious departure from the conduct and

    performance expected of all military members (VLC, 2016). An OTH discharge often

    results in a complete loss of education benefits as well as most, if not all, health care and

    other veteran benefits.

Perceived burdensomeness (PB). This construct of the ITS (Joiner, 2005) is the mental

    calculation that one is a burden on loved ones and that, ultimately, loved-ones would be

    better off if one were dead. Perceived burdensomeness comprises self-hate and

perceptions of liability (Van Orden et al., 2010). The ITS posits that those who think about, attempt, and die by suicide mistakenly translate their self-hatred into feelings of expendability that, when combined with TB (defined below), result in a desire for suicide.

Punitive discharge. Punitive discharge types include bad conduct (by general court-martial or special courts-martial) and dishonorable, both of which almost always involve confinement in a military jail or brig.

Readjustment. A process of readapting to civilian life following deployment or separation that focuses on the psychosocial aspects of civilian roles (Elnitsky, Fisher et al., 2017).

Reintegration. Both a process and an outcome of resuming roles in the family, community, and workplace that might influence domains including individual factors (e.g., health conditions), interpersonal relationships, community systems (e.g., utilization of specific services), and societal structures (Elnitsky, Fisher et al., 2017).

Reserves. Often used as a generic term for all members of the seven individual reserve components. For the purposes of this study, it refers to the four federally funded entities: the Army Reserve, Navy Reserve, Marine Corps Reserve, and Air Force Reserve (OCJCS, 2019).

Retired Reserve. The Retired Reserve includes former military members who have reached retirement through time of service. Traditionally, this is met once an active duty service member completes 20 years of service.

Separation. A broad term that includes early separation, discharge, and retirement. Usually, separation from the military includes additional service obligations to be fulfilled in a non-active-duty status (e.g., IRR).

Service member. Refers to any member of the uniformed services, specifically the Army, Marine Corps, Navy, or Air Force. For the purpose of this study, a service member was defined as anyone serving in the military in a full-time status.

Suicide attempt. A non-fatal, self-directed, potentially injurious behavior with intent to die. This term is used regardless of whether actual self-injury occurred as a result (Crosby et al., 2011).

Suicide behaviors. Refers to any suicidal self-directed violence regardless of whether the result was fatal. For the purposes of this study, suicide behavior was used interchangeably with suicide attempt (Crosby et al., 2011).

Suicidal ideation. Serious thoughts of engaging in self-directed, potentially injurious behavior with intent to die (Crosby et al., 2011). According to the ITS (Joiner, 2005), this is the result of the perception of intractable PB and TB (Van Orden et al., 2010).

Thwarted belongingness (TB). This construct of the ITS (Joiner, 2005) is described as a mental state that results from considering oneself to have been ousted or rejected by others (Van Orden et al., 2010), which thwarts the fundamental need to belong (Baumeister & Leary, 1995). Thwarted belongingness comprises loneliness and the absence of reciprocal care (Van Orden et al., 2010). Per the ITS, the combination of TB and PB (defined above) results in a desire for suicide (Joiner, 2005).

Transition. The process in which a military service member moves from active duty status to veteran status, emphasizing movement into or across institutional systems such as the VA or movement from military settings to civilian ones (Elnitsky, Fisher et al., 2017).

Veteran. A person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. For the

purposes of this study, the term was used to delineate between when an individual was a part of the military and when they were discharged or separated from the military regardless of discharge type. For instance, an individual who was separated from the military and received a dishonorable discharge would still be called a veteran in this study because the individual had separated from the military.

Summary

This chapter provided an introduction and rationale for the current study including capturing often-overlooked aspects of reintegration with civilian life following involuntary separation from the military. It outlined a need to contribute to the literature regarding the lived experiences of transitioning from a military community to a civilian one and the subtle and nuanced cultural aspects of doing so. The implications of this study are expected to contribute to more culturally sensitive interventions, better administrative decisions, and further research pertaining to the role that choosing to separate played in reintegration.

The intended audience for this study included psychologists and other healthcare professionals, administrators, and researchers specializing in working with veteran populations. The purpose of this study was to describe and interpret the experiences of transitioning away from the cultural, social, and personal identity associated with military service back to a primarily civilian identity against one's will. It aimed to amplify the voices of involuntarily separated veterans to support future interventions, studies, and mental healthcare policies with a more diverse perspective.

This chapter defined relevant terms used in this dissertation and outlined its research questions. Finally, it examined the limitations of this study including potential researcher bias

and subjectivity in data analysis, limited generalizability, and concerns related to the use of

interviews as a source of data collection.

CHAPTER II

REVIEW OF THE LITERATURE

Demographics of Military Members

The U.S. military includes individuals from a wide range of backgrounds serving in many different capacities. In 2016, over 2.1 million individuals served the U.S. military in some capacity (DoD, 2017). Among the active duty component, most recruits are between the ages of 17 and 20, and 45% are from the southern region of the United States (DoD, 2017). Although gender diversity is limited with 85% male active duty enlisted personnel, approximately 30% are racial minorities. Across each service branch, the ratio of enlisted to officers is five to one. Clearly, the U.S. military is an organization that has recruited and maintained a force that represents a wide range of demographic characteristics. To better understand this broad population, it is helpful to describe what might lead a person to the military in the first place.

Why People Join the United States Military

People are drawn and ultimately commit to military service for a multitude of reasons. Wertsch (1991) identified four specific reasons why an individual would make such a life-altering decision: (a) family tradition, (b) identification with the warrior mentality (c) escape from poverty, and (d) various service-related benefits.

Family tradition can be a powerful motivator leading to military service. For many, interacting with veteran family members, immediate or extended, imparts a sense of duty to country. Indeed, some families have longstanding traditions of military service dating back to the founding of the United States. Among recruits in 2012–2013, between 77% and 86% indicated

they had a close family member who had also served (DoD, as cited in Thompson, 2016). Between 22% and 35% indicated a parent had served in the military. For those raised in military families or who had traditions of service, duty was reason enough to join.

Identification with the warrior mentality also might emerge from being raised within the greater military culture. Service members are expected to maintain a constant physical and psychological state of combat readiness (Castro & Adler, 1999). Thus, many who ascribe to a warrior mentality are constantly trying to prepare for hypothetical battle. Furthermore, a warrior mentality is consistent with self-reliance and psychological toughness or hardiness (Bryan, Jennings et al., 2012). For others, escaping the perils of poverty or instability, regardless of cultural background, was justification for committing to a life of military service.

Finally, for most recruits, the various benefits associated with military service provided yet another incentive for enlisting. Henderson (2006) asserted that when considering military service, financial concerns were almost always taken into account. For those who came from lower socioeconomic status (SES) backgrounds or for young adults who were just becoming independent, the income associated with military service might represent a major increase and newfound sense of economic stability and personal freedom. Holyfield (2011) showed that individuals from lower SES backgrounds were more likely to enlist in the military than those coming from middle or upper SES backgrounds. While that might have been true at that time, those who enlisted during the 2016 financial year were recruited from neighborhoods where the median household income ranged from $38,000 to $80,000 (DoD, 2017). Those from the lowest and highest categories of median household income (below $36,000 and above $80,000, respectively) were both underrepresented (DoD, 2017). Regardless of economic background, the education benefits earned from honorable service granted unparalleled access to higher

education. For many, education could serve as a pathway to increased earning potential both during and after military service.

Military Culture

Whatever the reason for initially joining the military, for the recruit, the differences between military and civilian life became abundantly clear. As a cultural group, the military has its own history and set of norms encompassing beliefs, values, traditions, behaviors, and events as they pertain directly to military service and lifestyle (Reger et al., 2008). To facilitate the transition from civilian to military life, a recruit must complete basic military training (McGurk et al., 2006), which involves strictly regimented behaviors over the course of 8 to 12 weeks. During this training, recruits are indoctrinated into military culture and learn the primacy of the unit or group over the self. This notion is so central to the military ethos that virtually every branch of the military promotes this perspective overtly via core values. For example, the U.S. Air Force (2015) lists its first core value as *Service before self*. This illustrates the overt expectation that each individual, at times, will be asked to sacrifice their needs for the greater good of the unit, branch, or even country. Notwithstanding is the expectation that one might have to make the ultimate sacrifice and lay down one's own life to that end. This notion is ever-present in the minds of those who serve and requires psychological hardening to persevere (Bryan, Jennings et al., 2012).

In most cases, serving in an active duty status in the military requires the service member to move away from their hometown, leaving behind friends and family to explore a new way of life. Young service members are exposed to new cultural values and norms. To flourish in a military setting, they must quickly learn about the culture and adhere to the norms. Houppert (2005) explained that one of the major focuses of indoctrination into military culture via basic

training is to shift an adolescent's dependence from the family to the unit. Often overlooked is the stark contrast between the lifestyles of friends and family left behind and the regimented dutybound lifestyle of military service (Demers, 2011; Hall, 2011).

Mental toughness is an expectation heavily steeped in the warrior ethos and military culture in general. The military is the only organization sanctioned by the United States that trains explicitly to kill other people (Bryan, Jennings et al., 2012). Therefore, military members are trained to be warriors and to embrace the cultural principles distinct to their respective branches. Explicitly, this ethos demands that individuals adhere to the values of honor, integrity, loyalty, commitment, respect, devotion to duty, and courage in the face of adversity (Atuel & Castro, 2018; Bryan, Jennings et al., 2012; Coll et al., 2012). Through adherence to these values, military culture is set apart from others and bolstered, making the unit stronger regardless of obstacles.

Military service is an all-encompassing way of life unlike any other occupation. Indeed, through indoctrination and acceptance into military society, military culture overlays and often replaces previously held cultural beliefs (Foynes et al., 2013). One such difference between military and civilian life is a service member is expected to uphold military bearing and professionalism at all times. Thus, military members cannot simply "clock out" at the end of a day but are expected to act in this capacity 24 hours a day, seven days a week. A service member can literally be called to duty at any time of day or night without notice, leaving behind family and friends for an undetermined amount of time. For example, in the wake of the September 11th attacks, many military members were deployed or called to duty in an immediate response to the threat of further attacks with little to no understanding of where they were to be sent or when their families could expect them home.

Deployments are an expected and often routine aspect of military life, which undoubtedly impacts both the service member and their family (Erbes et al., 2008). Since September 2001, more than 2.6 million U.S. military service members are estimated to have deployed in support of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND) according to the Institute of Medicine (2012). While 2.6 million is a staggering number of individuals deployed, it has also doubtlessly grown substantially since 2012. Among those deployed, 85% were enlisted and 88% were male (IOM, 2013). During peak operational times, the average service member is deployed 1.7 times with the average length of deployment between 7.7 months (IOM, 2013) and 14.6 months (Phillips et al., 2016). Maintaining combat readiness is expected of all military personnel and is equally enforced by those at the top and bottom of the chain of command. This tradition of maintaining readiness is heavily steeped in military culture and is abundantly apparent even to the newest of service members. To not maintain such readiness is taboo and seen as weakening the unit (Bryan, Jennings et al., 2012; Hall et al., 2018). Maintaining and displaying one's worth to the unit is paramount and a major contributing factor to developing camaraderie and unit cohesion (Siebold, 2007).

In essence, the more the individual conforms to military values and culture, the more that individual tends to develop a sense of connection with their unit and with the superordinate military group at large (Siebold, 2007). The recruit's military identity is further developed and ingrained into the concept of self. Military members develop camaraderie, esprit de corps, group cohesiveness, and a set of honorable tenets that bind them together (Krueger, 2000). Indeed, the bonds forged through military service are incredibly strong and difficult to recreate in civilian life. Many benefits undoubtedly come with being part of such a robust, diverse, and influential cultural society. An unfortunate certainty of serving in the military is that one day everyone will

separate; maintaining serviceability is not guaranteed. The strengths of military culture coupled with the restrictive requirements of continued service appear to make it all the more difficult for service members to transition back to civilian status. So what does it mean to reintegrate?

Separation Type

Between 2014 and 2020, it is estimated that over one million veterans will separate from military service (GAO, 2014) and return to civilian life. This transition can vary exponentially depending on the manner of leaving. Separation from military service is a broad term that includes early separation, discharge, and retirement. Discharge completely absolves any unfulfilled military service obligation; whereas, a separation, voluntary or involuntary, often necessitates additional service requirements that must be met following separation. The military service obligation is often carried out in the IRR. For instance, a service member might initially enlist for six years of active duty. In addition to the six years of active duty service is two years of IRR service. In essence, an individual on IRR status could be called back to active duty service with little to no notice. Retirement often occurs when a service member completes 20 to 25 years of service and then enters the Retired Reserve. Only under extreme circumstances can a retired member be called back to active duty.

Discharge falls under one of five categories: Honorable, General (under honorable conditions), Other Than Honorable conditions (OTH), Bad Conduct (by general court-martial or special court-martial), or Dishonorable (Moulta-Ali & Panangala, 2015). Each category of discharge, whether administrative or punitive, has major ramifications for the veteran including benefit eligibility and, in some cases, reduction in civil rights (see Table 1 for eligibility chart).

Table 1

Eligibility for Common Veterans Affairs Benefits by Military Character of Discharge

	Military Character of Discharge					
	Administrative Discharge			Punitive Discharge		
VA Benefit	Honorable	General	Other Than Honorable	Bad-Conduct (Court-Martial)		Dishonorable
				Special	General	
Disability Compensation	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Health Care	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Dependency and Indemnity Compensation	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Education Assistance	Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible	Not Eligible
Survivor Pension	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Burial Benefits	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Special Housing	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Vocational Rehabilitation	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Disabled Automotive	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible
Reenlistment Rights	Eligible	Eligible	COS Determination	COS Determination	Not Eligible	Not Eligible

Note. COS= Character of Service (Moulta-Ali & Panangala, 2015).

An Honorable discharge is the most favorable category and brings with it a multitude of benefits. Veterans who have completed a minimum of 180 days of active duty service and earn an Honorable discharge are eligible for full benefit accouterment including education assistance, health care, vocational rehabilitation, disability compensation, and burial benefits, among others

(Moulta-Ali & Panangala, 2015). Access to these benefits can be a major contributing factor for easing the transition from military to civilian life. To better illustrate these potential impacts, a hypothetical honorably discharged veteran could access a VA home loan without having to put forth a down payment while taking classes at a local public university at no personal cost for three years. To reduce the financial hardship of attending school, the VA also provides a basic allowance for housing commensurate with that of an E-5 (enlisted pay grade five) with dependents serving in an active duty capacity. Depending on the area in which the veteran lives, their basic allowance for housing could reach upwards of $2,000 per month. While this stipend might not cover all costs associated with attending school while maintaining a household, it certainly aids honorably discharged veterans who are seeking to better themselves.

A General (under honorable conditions) discharge is the first discharge type where a veteran's benefits are no longer guaranteed. A General discharge is often given to a veteran whose service is marked by "considerable departure in duty performance and conduct expected of military members" (VLC, 2016, p. 4). While a General discharge is characterized as administrative rather than punitive, it often comes as a result of documented actions taken by commanding officers meant to correct unacceptable behavior by the service member. Often, the commanding officer discloses the specific reason for a General discharge in writing, making clear the ramifications of this type of discharge for the new veteran (VLC, 2016). Arguably the most important benefit forfeited from this type of discharge is access to education benefits such as through the Post-9/11 GI Bill.

An OTH discharge is the most severe administrative discharge possible and characterizes the veteran's military service as "a serious departure from the conduct and performance expected of all military members" (VLC, 2016, p. 4). Many times, an OTH discharge is the result of the

veteran being convicted of and sentenced to confinement by a civilian court of law. The result of this type of discharge is complete loss of education benefits and a lifetime ban from continued military service in most capacities. All other benefits are awarded based on a character of service (COS) determination, making access to benefits possible but difficult to obtain. When considering a COS, it is important to note that according to a recent report, some veterans have been inadvertently turned away from the VA despite potentially being eligible for a COS review (VLC, 2016). Further, for those veterans who do receive a COS review, the average time taken for the review is more than three years, during which time they are not eligible for benefits (VLC, 2016).

A Bad Conduct discharge is the least severe punitive discharge possible; it is the result of a formal court-martial and often a period of confinement in military prison (VLC, 2016). Essentially, a service member who has been court-martialed and sentenced to military prison receives a bad conduct discharge once the prison sentence has been served. The result of this type of discharge following a general court-martial is forfeiture of virtually all veteran benefits. Rare exceptions are given to those who have been sentenced by a special court-martial or if the service member could prove they were legally insane at the time of the offense.

Finally, a Dishonorable discharge is the most severe form of punitive discharge available (VLC, 2016). This type of discharge is considered shameful and is often compared to having a felony conviction. There are serious ramifications to the service member discharged under dishonorable conditions above and beyond the complete loss of veteran benefits. This type of discharge often is accompanied by severe difficulty in finding post-service employment as well as complete prohibition of lawful ownership and possession of firearms (ATF, 1997). Similar to

having a felony conviction, an individual who receives a Dishonorable discharge cannot receive federal government assistance and even loses their right to vote.

For each type of discharge, the final administrative step is the receipt of a DD-214. This governmental document is a record of the veteran's entire military career and contains various details such as demographic information, what medals or ribbons the veteran was awarded in service, and what type of discharge was received. The document serves as proof of service and can be understood as the key that unlocks every benefit potentially available following discharge. The DoD assigns and includes on the DD-214 one of 72 interservice separation codes that indicate the circumstances of discharge (see Table 2). While the literal receipt of a DD-214 might be the final step in concluding military service, it is but the first in reintegration with civilian life.

Table 2

Interservice Separation Codes with Descriptions (Excluding Death)

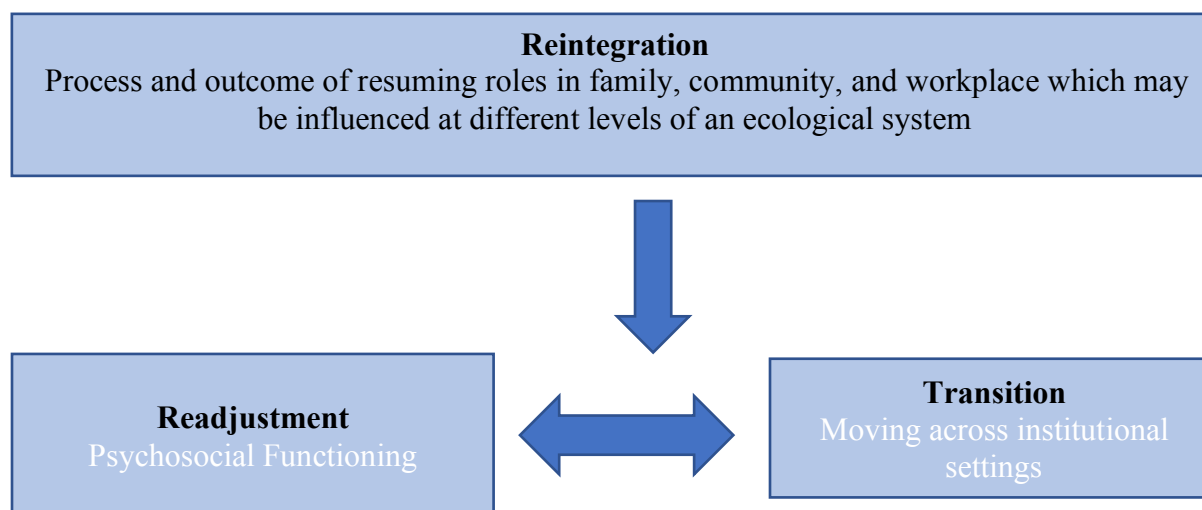| Discharge Type Category	Example of Discharge Type Descriptions
Normal	Expiration of term of service, Retirement
Disability	Condition existing prior to service, Disability severance pay, Permanent disability retirement, Temporary disability retirement, Disability no condition existing prior to service, no severance pay
Disqualified	Failure to meet weight or body fat standards, Character or behavior disorder, Motivational problems, Failure to meet minimum qualifications for retention, erroneous enlistment or induction
Early release	Sole surviving family member, marriage, conscientious objector, Parenthood/pregnancy, Lack of dependent support
Misconduct	Alcoholism/drugs, Civil court conviction/court-martial, Absent without leave or desertion, Commission of a serious offense, Pattern of minor disciplinary infractions

Source: Brignone et al., 2017. p. 559

Defining Veteran Transition and Reintegration

Recently, Elnitsky, Fisher et al. (2017) conducted a literature review of 117 journal articles addressing veteran transition and reintegration. One of their many findings included inconsistent and diverse terms used to describe the process of a service member transitioning back to civilian status. Those terms listed included *transition*, *reintegration*, *community integration*, and *readjustment*. Elnitsky, Fisher et al. highlighted wide inconsistencies with how each term was operationally defined between studies and called for greater consistency throughout the literature.

To provide consistency and to influence healthcare practices and administrative policy, Elnitsky, Fisher et al. (2017) defined reintegration as "both a process and outcome of resuming roles in family, community, and workplace which may be influenced at different levels of an ecological system" (p. 10). This definition captured the many aspects involved in the reintegration process and mirrored a more holistic perspective consistent with the literature over the last 15 years (Elnitsky, Fisher et al., 2017). Reintegration is a broad term that describes overall psychosocial functioning including both psychological and physical health.

Subsumed within the definition of reintegration are more specific terms: transition and readjustment. Elnitsky, Fisher et al. (2017) described transition as a period in which a service member moves from military to civilian status and largely focuses on movement across institutional settings. To capture psychological health and social concerns across a wide range of roles including work, education, and interpersonal relationships, Elnitsky, Fisher et al. identified the term readjustment, defined as readapting to civilian life following separation, to be more common across the literature. Thus, reintegration contains both transition (institutional change) and readjustment (psychosocial change; see Figure 1).

Figure 1

Reintegration Composition

Reintegration
Process and outcome of resuming roles in family, community, and workplace which may be influenced at different levels of an ecological system

Readjustment	Transition
Psychosocial Functioning	Moving across institutional settings

**Historical Connection Between the Veterans
Administration and Counseling Psychology**

The profession of counseling psychology emerged in 1951 (Super, 1955) and found its historical roots across multiple domains. Through a culmination of events including, but not limited to, the development of the vocational guidance movement and social and economic developments in the United States before, during, and after World War II (WWII; Munley et al., 2004), counseling psychology emerged as a unique profession set apart from clinical psychology. Much of what counseling psychology is today directly stems from the close relationship between the APA and the VA.

The VA played a crucial role in the development of both clinical and counseling psychology during the 1940s (Miller, 1946). Initial national training and employment programs established in 1946 targeted clinical psychologists. Fortunately for counseling psychologists, the need for qualified psychologists far exceeded the number of available clinical psychologists;

thus, the VA began recruiting counseling psychologist as well (Miller, 1946). In 1952, the VA announced a new training program for counseling psychologists and asked the APA to provide a list of applicable doctoral program from which to recruit (Munley et al., 2004) and train. The VA itself established the doctorate as the entry level for professional practice, forever changing the educational standard of counseling psychologists within the VA (Hildreth, 1954).

Counseling psychologists have a longstanding foundational emphasis on normal human development and vocational counseling that made them ideal candidates to meet the needs of veterans struggling to reintegrate with civilian society following WWII. It is estimated over 3.2 million veterans applied for vocational training and personal adjustment counseling following separation under the GI Bill (Cranston, 1986) following WWII. Counseling psychologists played a critical role in the veteran reintegration, focusing on alleviating symptoms associated with wartime activities as well as aiding returning veterans with occupational concerns and continue to do so. This very study continues counseling psychology's commitment to veteran wellbeing following separation from the military. By investigating the lived experience of forcibly separated veterans, this study paid homage to the very historical foundations of the counseling psychology profession.

Reintegration Difficulties for Veterans

Reintegration difficulties are longstanding and ubiquitous, impacting multiple domains of functioning among recently discharged veterans. One national survey of 1,226 VA-affiliated OEF/OIF veterans indicated at least 25% were experiencing a range of "some" to "extreme" difficulties following transition. These difficulties were related to social functioning, productivity, community involvement, and self-care (Sayer et al., 2010). Although many of those recruited for the survey were targeted due to a co-occurring diagnosis of PTSD, it was

noteworthy that a large proportion of respondents reported similar difficulties regardless of their mental health status (Sayer et al., 2010). This result provided more evidence that veterans frequently struggle with reintegration following major transitions such as deployment or separation from military service. The difficulties so many veterans encounter in this process often are multifaceted and longstanding. In fact, Sayer et al. (2010) identified that among those struggling with reintegration difficulties, the average time since their transition had been roughly six years. Clearly, reintegration difficulties are not transient for many veterans and might require targeted interventions to aid in the process of transition back to civilian life.

For most active duty service members, the line between military and civilian life is clearly marked by separation or discharge. Albeit difficult, the transition between these two lifestyles usually occurs only once for prior active duty veterans. In contrast, the military-civilian transition is one that occurs time and again for Reserve or Guard service members. Serving in the Reserves or the National Guard is unique as members maintain civilian occupations and roles within their communities while not activated. In a longitudinal study, Wilcox et al. (2015) discovered that among 126 National Guardsmen, 34.7% reported high rates of family readjustment difficulties immediately following a year-long deployment. These rates increased from 34.7 to 43.6% at three-month follow-up (Wilcox et al., 2015). These data reflect the consistent difficulties related to family reintegration many National Guardsmen encounter following transitions. Essentially, following such a long deployment, these service members transition from having their military social identity being primary to focusing again on their civilian identity. In fact, compared to their active duty counterparts, National Guardsmen and Reservists have reported higher prevalence rates of PTSD and depression (Milliken et al., 2007; Thomas et al., 2010) upon return from deployment. Perhaps having a consistent primary military

identity coupled with the support of a familiar community would aid the active duty service member in coping with difficulties more effectively than National Guardsmen or Reservists.

Relationships Between Discharge Type and
Reintegration Difficulties

Many researchers have focused on the relationship between discharge type and reintegration with civilian life after military service. Some have investigated the different outcomes related to veterans who received Honorable, Dishonorable, or OTH discharges (Tsai & Rosenheck, 2018), while others have focused on particular circumstances that have led to discharge such as diagnosed personality disorders (Hoge et al., 2002). Recently, researchers have begun to explore the various mental health impacts of NRD among U.S. veterans (Brignone et al., 2017). Non-routine discharge applies to all active duty military members discharged for any reason other than completion of their service obligation or retirement. An NRD could be the result of disability, failure to meet or maintain qualifications, early release for family or other obligations, or disciplinary actions (Brignone et al., 2017). In a recent study, Brignone et al. (2017) categorized participants by interservice separation code and found significant differences between routinely discharged and NRD veterans.

An NRD has been shown to have a strong relationship with several negative reintegration concerns among U.S. veterans including homelessness (Gundlapalli et al., 2015), unemployment (Horton et al., 2013), incarceration (Noonan & Mumola, 2004), and suicide (Barr et al., 2019; Reger et al., 2015). Brignone et al. (2017) found NRD veterans were more likely to be diagnosed with personality disorders, bipolar and psychotic disorders, and alcohol or substance use disorders, and to experience suicidal ideation and behavior compared to veterans who were routinely discharged (RD). Another particular concern that emerged from this study was NRD veterans discharged due to disqualification or misconduct were 2.8 times more likely to have

endorsed suicidal ideation or behaviors as compared with RD veterans (Brignone et al., 2017).

Despite potentially having a greater need for mental health treatment than other veterans, NRD

veterans might have more difficulty accessing care. To further complicate access to much-

needed care, Holiday and Pedersen (2017) found veterans who received OTH or General

discharges, both considered NRD, reported increased stigma related to receiving mental

healthcare treatment compared to those receiving Honorable discharges. Further, due to the

premature nature of NRD, veterans might be ill prepared for the challenges associated with

reintegration (Brignone et al., 2017). While NRD captures many various factors related to the

administrative procedures and risks associated with military separation, it does not account for

volition. Indeed, for veterans who have not chosen to leave their cultural community, a sense of

rejection might emerge, leading to increased stigma and thus introducing another barrier to

accessing health care. To date, no known study has overtly investigated the role personal choice

played in transitioning out of military service, though some (e.g., Libin et al., 2017) inadvertently

included it.

In one study seeking to better understand the perspectives of those separated from the

military who had suffered traumatic brain injuries, Libin et al. (2017) noted that participants

identified the process of involuntarily separating from the military for them as a crisis equal to

the brain injury itself. This sentiment was underscored by their perception that leaving the

military early was associated with a loss of self-esteem. In the words of one former Airborne

Ranger, "Medical is bad. Not completing your term is bad. Getting kicked out is bad… I know

that no one…wanted to leave the military without completing their service or doing the right

thing" (Libin et al., 2017, p. 133). Not only did this Ranger express concern over the physical

injury he had sustained through combat but, perhaps even more so, he expressed a deep sense of

duty tied directly to his identity and moral obligation to complete his service commitment, which he was not allowed to do. The fact that separating from the military was not their choice emerged as a central theme throughout the in-depth interviews of all eight veteran participants, leading to the recommendation for further inquiry into the "negation of self-determination that involuntary discharge presents" (Libin et al., 2017 p. 137).

Cultural Considerations of Discharge

Veterans might experience a multitude of difficulties in transitioning from military to civilian status regardless of discharge type. Many difficulties are inherent given the vast differences between these two lifestyles. Collins (1998) discussed the differences in values between civilian and military society including military collectivistic tendencies. The civilian–military cultural gap is exacerbated by the U.S. commitment to and recruitment of an all-volunteer force for the last 40 years from demographically and geographically diverse regions of the country. Being an all-volunteer military is undeniably different than when the military was made up of many who had been drafted against their will. Collins asserted that one unintended result of the abolition of the draft was that civilians, no longer living with the threat of being sent to war unwillingly, had grown more ignorant of military life and culture. In essence, Collins asserted that civilians were more interested in military culture and more likely to be involved with military members when people from their own communities, who would not otherwise have chosen to enlist in the military, were drafted.

Collins (1998) further explained that the military's commitment to diverse geographic recruitment also might have resulted in former military personnel being less likely to have contact with fellow service emembers once they reintegrated into American society. Being apart from former unit members following discharge might be accompanied by a sense of isolation and

identity confusion for new veterans. Demers (2011) highlighted how one's personal identity is deeply linked to one's sense of community. Given the growing gap between U.S. military and civilian culture, it was no surprise that for many veterans, a form of identity crisis might emerge during transition regardless of discharge circumstances. What is more, those who were discharged against their will were then asked to shoulder the burden of being rejected by their own military cultural community while also recognizing that civilians were not likely able to relate to military life whatsoever (Collins, 1998; McCormick et al., 2019). Considering the potentially dire circumstances related to such loss of identity and community, coupled with a complete lack of research related to volition of discharge, there was a clear need for greater inquiry on how involuntarily separated veterans experienced reintegration.

For any former service member making their way back into civilian life, separation from the military marked a new reality in which they no longer could enjoy the connectedness and sense of camaraderie of their active duty counterparts (Demers, 2011). Rather, it might be marked by an overwhelming sense of alienation (Ahern et al., 2015; Hall, 2011). In a study by Libin et al. (2017), recently discharged veterans spoke candidly about the difficulties they encountered when disclosing their thoughts and feelings to family members. Many times, these veterans weighed the potential benefit of connection against the cost of further highlighting their now stark differences between their veteran selves and civilian family members. Specifically, multiple participants reported not wanting to burden their family members by sharing their memories of life-threatening situations they had struggled with (Libin et al., 2017).

Unit cohesion, a defining value of military culture, has been shown to negatively correlate with stress, psychological illness, and suicide risk (Hinojosa & Hinojosa, 2011; Nock et al., 2013). Inversely, the loss of camaraderie following military service is one of the most

commonly identified variables contributing to maladaptive psychological states among veterans (Brenner et al., 2008; Elder & Clipp, 1988; Gabriel & Neal, 2002; Harrell & Berglass, 2011). Specifically, Demers (2011) demonstrated a positive correlation between a sense of alienation for veterans and identity crisis following discharge. Put more qualitatively, participants described being stuck in a social and emotional limbo between their military and civilian culture identities (Demers, 2011). According to Beder et al. (2011), service members who endured multiple deployments struggled profoundly in transition, especially in the domains of family reintegration and personal identity.

The differences between military and civilian life are evident to those making the transition. Among those discharged against their will due to TBI incurred in the line of duty, participants reflected on civilians' inability to understand the level of camaraderie unique to military service (Libin et al., 2017). For these veterans, having the ability to trust and to be trusted with another's life is rarely found in civilian settings (Libin et al., 2017). One such participant identified that many civilian values, including individualism and self-determinism, were antithetical to her longstanding and strongly held military values and identity, which included reliance on the unit and collectivism. Participants explained these differences in cultural values were evident across multiple settings including interactions with strangers, family members, and even healthcare providers (Libin et al., 2017). With such a disconnect between military and mainstream values, it makes sense many participants struggled to connect with civilians upon reintegration.

The theme of isolation and disconnection among veterans during reintegration was further described by Ahern et al. (2015) in their qualitative study that showed 19 of 24 veterans reported feeling disconnected from friends and family members who had not served in the

military. Veterans often seemed well aware of the differences between civilian and military life. Recently separated veterans self-identified as being fundamentally different from nonveterans and expressed a need for connection with fellow veterans who could "see [them] as a person" (Ahern et al., 2015, p. 172) as they navigated readjustment with civilian life. For those who felt they would be accepted, fellow veterans might serve as a bridge between these two identities. Studies focusing on student veterans showed military versus civilian identity concerns as a prominent theme in their lives (Jones, 2013). Often, universities have student veteran communities on campus to aid them in this transition. Libin et al. (2017) astutely identified the task of identity renegotiation from military to civilian status as a major theme that emerged among those discharged against their will following a TBI. Regardless of whether a recently discharged veteran found themselves in academia or back with civilian friends and family members, having fellow veterans around them seemed to aid them in the process of reintegration with civilian life. Unfortunately for forcibly discharged veterans, feelings of rejection might serve as a barrier to accessing these much-needed supports.

Barriers to reintegration support and health care are major concerns among recent veterans. During a study of newly separated OIF and OEF veterans, Bloeser et al. (2014) found significant negative relationships between functional impairment and VA mental healthcare utilization. To define functional impairment following discharge, the investigators included items that measured problems with isolation and social support. Of the 152 veterans surveyed, 6.7% reported moderate to severe problems with social support while almost 17% reported moderate to severe problems with isolation following discharge. Alarmingly, of those reporting moderate to severe isolation, nearly 31% had not received mental health treatment (Bloeser et al., 2014). In essence, a large percentage of those who might benefit most from treatment did not access

mental healthcare resources. While this study did not identify specific reasons for not accessing mental health treatment, other studies identified barriers including fear, embarrassment, long wait times, and great distances to a facility (Elnitsky et al., 2013). The combination of high mental health needs with substantial limitations to such resources sometimes could result in tragedies such as suicide.

Suicide Related to Transition

Suicide has been a consistent problem in the United States for both civilians and military members. Among all Americans during 2017, suicide was the 10th leading cause of death with more than 47,000 lives lost. Astonishingly, among those between the ages of 10 and 34, suicide was the second leading cause of death (CDC, 2018). Between 2001 and 2016, the national suicide rate increased by 31% from 10.7 to 14.0 persons per 100,000. During that same time, suicide rates for males were nearly four times that of females nationwide. The most frequent method for completing suicide was by firearm, making up almost 51% of total suicide fatalities during 2016 (CDC, 2018). According to the Substance Abuse and Mental Health Services Administration's (2018) national survey on drug use and health, the prevalence of serious suicidal thoughts was highest among those aged 18 to 25. This same age group also accounted for the highest prevalence of suicide attempts (Substance Abuse and Mental Health Services Administration, 2018). A sobering consideration is this age group makes up the largest demographic among active duty military members (DoD, 2017).

Suicide is one of the greatest threats to current military service members and veterans transitioning back to civilian status. Current U.S. military members struggle with suicide while actively serving. Among those serving on active duty during 2017, the suicide rate was 21.9 deaths per 100,000 population across all branches (DoD, 2019). For Reservist and Guard

components during 2017, the suicide mortality rates were 25.7 and 29.1 per 100,000,

respectively (DoD, 2019). Alarmingly, from 2005 to 2016, the suicide rate among U.S. veterans

increased by 25.9% (VA, 2018) to 30.1 persons per 100,000. Further, rates increased by 78.6%

most substantially among veterans aged 18 to 34 (VA, 2018). When the rates of all military-

affiliated individuals—active, Guard, Reserve, and veterans—are compared to the 2016 national

rate of 17.4 per 100,000 among 17- to 59-year-olds, an alarmingly high rate of suicide

completion among those associated with the military is clear.

Suicide has been a major concern and received significant attention within the U.S.

Armed Forces for the greater part of the last 15 years. In 2017, 506 military members tragically

died by suicide (DoD, 2019), leaving numerous loved ones left to mourn. This number was

relatively consistent with 483 suicides in 2016 and 481 in 2015 (DoD, 2019), highlighting the

persistence of current suicide rates. Active duty who served during the Iraq and Afghanistan

wars have shown a 41% to 61% higher risk for suicide than the U.S. general population (Kang et

al., 2015). Among Reservists and Guardsmen, suicide fatalities grew from 170 in 2014 to 212 in

2015 (DoD, 2016) and reached a high of 222 in 2017 (DoD, 2019). The VA (2016) estimated

that around 7,403 veterans died by suicide in 2014, accounting for approximately 18% of

suicides nationwide. Perhaps most alarmingly, the suicide mortality rate, a comparison of suicide

attempts to completions, has been shown to increase following discharge from military service

(Reger et al., 2015).

Recently, researchers have identified a relationship between gun ownership, veterans, and

suicide by firearm (Cleveland et al., 2017). The most frequent method for completing suicide is

by firearm, making up almost 51% of total fatalities during 2016 (CDC, 2018). Veterans are at

increased risk of suicide by firearm given a near certainty of firearms training while serving in

the military. The increased familiarity and training might have resulted in an increased rate of ownership of firearms among veterans. According to a recent national survey in 2015 (Cleveland et al., 2017), nearly half of all veterans reported owning one or more firearms. Staggeringly, nearly 66% of male veteran suicides involved firearms (VA, 2016). This statistic added a point of emphasis given the findings of Reger et al. (2015) illuminating the suicide mortality rate, a comparison of suicide attempts to completions, and increases following discharge from military service regardless of discharge type or volition of discharge. In sum, veterans are completing suicide at a high rate (Kang et al., 2015) through the means of firearms (VA, 2016), and are more successful in doing so within two years of separation (Reger et al., 2015). The suicide crisis is one that has touched so many within the military and veteran communities, leaving researchers and healthcare providers alike frantically looking for viable explanations that could lead to opportunities for interventions.

The Interpersonal Theory of Suicide

One leading theory addressing suicidal behavior is Joiner's (2005) interpersonal theory of suicide (ITS). The ITS has been studied and shown to be appropriate for conceptualizing suicidal ideation and behavior among U.S. veterans in particular (Brenner et al., 2008; Bryan, Jennings et al., 2010; Gutierrez et al., 2013; Ribeiro et al., 2015; Selby et al., 2010; Silva et al., 2016). This theory identifies three major components that, in combination when exacerbated, might lead to a lethal or near-lethal suicide attempt: (a) perceived burdensomeness (PB), (b) thwarted belongingness (TB), and (c) acquired capability for pain (AC; Joiner, 2005).

Perceived burdensomeness is characterized by an individual believing themselves to be a burden on loved ones. This perception can be so strong that many individuals who experience PB view their lives as ultimately expendable and thus believe their loved ones would be better off

without them (Van Orden et al., 2010). This perception is especially troublesome when the individual views their burdensomeness as unchangeable and near-constant (Van Orden et al., 2010). An important secondary element to self-perception as a liability to others is self-hate. Some indicators that a person is experiencing this could include distress from homelessness, incarceration, unemployment (Van Orden et al., 2010). Interestingly, many of these indicators by themselves have been identified as risk factors for suicide. As Joiner (2005) and Joiner et al. (2002) explained, elements of PB often have been identified in the suicide notes left for loved ones by those who died by suicide.

Perceived burdensomeness has been linked to suicidal ideation in a wide range of groups (Joiner et al., 2009; Van Orden et al., 2008) including military personnel (Bryan, 2011; Bryan, Clemans et al., 2012; Bryan, Morrow et al., 2010). Furthermore, elements of PB have emerged in qualitative inquiries involving both female (Gutierrez et al., 2013) and male (Brenner et al., 2008) combat veterans. In a study conducted by Cox et al. (2011) investigating the suicide notes left by active duty Air Force members who had died by suicide, PB and hopelessness most often were communicated in writing, showing up in 35% and 31% of cases respectively. Hopelessness related to PB and TB is a critical component of the ITS in predicting suicide risk (Van Orden et al., 2012) that often has been overlooked (Chu et al., 2017).

Thwarted belongingness is described as the mental state of a person that results from considering themselves to be ousted or rejected by loved ones (Van Orden et al., 2012), which thwarts the fundamental need for interpersonal connection. Thwarted belongingness is made up of two basic components: loneliness and the absence of reciprocal care (Van Orden et al., 2010). Another way to conceptualize TB is an intense feeling of disconnectedness from others (Gutierrez et al., 2016). Because humans are inherently social creatures, many factors associated

with suicide such as living alone, poor social support, and loneliness could be conceptualized as indicators of TB (Van Orden et al., 2012). Exacerbating the feeling of TB is an added element of hopelessness (Van Orden et al., 2010). Indeed, it is not solely the perception of TB but rather also it is thought to be permanent and unchanging for the individual in distress that makes TB so impactful.

Joiner (2005) posited that when high levels of PB and TB are combined, a person will experience a *desire* for suicide. This alone is not sufficient for a suicide attempt. For that, a third element is necessary: acquired capability (AC; Van Orden et al., 2010). This construct is a combination of a lowered fear of death and an increased threshold for physical pain. Although an increased threshold for pain is a component of AC, it is not an absolute necessity for suicidal intent (Van Orden et al., 2010). Suicidal intent is the result of both suicidal ideation, comprising PB and TB, and a lowered fear of death.

Smith et al. (2016) found individuals who reported suicidal ideation were more likely to have attempted suicide if they developed lessened fear of the pain involved in dying. In a qualitative analysis of notes left by those who later died by suicide, Joiner et al. (2002) found AC was developed by being exposed to physical pain and/or fear-inducing experiences. Childhood abuse or maltreatment, past suicide attempts, combat exposure, impulsivity, and exposure to suicidality all contributed to developing AC (Van Orden et al., 2010). The specific characteristics of AC (fearlessness about death and increased tolerance of pain) and their compatibility with military culture and lifestyle are likely contributors to why U.S. military members continue to experience such high rates of suicide (DoD, 2019; VA, 2018).

Chu et al. (2017) conducted a meta-analysis reviewing published and unpublished peer-reviewed studies from the last 10 years testing ITS's major hypotheses and evaluating the

influence of various moderators. After reviewing 122 studies, the reviewers found TB and PB were significantly correlated with suicidal ideation severity and TB, PB, and AC were significantly associated with a history of suicide attempts among the nearly 60,000 total participants. Both of these findings supported Joiner's (2005) ITS.

Among studies of military samples, Chu et al. (2017) found both TB and PB exhibited a significant but weaker relationship with suicidal ideation and/or suicide risk as compared to AC. The authors hypothesized that being a member of a military cohort promoted and provided avenues for close interpersonal bonds, social connections, and diminished TB, which has been supported by other researchers (Bohnert et al., 2007; Bryan, Clemans et al., 2012). While this statement has merit when generally considering military affiliation, it does not account for those who have been separated from the military against their will. Indeed, for those who perceive themselves as rejected from military culture, it is feasible to assume that the protective factors described by many (Bohnert et al., 2007; Bryan, Clemans et al., 2012; Chu et al., 2017) would be negated at best and highlighted as intractably deficient at worst. To this end, the perception of TB and PB as being permanent and unchangeable has long been theorized as particularly important in the prediction of suicide attempts or completions (Joiner, 2005; Van Orden et al., 2010). While the meta-analysis conducted by Chu et al. offered a tremendous amount of quantitative evidence supporting the ITS, it did not include a single account of the lived experiences of those with suicidal ideation. To more fully understand the phenomenon of suicidal ideation among veterans, further qualitative studies are needed.

Qualitative Interpersonal Theory of Suicide Studies and Elements of Interpersonal Theory of Suicide with Transition

Two closely connected qualitative studies were conducted investigating ITS among discharged combat veterans—one consisting of an almost entirely male sample (Brenner et al.,

2008) and a second consisting of all female participants (Gutierrez et al., 2013). In both studies, AC was identified as a major theme and was manifested in the habituation to both physical and psychological pain. Habituation to physical pain occurred via combat related injuries while on deployment such as from mortar attacks and being shot at, which were accompanied by the psychological pain of a near-constant perception of danger (Brenner et al., 2008). To cope with this, participants noted that while some individuals seemed to have a natural tolerance for pain, others learned to tolerate psychological pain through prior life experiences, combat exposure, and military training itself (Brenner et al., 2008; Gutierrez et al., 2013). Interestingly, both samples of combat veterans expressed ways to decrease responses to fear or other emotions that persisted following reintegration into civilian life.

Thwarted belongingness also was identified as a salient theme in each study. Both samples overwhelmingly expressed having a sense of connection with other military personnel and frequently cited their deployment experiences as a great source of unification (Brenner et al., 2008; Gutierrez et al., 2013). Upon transition to civilian status, each group of veterans expressed significant difficulties in reconnecting with those who had never served in the military. The feeling expressed and captured as TB was most evident for veterans who either had just returned from deployment or who had separated from the military altogether (Brenner et al., 2008; Gutierrez et al., 2013). Specifically, Reger et al. (2015) found those who discharged from the military were at higher risk of suicide compared to those currently serving. In addition, those who served less than four years prior to discharge represented an even higher risk of suicide among the nearly four million members who served between 2001 and 2007 (Reger et al., 2015). To this end, Selby et al. (2010) found transitions related to post-deployment reintegration,

discharge from service, physical or psychological injuries, or following significant losses might contribute to experiences of PB and TB.

Further concerns over loss of identity were evident for both groups of veterans, marked by an inability to identify with civilian society at large. Difficulties connecting with civilian society following major transitions were found in multiple studies (Brenner et al., 2008; Gutierrez et al., 2013; Lusk et al., 2015) and have been a recommended focal point of research by the U.S. Department of the Army (2010). To cope with feelings of TB, female veterans identified intentionally withdrawing from others as being easier than addressing personal concerns (Gutierrez et al., 2013). Socially isolating oneself is one of the most prolific predictors of suicidal ideation, attempts, and completion across various demographics (Conwell, 1997; Dervic et al., 2008; Joiner & Van Orden, 2008; Trout, 1980). One Army combat veteran, in connecting TB to emotional avoidance, stated, "I try not to get too close to people unless I have to, just so that if they do die, randomly, in an explosion or whatever, that it just doesn't bother me as much" (Lusk et al., 2015, p. 849). Despite intentionally withdrawing from others, female veterans overwhelmingly agreed that social connections were essential to healthy functioning (Gutierrez et al., 2013). To better express how significant social isolation or withdrawal could be to suicide, consider that the American Association of Suicidology (2015), American Foundation for Suicide Prevention (2015), National Institute of Mental Health (NIMH, 2015), and Centers for Disease Control and Prevention (CDC, 2015) each identified social withdrawal and isolation either as a risk factor or a warning sign indicative of potential suicidal ideation or an attempt.

Perceived burdensomeness was expressed differently between male and female combat veteran samples (Brenner et al., 2008; Gutierrez et al., 2013). Female veterans indicated that feeling PB was related to being a woman in the male-dominated society that is the military and

being compared to their male comrades (Gutierrez et al., 2013). For male veterans, their PB often started in the military for them and then exacerbated further upon return home. Perceived burdensomeness was closely tied to difficulties with employment and disconnection from civilian life and inherent social rules (Brenner et al., 2008). Male veterans expressed that close family members were a major source of support but that not being able to provide financially for them was a considerable source of distress. For each group of veterans, feelings of PB were connected with emotional numbing, which ultimately led to distancing from loved ones (Brenner et al., 2008; Gutierrez et al., 2013; Lusk et al., 2015).

Asking for help, in and of itself, was identified as akin to being a burden on others. Van Orden et al. (2010) explained that the perception of being a burden on multiple individuals such as one's military unit was generally more deleterious than being a burden on one individual. The exception to this general understanding was in the case of being an *extreme* burden on a single individual. One female veteran stated, "[The] military will tell you when you can seek help; that's how we're trained…trained in our mind to think that's being weak" (Gutierrez et al., 2013, p. 929). During interviews about veterans' experiences with suicidal ideation conducted by Denneson et al. (2015), veterans described their units' responses to suicidal individuals as insensitive:

> For example, veterans talked of servicemembers placed on "suicide watch." These individuals were viewed as a "burden," and "a drag on the unit, since someone else had to take care of them." They reported hearing comments like "get it over with" or "just do it already" in reference to those who expressed suicidal ideation. (p. 402)

Participants from a similar study related seeking care following combat exposure to feeling like an outsider. "Everybody is giving me a hard time… I might be getting med boarded… I just spent almost a year with those guys over there and I come back and…they treat me like crap" (Lusk et al., 2015, p. 850). Being "med boarded" is a process in which a service

member is evaluated by healthcare providers to determine fitness for duty. Clearly, this participant believed they could not ask for help without being a burden on others while also having to manage the fear of being separated from the military resulting from asking for help.

Perhaps most notably while discussing PB, veterans consistently spoke about the loss of identity following discharge. Denneson et al. (2015) found that changes to identity and readjusting to civilian culture were two salient obstacles to reintegration following deployment among discharged veterans. Moreover, Brenner et al. (2008) identified that the loss of identity was made far worse when the veteran did not choose to leave the military. In one veteran's own words, "They made me retire when I got back from this one [deployment], and it wasn't a choice… I still haven't redefined who I am" (Brenner et al., 2008, p. 218). To further explain the shift in identity and the importance of leaving the military, consider the words of an Army combat veteran reflecting on their personal experience: "No one really cares about you when you are getting out of the Army… I put in five years of honorable service and was the best soldier I could be, you know, then I go to get out and everyone's just like, 'We are not going to help him'" (Lusk et al., 2015, p. 850). This quote effectively captured the culturally appropriate commitment to duty while serving and the juxtaposition of TB and PB in facing a transition back to civilian life.

Remarkably and intentionally, none of these three qualitative studies (Brenner et al., 2008; Gutierrez et al., 2013; Lusk et al., 2015) overtly asked about suicidal ideation or intent. Each study sought to explore the lived experiences of combat veterans in transition concerning the qualitative indicators of constructs within the ITS (Joiner, 2005) including PB, TB, and AC. Indeed, each article identified multiple statements alluding to habituation to psychological and physical pain, PB, TB, and loss of identity, which participants spontaneously connected to

suicidal ideation and/or intent themselves. Inadvertently, these researchers likely uncovered another construct that might have major implications for suicidal ideation among veterans transitioning out of the military altogether: involuntary discharge.

Reason for the Study

Hoffmire et al. (2019) investigated the prevalence of suicidal ideation among veterans who reported being administratively discharged. They found administratively discharged veterans had higher rates of suicidal ideation than did those who honorably discharged. However, after accounting for combat experiences, PTSD symptoms, lifetime suicide attempt history, depression, and drug dependence, administrative discharge was no longer associated with suicidal ideation. Perhaps most notably, among veterans who were not accessing mental health services and who had transitioned to civilian status within two years from separation, the relationship between administrative discharge and suicidal ideation was significant (Hoffmire et al., 2019). Those who were administratively separated exhibited a significantly higher prevalence of both active suicidal ideation within three months and lifetime suicide ideation compared to those who had honorably discharged (Hoffmire et al., 2019).

Administratively discharged veterans who reported not recently using mental health services were found to have a 3.5- to nearly 5-fold higher prevalence of suicidal ideation than those who had done so (Hoffmire et al., 2019). In essence, the data produced indicated accessing mental health services, whether through the VA or another provider, were paramount to reducing suicidal ideation, especially for those within two years of separation from military service. Furthermore, it was shown that those who were administratively discharged accessed mental healthcare at a significantly higher rates than did honorably discharged veterans. While Hoffmire et al. (2019) provided valuable insight into the difficulties associated with discharge especially

during the first two years, questions remain about the role that choice played in such transitioning outcomes.

Understanding and reducing barriers to health care has been a longstanding aim for researchers and healthcare administrators alike. A survey on reintegrating veterans by Elnitsky et al. (2013) of 359 combat veterans indicated nearly 66% had experienced one or more barriers to VA healthcare services, resulting in doubling their probability of seeking help elsewhere either to replace or to augment VA healthcare. Furthermore, participants reported feelings of stigma including embarrassment, concerns about using VA services as being a burden, or somehow not deserving access to healthcare (Elnitsky et al., 2013). This mirrored the findings of Beder et al. (2011), in which nearly 60% of 645 reintegrating veterans indicated they would not consult a behavioral health provider with concerns about PTSD following transition. Clearly, a significant amount of stigma was related to seeking help with reintegration.

Many researchers (Sayer et al., 2010, 2015) identified significant differences among OEF/OIF veterans who used VA health care and those who did not. In a study comparing veterans receiving OTH discharges with those who received Honorable discharges, Tsai and Rosenheck (2018) found that OTH veterans, who prior to 2017 were not eligible for VA benefits, were younger, more likely to lack health insurance, and reported more mental health problems than honorably discharged veterans. This matched similar studies that found homeless veterans with Bad Conduct or Dishonorable discharges, both ineligible for VA benefits, were more likely to have various mental health and substance use disorders along with higher lifetime rates of incarceration (Gamache et al., 2000; Gundlapalli et al., 2015) and suicidality (Brignone et al., 2017). While these studies highlighted important information pertaining to those who accessed treatment and those who did not, many lacked recruitment strategies that included non-VA-

affiliated participants. Among those who did not access VA benefits were almost certainly veterans who were forced out of the military against their will. Being forcibly separated would likely result in a sense of rejection and alienation from one's cultural community, likely introducing yet another barrier to accessing crucial health care. This sense of rejection and alienation might be applied to other government entities such as the VA itself. Thus, more research must include the experiences of non-VA-affiliated participants as they were vastly underrepresented in the literature (Sayer et al., 2010, 2015).

Reintegration with civilian life is fraught with subtle nuances and cultural innuendos that frequently were overlooked in research otherwise designed to be generalizable. Larson and Norman (2014) sought to identify predictors of functional difficulties among recently separated Marines. They found PTSD to be the strongest predictor of difficulties across multiple domains of functioning, including reintegration into civilian life. However, a major limitation of the study was it used a single item to capture difficulties with reintegration. It asked, "How much trouble have you had adjusting to civilian life?" with responses ranging from 1 (*none at all*) to 4 (*a lot*). While this approach to measuring global perceptions of reintegration back into civilian life was grossly inadequate, the resulting average of 2.9 (Larson & Norman, 2014) still indicated that many Marines who had recently separated struggled with this aspect of reintegration and which nevertheless merits further and more detailed inquiry.

Larson and Norman's (2014) use of this sole item to assess reintegration concerns did not differentiate between the various aspects of reintegration with civilian life (e.g., occupation, sense of community) and did not even attempt to determine how volition of discharge might impact this process. Additionally, by restricting their participants to assign a score to such a

process that was so culturally laden and fraught with subtle nuances pertaining to identity, rejection, and interpersonal relationships, was an oversite this study sought to compensate for.

To best describe and interpret the life-altering process of reintegration with civilian society, researchers should offer ample opportunities for each participant to tell their unique story, highlight convergent and divergent accounts of reintegration, and attempt to capture what roles choice might play in how a veteran navigated the transition process. Specifically, investigating the lived experiences of involuntarily separation from the military and focusing on the meaning that veterans ascribed to this process might serve to illuminate the more subtle nuances and minute cultural references often overlooked in quantitative research.

Involuntarily separated veterans are likely to provide valuable accounts and experiences of reintegration. The difficulties in transitioning from military to civilian life were almost entirely centered on involuntary separation for participants in a study by Libin et al. (2017). Participants stressed they had *chosen* to join the military and had willfully engaged in training and acculturation that provided them with new social identities. However, they *did not choose* to leave the military. One veteran explained that even for those who had not overtly planned on making the military a long-term career, suddenly being faced with discharge was an anxiety-provoking and extremely negative experience altogether (Libin et al., 2017). Astonishingly, the culturally isolating and anxiety-provoking experience of being discharged against their will was as devastating as the violent and potentially traumatizing experiences resulting from their traumatic brain injuries (Libin et al., 2017). Libin et al. explicitly called for more qualitative inquiry related to the "negation of self-determination that involuntary discharge presents…to help veterans better understand their own experiences of service and injury and make more self-

aware choices on the reintegration pathway" (p. 137). Yet to date, no qualitative researchers have broached this much needed area of inquiry.

Qualitative studies are designed to capture the accounts of participants who otherwise might be overlooked in quantitative research. Elnitsky and Kilmer (2017) explained, "Understanding the reintegration process and outcomes among those who may be at the greatest risk of poor outcomes…will be critically important [for future research]" (p. 112). Veterans discharged against their will were exactly who Elnitsky et al. were talking about. Pease et al. (2015) noted that while considerable knowledge has been gained about the risk factors for suicide attempts among returning OEF and OIF veterans, much remains to be researched and understood pertaining to how the transition to civilian life and reintegration back into society relates to mental health concerns and suicide risk. While this statement made a strong call for correlational research, equally important are the transition-related experiences among those who did not choose to transition out of the military. Involuntarily-separated veterans are a very unique minority group within a minority group. Their accounts of transition from the military would be inappropriately discarded as outliers in quantitative research. By overlooking these accounts though, counseling psychologists lose precious insight into what reintegration means for those enduring it.

Given the negative ramifications of NRD, the exclusive bounds of military culture, and the ITS (PB, TB, and AC), it stands to reason that involuntary discharge would make the transition from military to civilian life all the more difficult. Researchers, counseling psychologists, and administrators desperately need the accounts of reintegration from those involuntarily separated to better understand the impact that not choosing to separate plays in transition and subsequent reintegration with family and society. Additionally, involuntarily

separated veterans might have valuable knowledge pertaining to why many veterans develop

suicidal ideation and ultimately die by suicide. In turn, this knowledge gained might lead to more

targeted suicide prevention efforts. Finally, the insight gleaned from these personal accounts of

reintegration could lead to better administrative decisions, better interventions, and further

research improving the lives of those who have sacrificed so much for the United States. Thus

emerged the research questions and reason behind this study:

Q1   How do OIF/OEF era veterans who were separated against their will experience reintegration with civilian life?

Q2   How do OIF/OEF era veterans who were separated against their will experience access to mental healthcare after transitioning?

CHAPTER III

METHODOLOGY

Introduction

The purpose of this qualitative study was to describe and interpret the experiences of transitioning away from the military against one's will. To do so, I employed interpretative phenomenology analysis (IPA; Smith et al., 2009). Interpretative phenomenology analysis is a synthesis of three major approaches to qualitative inquiry: transcendental phenomenology, hermeneutic phenomenology, and idiography. Each approach introduced specific philosophical underpinnings that influenced everything from participant recruitment to data analysis. Interpretative phenomenology analysis is the method of choice when a researcher wants to examine how participants make sense of their major life experiences—in this case, away from military and back to civilian life following involuntary separation. Importantly, the intent behind any qualitative study is not generalizability but rather to portray data in such a way that the "reader of the study is able to assess the evidence in relation to their existing professional and experiential knowledge" (Smith et al., 2009, p. 4).

The intent of this study was in stark contrast to positivist and postpositivist approaches to research. According to Ponterotto (2005), psychology in general has been dominated by positivist and postpositivist research, which is almost exclusively associated with quantitative methodology. In fact, positivist philosophy influenced the world of psychology for over 150 years (Guba & Lincoln, 1994; Ponterotto, 2005) until the evolution of postpositivism. One major difference between these two related paradigms is postpositivists acknowledge that an objective

reality is, in the end, imperfectly apprehendable (Lincoln & Guba, 2000) whereas positivism

claims that truth is observable, measurable, and singular. Ultimately, both dominant approaches

to psychological research seek an explanation that would lead to prediction and control of

behavior or phenomena (Ponterotto, 2005) and hopefully generalizability. To better understand

the split between the quantitative and qualitative perspectives, it is best to understand the

philosophical differences within them.

The origins of positivist philosophy, and subsequently quantitative research methods, lie

in the meditations of Descartes during the 1600s (Vagle, 2018), often referred to as Cartesian

philosophy. Descartes had a monumental impact on Western philosophy and the scientific

method, positing that the mind and everything outside of the mind are inherently separate. Thus,

a truth exists that is observable and objective, and it exists singularly. This philosophical stance

is critical because it served as a backdrop to the work of such future philosophers as Edmund

Husserl and Franz Brentano. It was Husserl who began writing in direct opposition to Cartesian

concepts and ideas; his work would drastically alter the course of Western philosophy and

qualitative research methodology. Indeed, through the use of IPA (Smith et al., 2009), grounded

in phenomenology, hermeneutics, and idiography, further philosophical assumptions can be

clarified.

<div style="text-align:center">Interpretive Phenomenological Analysis</div>

Phenomenology

Phenomenological research is predicated on the assumption that no observable truth

exists to be discovered. Reality is socially constructed; there is no single observable reality but

rather multiple realities or interpretations (Merriam & Tisdell, 2016) for the researcher to

consider. Early philosophers such as Husserl introduced phenomenology through some basic

philosophical assumptions. For Husserl (1913/1983), "We can only know what we experience" by attending to perceptions and meanings that awaken our conscious awareness (p. 116).

Husserl (1913/1983) argued that consciousness is always *of* something and the object of human consciousness is in direct relationship with the mind itself. In the words of phenomenologists Dahlberg et al. (2001), "Consciousness is always directed toward some object… When we experience something, it is experienced as something which has meaning for us" (p. 56). Clearly, a deep commitment to both subjective meaning-making and personal experience has ties to what Husserl termed lifeworld or the world of human experience. Husserl posited that humans do not *reason* phenomena but rather *live* them. This position demands that human phenomena not be studied in a way that attempts to remove perception, perspective, agency, and human experience from the study but instead treats these as assets to better understand that which is being studied. From this perspective, the phenomenon does not exist within the subject (self) nor in the object (everything outside of the self) but rather in the space between subject and object (Vagle, 2018).

Husserl (1913/1983) is often credited with originating phenomenological research and this approach has evolved since his time. Husserl championed an approach to phenomenology commonly referred to as transcendental phenomenology that encourages researchers to describe a phenomenon by bracketing their potential biases in order to fully engage in the phenomenon in question. Bracketing is loosely defined as identifying what biases one has that might impact the study of a phenomenon and then rising above them (Vagle, 2018). Although aspirational in nature, bracketing is thought to open the researcher to experiencing the phenomenon by setting aside prior knowledge and experiences of it and describing it through thematic analysis. Special attention should be given to the intentions of phenomenological approaches closely aligned with

Husserl, which are to strictly describe and refrain from interpreting the phenomenon. Husserl believed that by interpreting a phenomenon, a researcher fundamentally changes what is being studied and, thus, is no longer capturing the *essence* but rather the researcher's interpretation of the essence of that phenomenon. Current methodologists such as Moustakas (1994) and Giorgi (2009) have created systematic approaches such as horizontalization to better bracket oneself and thereby more strictly adhere to observing and describing phenomena through thematic analysis.

Interpretative phenomenology analysis draws heavily upon phenomenologists such as Husserl, Sartre, and Merleau-Ponty. Through Husserl (1913/1983), the importance of focusing on experience and perception is made clear. Husserl's concepts were further developed by Merleau-Ponty and Sartre who inspired IPA methodologists to focus on the person as embedded and immersed in a world of objects, relationships, language, and culture (Smith et al., 2009). The observer is not living in isolation but instead is part of the world and subject to meaningful experiences and connections with others. As Smith et al. (2009) stated, "Through these writers, we have come to see that the complex understanding of 'experience' invokes a lived process, an unfurling of perspectives and meanings, which are unique to the person's embodied and situated relationships to the world" (p. 21). To this end, IPA methodologists seek to understand phenomena through interpretation and the participant's co-constructed sense of meaning, giving a sense of what it might be like to experience something through the eyes of another. Interpretative phenomenology analysis methodology then draws from hermeneutics to further the objective of interpretation.

Hermeneutics

Hermeneutics is another foundation of the IPA methodological approach to inquiry, which contributes a method and theory for interpreting text and meaning. Schleiermacher (1998)

identified that hermeneutic practice included two critical parts: a grammatical interpretation and a psychological interpretation. Hermeneutics finds its origin from the philosophical interpretation of myth, religion, art, and ideology. Kearney (1991) stated,

> Hermeneutics is defined accordingly as a method for deciphering indirect meaning, a reflective practice of unmasking hidden meanings beneath apparent ones. While this method had originally been used by theologians to investigate the inner meanings of sacred texts, it was radically redeployed by modern thinkers like Dilthey, Heidegger, Gadamer, and Ricoeur to embrace man's general being in the world as an agent of language. (p. 277)

Although, as Kearney identified, many talented authors have contributed to this field, one of the most prominent thinkers influencing hermeneutic practice was Martin Heidegger.

The connection between Heidegger and Husserl is steeped heavily in philosophy and mentorship. It was Husserl who gave Heidegger his dissertation topic, paving the way for a lifelong love of phenomenology and the founding of hermeneutic phenomenology (Kearney, 1991). For Heidegger and other hermeneutic phenomenologists, there could be no analysis without interpretation. Heidegger's explicit understanding of phenomenology and contribution of the hermeneutic circle "provides a useful way of thinking about 'method' for the IPA researcher" (Smith et al., 2009, p. 28). Specifically, the hermeneutic circle is a process of conceptualizing phenomena and anchored in the concept that the whole cannot be understood without the part, just as the part cannot be understood without the whole. Thus, a researcher using the hermeneutic circle might examine a sentence (whole) to gain context and a specific word (part) to deconstruct and delineate a more concise meaning. Indeed, the whole and part are equally critical in interpreting how a person experiences a phenomenon. Other examples offered by Smith et al. (2009) included a single extract (part) versus the complete text (whole) of an interview. The concept of moving between part and whole is central to IPA. This philosophical stance is further developed and explained through the use of idiography.

Idiography

Idiographic research focuses on understanding the uniqueness and complexity of the individual case. This type of research requires writing that is very descriptive and detailed. Idiography is used to examine constructs or behaviors unique to the individual within a context and are never generalizable. This method of inquiry differs from both transcendental and hermeneutic phenomenology and is incorporated to address these limitations.

One criticism of transcendental phenomenology is it looks for themes and does not pay attention to divergent accounts of phenomena (Smith et al., 2009), which in essence silences important perspective-bearing truths that might warrant inclusion in the study. Hermeneutic phenomenology also overlooks the individual case despite the interpretive methods. Smith et al. (2009) sought to correct these oversights by introducing idiographic methodology into IPA.

Idiography was incorporated into IPA to capture the *individual* account of phenomena (Smith et al., 2009). Interpretative phenomenology analysis was developed to pay particular attention to the essence of the phenomenon under scrutiny but also to examine individual participants' perspectives—both convergent and divergent—across a sample of individuals (Allen & Eatough, 2016). By accessing both convergent and divergent accounts, as Pietkiewics and Smith (2014) explained, the intentionality of idiography is to highlight and value each participant's perspective equally so a diverse perspective can emerge. By focusing on these elements, a more thorough account of the phenomenon under study can be offered in an effort to increase the transparency and credibility of the research overall.

A limitation of IPA is that conducting case-by-case analyses and examining divergent as well as convergent data takes significant time, reducing the number of participants any one study could recruit. While Smith et al. (2009) recommended restricting the number of participants to

fewer than 10, I recruited until sufficiency was met. Smith (1994) recommends that due to the in-depth case-by-case analysis of idiography, IPA researchers should focus on the total number of interviews rather than the number of participants and should often interview each participant twice. This allows researchers to situate the second interview as both a member check and as a way to ask follow-up questions based on the first encounter, furthering the understanding of the phenomenon in question.

To summarize, through the integration of phenomenology, hermeneutics, and idiography, IPA methodologists offer a path to bridging gaps superior to each approach alone; the whole is greater than the sum of its parts. In IPA, hermeneutics and phenomenology come together harmoniously, prompting researchers to focus on "(a) existential meaning; (b) the constant interaction between participant and context; and (c) historical contextual and political forces on participants" (Miller et al., 2018, p. 240). Smith et al. (2009) explained the integration of Heidegger and Husserl's ideas: "Without the phenomenology, there would be nothing to interpret; without hermeneutics, the phenomenon would not be seen" (p. 37). Idiography is integrated with hermeneutics and phenomenology, allowing the IPA researcher to voice dissenting ideas and experiences. Thus, future readers can make up their own minds regarding the transferability and credibility of the study.

Procedures

This phenomenological study used IPA to explore the shared and unique experiences of veterans who unwillingly transitioned from military culture and then reintegrated into civilian life (Smith et al., 2009). Given that the rate of veteran suicide has increased 25.9% between 2005 and 2016 (VA, 2018), the secondary aim of this study was to explore for the ITS (Joiner, 2005) constructs of thwarted belongingness and perceived burdensomeness among these veterans.

These experiences were examined within the contexts of military culture, interpersonal connection, and participants' changing sense of self throughout the process of reintegration.

Most IPA studies relied on capturing data through semi-structured interviews. In this study, the structure of prefabricated questions allowed me to begin the interview by focusing on the phenomena under study while still being able to pose follow-up questions. This helped me to move beyond the superficial aspects of the study to gain a better sense of how each participant made meaning out of transitioning from the military against their will.

This phenomenological study explored how OIF/OEF/OND veterans, discharged against their will, experienced and made meaning of their reintegration into civilian life. Within the greater context of reintegration, I wanted to know how these participants experienced and made meaning of (a) receiving notification of their dismissal while in uniform, (b) the first year of reintegration following discharge, paying particular attention to perceptions of (c) cultural community and (d) access to health care. By asking participants to focus on specific points in time, I provided a temporal backdrop from which to compare and reflect on how their cultural identity had changed since being notified of impending separation. Furthermore, inquiring about cultural community and health care following separation was recommended by Elnitsky et al. (2013) due to the implications they had on reintegration efforts. Interpretive phenomenological analysis gave me the means by which to capture the essence of these participants' lived experiences and personal meaning while not losing the disconfirming voices not ascribed to the themes that emerged. Furthermore, this specific approach to data analysis challenged me to look further than simple thematic analysis and instead to interpret what participants said, both individually and collectively. This approach was appropriate given the diverse experiences and personal meanings ascribed to forcibly transitioning out of one's culture. To honor these stories,

direct participant quotes were used frequently and each participant was able to engage in member checks to ensure I interpreted their stories appropriately.

<div align="center">

Research Methods

</div>

Institutional Review Board Approval

After being approved to do so by my doctoral committee, I submitted an Institutional Review Board (IRB) application to my university. Expedited approval was pursued due to the nature of the research topic and the potential for eliciting strong emotions related to the challenging process of occupational and cultural transition among these veterans. Upon receiving IRB approval (see Appendix A) on March 23, 2020, I began recruiting participants.

Participants

Inclusion Criteria

To initially assess for inclusion criteria, each potential participant was provided access to a link and/or QR code that directed them to the participant recruitment letter (see Appendix B). The participant recruitment letter provided a brief overview of the study, limits of confidentiality, estimated time commitment, and inclusion criteria required to participate. Additionally, a hyperlink granting access to the Qualtrics survey was provided within the recruitment letter. Every potential participant regardless of recruitment method accessed the Qualtrics survey through the same hyperlink within participant recruitment letter. The inclusion criteria were that each participant needed to (a) be 18 years of age or older, (b) be a U.S. citizen, (c) have previously served in the U.S. military during OIF/OEF conflicts in an active capacity, and (d) have separated from the military against their will. Again, participants could have separated under any condition from retirement to dishonorable discharge provided that leaving the military was not their choice.

Finally, given the primarily Caucasian and male composition of the veteran population, most participants fell within these demographics. However, some participants were female and/or racial/ethnic minorities.

Sampling Method and Recruitment

Participants were recruited through various military-related listservs and social media groups. Through these groups, I contacted professionals who worked in various ways with military members and recently separated veterans asking them to assist in snowball recruiting. Due to the nature of snowball sampling and my historical connection with the Air Force, my sample was overly represented by Air Force veterans. Despite having this limitation, I managed to have each branch of the military (i.e., U.S. Marine Corps, U.S. Army, U.S. Navy, and U.S. Air Force) represented in the sample.

Participants were contacted via email, text, or phone call to ascertain their willingness to participate and to introduce the overall nature of the study. Each participant, regardless of recruitment method, received the same recruitment letter (see Appendix B) with an introduction to the research objective, basic inclusion criteria, the voluntary nature of participation, limits of confidentiality and an overview of the time commitment required. Informed consent was reviewed at two separate times; just before the demographics were captured online and prior to the first semi-structured interview. Initial informed consent was obtained electronically (see Appendix C). Specifically, at the bottom of the informed consent webpage, participants were informed that their choosing to continue onto the next page indicated that they had provided their informed consent to be in the study. Finally, each participant was asked to provide contact information and their preferred method of being contacted (i.e., text, phone call, or email) in order to schedule the initial interview.

Basic inclusion criteria were ascertained through a Qualtrics survey that captured data pertaining to various demographics such as military service, discharge/separation type, and, most importantly, whether or not the veteran chose to separate (see Appendix D). Within the same Qualtrics survey, a military separation flow chart (see Appendix E) was provided for ease of understanding. Finally, my professional contact information was provided to answer any questions from potential participants.

Data Collection

Two semi-structured, in-depth interviews were conducted for each participant, either face-to-face or via Skype video conferencing. Given the unique social distancing requirements during the 2020 pandemic, all but one participant opted for video conferencing. Each initial interview lasted from 45 to 90 minutes. The initial interview followed a semi-structured format and the results were collected and analyzed (see Appendix F for interview guide). The first two questions, including follow-up questions, were inspired by my personal experiences of separating from the military and the clinical experiences in working with veterans throughout my graduate training. All other questions were inspired by prior qualitative studies that investigated ITS-related constructs among combat veterans (Brenner et al., 2008; Gutierrez et al., 2013) and then modified in accordance with the primary objectives of this study. Following initial data analysis, a second interview was scheduled. For the second interview, each participant was exposed to themes and interpretations from the prior interview along with follow-up questions stemming from initial analysis. The intentions of the second interview were to better understand how the participant made sense of the phenomena and to serve as a member check (Lincoln & Guba, 1985; Smith, 1994).

All interviews were digitally recorded using an audio recording device regardless of whether the interview was in person. After the interviews were transcribed and whenever the recorder was not in use, it was kept in a locked file drawer in a secured room. Each interview was transcribed by Temi (www.temi.com), an automated transcription company that utilizes TLS 1.2 data encryption and secure servers to protect data. To ensure confidentiality, each participant was instructed to choose and use a pseudonym during all recorded dialogue. Field notes were recorded in a research journal immediately following each interview, consisting of observations of participant behavior and personal reflections I had during the interview.

Data Analysis

Finlay (2011) provided a six-step IPA approach to data analysis:

I. Reading and rereading
    a. Immersing oneself in the original data.
    b. Initial noting: free association and exploring semantic content (e.g., writing notes in the margin)
II. Developing emergent themes
    a. Focusing on chunks of transcript and analysis of notes made into themes
III. Searching for connections across emergent themes:
    a. Abstracting and integrating themes
IV. Moving to the next case
    a. Trying to bracket previous themes and keeping open-minded to do justice to the individuality of each new case
V. Looking for patterns across cases
    a. Finding patterns of shared higher-order qualities across cases, noting idiosyncratic instances
VI. Taking interpretation to deeper levels
    a. Deepening the analysis by utilizing metaphors and temporal referents, and by importing other theories as a lens through which to view the analysis. (p. 142)

Throughout these steps, it was imperative I was attentive to the reflexivity process that included my reflexivity statement at the outset of the study and multiple journal entries focused on capturing and bridling my own biases related to the study (Larkin & Thompson, 2011; Smith et al., 2009). Although I began the process of designing this study with a reflexivity statement

(provided below), I bridled my own perspectives and potential biases in accordance with Dahlberg and Dahlberg (2003) throughout the process of data collection and analysis. This entailed reflecting on my own emotional reactions as I read participants' narratives while making notes pertaining to potential themes and/or connections to existing theories (Oxley, 2016) such as ITS (Joiner, 2005).

The spirit of the first step of the IPA approach was to take a holistic account of the interview and immerse myself in the data and then to make initial notes before moving on to the next step. The first step, *reading and rereading*, consisted of listening to the interview in its entirety before reading the transcription twice. Smith et al. (2009) stressed the importance of maintaining focus on the participant during this step. This step included initial note-making—the most time-consuming and detailed level of analysis (Smith et al., 2009). While maintaining an open mind, I set out to note anything of interest as I grew more familiar with each transcript as a whole.

I used a specific approach to making initial notations as described by Smith et al. (2009), focusing on context, linguistics, and conceptualization. I made comments in the transcript margins focused on describing the context of what the participant had said and the subject of discussion. These comments were made in regular font; linguistic comments focusing on specific use of language were made in italics; and conceptual comments were underlined. Conceptual comments were focused on engaging at a more interrogative and conceptual level, often in the form of questions I asked myself to better understand the meaning each participant was trying to convey.

The second step, *developing emergent themes*, included a delicate balance of "reducing the volume of detail whilst maintaining the complexity of mapping interrelationships,

connections, and patterns between exploratory notes" (Smith et al., 2009, p. 91). During this

second step, I began to engage with my initial notes, which were closely attached to salient

sections of the transcripts. This step marked a shift in focus away from the original transcripts

(whole) and toward my notes from Step One (part) as I sought to develop emergent themes.

Themes were often expressed as phrases that spoke to the psychological essence of the initial

notations and sections of specific transcripts. Thus, the hermeneutic circle was employed using

the whole in relation to the part and the part in relation to the whole (Smith et al., 2009).

To add more depth and to ensure greater understanding of phenomena, Smith et al.

(2009) drew on hermeneutic phenomenology to interpret and find meaning within and between

participant contributions. This was done using the hermeneutic circle, which juxtaposed the

whole with the part to provide context for further interpretation. The whole/part principle was

realized here through immersing myself in the whole of each transcript to influence

interpretation of the part as captured by impactful individual statements. The hermeneutic circle

was employed at various levels of analysis including emergent themes across the study (whole)

and within individual accounts (part).

The third step, *searching for connections across emergent themes*, involved looking for

commonalities between themes and organizing them in two ways. The first way was via

abstraction. Using this method as described by Smith et al. (2009), I organized similar themes

under more expansive, super-ordinate themes. The second method of organizing super-ordinate

themes was contextualization. This method involved focusing on the temporal, cultural, and

narrative elements of each transcript and organizing super-ordinate themes accordingly. For

example, because the phenomenon of interest involved lived experiences with a temporal

element (i.e., timeline of reintegration), a sense of self pre- and post-separation emerged as one specific method by which to organize data.

The fourth step, *moving to the next case*, provided a means by which to bridle the prior case transcript and re-engage with new data. During this step, I set aside what each prior case offered in terms of themes and super-ordinate themes to maintain a fresh and open-minded perspective. Thus, new themes and super-ordinate themes emerged independent of the prior dataset with which I had engaged. Paying close attention to and maintaining the individuality of each case was a central tenet of this step. Although each case could stand alone as a case study due to the intensive analysis being conducted, the process did not stop there. Each set of themes and super-ordinate themes then was compiled into individual tables to help organize the data. In summary, each transcript was analyzed using the first three steps systematically until all themes and super-ordinate themes had been identified and categorized into tables before moving onto the next step in analysis.

The fifth step, *looking for patterns across cases*, involved looking across each case table of themes and super-ordinate themes to identify patterns. Specifically, each table was printed and laid across a large surface and reorganized to capture emergent patterns across cases. This step allowed me to work with both convergent and divergent data related to the super-ordinate themes. During this step, it was crucial to keep track of which participant each piece of data came from so no voice was unheard in the dataset. Not only were themes and super-ordinate themes captured on the master table but quotes and specific idiosyncratic instances were also nested under their respective elements. This process allowed me to re-engage with the whole dataset while being informed by each participant's themes and super-ordinate themes before moving onto the final step of analysis.

The sixth and final step of the IPA approach, *taking interpretation to deeper levels*, involved micro-analyzing specific quotes to identify more subtle and nuanced elements in order to add detail to the relevant themes. Examples of micro-analysis included looking for social comparisons, use of metaphor, and temporal verb usage within individual accounts of the phenomena under study. During this step, as Smith et al. (2009) noted, the focus of analysis moved away from gradually traversing from part-toward-whole analysis and circled back on itself, moving from holistic to individual accounts. Through this level of analysis, rich descriptions and personal accounts could be highlighted.

Interestingly, in this step, Smith et al. (2009) identified a further level of analysis that could be introduced; in this case, it involved the use of the ITS (Joiner, 2005). Through this lens, the dataset was re-engaged, highlighting instances where the ITS-related constructs of perceived burdensomeness and thwarted belongingness were apparent. It was important to note the ITS lens was not applied to the dataset until this final step of analysis. This was to bridle potential biases by first allowing for salient themes and super-ordinate themes to emerge unencumbered.

Ethical Considerations

Given the unique struggles veterans often encountered, many ethical considerations were considered for this study. The APA's (2017) *Ethical Principles of Psychologists and Code of Conduct* provided guidelines for ethical considerations in conducting research under Section 8. Any study must include institutional approval, informed consent, limits of confidentiality, accurate reporting of results, and debriefing after participation. Further considerations included whether to use deception or inducement to promote greater participation. These requirements built on the profession's foundational ethical principles (APA, 2017) including (a) beneficence and nonmaleficence, (b) fidelity and responsibility, (c) integrity, (d) justice, and (e) respect for

people's rights and dignity. All aforementioned requirements were included in my research methods and procedures.

I sought and obtained IRB approval (see Appendix A) from my university. Expedited approval was appropriate due to the nature of the research topic and the potential for eliciting strong emotions related to the challenging process of occupational and cultural transition. The IRB proposal included specific language pertaining to the voluntary nature of participation and explicit reminders that a participant could withdraw their consent to participate at any time. No inducements were used to increase participation in the study such as gift certificates or other monetary compensation. No use of deception was employed at any time during the study; however, some topics of consideration were not made explicit. Specifically, I divulged information pertaining to my prior service as an enlisted person in the military. However, I purposefully omitted my impressions of prior military service and my current status as a commissioned officer in the Navy due to the potential of biasing responses from participants.

In all research endeavors, responsibility for maintaining ethical standards belongs to the principal investigator. Methods therefore have been developed to aid investigators in minimizing potential wrongdoing. However, risk can only be minimized and never completely removed. One risk I accepted for this study was using semi-structured interviews as the main source of data. By having questions constructed before interviews took place, I was able to target relevant topics while maintaining the flexibility to ask follow-up questions depending on participant responses.

During the construction of my interview questions, I had to consider how to access specific constructs related to suicide while never mentioning the word itself unless introduced by participants. Some questions (see Appendix F) asked about thwarted belongingness or perceived burdensomeness; both ITS constructs, when combined, have been found to effectively serve as a

proxy for degree of suicidal ideation (Joiner, 2005; Van Orden et al., 2010) and were possible

given the nature of transitioning out of the military (Brignone et al., 2017; Pease et al., 2015;

Reger et al., 2015). However, to maintain the spontaneity of participant responses, I refrained

from using the word "suicide" unless it was first introduced by the participant. This approach and

the resulting style of interview questions have been used in other qualitative studies related to

combat veterans and suicide (Brenner et al., 2008; Gutierrez et al., 2013). I accounted for the

possibility of suicide being discussed by participants and included multiple resources related to

suicidal ideation in a resource list such as suicide hotlines for veterans and non-veterans alike

(see Appendix G). Each participant received the debrief letter and the list of resources regardless

of whether they had mentioned suicide. The referral list included resources that did not require

an honorable discharge as some participants did not have full military benefits as a result of their

discharge status.

At no point during the interviews did I act as a counselor. However, if a participant had

indicated they were currently suicidal, I would have been ethically bound to connect them with

appropriate professionals. Hypothetically, if a participant were to have endorsed imminent risk of

suicide, I would be ethically bound to assess their level of risk and make appropriate referrals.

Specifically, if the hypothetical participant endorsing imminent suicide risk were in my regional

area, I would provide specific resources including local hospitals with emergency department

services. If, however, the hypothetical participant was not in my immediate area, referrals to

national services would be more appropriate including the Veterans National Crises Hotline

(1.800.273.8255 then press 1for veterans or www.mentalhealth.va.gov), National Suicide

Prevention Lifeline (1.800.273.8255 or suicidepreventionlifeline.org), and/or the

recommendations to call 911 or report to their nearest emergency department. Importantly, the

Lifeline Network hotline is an available resource for anyone regardless of military affiliation. Fortunately, no participant endorsed current suicidal ideation or intent at any point during the study. They did, however, endorse specific times in the past they had experienced suicidal ideation and/or made suicide attempts.

My roles in this study were as both a researcher and fellow veteran. Due to my status as a veteran, along with my various other intersecting identities, it was paramount that I not interject my own cultural bias into the interview process and thereby lose the voice of the participant. I received an honorable discharge from the Air Force in 2014 and am currently a Naval Officer on Inactive Reserve status beginning in 2018. Within the culture and social hierarchy of military rank structure, there was clearly a power differential to consider between myself and each participant. All were enlisted personnel and, therefore, my current rank might have served as a barrier to open communication. At worst, it even might have been coercive. To mitigate this risk, I attempted to withhold details about my current rank and military affiliation during the interviews. Prior to beginning the interviews, I introduced myself as a veteran of the Air Force. If asked, I also divulged my job in the Air Force but attempted to maintain neutrality about my overall experience of military service.

The potential for biasing the responses of my participants was something I had to consider throughout the study in addition to protecting confidentiality. Likely due to my prior military affiliations and the nature of snowball sampling, my participant pool was overly represented by Air Force veterans. As such, I aspired to recruit participants from each branch within the Department of Defense. Participants were all enlisted and most commonly veterans of the Air Force (five) followed by one participant from each branch including the Army, Marine Corps, and the Navy. One participant (Charlie) was a veteran of both the Army and Air Force.

The Coast Guard is an entity within the Department of Homeland Security with limited contributions to both OEF and OIF conflicts; therefore, I decided to omit Coast Guard veterans from the study. To maximize the confidentiality of participants in the study, I asked each participant to choose a pseudonym and to not mention during the interview any specific duty locations or specialty codes that would be reasonably identifiable. This precaution was taken largely due to my use of an automated transcription service. Despite the initial instructions and warnings about identifiable information, some participants discussed specific details about their service, which I then protected during analysis. For example, if a participant mentioned a specific base in Japan, I described the duty location as Southeast Asia. This allowed me to protect participants while also providing context to their stories.

Qualitative Rigor

Quantitative research and positivist to postpositivist philosophy have dominated psychological studies for over 150 years (Guba & Lincoln, 1994; Ponterotto, 2005). As a result, qualitative researchers have established parallel criteria similar to postpositivist methods of rigor such as validity and reliability (Lincoln & Guba, 2000) that are uniquely suited to the intention of qualitative inquiry. Qualitative rigor is established through credibility, transferability, dependability, and confirmability (Morrow, 2005), which loosely correspond to internal validity, external validity, reliability, and objectivity, respectively.

Credibility

Internal validity, from a qualitative perspective, is most closely associated with credibility. Qualitative researchers seek to narrow the gap between what is reflected in the data and what the phenomenon is in the lived experience of the participant. Aspirational in nature, credibility can only be enhanced and never fully attained. Thus, I used various techniques

including triangulating analysts (Patton, 2015) and member checks (Lincoln & Guba, 1985; Smith, 1994) to increase credibility. Analyst triangulations were achieved by having themes checked by one fellow doctoral student trained in qualitative thematic analysis as prescribed by IPA methodologists (Smith, 2004, 2011; Smith et al., 2009).

Lincoln and Guba (1985) stated that credibility is one of the most important factors in establishing qualitative rigor or trustworthiness. To this end, Guba and Lincoln (1989) considered member checks to be the single most important provision that could be made to bolster a study's credibility. Accordingly, I included member check interviews as described by Smith (1994), which served as an opportunity to first analyze the semi-structured interview transcripts and then return to the participant to confirm emergent themes to ask follow-up questions to better understand the meaning each participant was trying to convey. This furthered my aim in co-constructing meaning with these participants, thus giving greater voice to their experiences.

Transferability

Transferability refers to the extent to which a researcher's findings would be applicable to a reader who might or might not apply lessons from the study to their respective situation. In qualitative research, the goal is never generalizability. Instead, the focus is on providing a rich and thick description that communicates a holistic and realistic picture to the reader (Denzin, 2001). Providing both confirming and disconfirming examples of themes is aided through a diverse sample of participants (Guba & Lincoln, 1989). Each step was undertaken with the aim of increasing transferability.

Dependability

Dependability and reliability often are used interchangeably with dependability being the parallel choice for qualitative researchers (Lincoln & Guba, 2000). The spirit of dependability lies in future researchers being able to recreate the study and reach similar findings given the same methods and participants. Marshall and Rossman (2015) highlighted that the changing nature of the phenomena being studied renders perfect replication unattainable while Lincoln and Guba (1985) noted the relationship between dependability and credibility are interrelated with credibility going a long way to bolster dependability.

My maintenance of a strict audit trail (Guba & Lincoln, 1989) offers a future researcher the best available means to replicate my study as it describes in detail each step I took in collecting data, transcribing interviews, and the subsequent derivation of codes, coupled with thorough documentation and the rationale behind each decision I made throughout the process. In addition, as suggested by van Manen (2018), I constructed a personal journal that captured my reflections and ascribed meaning, which was updated within 24 hours of each interview. Finally, I provided a reflexivity statement and recruited a colleague trained in qualitative analysis to provide peer examination of the themes and interpretations of data.

Confirmability

Confirmability is likened to objectivity. Although no researcher can maintain absolute objectivity, through confirmability, future readers can observe the steps I took to ensure that results, themes, and interpretations adequately represented the data rather than my own characteristics and preferences (Shenton, 2004). By adhering to methodological techniques such as triangulation (Patton, 2015) and member check interviews (Harvey, 2015; Maxwell, 2013), I made strong attempts to reduce my own biases. Furthermore, providing reflexivity statements

that identified my own predispositions and personal experiences pertaining to the phenomena

being studied gives the reader key information for confirmability (Miles & Huberman, 1994). To

this end, the above-mentioned audit trails were also recorded.

Role of the Researcher

Researcher Stance

Phenomenological research is predicated on how the researcher interacts with their

biases. Rather than attempt to transcend or bracket my life experiences as recommended by

Husserl (1913/1983), I chose to bridle it. Dahlberg (2006) challenged researchers to work with

their biases in a manner similar to an equestrian interacting with a horse that weighs many

hundreds of pounds more than they do. Bridling one's pre-understanding is necessary to maintain

a position of openness to the phenomenon in question. Furthermore, bridling is an active project

that demands the researcher continually engage with the whole of the phenomenon, resisting the

urge to quickly or carelessly make conclusions about phenomena that are contextually bound and

indefinite in nature (Dahlberg & Dahlberg, 2003). In the words of Dahlberg,

> Bridling means a reflective stance that helps us "slacken" the firm intentional threads that
> tie us to the world (Merleau-Ponty, 1995). We do not want to cut them off and we cannot
> even cut them off as long as we live, but we must, as Merleau-Ponty encourages us to,
> loose them in order to give us that elbow room that we need to see what is happening
> when we understand phenomena and their meanings. (p. 16)

To evaluate the trustworthiness and transferability of my study, I exposed my own history

with military culture, identity, and experiences as they pertained to this study so the reader could

better understand the lens through which I viewed the phenomena under study.

Reflexivity Statement

My history with military culture has spanned over a decade at the time of this writing. I

enlisted in the Air Force in October 2006 and served as an aircraft mechanic. At the young age of

23, I left my home state with my wife and set out on a great adventure that took us around the world and grew our family in both experience and numbers. Both my children were born while I was serving in the Air Force and each has a unique take on what military life is and the sacrifices that come with the lifestyle. My wife would be quick to say, and I agree, that plenty of benefits accompany the sacrifices of military service. During my initial eight years of enlisted life, I can identify many instances that have shaped my worldview and have led to this very study.

From my very first day of BMT, I was made aware that being in the military was not simply a new job but rather an introduction to another culture altogether. During my time at BMT, I learned what it meant to me to long for loved ones while strictly adhering to the values expected of all new recruits, most poignantly service before self. Indeed, each recruit to the left and to the right of me was also being asked to come to terms with a new position within the greater military culture. Each of us was expected to make our military identity primary, casting aside those parts of ourselves that were not compatible with military service. Understanding that I was part of something much larger than my own self-interests was simultaneously comforting and daunting. On the one hand, I knew that wherever the military asked me to go, I would have a family of strangers dressed alike to greet me upon arrival. On the other hand, I began to understand that a life of service and duty asked much of an individual and that I would be judged by those who served before me and those whose very lives were put in my hands. What I did not understand was that military service and the identity that subsequently developed had an expiration date.

For me, my separating from the military and subsequent honorable discharge was a decision I made with my family to pursue education. At first, my transition from military to civilian status was easy. I was enamored with increased liberties such as leaving an area without

having to take leave but the shininess of new liberties soon wore off. Within the first few years of becoming a "Mr." (as opposed to Sergeant), I began to question who I was. No longer were there subordinates looking to me for mentorship and guidance. I was left with a feeling of being a faceless number—a digit in the latest census. I was searching for a connection and shared identity that was difficult to find outside the confines of military settings. Through the help of my family and loved ones, I was able to marry an emerging academic identity with my former military identity. I had become a "student-veteran." By accessing the educational benefits my family and I had earned, I was able to continue my studies. But my passion, indeed this very dissertation, was born from the relationships I forged while holding the title of Sergeant.

Military service often is only as good as the bonds one forges while serving. That certainly was the case for me. The brothers and sisters with whom I served were willing to take on the dirtiest of jobs if only so I did not have to do it alone. I too was willing to do whatever the mission called for, along with my comrades, in close adherence to this social norm and sense of duty. It was this basic understanding that remains among veterans that provided the context for veteran suicide. Having time and again lived through tragedy related to suicide survivorship, I have undoubtedly been changed in many ways.

One specific interaction with veteran-suicide came while serving overseas. I remember one early morning being called to formation and being told the news that my friend with whom I had served for multiple years had completed suicide within nine months after being separated. This news beset a multitude of emotions and unanswerable questions. I knew that, for my friend, the military was a central aspect his life and that being involuntarily separated due to an inability to maintain physical requirements was devastating for him and his family. I began to wonder what sorts of feelings my friend was experiencing prior to completing suicide and whether

anything could have been done to save his life. I do not recall what discharge type my friend separated with but I do know a discharge type is often more complicated than it appears to be. Among those honorably discharged are dishonorable individuals just as among the dishonorably discharged there are honorable individuals.

In some ways, I am better positioned to understand that each person lost to suicide is much more than a number contained in the latest military suicide report. Regardless of discharge type, they are someone's brother, sister, sibling, daughter, son, or child. The wave created by the tragic loss of life ripples out into the lives of their survivors. Indeed, they ripple on through my own life. Since that time, I have been consumed and at times vexed by the intricate complexities and personal experiences that lead to suicide. In no small part, I have dedicated my professional life to these questions and preventing as many suicides as possible. By coming to terms with my own biases and bridling my experience through near-constant self-reflexivity, I can better honor the stories of each participant in this study and maintain a position of openness regarding what it means to separate from the military against one's will.

Summary

I began this chapter by describing the theoretical framework for this study, incorporating transcendental phenomenology, hermeneutic phenomenology, and idiography, all within the methodological approach of IPA (Smith et al., 2009). I discussed the recruiting methods used to gain access to willing participants and this study's inclusion criteria. Data were collected through two separate interviews with each participant—the first being semi-structured and the second serving as a follow-up interview and member check to confirm themes and to clarify the meaning behind statements. I then expanded on the procedures of conducting a study using IPA including six individual steps for analysis. The first three steps were completed prior to the

second interview for each participant. Only after all participants had completed their second

interview did I move on to steps four through its six of the analysis. Next, ethical considerations

were outlined as were the steps implemented to increase the qualitative rigor of this dissertation.

Finally, I described the role of the researcher and included a reflexivity statement in an effort to

bridle my biases as a veteran with close ties to other veterans who were separated from the

military not of their own volition.

CHAPTER IV

RESULTS

Overview

This chapter is divided into several parts, all in an effort to clearly convey the complex

and often subtle information collected from this study's participants. First, an introduction to the

participant group and then individual stories from each participant are introduced through a brief

biographical section. This biographical section highlights various details about each of the

participants—including demographics and other information that otherwise might not have

emerged—to provide additional context related to their military service, forced separation

experiences, and reintegration into civilian life. Second, superordinate themes and their

respective subordinate themes are summarized using direct quotes from the participants. In

accordance with the IPA approach (Smith et al., 2009), both convergent and divergent accounts

of the phenomenon being studied are highlighted and nested within their respective themes. This

chapter then concludes with my own reflections as a researcher in conducting this study during

the COVID-19 pandemic as well as with an overall summary of the research.

The following research questions guided this study:

Q1   How do OIF/OEF era veterans who were separated against their will reintegrate
into civilian life?

Q2   How do OIF/OEF era veterans who were separated against their will access
mental healthcare services after transitioning?

Participants

Participants of this study were contacted largely through snowball sampling methods. Most appeared to discover information related to this study through social media platforms. Every potential participant was ushered through a Qualtrics demographics survey upon providing digital informed consent. Of note, one individual contacted me via email, met criteria for the study, but was ultimately unable to participate due to extensive limitations related to injuries sustained in combat. While it is impossible to determine just how many people were interested in participating, Qualtrics revealed that between early May and mid-July of 2020, 17 individuals began the survey. Of those 17 individuals, 10 met inclusion criteria, agreed to participate, and subsequently were interviewed. Unfortunately, one participant's second interview was not recorded and could not be contacted to re-accomplish the member-check interview. As a result, I assumed consent had been revoked and removed all data from consideration for this study.

One common phrase is often used to effectively describe the veteran community: It's a small world. While nearly 2,000,000 service members currently serve in the U.S. Armed Forces (DoD, 2019), it is fairly easy to identify service members once they establish where, when, and how they served. Thus, to protect the identities of these study participants as effectively as possible, certain identifying information either was changed or withheld. For instance, whenever a participant identified a specific duty location, the next higher state or region was used instead. For example, if a participant hypothetically mentioned "Kirkland Air Force Base," "an Air Force base in New Mexico" was used instead. Furthermore, all of the listed participant names were pseudonyms chosen by the participants themselves prior to their first interview. Other demographic factors related to race or ethnicity were conveyed in the manner endorsed on the

demographics questionnaire; if a participant indicated they were a "red-blooded Earthling"—as one participant conveyed— that was conveyed verbatim.

Table 3 provides demographics for all participants including their pseudonym, age, branch, race/ethnicity, approximate time in service, final rank, and times deployed. The mean age for participants of this study was 37.4 ranging from 32- to 48-years-old ($SD = 5.75$). Participants total number of deployments ranged from 0 to 13 times ($M = 2.78$, $SD = 4.38$). Among participants who deployed, their time deployed ranged from less than one year to over 14 years in total. Participants were most commonly veterans of the Air Force (5) followed by one participant from each branch including the Army, Marine Corps, and the Navy. One participant (Charlie) was a veteran of both the Army and Air Force. Participants identified themselves as Caucasian (3), Hispanic (2) multi-racial (White and Hispanic; 2), Black (1) and "red-blooded Earthling" (1). Approximate time in service was measured in years and ranged from 8 to 26 ($M = $ 13.65, $SD = 6.75$). Following the table is an account of each participant's story of involuntary separation, access to health care, and ultimate reintegration into civilian life.

Table 3

Demographic Characteristics

Name	Age	Branch	Race/Ethnicity	Approximate Years in Service	Highest Rank	Times Deployed
Rob	35	USAF	White & Hispanic	8	E5	0
Charlie	44	USAF/USA	Black	20	E7	4
Preston	39	USAF	White & Hispanic	8	E5	0
Jason	32	USAF	Caucasian	10	E5	0
James	40	USN	Caucasian	20	E7	6
Kevin	31	USAF	Caucasian	8	E4	0
Tony	34	USA	Hispanic	9	E4	1
Devon	34	USAF	Hispanic	14	E7	1
Patrick	48	USMC	Human, Red Blooded Earthling	26	E9	13

Note. USAF = U.S. Air Force, USA = U.S. Army, USMC = U.S. Marine Corps.

Rob

Rob is a 35-year-old multi-racial (White and Hispanic) male who, after about nine years of service in the U.S. Air Force, was forced to separate early in 2013. Rob received an Under Honorable Discharge, which entitled him to many—but not all—of the benefits received by those who are Honorably discharged (see Table 1). Rob was stationed for four years on the east coast of the United States and four years in southern Europe. Rob did not deploy during his time in service; however, he reached the rank of Staff Sergeant (E-5) while maintaining large cargo planes for the USAF. While stationed in southern Europe, Rob was married with one child.

Currently, Rob lives and attends a local community college in California. He is in a committed

relationship of six years and now has four children.

Rob's story of IS began with what he described as a career-long struggle with alcoholism,

which he stated resulted in "a lot of bad decision making." According to Rob, "I didn't really

quite grasp it [at the time], but I definitely had a drinking problem," which was difficult for him

to treat given the "culture of drinking" associated with maintenance careers in the USAF. Rob

explained that his collectivist military identity developed over the years, opening new

opportunities for him:

> I embraced [collectivism], and the next thing I know, I'm getting chances to go overseas.
> I'm flying on missions, and that was literally because [supervision] saw…[that I] actually
> gave a shit about what's going on here and [did] not [care] so much about what's good
> [only] for myself.

Once his family moved to Europe, Rob's wife had multiple affairs with others on the

base. Upon discovering his wife's infidelity, Rob divorced her, sending her and his newborn son

back to the United States under the USAF Early Return of Dependents program. The

requirements of this program were that all dependents involved must return their visas to the

European host nation and not return. Upon her arrival back in the United States, Rob's now-ex-

wife developed a heroin addiction, prompting her family to "force her" into a drug rehabilitation

program. As a result, Rob's son could no longer rely on her for care. For Rob, there were no

other options that felt suitable enough to care for of his son as his extended family lived on the

other side of the United States and the rest of his former in-laws struggled with their own

substance dependency problems. Rob decided to fly back to the United States to bring his son

back to Europe with him, which, unfortunately, was against the law.

Unbeknownst to his unit's First Sergeant, Rob acted against USAF Early Return of

Dependent guidelines when he brought his son back to Europe. About that decision, Rob said the

following: "When I say I made really bad decisions, that was not one of them. If I had to make the choice to do it again, I would." With the added responsibility of now raising a child, Rob began to take a more critical look at his own addiction to alcohol. Relying on close friends also stationed in Europe to care for his son, Rob entered into the Air Force Drug Abuse Prevention and Treatment (ADAPT) program located in the United States. The fact that Rob self-identified his dependency prevented him from receiving any punitive outcomes for it as a result. During his time in ADAPT, Rob also was able to access treatment for severe anxiety and depressive symptoms as well. A self-proclaimed "high point" for him, Rob successfully completed ADAPT and returned to his son in Europe.

At about the same time, Rob's wife had completed her own drug rehabilitation program and returned to Europe in an attempt to rekindle their relationship. Rob's sense of calm was disrupted when his First Sergeant observed Rob's ex-wife shopping on base. Rob was immediately confronted by his First Sergeant who claimed Rob was "harboring an illegal alien" in reference to Rob's son who had been in Europe illegally now for more than 90 days. The First Sergeant continued with a warning: "You need to be on your best behavior from now on." One week later, Rob missed an administrative appointment, placing him back in the First Sergeant's purview. This time, his consequence was an Article 15 (Nonjudicial Punishment), a loss of rank, and 30 days of extra duty. Because Rob lost significant income as well as rank, his bills exceeded his income. The result of his economic shortfall put him in a precarious position of debt both to his European landlord and to the U.S. Treasury: Rob owed €3,000—approximately $5,000 at the time—to his landlord and another $6,000 to the U.S. Treasury for overpayment. This resulted in Rob being slated for early separation. Rob was administratively separated for what he termed "failure to go [to appointments]."

Three months later, Rob was back in the United States with approximately $6,000 in debt, no job, and a second son born from his brief attempt at reviving his relationship with his ex-wife. Fearing the worst, Rob requested that his ex-wife be drug-tested immediately after giving birth to their second son. Unfortunately, his fears were confirmed—his ex-wife tested positive for opiates, prompting him to immediately file for full custody of both of their children. Making his financial matters worse, Rob's newborn son was allergic to standard formula, forcing him to use specialized formula that cost about $10 more per can than did standard formula. This added cost was nearly unfeasible for a newly discharged veteran without employment or a place to call home. Rob explained, "For the first few months, it was an absolute nightmare! How am I going to feed my kids? How am I going to feed myself? How am I going to shelter my kids? Like, do I need to stay in this homeless shelter? Maybe. I don't know yet. It's not a good time." Desperate, Rob and his sons moved back to his home state of California and begged his parents for a place to stay.

Rob lived with his mother for a short time at first. He since has moved in with his father, which has proven to be difficult for him: "You know, it sucked. It's like, it didn't feel good for me. … So, part of me was like, 'Man, I'm like a leech right now.' And it made me feel bad about myself." However, for the sake of his two sons, Rob put aside his pride and attempted to provide them with stability. During that time, his love and responsibility for his children provided critical motivation to persevere: "You know, there was times where I was like…if it wasn't for my kids, I probably would have committed suicide. There were definitely a lot of dark days."

Rob attributed his then suicidal ideation to the culmination of multiple factors at the time including his lack of access to therapy, the extreme stress and hardship stemming from his

involuntary separation from the USAF, and going "cold turkey" off of the psychotropic medications he had been prescribed while in uniform:

> So, that actually caused me to have, like, physical withdrawal symptoms. Like, I had days of nausea [and] dizziness where I didn't actually even feel like I was able to drive. … That lasted for a month, and I still didn't get access to medication for at least six months after I got out of the military.

Despite being eligible for continued mental healthcare benefits, Rob found the VA inaccessible: "My car got [repossessed], so I didn't have a vehicle anymore. The closest VA hospital is a good 45-minute drive [away]. That's like a four-hour walk!" Since that time, the VA has opened a new clinic in his community that allowed him to access the healthcare benefits for which he was eligible. Unfortunately, further interactions with the VA have led him to experience greater frustration. While in uniform, Rob's medical provider prescribed a multitude of different antidepressants until one was found he could tolerate. After separation, Rob attempted to access that same medication through the VA. Instead of simply prescribing what had been shown to be effective for Rob, the VA provider required Rob to go through each previously tried medication once again. In lieu of enduring that frustrating process of trial and error, Rob opted to access health care through the Medicare system.

Fighting to maintain custody of his two sons has been another unrelenting battle that has had major ramifications for Rob. For a father of two who was struggling to find work and a place to live, paying legal fees to fight for custody was all the more financially crippling for him: "It's just so crazy to think about because I came into court [with] a positive drug test for a brand-new baby! Why are you still trying to give them to the mom?" Confronted with the possibility of losing custody of them, Rob answered each phone call with intense fear: "The phone would ring or, like, I would get a bill in the mail. Before I even looked at it, I was like, 'Oh my God—here we go again.' Like almost where I wanted to throw up." In these difficult times, Rob

"desperately needed to talk to a therapist and there was zero time for [him] to do that" as his schedule was packed with countless $50 odd-jobs to make ends meet: "I got to feed my kids. So, um, I didn't have time to go see a therapist and I seriously struggled with depression really, really hard in the beginning."

Despite the many "dark points" during Rob's transition out of the military, he also noted he had incredibly bright moments worth celebrating. About six years ago, Rob met his current romantic partner whom he described as "100% part of [his] support network." She and her two children have been living with Rob and his two sons now for more than three years. Rob considered her children to be *his* children as well, offering no distinction between his natural and step-children. Furthermore, Rob has maintained sobriety despite many adversities experienced along the way, expressing a great deal of pride in that accomplishment. While Rob admitted still sometimes struggling with his mental health, enduring bouts of depression from time to time, he now has access to both medication and a skilled therapist to help him more effectively manage such instances. Finally, Rob also is taking advantage of his vocational rehabilitation benefits offered through the VA, which allow him to enroll in classes at his local community college for free. Ultimately, Rob defined himself by his relationship with his family—he is a father and a partner—and he continues to be deeply committed to the health and wellbeing of his loved ones regardless of what challenges life might present.

Charlie

Charlie is a 44-year-old Black man who, after serving 20 years across two military branches, was forced to retire after having reached the rank of Sergeant First Class (E-7) in the Army. Growing up in a rough inner-city neighborhood in California, Charlie acknowledged being no stranger to adversity. His early experiences witnessing violence in his childhood

neighborhood and the deaths of multiple loved ones apparently paid dividends for him during his adverse deployment to Iraq. While new soldiers reacted fearfully to unfamiliar stressful situations, Charlie instead remained calm, cool, and collected. Living as an example and providing mentorship to young soldiers—especially those who proudly shared his African-American identity—were two aspects of his service Charlie was most proud of. Now living in a Texas metropolitan area, Charlie devotes much of his time to working in the information technology sector.

Charlie began his military career as active duty in the Army. After nearly a decade, Charlie transferred to the Air Force Reserves. Later, Charlie transferred back to the Army Reserves where he eventually retired. Throughout his military service, Charlie had four separate jobs in the Army and a fifth one in the Air Force. Most of his time in the service was spent as a communications troop in the Army and Army Reserves. Charlie expressed pride in his four deployments—a humanitarian mission to Bosnia, two trips to Kuwait, and a wartime tour in Iraq—altogether totaling over 30 months of deployed time. Outside of his deployments, the military also asked Charlie to relocate to many different bases from the Atlantic Ocean to the Pacific Ocean. Throughout his many diverse assignments and deployments, Charlie had consistent support from his wife and five children. His son, no longer a child, since has chosen to follow in his father's footsteps and is now serving in the Marine Corps.

During the final year in the Army, Charlie needed to fight for his retirement, just narrowly avoiding a forced discharge that would have left him without benefits, without a pension, and with an overwhelming sense of failure. While serving in the Army Reserves, Charlie moved between multiple units across the United States. During such transitions, opportunities for required Non-Commissioned Officer (NCO) leadership education courses were

scant. When Charlie's time with a California-based unit was coming to an end, the unit refused to spend budget money on a soldier who was about to transfer. Newly assigned to a Reserves unit in Texas, Charlie was immediately tasked for a second deployment to Kuwait. Knowing that deployments are critical for promotion and continued military service, Charlie readily agreed. Holding himself accountable to military standards related to NCO education, Charlie made arrangements to complete a required leadership course once he returned from Kuwait. Upon his return, Charlie registered for his required course. However, within a month of it starting, Charlie was informed he had been removed from the roster. But then as a result of his not accomplishing required training commensurate with his rank, a service board convened and determined that Charlie would be separated—not retired—without compensation due to an inability to meet education standards.

Upon notification by the board, Charlie immediately contacted his battalion commander to see what could be done on his behalf, assuming his being snubbed of the retirement benefits he had earned was a mistake. Sadly though, it was not. Charlie was informed he had six months until he would be forcibly separated instead of being retired due in large part to the fact that he had not served more than 20 years with the Army and Air Force combined. Charlie also knew that if his time with the Air Force was included in the determination of retirement eligibility, he would have more than enough time in service altogether to retire.

After then being denied retirement by his battalion commander, Charlie went up the chain of command again, this time reaching across branches to the Air Force. Recalling his reaction to the denial of his retirement benefits and to having his End Term of Service reduced to only six months remaining, Charlie expressed feeling "mad because it was… I mean…I was indefinite [enlistment contract not bound by time]. I signed up to be indefinite and [during] my previous

deployment, I reenlisted to be indefinite. And then, how you just going to say 'Oh, um, now time's up?'" Charlie's End Term of Service being listed as *indefinite* indicated there was no set time in which he had to separate. But once it was changed to six months, Charlie knew his time was limited. Once the Air Force sent Charlie's service records to the Army, which demonstrated more than 20 years of service, Charlie was allowed to retire with full benefits. Despite feeling betrayed, however, Charlie maintained his commitment to the Army and explained that he wanted to continue to serve with the Army. Indeed, his separation was involuntary. Charlie completed the final six months of service and then was forcibly retired. When asked what it was like to wear his Army uniform for the last time, Charlie said the following: "I felt] like everything was coming to an end. I felt that I should have been able to go further. I felt cheated. I felt betrayed. I was angry—frustrated. And to the end, I still was trying to think of a way to stay in, but the word was already in for retirement."

Following Charlie's retirement, reintegration into civilian life was difficult for him despite having full benefits and immediate employment. He since has struggled to feel like "[him]self," stressing the importance of the title *Sergeant* and how that was directly connected to his identity: "I don't feel like, you know, I was Sgt. [last name] for a while. But then it was like, ain't no more Sgt. [last name]—it's just [Charlie]." While Charlie still lives near his old unit, he avoids the immediate area as it constitutes a painful reminder of the way in which he was treated by his command. This has resulted in almost a complete lack of communication between him and his friends from his former unit. Despite his struggles, Charlie continues to find support and a deep sense of connection with his wife and five children.

Accessing mental healthcare treatment following his forced retirement has been one of the greatest reintegration difficulties for Charlie. Due to his struggles with PTSD, depression,

and severe stress, Charlie sought out and received mental health treatment from his local VA

hospital, which has not always been helpful. Charlie was placed in a PTSD therapy group that

suffered from a high rate of group member, as well as group leader, dropouts. Meanwhile, his

prescribers appeared to be overworked, which likely accounted for the apparent high rate of

provider attrition: "They can't keep doctors for some reason, and since I've been out, I've had,

like, two or three different doctors." Due to these difficulties, Charlie now accesses health care

through his employer and foregoes therapy altogether.

Preston

Preston is a 39-year-old multiracial (White and Hispanic) male. He is currently in a

committed relationship, has no children, and resides in a metropolitan area of Texas. After being

involuntarily separated from the military, Preston found employment performing a job similar to

the one he did in the Air Force—aircraft maintenance. In 2014, Preston received an honorable

discharge after serving eight years and attaining the rank of Staff Sergeant (E-5). Preston never

deployed during his time in the service, although he was stationed in both the United States and

Europe. Despite growing up in a military family, Preston never was expected to join the military;

however, his father recommended that he join the Air Force if he were to decide to join.

Preston's father served in the Navy for over 20 years and, sadly, passed away just a few years

after his own retirement. Rob said:

> I think [my father] would have been proud that I joined the military. He never saw me
> join the military. I wanted to do 20 years, kind of like…how my dad did and, you know,
> receive all the benefits that you do when you do 20 years. But, you know, just life
> circumstances.

Throughout most of his time in the Air Force, Preston maintained high scores on his

Enlisted Performance Report (EPR). An EPR is an annual evaluation of airmen on a Likert scale

from 1 to 5 with 5 being the highest possible score. Prior to Preston's late trouble maintaining

fitness standards, he scored a 5 on each EPR, earning him "firewall five" status among his peers. Progressing from an Airman tier (E-1 to E-4) to an NCO tier (E-5 and above) was something Preston worked incredibly hard to achieve: "I was always proud of being [a] Staff Sergeant. After like four or five years having made staff…I'm starting to get troops, and it's starting to put me in [a leadership] position." His felt sense of responsibility for both the aircraft he maintained and for those whom he supervised was a highlight of his career. To him, this highpoint stood in stark contrast to the backdrop of his later demotion and eventual involuntary separation.

Over the course of Preston's career, he witnessed the Air Force's physical fitness culture become stronger while he struggled to continue meeting basic military physical standards himself. If Preston were solely evaluated on his ability to maintain aircraft, he would have exceeded expectations. However, one aspect of the EPR system rates subordinates on physical fitness. Preston exhibited a pattern in which he would fail two or three Physical Readiness Tests (PRTs), be assigned to extra fitness duty as a result, pass a single PRT after months of training, and then fail his next PRT six months later. On one such occasion, he met military standards for all physical fitness activities (i.e., pushups, sit-ups, and a 1.5-mile run) but exceeded the maximum waist measurement, which resulted in failure. At the same time, the Air Force was aiming to reduce its manpower while increasing its focus on physical readiness. A new policy was enacted across the Air Force, mandating that anyone who failed three consecutive PRT evaluations would be demoted. This new policy, coupled with another policy limiting the number of years one could serve without being promoted to E-5 (high year tenure), ultimately ended Preston's career.

On his last EPR, Preston scored a 3, which added insult to injury. Preston recalled the turmoil surrounding his rating:

> Once [my immediate supervisors] demoted me, they were trying to give me a 4, but the chief decided that he wanted to give me a 3. So, right there, [I] was like, "Damn, okay," well … [it] was like "You're a piece of crap." So, it's like, okay, well, that's what they think of me.

Following his demotion, Preston was no longer able to supervise airmen and his maintenance responsibilities were drastically reduced. After a few months of limited service, Preston was offered an honorable discharge on account of "force management," which resulted in a severance package. He was eligible for six months of healthcare benefits, access to bases for 18 months, and about $17,000 in monetary compensation, all for which he was grateful: "You know, some other people … that get kicked out, it's like, 'peace out.' You know? 'You're not getting nothing.' …So, my transition was good, but it was kind of, like, more of a mental thing." Preston explained that this "mental thing" was directly related to him losing his status as an NCO and being forcibly discharged from the military.

In what became a perfect storm for him, Preston was met with the loss of his NCO identity, worsening physical fitness, and rapidly declining mental health. During his final months in service, Preston experienced increased rates of depression and anxiety, which culminated in the development of panic attacks. One such occasion landed Preston in the emergency room as he feared he was having a heart attack: "I've never experienced anxiety like that in my life. I was having panic attacks, anxiety attacks … I thought I was going to die." These episodes scared Preston to such an extent that he decided to stop driving altogether even after his discharge: "It took me about a year to pretty much have confidence to drive again." Indeed, the severity of these panic attacks led Preston to consider killing himself: "If I wouldn't have gotten help medically, like taking medication [and] going into psychology [therapy], I probably would have killed myself. It felt that bad physically. Physically, it was very bad." Understanding that his

mental health was paramount, Preston sought out and received mental health services from the VA immediately following his discharge.

Preston lists his severance package and subsequent work environment as major contributors to his successful transition out of the military. Through his continued work in aircraft maintenance as a civilian, he has maintained his sense of professional identity. Additionally, many—if not most—of Preston's new work colleagues share his veteran identity, giving Preston ample opportunities to share stories related to his time in the military. Feeling a sense of continued service to his country in manufacturing and maintaining military planes, Preston expressed gratitude for his current life circumstances: "I can't take things for granted, and I think I took the military for granted a little bit. Um, and I don't blame anybody. I blame myself."

Jason

Jason is a 32-year-old Caucasian male who, after serving in the Air Force for almost 10 years, was forced to medically retire at the rank of Staff Sergeant (E-5). He is currently married, has one daughter, and lives on the east coast of the United States where he continues his service to the military community through his work with a non-profit organization focused on veteran health and wellbeing.

While Jason technically was never deployed, he frequently was tasked with providing maintenance support for military cargo planes traveling to warzones across the world. It was during one such excursion that Jason discovered he had a rare and life-threatening disease. While conducting a maintenance operation in another country, Jason unexpectedly lost consciousness and collapsed. After prolonged unresponsiveness to radio hails, Jason was found lying on the ground unconscious beside a 60-ton jack stand. The next memory he had was of being medically

evacuated by plane to Europe where he spent the next eight months recovering from a TBI. It was determined through multiple tests that, in addition to a TBI, Jason had another neurological health concern that limited his ability to serve in uniform. Being deeply committed to duty, Jason and his unit found other ways for him to continue to serve but in a limited fashion, ultimately landing him in a tool dispensary known as "CTK (Consolidated Tool Kit)." Jason flourished in this role until moving back to the United States some months later.

After his return to the U.S, Jason was reassigned to a new unit that required him to "continue normal maintenance operations." This term is commonly used to describe an expectation that Jason would perform his duties as a maintainer with no physical limitations. Without a knowledge of Jason's condition, his unit expected him to perform as a new Noncommissioned Officer in Charge (NCOIC) of 13 airmen in addition to performing "routine maintenance" (i.e., the same work responsibilities as others without a condition). At one point while suspended about 20 feet in the air, Jason once again lost consciousness and began to fall backward. In a desperate effort to thwart the fall, Jason's subordinate reached out and grabbed him by his reflector belt, potentially saving his life. After being rushed to the hospital by ambulance, physicians re-discovered that Jason had a neurological health concern. This was the beginning of the end for Jason's Air Force career.

Jason began to see a civilian healthcare provider who specialized in his particular neurological health concern and was reassigned to duties that limited physical exertion. After some months, Jason was scheduled for brain surgery from which he was expected to make a full recovery. However, rehabilitation did not go as expected. While recovering, Jason contracted aseptic meningitis and was "life-flighted" three times. After many months of fighting for his life, it became clear Jason was never going to fully recover. Eighteen months after Jason last had

been considered "fit for duty," a medical evaluation board determined he would have to be medically retired.

Jason did not agree with the board's decision but he felt powerless to fight against it. Suffering from symptoms of depression, anxiety, and a tremendous sense of rejection, he attempted to make sense of what life would become for him after losing his identity as a Staff Sergeant in the Air Force. Devastated, Jason's last day in the Air Force concluded with him sitting alone in a garage with a cooler full of beer. It was not until midnight that he emerged from his solitude—still in uniform—to go to bed. Jason did not utter a single word for two whole days. Over the course of the next few months, his mental state went from bad to worse, culminating in a divorce from his first wife.

Faced with a loss of both his military identity and his identity as the family breadwinner, Jason accepted a position stocking shelves at a local grocery store. During these first few months, he contemplated suicide: "I've had pretty low points in my life in many areas, but, um, I've never…I've never contemplated leaving this world until that month. …It was the lowest point I've ever been in my life." Thankfully, Jason's reintegration story did not end there. In an attempt to reach out to any "expert" who could help him to better navigate his reintegration, he eventually crossed paths with his veteran advocacy agency. After a brief interview with local veteran advocate administrators, he was offered an entry-level position with the organization. In recalling the interview, Jason said, "I was a hot mess. I was not in the right frame of mind, but [the administrators] saw something in me, and that changed my perception of the veteran community and the military alike." Reinvigorated, he devoted himself to helping other veterans navigate the "hell" he had endured. Armed with a new "sense of purpose," Jason remarried and ultimately was promoted to a higher-level position at his veteran advocacy agency. He remains

deeply committed to the veteran community to this day. Through helping others, he has helped himself, noting, "If it wasn't for what I do today, I very well may have taken my life."

According to Jason, accessing mental health care while in the military came alongside significant stigma. He simultaneously felt self-stigma and stigma from the military community related to accessing mental health care. Despite this, he went to behavioral health specialists during his final two weeks of active duty. He now wishes he had done so sooner, stating, "It would've given me more of a reason to fight [involuntary retirement] if I had gone to behavioral health before." Because he accessed mental healthcare services while he was still in the military, Jason was eligible for further mental healthcare assistance from the VA, which he found to be incredibly helpful: "It didn't take long for me to get back on the right track with the behavioral health specialists that actually cared." Now in his work with a veteran advocacy agency, Jason encourages his clients—especially those who were involuntarily separated—to seek those same services.

James

James is a 40-year-old Caucasian male who served in the Navy for over 20 years. He is divorced and has one son. Both his father and uncle served in the military, setting a standard of military service among the men in his family. As an adolescent, James participated in his fair share of mischief. Eventually, his actions got him into legal trouble, resulting in a conviction for graffiti. Fortunately, the criminal justice system was kind to James, encouraging him to follow in his father's and uncle's footsteps. As part of an arrangement with his probation officer, he was permitted to join the Navy, sending postcards from various deployments in place of face-to-face appointments. Although his entry into the Navy certainly was atypical, James ultimately made the best of his Navy career.

James was deployed six times: four times to the Persian Gulf and Southeast Asian waters, once off of the coast of Mexico, and once to South America. During these deployments, both he and his family made personal sacrifices. For James, missing the birth of his son and his first two years of life was just one example of such sacrifice. Another hardship that still affects him to this day was receiving the terrible news that his father had passed away while he was deployed off the coast of Japan. Despite these hardships, James's perseverance resulted in an honorable discharge after 10 years of active duty service in which he reached the rank of Petty Officer First Class (E-6). Currently, James is a Chief (E-7) in the Navy Reserves and works for the Department of Defense as a contractor in California. Throughout his time in the Navy, James prided himself on being a thorough and skilled worker while mentoring subordinates new to life at sea. He found a deep sense of community within his rate (job class) of Logistics Specialist (i.e., supply) and was largely successful—both at sea and in port—until his final assignment.

Back as a new first class (E-6), James was transferred to a small frigate (about 500 ft) that had recently failed a logistics inspection. Navy ship inspections are high-stakes endeavors both for crewmembers and leadership alike. A favorable inspection typically leads to significant promotion considerations as well as bragging rights. If the inspection goes well, an "E" with appropriate coloring is painted on a prominent location on the ship, at which rival ships can marvel. A failed inspection often results in being fired. Due to James's relentless efforts, his ship was able to pass their next inspection with flying colors while deployed.

In late 2009, the Navy implemented a program titled Perform to Serve to identify career fields that were overmanned and James's rate (naval job) of Logistics Specialist was noted to be one such overmanned career field. Faced with uncertainty about where he would be stationed as well as his impending divorce, James refused multiple opportunities to re-enlist. These missed

opportunities, coupled with a late Enlisted Surface Warfare Specialist (ESWS) qualification, resulted in James being selected for involuntary separation. The ESWS qualification is a rigorous process of displaying one's skill as a Sailor. This task is expected to be completed within the first 12 months of being promoted to First Class. James explained that his ESWS qualification took about 30 months to complete: "My mentality was to take care of the ship first and your people before yourself," which ultimately "backfired" for him. Because he did not complete this qualification within the 12-month expectation, he was marked as having "Significant Problems" on his enlisted report, which was "a career killer" for him.

During James's sixth deployment and shortly after the unfavorable enlisted report, he received a notification that he had been selected for involuntary separation and he would be sent back to his home port three days later; this "felt like a bad dream" to him. James's ship made its way to Panama where he boarded a plane back to the United States for his final out-processing. On the one hand, James was allotted $50,000 in separation pay. On the other hand, he would not be able to complete 20 years and retire as he had planned, leaving him feeling "a little bit of shame because I knew it was my own fault for not getting my ESWS qualification." Accepting his responsibility in the separation, James explained that on his last day in uniform, he had "a grin underneath the mask I was wearing." He understood that all he had done for his ship was very important and that, perhaps, the Navy had made a mistake in dismissing him.

Unfortunately, his separation was not as seamless as he had hoped. Once James returned to his home port, he was expected to attend multiple briefings designed to aid him in the transition process. Upon separation, James was informed he had not completed certain requirements and he would no longer be eligible for the $50,000 separation pay he had been promised. Bewildered, James reached out to fellow veterans on social media for assistance.

James discovered a support group on Facebook whose main purpose was to aid in the transition of service members who had been selected for early separation. James quickly learned that he was not the only one going through such exorbitant difficulties with accessing his severance pay. In fact, five other Sailors were currently in a similar predicament. Through the Facebook group and other avenues of veteran support, James was able to begin the appeals process regarding his severance pay. Although he now had reason to hope, James knew his fight was not over.

James felt so "ashamed" of separating from the Navy to such an extent that he did not tell his family about it for multiple months afterward. Instead, he coped with his feelings of shame through alcohol use: "Going to the bars and stuff caught up to me [after] awhile. …I took to drinking at the time to ease my pain, forget about reality, forget about the military." His struggles continued though, as he quickly realized "the jobs I thought were available were not." He explained he had to "dumb down" his resume removing various job experiences and qualifications just to get an interview. James knew the jobs he was applying for could not fully financially support his son in addition to James's mother who lived with him at the time. Left with no other option, James withdrew half of the funds from his Thrift Savings Plan—the military's version of a 401[k]). Unbeknownst to him at the time, he could not do so without paying significant financial penalties that resulted in an additional $3,000 tax fine at end of the year.

For James, the silver lining came in the form of his successful appeal to the Navy. In an ironic twist of fate, the Navy required James to re-enlist in the Naval Reserves as a condition of his payout. James capitalized on the opportunity to rejoin the Navy, which ultimately led to future career opportunities as a civilian contractor. True to his commitment to helping others in need, he provided support to the other five Sailors in his Facebook group who were in similar

dire straits, instructing them on how to navigate the complex healthcare system following separation. According to James, most Sailors who were separated under the Perform to Serve program retained full benefits for 180 days following separation, yet most were unaware about this. James expressed his own frustrations in navigating the healthcare system, which he termed "Getting the runaround." At first, he was incredibly frustrated both by Tricare and the VA system. However, once he learned how to better navigate these systems, he stated, "It was smooth sailing." Now that James lives in Mexico, it is unrealistic for him to access VA benefits simply due to proximity. As a result, he accesses health care in Mexico, incurring full financial responsibility for all services rendered.

Kevin

Kevin is a 31-year-old Caucasian male. He is married, has one daughter, and currently works in the sanitation industry on the east coast of the United States. Kevin served in the Air Force for eight years before being involuntarily separated, receiving an Honorable Discharge. During Kevin's eight years of service, he was stationed on the east coast of the United States and in southern Europe, wherein he attained his final rank of Senior Airman (E-4); he was never deployed while in the Air Force. Kevin had decided early on that he wanted to join the Air Force at the age of 14. With an understanding that his local community offered two general trajectories, "farming or jail," Kevin knew the military was the most feasible way for him to "see the world." His father, in addition to other veteran family members, was instrumental in helping him choose military life over farming.

Kevin entered the Air Force as a young 18-year-old and struggled to adapt to military life. Within his first year, he was caught drinking while underage, resulting in a non-judicial punishment—an Article 15. After this "wake-up call," he made drastic changes in his life. He

soon met his wife and redoubled his efforts to adhere to military standards. Kevin excelled in his

duties as an aircraft mechanic over the next seven years, setting himself above his peers as a

model Airman. No one knew the Article 15 he had received in his first year would later bring

about an end to his military career: "I guess the hardest part about the whole thing was [that] I

thought my punishment was over (after the first year), you know? I lived that out. It was done

and over with, and then, seven years later, my career ended because of it."

Kevin was summoned from his worksite to receive the bad news. He was informed he

had been selected for involuntary separation under the Force Shaping program that aims to

reduce overmanned career fields. Airmen who had received negative performance reports or

other punishments typically were targeted for early separation under this program. Kevin

described this information: "I'd say top five of the worst news that I've ever had." During the

following few weeks, Kevin found it difficult to don the uniform and go to work: "It was hard to

come to terms with it [being forcibly separated], you know, my career—what I've looked

forward to as a kid—was done."

Kevin explained that having to tell his father, a career Soldier for over 35 years, was one

of the most heartbreaking conversations he had ever had. In fact, he put the conversation off for

multiple weeks despite his close relationship with his father: "To have to call and tell him that,

Hey, this is the end of it [Kevin's career]. We've got a few months left [and there is] nothing we

can do was emotional for both of us." Once Kevin eventually initiated this conversation, his

father had sage words for his disheartened son, reminding him that "everything happens for a

reason, and it'll work out the way it's supposed to work out." Kevin felt sad, angry, and "Just

disappointed, you know? Real disappointed in myself …I didn't accomplish what I set out to

accomplish," which was to live up to the service of his father. His last day wearing the uniform

was a "very, very hard thing to do. I don't know, it's still hard to talk about. It was an emotional time, man. [The] uniform means a lot… I mean, at least it did…to me." Despite having many superiors advocate on his behalf, Kevin and his wife traveled back to the United States within seven months of notification, now trying to "make sense" of their lives.

Initially, Kevin and his family moved back into his parents' home. Kevin characterized his transition experience in saying, "I was lost. Probably for the first two years, I was just completely lost at how things worked [in the civilian world] …I felt like a total failure…like I had really screwed up not only my life but my wife's … I felt like I let everybody down." It was during these "dark times" that he relied heavily on the support of his father and wife. Because his father understood military culture firsthand, he was able to connect with him in a way that is unique to veterans. The unyielding support of his wife is something for which Kevin expressed immense gratitude.

Kevin quickly learned there were many questions he had not thought to ask while in Transition Assistance Program (TAP) class, explaining, "[TAPs instructors] try to prepare you and get you ready, but once you get out, the real world is not as all nice and bubbly as they make it out to be." After some difficulties, Kevin found a job operationally testing riding lawnmowers. Compared with the responsibilities of serving in the military, the civilian job felt void of purpose to him. Unsatisfied, he continued his search. Recalling this process, he explained that "trying to find where you belong, you know, trying to fit into somebody else's world was the hardest part." Kevin refused to give up his search for meaningful work; after all, he now had an infant daughter to take care of.

Kevin's job search eventually led him to the office of a local Air Force recruiter. The Air Force had recently introduced measures to rehire previously discharged aircraft mechanics.

Kevin thought, "This [is] my chance" and immediately began the process of rejoining the Air Force. In a cruel twist of fate, it turned out that because Kevin had been "forced out" and had received an unfavorable separation code, Kevin was prevented from reentering the Air Force. This rejection deeply impacted Kevin. According to him, the news "made me kind of drop off into a real dark spot. It definitely made me not be *me*. I'm usually a pretty outgoing, cheerful person, and it just took the wind out of my sails." Disappointed, Kevin continued his search for a place in the civilian world.

Kevin eventually found a sense of purpose working in the sanitation industry, which initially came alongside some stigma. "I didn't even want to tell people that I worked [for] a trash company…but I look at it now, man—we serve a pretty big purpose. So, it gives you a little bit more reason to get up and go to work." If he "couldn't serve the country, [he] wanted to serve the community." His deeply rooted value of service to others was one borne from military service and it continues to serve him well in civilian life. Despite his successes, Kevin holds deep regret for the way in which his military career ended: "I think about it every day. I miss it every day, [and I] wonder what I could have done different to prevent it from happening." Ultimately, however, he had found the silver lining in a dark cloud:

> It took me until I had been out two years before I really realized [that] this [separation] could have happened for a reason. Maybe this is going to be a better life for me on the outside. We take it one day at a time, find the bright side in today, and look forward to tomorrow.

Tony

Tony is a 34-year-old Hispanic male who, after nine years of service in the Army, was forced to medically retire. Tony reached the rank of Specialist (E-4) and was deployed to Iraq once. Tony was stationed across the United States beginning on the east coast with the Army National Guard (ANG). It was during his time with the ANG that Tony was deployed. Shortly

after returning from Iraq, Tony decided to apply for a transfer to active duty. Once accepted, Tony and his first wife moved to the Rocky Mountain region of the United States. Around that time in Tony's service, symptoms of PTSD and depression began to overwhelm him.

Halfway through his active duty time, Tony's mental health began to decline: "I just stopped taking care of myself, basically." During his last year-and-a-half in the military, Tony recalled losing his military bearing—a term used to describe respectful conduct expected of subordinate Soldiers—with his immediate leaders:

> I wasn't motivated. I was lacking any sense of caring, you know. I'd show up to formation on purpose late because I just didn't want to deal with people. …I dreaded going to work in the morning. I dreaded waking up. I found every excuse I possibly could to find my way out of work.

In describing his rising struggle with depression, Tony recalled, "Everyday was a battle to get in and out of bed. It was a battle to go to work. It was a battle to get home from work—and there was a lot of drinking involved." At one point, his depression was so severe that Tony attempted suicide by overdose. His attempted suicide resulted in hospitalization rather than death. In hindsight, Tony attributed his rapid decline to his later-diagnosed PTSD.

During 2012, when Tony's local area was under threat from wildfires, the smell of smoke triggered a traumatic memory of his deployment to Iraq: "I blacked out [and] the next day I woke up at [a regional] hospital …They [medical professionals and friends] were telling me, 'You were angry, you were violent, and you were trying to fight people.'" Fortunately, Tony had a close friend—whom he called "a battle buddy"—who was willing to restrain him and get him to the hospital. Following his discharge from a psychiatric hospital, Tony was informed a medical review board would be convened to determine whether or not he would be able to continue to serve. After meeting with a psychologist and psychiatrist, Tony was informed he was "no longer fit for duty." This was a major blow to him that resulted in feelings of anger and a deep sense of

loss. Tony was angry with himself "for letting it get to that point" and angry with the Army "…because I felt like I gave the military so much, and I felt broken, [and] they wouldn't fix me." For Tony, going from a contributing member of his unit to a point where "[He] couldn't function anymore" left him in shock: "I didn't even know who, and to this day I sometimes look in the mirror and I still have trouble working out who I am."

Tony's struggles with PTSD, depression, and impending forced retirement were further compounded by marital problems, which ultimately resulted in divorce. Recalling the reasons behind the deterioration of his marriage, Tony explained that his former wife "couldn't understand what was going on with me [psychologically], let alone *me*." To Tony, the difficulty coping with PTSD symptoms was too much to overcome for a marriage that was already struggling. The loss of support from his first wife, however, was further compounded by losing support from his former unit.

Once the determination was made that Tony would be medically retired, he was immediately transferred to a unit whose sole purpose was to aid soldiers transitioning out of the Army. In rapid succession, Tony was ushered through multiple meetings designed to expedite the process of separation. His last day in uniform was a complicated one. On the one hand, "there was a small sense of relief, I guess, in a sense because, at least now with the Army in hindsight, it was time to try to figure myself out and rediscover myself again." On the other hand, "there was a little bit of sadness too…because that was my life that nine years. I didn't know anything else." Above all else, he felt "lost wearing that [uniform] for the last time. I knew once it came off, it wasn't going to come back on." The reason behind his forced retirement was a source of "shame and embarrassment" for Tony. Shame was brought on "because I couldn't, in my mind at the time, live up to what I perceived to be a great servicemember." Embarrassment—perhaps

more appropriately termed stigma—arose because he was retiring due to PTSD. Tony was encouraged by his mental healthcare providers to reframe being *broken*: "[Broken] isn't the right word, I've been told. But it feels like that."

In addition to retirement pay, Tony receives compensation for disabilities and full healthcare benefits through Tricare and the VA. Being eligible for benefits and being able to access those benefits were two very different things for Tony. While navigating the bureaucratic process of leaving the military was efficient for him in many ways, accessing mental health care following separation was far from efficient. Following his retirement, Tony sought treatment for his PTSD without success. According to Tony, he was involved in an elaborate pattern of being passed between Tricare and the VA with no one accepting responsibility for his coverage. Ultimately, Tony crossed paths with the Army Wounded Warrior program through which he was able to find and maintain PTSD treatment. In addition to being connected to a wide network of providers, Tony was also aided in navigating both the VA and Tricare systems.

Tony found a new source of support through the Army Wounded Warrior program. Additionally, Tony soon met his current wife who has proven to be his single greatest source of love and support. Learning to navigate PTSD treatment was imperative for Tony to regain control of his life. Finding an approach to PTSD that harnessed the love and support of his wife allowed Tony to build on stability toward new goals. Currently, Tony is two semesters away from earning a master's degree in sports medicine. Indeed, Tony's story is best described as one of overcoming adversity through networking and support. While his day-to-day life includes coping with the symptoms of PTSD, it also includes hope for the future.

Devon

Devon is a 34-year-old Hispanic male who, after 14 years of active duty service in the Air Force, was forced to medically retire in 2018. Devon reached the rank of Master Sergeant (E-7) and was deployed to the Middle East once. Devon was stationed at various installations across the world including in southern Europe and Hawaii. While in uniform, Devon served as an aircraft mechanic, instructor, regional expert, and the NCOIC of the base's Honor Guard. Devon is married with two children and currently lives in the southwestern United States. Although Devon has found a new direction in life working in the technology sector, his transition story is one marked with personal sacrifice, identity challenges, and employment difficulties.

Devon grew up with a singular focus on joining the Air Force and for 14 years, he lived out his boyhood dream of maintaining aircraft. Many of his family members chose to stay in the southwestern United States but Devon was committed to seeing the world. Upon entering the Air Force, Devon quickly established himself as a top technician solving complex mechanical problems and ensuring the planes he was assigned to were ready to transport supplies to warfighters around the world. His reputation and mechanical savvy put him in a favorable position for promotions. Devon moved up through the ranks, eventually reaching the Senior NCO tier. Devon recalled a common phrase uttered following many promotions: "With more rank comes more responsibilities." The reality of this phrase came as no surprise to Devon as he quickly realized he was being groomed to become a First Sergeant charged with managing people instead of aircraft.

While Devon would have preferred to continue working in aircraft maintenance, he acquiesced to the will of his superiors and met the needs of the Air Force. While preparing for his next career challenge, Devon became violently ill. He was unable to consume food or water

without immediately regurgitating it as though it were "poison." Devon initially believed food poisoning was responsible for his loss of 15 pounds in a single week. To make matters worse, his legs and lower abdomen were essentially "one large blister," which he dismissed as a bad case of eczema. Devon was losing weight at such an alarming rate that he was rushed to the emergency room where he was fed intravenously and treated for dehydration. Desperately searching for answers, Devon was sent to various medical experts on the island where he was stationed. Unfortunately for Devon, they offered him no solace.

Devon frequently reported to the Emergency Room (ER) only to be fed a steady diet of toast and water in hopes the mild diet would be palatable to his stomach. Despite the many experts who were consulted and the various tests conducted, it was an unassuming "brand-new First Lieutenant" who first hypothesized that Devon had celiac disease. The young doctor immediately ordered biopsies on Devon's stomach and legs, which determined that the young First Lieutenant was correct—Devon had a severe gluten intolerance that required him to completely alter his diet. Devon indicated that, in hindsight, the ER staff was "pretty much poisoning me with the gluten in the flour." The unintended consequence of Devon's diagnosis was it automatically triggered a medical review board even though his doctor reassured him the medical review "shouldn't be a big deal" and he would "probably be able to stay in." In all, Devon's close brush with death resulted in a loss of approximately 30 pounds, a diagnosis of celiac disease, and a medical review board being summoned to determine his fitness for duty.

On the national stage, the Department of Defense was going through its own changes. Jim "Mad Dog" Mattis had recently been sworn in as Secretary of Defense and immediately implemented a "deploy-or-get-out" policy, which dictated that service members who were unable to deploy must retire or separate. Devon understood he was "non-deployable" and, as a

result, could be forced out of the Air Force. His fears were confirmed when the medical board concluded Devon would be medically retired after 14 years of service. Devon recalled, "Psychologically…I had to pretty much disassociate myself with the Air Force and think of myself as a civilian. Where am I going to go next?" In a blur, Devon was forced to set aside his lifelong dream of military service and focus on finding new ways to provide for his wife and two children.

Devon immediately began searching for employment outside of the military to no avail but he would not be deterred. While in the TAP, Devon took advantage of the many services available to separating military members including constructing a professional resume. Devon was commended by TAP facilitators for his experience in leadership positions and his electronics degree, both of which were expected to make him stand out in the civilian job market. Unfortunately for Devon, the civilian marketplace was far less accommodating than it was made out to be.

Within three months of being notified of his forced retirement, Devon and his family were back in the southwestern United States searching for a new direction in life. Despite following multiple job leads, Devon was forced to take a menial job at a call center. Devon knew his search for a new career was far from over. After another two months had passed, Devon was offered a job with a mining company who offered better pay and a path toward state licensure as an electrician. Devon quickly realized the company in fact could not offer a path toward licensure. Furthermore, Devon felt he was being treated as though he was an unskilled apprentice whose greatest responsibility was sweeping floors. This paled in comparison to the responsibilities and respect he earned while in uniform. Devon's renewed job search landed him back in the aircraft industry, this time constructing helicopters. Within just a few months, Devon

found himself at odds with his direct supervisor over unsafe maintenance practices. Unfortunately, by standing up to his supervisor and "blowing the whistle," Devon had sealed his fate in the local aircraft industry. Essentially "blacklisted," he would need to find a completely different career field.

During the first few months following his forced retirement, Devon also struggled with his mental health: "I was really depressed. Like, I knew I was not a joy to be around." During these difficult times, Devon was supported most by his wife and family: "My wife, she's been there for me … She knows that I love the Air Force and knows I miss it." The ebb and flow of navigating a new civilian identity while finding purpose and direction in his career led Devon to push away his family at times. For a short period of time, Devon's wife returned to Europe with their children to spend time with her parents. This allowed Devon to focus solely on finding his place in the civilian world and it did not take long for his efforts to pay off.

Based on a tip from his real estate agent, Devon applied to and was hired by a large technology company focusing on engineering and software development. Despite his lack of experience in the tech industry, the company saw tremendous potential in Devon. Almost two years later, taking the job appeared to have been one of the best decisions Devon had made since retiring. He found a new direction in life and even connected with a few veteran co-workers. The company prides itself on hiring veterans and even provides opportunities for veterans to connect through work-related veteran groups. Similar to the Air Force, Devon's employer provides free mental health treatment for a wide range of concerns including PTSD. While in the Air Force, Devon took advantage of mental healthcare benefits at various times throughout his career. Once he retired, Devon found he sorely missed these helpful resources. Although he has not accessed mental health care since his retirement, Devon believes that having a caseworker to connect him

to available resources would have saved him time and heartache during the first year following separation.

Patrick

Patrick is a 48-year-old, self-described "human, red-blooded Earthling" male who served in the Marine Corps for over 26 years. He is currently living in the Rocky Mountain region of the United States with his wife and two adult-aged children. During his time in service, Patrick reached the rank of Master Gunnery Sergeant (E-9) and was the senior enlisted NCO operations chief. During his eight years as operations chief, Patrick was in charge of over 400 service members and U.S. allies throughout the Pacific and Southeast Asian regions. Despite beginning his career as a "peacetime Marine," Patrick was deployed 13 times to over 70 different countries. His total deployed time amounted to about 14 years in total. Ultimately, Patrick was forced to medically retire in 2016 on account of a multitude of injuries sustained during his time in service including two broken necks, another potentially debilitating medical condition in which the spine is compressed by carrying heavy pack loads over time.

The first time Patrick broke his neck was during a deployment in Iraq in 2007. In Iraq, Patrick and his unit were responsible for vetting and hiring over 26,000 Iraqi police officers during the governmental transition period. Additionally, Patrick's unit was responsible for providing security for Muslim pilgrims traveling across war-torn Iraq. One unfortunate afternoon, Patrick and his team were traveling at 70 MPH in a mine-resistant ambush protected vehicle when a tire dropped into a large hole in the road. Patrick—who was manning the turret— was ejected about 20 yards from the vehicle, which rolled violently. A recovery vehicle was dispatched to assess the damage and provide medical care to the 12-man team. Patrick was quickly assessed by hospital corpsmen and allowed to continue his deployment. Despite knowing

he was "not okay," Patrick pressed on as he felt his 12-man team needed him as the NCOIC.

Once he returned to the United States, he was immediately promoted to Master Sergeant (E-8)

and sent out on another deployment. Instead of having his neck properly evaluated and treated,

Patrick learned to cope with the pain through quarterly cortisone shots in his neck.

Patrick found this "Band-Aid" approach to treating his broken neck to be temporarily

helpful, allowing him to continue to deploy and earn promotions. Unfortunately, this all went

terribly wrong during a physical evaluation. The Marine Corps has two primary means of testing

physical fitness: the (a) Physical Fitness Test (PFT) and (b) the Combat Fitness Test (CFT). Each

test is monitored by evaluators and others within the unit. Outcomes of these tests had

ramifications for promotion; however, for Patrick, saving face in front of his subordinates was of

the utmost importance to him. Wearing over 60 pounds of combat gear for countless 18-hour

days had compressed Patrick's spine to such a degree the added weight of a 200-pound Marine

proved too much for him to endure. Patrick recalled:

> So, you've got to be able to pick up that 200 pounds and get them up over your shoulder, and then I had to run with him. It was during a run, close to the end, and it just hit his weight—hit the neck—just right. Snap! Right down to the ground. … [The pain felt like] sparks in my brain. I could feel it throughout my whole body.

Looking around at his junior Marines, Patrick thought, "Dumb me, just shake it off, pick

him up again" and he made it the rest of the way. Once he completed the CFT, Patrick "knew

something was definitely wrong" but he needed to finish the rest of the evaluation. That was the

second time Patrick broke his neck and, to make matters worse, he had developed "Pack Palsy,"

rendering the arms virtually unusable due to the loss of circulation. When this condition became

so severe as to cause paralysis in the affected arms, Patrick knew he needed to address his health

and immediately sought treatment.

After a robust medical evaluation, Patrick's doctors recommended he have a surgical procedure to fuse vertebrae, potentially permanently limiting the range of motion of his head. Patrick agreed to have the surgery, understanding it would also entail significant physical rehabilitation. His doctors anticipated that Patrick would endure significant pain while undergoing this rehabilitation so they prescribed him opiates to help limit his pain. Following the surgery, Patrick began taking a regimen of "six pills a day of both Oxycodone and Oxycontin," which he maintained for three months. As a child growing up in a region notorious for its trouble with opiate addiction, Patrick was no stranger to what "a lifetime of medication" looked like—addiction. Armed with this knowledge and the support from his wife, Patrick sought alternative treatments.

Through acupuncture, massage, and physical rehabilitation, Patrick was well on his way to recovery. After being transferred out of his role as Operations Chief into the Wounded Warrior Battalion, Patrick's primary responsibility was to heal. Given he was permitted 18 months to recover and to successfully complete a PFT and CFT, he found it odd his leadership was pushing him to retire eight months into rehabilitation. Ignoring their recommendations, Patrick continued to inch his way toward recovery. As time went on, it became clear to Patrick that he would not be able to meet the recovery deadline. Additionally, Patrick refused to take his prescribed pain medication. As a result, Patrick was accused of selling his medications by his leadership when he did not fail a urinalysis as was expected. This insult blatantly called his integrity and honor into question. This falling out with the leadership of the Wounded Warrior Battalion also mirrored his relationship with his doctors. Essentially, Patrick was told neither massage nor acupuncture was sanctioned by the Marine Corps and he needed to discontinue all

treatment. Faced with this ultimatum, Patrick did what he was told and filed for retirement. Even

when faced with forced retirement and having his integrity questioned, he stated the following:

> I've never been a very emotional [person]. I cried when my son was born. I cry with the death of my friends, but I never get angry about what happens while in because it's only just the machine moving. If you're there or not, the machine keeps moving. So, you can't get angry…getting angry doesn't do any good. Embrace it.

Following his forced medical retirement, Patrick relied on the support of his family to

help him process the transition. Initially, Patrick and his wife lived in a recreational vehicle and

traveled from California to the Pacific Northwest where they traveled from campsite to campsite

for approximately three months. Patrick and his wife decided to settle in the Pacific Northwest,

where they could be closer to family. Patrick and his wife lived in the Pacific Northwest for

about six weeks when the nearly 90-mile trip to the closest VA clinic became too much to bear.

His concerns related to his limited access to treatment along with other nonrelated concerns

prompted him and his family to move in with his wife's parents in the Rocky Mountain region of

the United States.

Since retiring, Patrick has not accessed mental health care through the VA, although he

acknowledged the "horror stories about the VA" mental healthcare system. Patrick's own stories

related to the VA have been mired by frustration, focused on dental treatment and physical

rehabilitation. However, Patrick has found non-traditional medicine to be particularly helpful in

his neck and back rehabilitation. Unfortunately, just like the DoD, the VA does not condone or

pay for acupuncture, massage, or chiropractors. Despite advocating for non-traditional medicine,

Patrick has resorted to paying "out of pocket" for his treatment. Compared to being unable to

complete the PFT or CFT in the military, Patrick is proud of his post-retirement rehabilitation:

"I'm running a 5k everyday now, so that's where we're at." In less than two years of seeing a

chiropractor, Patrick's head mobility has gone from about 30 degrees to nearly 180 degrees.

Patrick expressed frustration toward the medical community both during and after his time in the

Marine Corps, especially regarding the limited options offered:

> The only thing they're offering are surgery or drugs. That needs to change because there are other therapies that get you back on your feet without cutting you open [such as] chiropractors and massage therapy. I am living off of those two and I'm [at a point where] I could serve again.

Patrick is the quintessential Marine Corps veteran as exemplified by the wall-to-wall

trinkets and memorabilia collected over 26 years of service proudly displayed in Patrick's home

office. Each picture captured a moment in time when those closest to him were the men who

slept beside him in the deserts of Iraq and Afghanistan; he placed his life in their hands and they

placed theirs in his.

Understanding his commitment to the Marine Corps provided a stark contrast to his

choices following his forced retirement. Patrick decided to walk away from any and all DoD-

affiliated careers regardless of salary: "I was offered them, but I was kind of pissed off at the

military at that point … Not allowing any type of shifting to meet my medical needs, which they

didn't. They refused to even discuss it." Today, Patrick is a full-time student at a public

university in the Rocky Mountain region of the United States.

Being asked about mental health care in the military, Patrick reflected that over his

decades of service, he saw the Marine Corps' approach to mental healthcare change drastically.

When his career first began in 1990, going to see a psychologist—often called "the wizard"—

would result in discharge from the military regardless of rank. The changes in Marine culture

were mirrored by Patrick's own thoughts about seeking psychological help. Following the loss of

a well-respected and loved major, Patrick sought help from "the wizard." Stoicism and toughness

are a hallmark characteristic of military service. Indeed, overcoming incredibly distressing

events requires a certain degree of resilience from all service members and Patrick was no exception.

When asked how his identity has shifted since retirement, Patrick paused, took a deep breath, then replied:

> That's difficult… It is kind of difficult to put the Marine hat down, and, after 26 years, I still maintain part of it. You're institutionalized at that point… I went into the military and they raised me through my twenties from my late teens. They made me the man I was, or am—still am.

Ultimately, Patrick deferred to his wife and adult-aged children regarding the ways in which he had changed. The family consensus was Patrick "smiles more now." He has settled into his long-lost identities of father and husband while adding graduate student to the list: "I have my life back. I *have* a life now. [While in the military], there was Master Guns. I went to work, and then [it was] dad who came home. Now, I can be dad and husband 24/7."

Emergent Themes

In this section, I outline the superordinate and subordinate themes that emerged during data analysis. After conducting interviews, I spent a considerable amount of time reflecting on who the participants were, what they were trying to convey, and what my own reactions meant. During the interview process itself, I documented my own reactions primarily through the use of a research journal. This research journal was also used to document various decisions I made along the way regarding participant inclusion and follow-up questions. In accordance with the IPA method (Smith et al., 2009), after transcribing the first interview, I read the transcription at least twice while listening to its interview recording. Each transcript then was formatted in line with IPA recommendations (Smith et al., 2009), providing ample space to collect initial comments and follow-up questions for the second interview.

By examining both the whole and individual aspects of the transcripts, I was able to gain a deeper and more complex understanding of what these participants were trying to convey to me. To confirm my initial findings and to ask lingering questions that emerged subsequent to the initial interview, I conducted follow-up interviews with each of the nine participants; these second interviews also constituted as member checks. After analyzing each participant's two interviews altogether, I then began to compare and contrast data between participants. In this way, I was able to juxtapose sometimes-conflicting accounts related to the phenomenon being investigated and, in turn, uncover various subordinate themes that were later nested under superordinate themes. Each superordinate and subordinate theme was then shared with another doctoral candidate in Counseling Psychology who had an expertise conducting qualitative research. He reviewed the interview transcripts of three participants (totaling six transcripts). We then met weekly to verify my findings. We also worked to make each theme name effectively encapsulate the experiences described by these participants. Six superordinate themes emerged from this process displayed in Table 4.

Table 4

Comprehensive Table of Superordinate and Subordinate Theme Names

Theme	Superordinate Theme Name	Subordinate Theme Names		
1	Military/Civilian Cultural Differences are Dramatic	Structural Differences	From Leading Many to Missing During Reintegration	Military Values Maintained Following Involuntary Separation	Collectivism	Military as Family and Community
2	Who am I Now? Life After Involuntary Separation	Change of Purpose	Am I a Veteran, Civilian, or Something In-Between	Putting Family First	
3	Disappointment and Disenchantment	Disappointment and Disenchantment with the Military as a Whole and/or Respective Branch	Disappointment and Disenchantment with Military Medicine Pre/Post Discharge	Disappointment and Disenchantment with the Unit including Workmates and/or Unit Leaders	
4	Psychological Concerns as a Result of Involuntary Separation	Personal Mental Health Concerns	Barriers to Mental Healthcare Benefits	Importance of Psychological Preparation	
5	Recommendations for Mental Healthcare Providers	IS Veteran Characteristics	IS Veteran Concerns Related to Transitioning		
6	Interpersonal Theory of Suicide	Perceived Burdensomeness	Suicidal Ideation as a Response to PB	Thwarted Belongingness	Suicidal Ideation as a Response to TB

**Theme 1: Military/Civilian Cultural
Differences are Dramatic**

The first theme that emerged from the interviews was that military life and civilian life

were, in terms of culture, dramatically different. Each participant described the vast differences

between the cultural milieu within a military setting as compared to a civilian setting they

experienced following their involuntary separation from the military. As they attempted to

navigate life following their military service, the participants recognized that the military is a

highly structured environment that demanded adherence to high standards of personal conduct in

line with the military hierarchy. They highlighted the high level of responsibility they held while

in uniform, contrasting it with re-entering the civilian job market in terms of leadership, job

expectations, and family life. Core military values were identified as incontrovertible differences

between life in the military and life in the civilian sector. Collectivistic military culture was

described by many participants as another key factor that distinguished military life from civilian

life, which often was described as individualistic. Finally, these participants explained they

viewed their fellow service members and dependents as family. They experienced a deep sense

of community while serving in the military—one that is sorely lacking in civilian life. Table 5

depicts each subordinate theme nested within Theme 1 (Military/Civilian Cultural Differences

are Dramatic). Table 4 also identifies which subordinate theme was endorsed by each participant.

Table 5

Theme 1 Subordinate Themes Endorsed by the Participants

Participants	Subordinate Theme				
	Structural Differences	From Leading Many to Responsible for One	Military Values Missing During Reintegration	Collectivism Adhered to Following Involuntary Separation	Military as Family and Community
Rob	X	X	X	X	X
Charlie	X	X	X	X	X
Preston	X	X	X		X
Jason	X	X		X	X
James	X	X	X	X	X
Kevin	X	X	X	X	X
Tony	X	X	X	X	X
Devon	X	X	X	X	X
Patrick	X	X	X		X

Note. n = 5

Subordinate Theme 1: Structural Differences

Participants of this study unanimously highlighted the vast differences between military life and civilian life in terms of their structures. Military life was described as being consistent; there were expectations of where and whom one needed to be and what tasks needed to be accomplished on any given day. Furthermore, understanding who was in charge and where they fit within the hierarchy was "easy" in the military. Most but not all participants described the sense of structure in the military—whether related to rank or daily tasks—as a source of comfort;

knowing what was expected each day allowed for a firm grasp of one's standing within the unit and military society as a whole. In civilian life, however, this social order was experienced as far less apparent. Participants fell into two separate groups; some viewed the limited structure of civilian life as chaotic, whereas others viewed it as liberating. Regardless, they all felt there to be a stark difference in structure upon their involuntary separation. For those participants whose military role was to follow orders (i.e., lower in rank), not having clear directives felt especially chaotic as a civilian.

Lack of Structure Viewed as Chaotic. Overwhelmingly, most participants viewed the lack of structure, military hierarchy, and clear objectives as chaotic following their involuntary separation. The respective rank and role each of these participants held while serving in the military appeared to affect how they viewed giving and receiving orders. Each military member understands that in certain circumstances they are expected to give orders while in other situations they must follow them. There is little doubt in any setting who is superior to whom. For example, Kevin was forcibly separated as a Senior Airman (E-4), which is largely commensurate with following orders because he had not yet reached noncommissioned status. Once involuntarily separated, Kevin found the lack of clear structural expectations disorientating:

> When I got out, I was still looking for somebody to tell me where to go, what to do, what time I had to be somewhere, you know, and, um, it didn't happen. I had free will to do what I wanted and I didn't have a clue how to, I mean—I just didn't have a clue how to cope with that. …Like I said, trying to find that structure made it—that's what made me miss [military life] more. Just trying to find, I guess, trying to find where you belong, you know, trying to fit into somebody else's world was the hardest part.

In his second interview, Kevin expanded on what he described as a frustrating and cumbersome lack of structure for him as a civilian. He went on to explain that many civilians expect to begin their careers as a boss rather than as a novice. Understanding whom to emulate

above him in the chain of command helped him paint a clearer picture of the standards he was

expected to live up to while in uniform. Kevin stated,

> **[**In] military life, you have a rank structure. You start at the bottom and work your way up. You know who your superiors are; that's who you follow and who you strive to be— you know, the positions that you strive to have. The civilian world, you come in trying to shine, to carry a lot of that. And a lot of people just want to kind of do what they do. Everybody wants to be the boss…and just go that route.

Preston, forcibly separated as a Senior Airman (E-4), juxtaposed striving to adhere to

military standards and structure with transitioning to a civilian lifestyle. He initially found it

relieving to not have to shave or exercise but eventually, the lack of structure and standards made

him feel something was simply *missing*:

> Like, you're put on a high pedestal…you're put up to this [raises a vertical hand], these certain standards, and once you're out of the military, those standards are irrelevant. Like [Physical Training], shaving, stuff like that. So, it was kind of like a relief, but at the same time, I felt sad that I was [long pause]. Because I wanted to make a career out of it. So, I was still kind of bitter about it. Like, bitter about getting kicked out of the military like that. …It took a long time for me to kind of [get used to] not having those sets of rules and those regulations. They were kind of somewhat strict. It was just hard. It was, it was kind of like, it was *different*.

Tony, who also was an E-4 when he was forced into medical retirement, described his

first few months post involuntary separation as severely lacking in both structure and routine. He

described structure as a central aspect of military culture, one that provided him with comfort

through the maintenance of various routines:

> That was my life, those nine years. I didn't know anything else. [I would] get up, get dressed, go to work …[When] I deployed…[I] would still just get up, put the uniform on, and serve the country. …That [first few months after separation] was just [long pause]. I had lots of chaos. That's what it felt like—chaos! There was no structure. I had nothing to do. …Military beliefs and lifestyles are a lot different to what civilians believe and follow because we [military members] have a lot more structure.

Both Rob and Charlie described feeling a sense of comfort in adhering to military

structure. As a Sergeant First Class (E-7) who was forcibly retired, Charlie knew exactly where

he fit within the military hierarchy. This allowed him to anticipate how others would interact with him. Charlie identified "having to deal with people that have no structure" as one of the most difficult aspects of transitioning to civilian life. Rob, whose highest rank in the Air Force was E-5, explained that the convenience of having structure within the military came with a cost following involuntary separation:

> You give up your freedom but it comes with a kind of convenience because you know exactly what you're gonna be wearing every day. You know *how* you're supposed to be every day. You know *where* you're supposed to be every day, and you more or less have your whole year planned out for you. All you need to focus on is being good at what you do. And so, the Air Force…they make it easy for you. …Now, I'm out of the military [and] none of that is made up for me anymore.

Devon described the shocking experience he had in going from a Master Sergeant (E-7) in the Air Force to an apprentice electrician following his involuntary medical retirement. He explained that the level of respect given in the military was largely dependent upon one's rank— roles were easily identifiable in the military—whereas in civilian life, this was not the case:

> I had to be humbled quite a bit. …A Master Sergeant walking around the squadron definitely commanded respect and people listen to what they had to say. …I had this false notion in my head that I would have the same respect out of the military. …[In] military life, everyone has a role. Everyone knows their job. Everyone stays in their lane and, for the most part, everyone respects each other. Whereas in civilian life, now I'm learning that a lot of roles overlap. A lot of things don't have a lane and it's easy to stray from what you're trying to do. There is no clear structure…which really confused me at first.

Lack of Structure Viewed as Liberating. On the contrary, losing the military hierarchy upon involuntary separation was seen as liberating for two other participants. Patrick, a Master Gunnery Sergeant (E-9), was forced to medically retire after 26 years of service in the Marine Corps. Patrick expressed relief to no longer need to be "Master Guns," which he viewed as isolating— instead he could focus on being a father and a husband at all times. Unfortunately for him, his sense of isolation continued even after his forced retirement while interacting with

fellow veterans. Among those who did not share a service history, however, Patrick expressed

feeling more comfortable exchanging smiles without having to navigate the military hierarchy:

> So, it's really hard to, after distancing yourself within [the military] and not [by] holding yourself at a higher place or putting yourself on a pedestal but by keeping yourself separated at that rank. When I discuss with other veterans what my rank was, all of a sudden they place you on that pedestal. It's not something I want. Never did. It's just something that happened.

Jason also found it liberating to no longer adhere to the military hierarchy following

forcible separation. Jason's work with a veteran's advocation agency now puts him in direct

contact with both current service members and veterans. His co-workers comprise a diverse

collection of veterans who have served as either officers or enlisted across the military hierarchy.

While his clients still adhere to the military rank structure, Jason explained that the roles

consistent with military hierarchy now actually hinder his ability to serve clients through his

veteran advocacy agency:

> When you're there [veteran advocacy agency], you're not a Staff Sergeant , or Captain, or Major, or Airman. You are Josh, or you're Jason, or Jen—you are your first name. You really don't know rank. One of my best friends [and coworker] was a Captain. He was a fighter pilot.

Overall, each participant identified that structure, whether in the form of daily routine or

military hierarchy, constituted a quintessential difference between military life and civilian life

that they encountered following involuntary separation. Although two participants found the lack

of structure associated with civilian life to be liberating, the vast majority of participants found it

to be difficult to navigate, frustrating, and confusing.

Subordinate Theme 2: From Leading Many to Responsible for One

Unanimously, these participants highlighted the changes in the degree of responsibility

they saw as a clear difference between military life and civilian life following involuntary

separation. Whether it was leading a large number of subordinates or having a high degree of responsibility associated with a specific job, many participants expressed the responsibility they held in the military was overlooked—if not outright dismissed—once they transitioned back to civilian life.

From Leading Others to Not Leading at All. Many participants identified the number of troops they had led in the military as both a source of both pride and evidence of contributions they had made to their respective service branches. For one, Charlie expressed pride in leading "Anywhere between 4,000 and 10,000 soldiers" during a single deployment. After being forced to retire, Charlie then found himself to be responsible only for himself in his civilian work. He explained that interacting with civilians post-retirement has been difficult for him because they seemed to have a complete lack of understanding regarding the level of responsibility he previously held: **"**[A civilian boss says] 'Oh, you did 20 years?!' But they don't really care. It's not even a conversation starter. [The civilian boss then says] 'You did 20 years and now you're doing *this?*' And it's like, 'I can do the same thing as you and probably better.'"

For Preston, earning the rank of Staff Sergeant meant a great deal to him as it exemplified the level of contributions that he could make to his unit: "I was proud of being a Staff Sergeant, you know? After like four or five years, having made Staff, and I'm starting to be in a position of leadership. Even more leadership roles, and everything changed from that to now."

Patrick expanded on what leadership meant to him after 26 years of service and explained how jarring his sudden change in responsibilities was to him. Being a critical member who was responsible for the success of his unit was important to him. Going from a role that was responsible for putting Marine boots on the ground within six hours of a global conflict to being transitioned out of the military was, to say the least, difficult for him: "I think that was the

hardest piece is, just, you get to that pinnacle [of your career], and you're moving towards your

goal within the command itself, meeting [command] goals internally, and then—it's all over.

And then they expect you to step down."

Greater Degree of Responsibility in the Military. These participants expressed that

their military roles entailed a high level of responsibility. Many participants were responsible for

maintaining multi-million-dollar aircraft or ships while others were responsible for the very lives

of their colleagues. Regardless of specific responsibility, however, serving in uniform contrasted

starkly with the perceived lack of responsibility they then held in civilian life post-discharge. In

fact, they often described their civilian jobs as extremely mundane by comparison:

> Devon**:** You know, 15 years ago, I was a kid—and I had more responsibility than most
> people have when they're 40. So, it's definitely hard to explain that [to civilians].

> Jason**:** I started working night shift at Walmart stocking shelves and, uh, that's really
> mind-numbing work. They knew I was military, so the first day they wanted me to
> become a manager, and I was, like, "This is not my world. …I expected more of myself
> and I plan to do more with myself."

> Tony**:** So, you, like, tidy up the house [after everyone else goes to work]. Well, that's
> shit, and there's only so much you can do in a day before you do the same thing and it
> becomes mundane. I was just lost.

> Devon**:** I got out as a Master Sergeant and [I was] being treated like the apprentice was.
> [This] was not ideal for me. I was going crazy being told what to do. "Sweep the floor.
> Clean these windows" and do all this work that I was, you know, a decade past at least.

Subordinate Theme 3: Military Values
Missing During Reintegration

Almost every participant identified experiencing key differences between the cultural

values held by their military community and those they encountered later on in civilian life

following involuntary separation. While there is not necessarily an exhaustive list of values that

are consistent with military ethos, each military branch explicitly defines what are its own "core

values." For example, "honor, courage, and commitment" are explicit expectations for members

of both the Marine Corps and the Navy. Self-sacrifice, loyalty, discipline, flag etiquette, and integrity were all listed as additional military-specific values held by participants of this study. While these values could certainly exist in civilian life as well, they are not necessarily overt expectations among civilians. Despite the differences in overt value expectations, participants of this study gave examples of their unwillingness to deviate from their military-specific values. For example, one participant's rigid adherence to core military values resulted in a job loss following involuntary separation.

Frustrations in Navigating New Cultural Values. Many participants expressed difficulty in transitioning from a military milieu to civilian life. Participants often experienced immense frustration while learning how to navigate unspoken cultural values within their civilian job settings post involuntary separation, especially when their coworkers lacked an understanding of military values.

> Charlie: It's terrible. It's like jumping into cold water. It's a shock because there's no structure. There's, like, all this stuff that we hold dear. You know, like, in the military, [we] know leadership, loyalty, duty, respect, selfless service, honor, integrity, personal courage. They have none of that—none of that. Most of them don't. All they out for [is their] self. As long as they get a paycheck, they good.

> Kevin**:** I mean, you get taught a certain way in the military, and when you get out, they haven't been taught, I guess, that same discipline. So, you try to find that place that can fill some [cultural] gaps. You're never going to find the full military aspect of life but trying to find something close to it is the tough part.

For Devon, adherence to the core military value of integrity ultimately forced him to change his occupation following involuntary separation. After months of searching for a position that would allow him to do job tasks similar to what he did in the military, he was eventually hired to construct helicopters for foreign countries. Devon revealed feeling forced to choose between his integrity and his job security when expected to turn a blind eye toward unsafe parts

being installed. His new company demonstrated certain cultural values, leadership styles, and

business practices that were vastly different from those of the military:

> In the military, if something's wrong and I raised the flag…the worst thing is that [the plane] doesn't fly and cargo doesn't [get] delivered downrange. …In working with [civilian helicopters], that kind of delay is the difference between having a job the next day or losing multi-billion-dollar contracts with some foreign military. So, I guess it all boils down to the dollar. Whereas I spent 14 years [in the military] where the dollar didn't matter in terms of my production…so you know, I caused the delay. I raised the flag. I refused to put my name on something that I didn't trust. And, you know, that's why I had to find a new career pretty quickly after that.

Flag etiquette was a specific point of emphasis for Charlie while explaining the

differences between civilian and military cultural values he encountered following his

involuntary separation. For him, using the American flag as a fashion statement or for political

reasons was completely unacceptable, especially for those who refused to serve in uniform.

Given that Charlie is a combat veteran with multiple deployments, his outrage stemmed from his

own personal sacrifices and the ultimate sacrifice that had been made by some of his comrades:

> All these gun-toting crazy people…talk about [what the] Constitution is and "my rights" but then they don't even go in the military. And they talking about honoring the flag and they got the flag on their car and wearing it as a shirt [or] wearing it as spandex…it goes against what the flag stands for. The flag is the *flag*. You ain't supposed to alter it but they feel entitled. Like, "I'm American. I do what I want."

Finding Core Values After Involuntary Separation. Following their involuntary

separation, some participants searched for cultural settings reminiscent of the ones they had

experienced in the military. Employers who purposely hired veterans served as beacons that

attracted some participants toward a veteran working community. Devon eventually found work

manufacturing computer components for a large company. Through his work there, Devon found

a new sense of community with some fellow veterans also employed there. Preston also found

employment alongside some fellow veterans for a company that manufactures fighter planes for

the U.S. military:

It's kinda like a brotherhood. I know a couple of friends that I have here [at his work] that are retired military. They're the first persons that I've called when I need help, like, "Yo! I need help right away." No questions asked; he's [veteran coworker] going to help me right away. And the same thing goes for me to him, you know, if he needs help, I'm right away going to help him out. So, you know, that camaraderie that we have in the military is still there when you're a veteran to some extent.

Multiple participants struggled to find a readymade veteran community following involuntary separation. After an exhausting—though ultimately successful—process of petitioning the Navy for his severance pay, James turned to his new community of fellow logisticians to help others. Instead of seeking out a readymade community that valued selfless service, James *created* one: "As soon as I got the signed contract and got my first check in the mail, I went and helped out those five other people and got them their money too."

Subordinate Theme 4: Collectivism Maintained to Following Involuntary Separation

The military has a longstanding foundational philosophy that the unit is greater than the sum of its parts. This cultural belief is instilled early on in recruits and then is fostered over the years within the collectivist military community. Through selfless service and commitment to the collective, service members are taught that what is good for the unit often benefits the individual. Perhaps this cultural indoctrination was best expressed by Rob, who explained his own struggle with what he described as selfishness, which ultimately gave way to him holding greater collectivistic ideals:

I mentioned that you lose your freedoms [while serving in the military]. So, you kind of give up that sense of self when you join. Because before, you're really like, "I'm here for me, me, and me, and me, and me." But that kind of sense of selfishness goes away. … Plenty of people who join that I have met, including myself, were like, "Yeah, I'm only here for me and I don't really give a shit about this mission or these whatevers." But you don't really get to hang onto those ideals, especially if you want the perks that come along with being in the military—like the travel and the missions and getting to see the world through the eyes of somebody in the military. Civilians are never going to see that

type of world that we've gotten to see. It's just a different experience, and you don't get to get that if you stay selfish.

Participants described military life as adhering to collectivist ideals that starkly contrasted with typical civilian environments, which instead were described as individualistic. Some participants characterized civilians as generally being more concerned with their personal bottom line than with their team or group. Individualism was described as constituting a lack of mentorship leading to a weakened team—as being accountable only to the self as opposed to the greater community. Regardless of their current cultural milieu, many participants expressed that they continued to adhere to the collectivistic ideals taught in the military. Ensuring that his social group was safe during outings made Tony feel ostensibly different than his civilian friends:

> I think we, as veterans, just think a lot differently being in the boots that we've worn. Like, we go out places and we're not necessarily comfortable at first because we're trying to figure out if everybody is accounted for and safe, which doesn't happen in the civilian world.

While Tony expressed deep concern for the wellbeing of his friends during outings, James expressed his collectivistic ideals differently. He stated he refused to sulk about his involuntary separation, choosing instead to serve his community by helping those who were struggling to decide whether or not to separate from the Navy:

> My mentality was [to] take care of the ship first and your people before yourself. So, that's what I did [in the military]. That's how I was taught the first 10 years of my career, and it backfired on me [through forcible separation]. …I help [current and former servicemembers] by using my frustration, I believe, using it to help others that are either in the same situation as me or that could be. A lot of people in the Navy, where I work, contacted me and asked me questions about what to do for transitioning to get out.

Through his conversations with Sailor-coworkers, James was able to shed light on what he wished he had known before being forced out. Mentorship also was a key component of collectivism for Charlie. While serving in the military, he served as a mentor for others, which was a manifestation of both military cultural expectations and personal adherence to

collectivistic ideals. Following his involuntary separation, Charlie witnessed civilian colleagues avoiding mentoring opportunities for self-preserving reasons: **"**They [his civilian colleagues] don't mentor. So, that's how they have job security. It's totally different from when I joined the military back in '96, where you're supposed to teach the person under you." Charlie's observation here of his civilian colleagues flew in the face of what he learned during his 20 years of service. For the betterment of the unit, each Soldier must mentor their "replacement." The reasoning behind this expectation was that Soldiers often leave their respective units due to promotion and unfortunately sometimes due to casualty. Regardless of what happens to the individual Soldier, the unit must complete its mission. For Charlie, the notion of an individual withholding mentorship was critically selfish and ultimately detrimental to his new *unit* as a civilian. Life as a civilian appeared saturated with individualistic ideals for participants following involuntary separation.

Relatedly, Jason juxtaposed individualistic ambition as a civilian with the interdependence he felt while serving in the military. Immediately following involuntary separation, he struggled to regain his sense of interdependence. He eventually found a new sense of purpose through his work with his veteran advocacy agency, which was magnified by being a valued part of the veteran community: "Finding purpose is one thing—being valued in the community that you need and trust is absolutely a different level." Jason found his lost sense of interdependence as he needed the veteran community just as much as they needed him.

Subordinate Theme 5: Military as Family and Community

Every participant in this study described their time in service by discussing other service members and their dependents. They described the military cultural milieu as one that comes with a sense of community; service members consider comrades to be their "family away from

family" despite there being no blood relation. Participants regularly expressed that fellow service members often were closer to them than their actual blood relatives. Shared experiences from the past—times of laughter and times of pain—forged bonds that were expected to persist regardless of time or distance apart. Sadly for those participants, such strong bonds were not as easily forged in civilian life; as a result, most of them expressed a deep longing for their military community.

Longing for Connection. Many participants expressed this felt sense of community was what they missed most about military life. They lacked a similar deep sense of connection now in their civilian lives, leading many to feel extremely isolated from society. Oftentimes, these participants experienced their work lives and personal lives as independent of each other with almost no overlap. They indicated community involvement was a hallmark feature of military life—so much so that in hindsight, they might have taken it for granted. In fact, most participants who were stationed overseas during their time in uniform indicated they felt a greater sense of connection there than at any other time while they served. However, any and all military settings were viewed by them as having a greater sense of community than did civilian life following involuntary separation. Several participants spoke directly to these comparisons and what it meant to them.

> Devon: When we were stationed in Europe, being overseas, I mean, your team is basically like your family…and compared to now, my coworkers are strictly coworkers. I see them during the week at work, and then during the weekends, it's almost like they don't exist. …I think a lot of people just miss having that family away from your family. When you get out [of the military], it's like you're no longer a part of that.

> Tony: When you wear that uniform for so long, you're used to having that community immediately available to you, to where we get on this side of the fence [the civilian side], and you don't necessarily have that. So, you look for it.

> Kevin: I mean, the military in general, we look at things a whole lot different than other people just because of the job environment that we're in. And, um, the family and

brotherhood that you grow with—it's hard to leave that and come in and be the outsider [as a civilian].

Rob: I felt it a lot more when I was in an overseas station than when I was stateside. But there was, like, a very big sense of community. The people I worked with were more or less like my family at the time and it felt like there was always something going on. I actually wanted to be a part of it. It was my community. My son was best friends with other kids, and I couldn't have asked for anything more. It was a perfect social situation for my son and me. I don't have that sense of community anymore … and now it's very dull. The community is much too large now and I don't fit in it. Like I'm a drop in the bucket now.

Bonds Forged Through Service Do Remain. Each participant emphasized the importance of the seemingly immutable bonds they had forged through their military service. For most, their development of such strong friendships through the highs and lows of military service stemmed from shared experiences. For others, simply having a shared rate (i.e., job classification) was enough to foster kinship through social media. Regardless of whether such friendships emerged physically or digitally, those connections were expected to transcend both distance and time. Most participants explained that the bonds they had forged through mutual military service were difficult—if not impossible—to recreate in civilian life. Jason stated:

It's a brotherhood that you can't recreate. It's a bond with people that you will never be able to recreate [even] with your own family, in many cases. No matter where your friends are in the world, no matter how long it's been since you've talked to them, they will always be your friend. And, you can't get that anywhere else. Seldom in a *marriage* can you get that.

Jason's account of the strong bonds found *only* within the military was seconded by Rob's own experiences. For him, building such strong bonds in service allowed him to nearly instantly reconnect with friends from long ago after involuntary separation. In light of his current circumstances as a civilian marked by isolation and loneliness, he valued the friendships made while serving in the military all the more:

It becomes more valuable now. It's not just this experience that you had all by yourself. …Now it's this thing like everybody who experienced that together gets to share that

bond. So, all of my coworkers [while serving in the military] that I spent those incredibly long nights with and days too, we share that bond together now. And even some people that I haven't physically seen in person for like 10 years [following involuntary separation], I can still vividly remember certain situations and experiences that I've had with them. And I know that if I had mentioned those experiences to them, they'd be like, "Oh, I know what you're talking about!" And it would immediately bring them back there. …I do things by myself all the time. Nobody cares about that stuff! It's the experiences that you get *together* that really color the landscape of your life.

While Rob reminisced about his strong bonds forged within the military, James expressed his greatest sense of community and connection now came from a Facebook group dedicated to his rate in the Navy. Despite never physically meeting most people in that Facebook group, the bonds of mutual their service were strong enough to prevail:

[I'm] most connected with the people at my rate now, logistics specialists through Facebook; I've met a lot of interesting friends and people that I've never met in person. …One of them I consider to be my best friend—never met him. So that's what I think I'll always say, even when I retire. …I will always have a connection with the military.

Theme 1 Summary

To summarize this theme of Military/Civilian Cultural Differences, these participants described their experiences navigating two seemingly different worlds. Most participants described military structure as having provided them with a sense of order and routine. Additionally, the military cultural milieu experienced by the participants was described as a family or cultural community. Many participants stated the deep sense of connection they found in the military setting was largely absent in the civilian world following involuntary separation. Without an established hierarchy or routine to rely upon after involuntary separation, most participants found civilian life to be chaotic. They identified their responsibility levels, in terms of their job requirements and leadership roles, to be vastly different in civilian life. Almost every participant found it difficult to navigate unfamiliar cultural values in civilian life immediately following involuntary separation. Specifically, civilian cultural expectations were found to be far

less obvious than the explicit cultural values of the military for participants. Some participants found navigating civilian life, which is largely individualistic, to be incredibly difficult post separation after their many years of living in the collectivist setting of the military.

Theme 2: "Who am I Now?" Life
After Involuntary Separation

Following involuntarily separating from the military, these participants unanimously endorsed a process of rediscovering and redefining their sense of self as civilians. Participants explained that while they served in the military, their sense of self was clearly defined and directly related to their individual unit, branch of service, job class, and daily mission. Following involuntary separation, they described a change in their sense of purpose as they no longer had the aforementioned indicators. Additionally, these participants struggled with how they identified themselves in terms of group affiliation. They found it difficult to parse out whether they now considered themselves to be veterans, a civilian, or something in-between following involuntary separation. As military members, participants were expected to put the "mission first," which was a common phrase explaining that a service member's military obligations must be a higher priority than family obligations. Following involuntary separation, participants were no longer expected to put the "mission first." Instead, they frequently experienced family as their top priority. Thus, three subordinate themes also emerged: (a) change of purpose; (b) veteran, civilian or in-between; and (c) putting family first (see Table 6).

Table 6

Theme 2 Subordinate Themes Endorsed by the Participants

Participant	Subordinate Theme		
	Change of Purpose	Veteran, Civilian, or In Between?	Putting Family First
Rob	X	X	X
Charlie	X	X	X
Preston		X	
Jason	X	X	X
James	X	X	X
Kevin	X	X	X
Tony	X	X	
Devon	X	X	X
Patrick	X	X	X

Note. n = 3

Subordinate Theme 1: Change in Purpose
After Involuntary Separation

Throughout the interview process, these participants explained that their transition from an identity associated with military service to life as civilians was paramount following involuntary separation. Eight of the nine participants said their identity as service members was intimately connected to their sense of purpose. Among these participants, life after military service achingly lacked much if any purpose. This ever-present internal void appeared to lead them to constantly search for purpose in civilian life. For some, their stories were of adaptation. Ultimately, a change to civilian status and a change in perspective allowed them to find a new sense of purpose distinct from that which they held in the military. Finally, some participants

found careers that bridged the gap between their purpose in the military and their purpose in civilian life. Thus, three elements of this Change of Purpose subordinate theme emerged: (a) purpose lost following involuntary separation, (b) new perspectives in developing a sense of purpose, and (c) bridging the gap: finding familiarity post involuntary separation.

Purpose Lost Following Involuntary Separation. Among these participants, being a part of something bigger than oneself often was associated with having a sense of purpose while in the military. For one, Charlie found purpose in maintaining airplanes while serving in the Air Force and mentoring young Soldiers while serving in the Army. Throughout his time in uniform, Charlie felt a sense of belonging and understood himself as a leader and contributor to his unit. Since being involuntarily separated and forced to retire, he acknowledged feeling far less sure of himself: "I'm not myself. Um, you know, even when we were all out there working on the planes and stuff, I had a sense of satisfaction, belonging to something, being able to work and stuff, and to guide people."

Rob's account of what constitutes a purposeful life echoed much of what Charlie emphasized: being part of something bigger than oneself. In comparing his time in uniform to everyday life as a civilian after involuntary separation, he explained he no longer was sure about what his purpose is anymore:

> And [military service] gave me a really great sense of purpose. Like, it boosted my self-esteem and my self-confidence a lot. And so, as a civilian now, I'm, like, more or less scraping at the chance to do something like that and have that purpose because—[long pause]—the bigger picture doesn't really exist like that anymore.

Rob expressed that his present life in the civilian world is one that is *missing* something following involuntary separation. When looking back at his time in the service, he treasured the various family events his unit would "voluntell" him to do as they provided him with a great sense of community. Being "voluntold" to do something in the military is commensurate with

the expectation that each service member must volunteer their own time to promote unit cohesion and community involvement. Having a community in a time of social isolation and pandemic safety measures was something that Rob found purpose in and now misses tremendously:

> I feel like I'm missing something. There's this void that has been left …In the military, I used to hate volunteering for things and, and being like, doing some Easter egg hunt for the kids on base or something just *mundane* like that. But now I'm like, "Yo, I will do stuff like that. Somebody ask me [to volunteer], like, tell me about these things" because it makes me feel better as a person. Like, it makes me feel like I have purpose.

New Perspectives in Developing a Sense of Purpose. For some participants, finding purpose in civilian life required them to change their own perspective on what constitutes a purposeful life after involuntary separation. Kevin explained that, similar to other participants, he too lost his sense of purpose following involuntary separation. He described his process of losing his sense of purpose, searching, and ultimately finding a new one in places he never expected:

> One of the hardest things about [being involuntarily separated], as far as jobs go on the outside, was, you know, when you're in [the military], you serve a purpose, you've got a mission. You know? There's a bigger purpose than just, "Oh, I'm fixing a plane." It's, "Oh, I'm fixing a plane because it's got this [equipment] on it. And it's going to do this [mission]." When I first got out [of the military], I worked on an assembly line test-riding lawnmowers. There was no purpose. I just didn't feel like I served a purpose. I left there [and] I went to a factory. When I first started there—same thing. I didn't feel like there was a purpose.

During the first few months after being involuntarily separated, Kevin struggled mightily to find a new sense of purpose. Despite his efforts, civilian employment paled in comparison to his "mission" in the Air Force. He understood his contribution to the mission was much larger than simply "fixing planes." His efforts directly impacted the lives of fellow service members deployed in harm's way. Knowing he would not be able to recreate his life in the military, Kevin continued his search for purpose following involuntary separation:

Then, I started finding out more about what the product we made [at the factory] went to and then I was like, "Alright, well, maybe we do serve a bigger purpose." And then I got into where I'm at now, working in the trash industry. And I didn't even want to tell people that I worked with a trash company. Because a lot of people don't find that appealing. It's not [glamorous] but I've been here with the company just under six years and, you know, I look at it now—*man*, we serve a pretty big purpose! So, it—it gives you a little bit more reason to get up and go to work, you know?

In overcoming his sense of stigma surrounding working in the sanitation industry, Kevin was able to find a new sense of purpose as a civilian. Sure, he no longer wore the military uniform he had dreamed about since childhood but his felt contribution to his community was no less important.

Bridging the Gap: Finding Familiarity Post Involuntary Separation. For some participants, finding a sense of purpose after being involuntarily separated entailed reconnecting with their military service—now in civilian life. Whether through advocating for fellow veterans or through manufacturing aircraft for the military, these participants often sought out civilian jobs that mirrored those they held in the military. Jason explained that by serving his fellow veterans through his veteran advocacy agency, he found a new purpose in life—and this newfound sense of purpose was a beacon for him during dark times: **"**Me getting removed two years early [due to involuntary medical retirement], it can be bothersome. It's—it's a blessing in disguise. Um, I learned a lot. I know the system. I help people every day [through a veteran advocacy agency]."

For Jason, what made his work with his veteran advocacy agency so meaningful to him was that, to some extent, he was able to turn tragedy into triumph. Jason is in a unique position to harness his military identity, cultural values, and leadership skills to help others transition from military to civilian life. Indeed, Jason recognized how important having a sense of purpose was

to him. Jason now steers his own life with a renewed sense of purpose, benefiting a community

that he loves and with which he is more than familiar:

> If it wasn't for what I do today, I very well may have taken my life. Um, there were many times where I sat in that garage, or I sat in random parking lots, or I sat at cemeteries and just brewed in my own negative thoughts. And, uh, you know, I—I wouldn't call anybody. I wouldn't. I would just sit there. And, you know, if you sit long enough in those negative thoughts, [they] will take over. If it wasn't for [two veteran's advocacy agencies] coming together and saying, "This guy, he's worth something, and we can fight for him," [shakes head]. …[In working with other veterans], I may not be a behavioral health specialist but I know the routes to make sure that [veterans] can get that specialty [service] that they need. You know, and—and that's—that's really set my life straight and put me on the straight and narrow. And if I don't have it, I lose my sense of purpose again.

Being a valued member of the greater veteran community is incredibly important for Jason.

Similarly, Preston gained employment building fighter planes for the DoD post involuntary

separation. His job as a civilian is very similar to what he did while in the Air Force. He

expressed gratitude for his opportunity to continue working on aircraft. Another positive for him

is many of his coworkers now as a civilian also are veterans. Ultimately, Preston found

familiarity in both occupation and in the coworkers now as a civilian.

Subordinate Theme 2: Am I a Veteran,
Civilian, or Something In-Between?

Many participants endorsed seeing themselves as caught between military and civilian

identities following involuntary separation. Many, but not all of them, stated they did not

consider themselves to be *fully* civilian or *fully* veteran after being forced out of the military.

Despite technically holding the status of veteran, many participants expressed they viewed

themselves to be somehow different than other veterans. In navigating their individual

difficulties in transitioning from military life to civilian life, they constantly were reminded they

did not quite "fit in" with civilians, much less other voluntary separated veterans. Some

participants noted that, even within the greater veteran community, involuntarily separated

veterans are considered to be "outliers." Thus, elements of this subordinate theme included (a) "I'm not really a civilian," (b) I'm no longer in the military and I'm not a typical veteran, and (c) I'm neither civilian nor veteran.

"I'm Not Really a Civilian." Participants noted that, during their transition following involuntary separation and at the time of the interview, they frequently were reminded they were not typical civilians. Sometimes these reminders were subtle while other times they were more overt. For example, while relaxing with his wife long after being involuntarily separated, Jason found himself reminiscing about his time in service:

> I was in a hot tub a couple of weeks [ago]. It was probably about two or three weeks ago, with my wife. And the night was, I mean, it was a *beautiful* night—68, 70 degrees, no breeze, clear skies. And, it just came out of my mouth and I was like, "This would be a good night to work on the flight line." …I loved those nights working on the flight line.

Jason acknowledged it was hard for his wife to understand why, of all nights, *this* would be a time for him to think about his prior work in the military. However, Jason was not simply thinking of work; he was reminiscing about what it meant to him to wear his uniform and to be a part of something greater than himself. The memories served as a reminder to him that he had lived a life that was almost entirely different from his current life as a civilian. Having lived through his experiences in the military made him different from someone who had never served in the military. Jason explained that living each day with the honor of wearing his uniform was something difficult to explain to those who had not experienced it. His thought of donning the uniform once again was discussed by Devon as well. When asked if he would put the uniform back on after finding success in the civilian world, Devon responded immediately and without reservation: "[Would you wear the uniform again?] Without a second thought, I'd be ready to go. …I'd feel more complete [in uniform]." Devon expressed that despite finding a great job post involuntary separation and having friends at work, he still would jump at the chance to reenter

the military. In his own words, he felt more "complete" while wearing his uniform even after

several years of living in a civilian world. Devon further explained that life in the military was

vastly different than life as a civilian. Whether it was a sense of humor, shared values, or cultural

differences, Devon was aware he was not solely a civilian as were many of his current

coworkers.

Similarly, Patrick explained that veterans are different than most civilians and noted that

those differences even could emerge before joining the military:

> I think that being in as long as I have, I know—I know the people who serve and the type
> that serve and, uh, we're all rough around the edges. We're not cut from the same mold
> as anybody else. Everybody has their own unique story coming in. They choose to, if
> they realize it or not, give up the rights and then willingness to give up their life for this
> nation…I think it has to do with your upbringing. A lot of it, even before the military …
> where we're at this point in time, there are a lot of people that don't agree with military,
> so those who do stand up and do decide to serve, they see things different than just the
> normal Joe on the street.

In this quote, Patrick simultaneously pointed out commonalities among those who chose to enlist

in the military while also explaining that those commonalities appeared to be in stark contrast to

individualistic civilians.

Yet among these participants, being different from civilians was not typically seen as a

negative aspect of their identity. Despite being strongly critical of the manner in which he was

involuntarily separated, Rob spoke of his surprise at what others viewed as part of his "military"

identity. Instead, this part of his identity was one he was proud of:

> I think I've got a lot of shit to talk about the military. Definitely…I got it pretty wrong
> when I was getting out. …Some of my family members, my girlfriend [and] her family
> will be like, "That's the military part of you, isn't it?" And I'm like, "Y'all, I been [out
> of] the military for like six years. So there's *no* military part of me." Right? …So, these
> people [who have] never experienced the military, they're like, "Hey, that's not normal
> …that's not …[what] I would have expected." So, it's really cool. I like that part.

Rob assumed that once he was forcibly separated, his resultant ill feelings would burn away any sense of military identity that remained. He felt justified in making this assumption at the time given the harsh treatment he received during his involuntary separation process. What was surprising for him though was after six years of struggling to find his way as a civilian, he instead felt *proud* of the military affiliated characteristics that now made him stand out from a typical civilian.

For Tony, being reminded he is not solely a civilian was—and continues to be— unavoidable. He explained that those who have no familiarity with military life often make assumptions that appear to minimize the sacrifices service members have made in service to their country. Specifically, Tony pointed out the vast difference between how military service is commonly depicted through media and his own history of service. He referred to the standard media depiction of military service as "the Hollywood fallacy":

> That Hollywood stereotype…that fallacy of, "Oh, you've been to war. What was it like? It must've been cool." And then it's all they [civilians] want to know is about the deployment, which is also slightly perturbing. Because you're trying to sit there and it's like the last thing I want to fucking talk about, it's usually about the first fucking inquiry that comes out of the civilians' mouth. They automatically make the assertion of, "Oh, you must've been in combat [and] that must've been cool." No, it fucking wasn't actually [and], afterwards, it isn't fucking cool either.

Tony expressed that he is proud of his time in the Army and proud to be different than civilians. His pride is quickly replaced with animosity when the horrors of war are assumed to be "cool." These assumptions made by unthoughtful civilians cheapen the sacrifice of life to which he has borne witness in addition to the often personal sacrifices he has made while in service. For Tony, these types of interactions are intrusive reminders he is certainly not a typical civilian.

I'm No Longer Military and I'm Not a Typical Veteran. These participants frequently endorsed feeling a sense of not quite fitting into the greater veteran community as a result of

being involuntarily separated. They expressed having come to the realization of *not* being a

typical, routinely discharged veteran based on their interactions with other veterans they had

encountered in civilian life. For one, Preston talked about how, despite considering himself to be

a part of the military community since childhood, he could no longer rejoin if he wanted to.

Preston was involuntarily separated from the military and as a result given an unfavorable

separation code that made it impossible to reenter the military:

> Mind you, I'm a military brat, so I've lived in military [settings] almost all my life. My
> dad was in the Navy for 20 years, retired Navy, and then I [joined] the military. I joined
> in the military, so that's a big part of *me* and my life was—was being in the military. So,
> that identity is just lost. The fact that they gave me a, I think it was, like, a 4-D reentry
> code, which was like, "No, you're not [re]joining the military."

In being involuntarily separated from the military, Preston felt rejected by the very

community in which he was raised. For him, knowing he cannot reenter the military led him to

feel fundamentally different than otherwise routinely discharged veterans who oftentimes could

choose to reenter the military later on in life. Despite his feelings of rejection, Preston has

managed to reclaim part of his military identity as a civilian through his work assembling fighter

planes for the Marine Corps, Navy, and Air Force. He explained his sense of self was not

noticeably different from one day to the next following involuntary separation. He only was able

to identify just how much he had changed when looking back over a larger period of time:

> You know, I kinda miss my [military] identity a little bit. Well, I miss my identity being
> in the military…your first couple of years [after separation], you kind of—you've been in
> the military for that long, so you really don't identify with anybody civilian. But you start
> *becoming* your first name, little by little being called [Preston], which you're not used to.
> And then you start, kind of, transitioning into that civilian life. And you kind of like, at
> the end, you kind of reflect to see that—wow! You're like, "Damn, that's a big change."

For Preston, being called by his first name was one of the most noticeable differences

between military and civilian life. Over multiple years, he has become incrementally more

comfortable with being called "Preston." To him, this processwais one that required him to

disassociate himself with the official moniker of "Sergeant" to instead *becoming* Preston the

civilian. Charlie also noted that being called by his first name was awkward following

involuntary separation. He explained that having a particular rank was associated with greater

respect and responsibility, which ultimately became a major part of his identity. Now as a

civilian, Charlie is constantly reminded that a central part of his identity appears to be missing

altogether:

> You know, I was Sgt. [Charlie] for a while, but then it was like, "ain't no more Sgt—it's *just* [Charlie] …Mister is just another guy. You always a "Mr." My dad's a "Mr." My son's a "Mr." Everybody is a "Mr." But when you have a title, you know [you are] something [different].

Rob explained that for him, the process of trying to become a civilian was painstakingly

slow and fraught with difficulties along the way. Over seven years of trying to adjust to civilian

life, Rob has been incessantly reminded he no longer can identify as "military": I mean I've been

struggling for like seven years now to—almost seven years—to find my place in the world again

because no, nothing will come…as fluidly and as simple as the military had made my life."

Throughout his struggle to rediscover *who he is* as a civilian, Rob described instead being

left with an ever-present sense of *who he is not*:

> That's kind of part of it. Because I see these [veteran] guys, and they're like, "Yeah, I love the military. It was the greatest." And I'm like, no, fuck all that. It wasn't the greatest. It was but it wasn't because of the way it was on my way out. I was—I was literally left to die. Like I'm struggling with sobriety. They take away all my medications and they send me off with a $6,000 debt that is in no way my fault to have accumulated, and I don't even get so much as, like, a "Hey, are you doing all right?" Nothing. Nothing. I no longer exist. Left to die. That's what I was.

Rob expressed that despite still longing to be a part of the military community, he simply

cannot ignore his sense of betrayal and abandonment by them. Similarly as so many other

participants, he now is unable to reenter the military. Just as Preston also indicated, Rob's

inability to reenter the military serves as a reminder to him he is not a typical veteran. He cannot

relate with the more favorable military separation stories commonly held by other routinely

discharged veterans because his involuntary separation was so incredibly painful that it almost

resulted in him completing suicide. In a sense, hearing about "how great the military was"

appears to only have widened his perceived gap between a routine discharge and his own

involuntary separation.

Neither Civilian nor Veteran. Some participants explained that they struggled to find a

coherent sense of identity as either a veteran or a civilian. Most experienced a sense of ambiguity

while searching for where they belonged following involuntary separation. For Rob, the sense of

belonging he felt while in uniform was torn away following his involuntary separation. He

indicated that despite technically fitting into the veteran demographic, he simply could not

identify with the typical veteran community. Rob's sense of belonging within the veteran

community was clearly thwarted while also feeling no sense of connection with his local civilian

environment:

> I feel no, I don't feel like I'm a part of it [the veteran community]. I know that if
> somebody said, "Hey, you're—you're in this group of veterans, right? Like, you're a
> veteran." Yes. "So, then you must be in this group like that." I can say, like, "Oh yeah,
> he's a veteran. He's a veteran. He's a veteran [pointing a finger]." Yeah. I get that. …I'm
> in this classification—but I don't feel like I'm a part of this group now. There's no
> belonging.

Kevin expressed a similar inability to identify either as a veteran or a civilian. In fact, he

added that whenever he now reaches out to the veteran community he is expected to be a part of,

he is reminded he is not like the others because he did not choose to leave the military:

> I did run into people that had been in [the military] before, older veterans and younger
> veterans. You kind of bond with some of them until you found out they chose to get out.
> They didn't want to [serve in the military] anymore. You know, they—they decided it
> wasn't for them. And then you have to always tell people why you got out. You know?
> And it's hard for me to be like, well, I just chose to get out because that's not what
> happened. You know, I—I don't want to tell them my [story]. [I'm] finding [my] place
> where [I'm] supposed to be.

Subordinate Theme 3: Putting Family First

Seven participants identified that after being involuntarily separated, their primary role within their families shifted from them being supported by their family while in the military to them then needing to find a way to support their family as civilians. Years of military service demanded that duty came before family but once slated for involuntary separation, participants prioritized their family's support over their own individual wants and needs. Within the subordinate theme of *putting family first* were two elements: (a) Family needs above personal needs and (b) Challenges of family life.

Family Needs Above Personal Needs. This element centered on the notion that these participants reacted to their involuntary separation by changing their primary role in life. Essentially, participants described a process wherein they knew they desperately wanted to continue life in uniform, yet they also were aware such a continuation was no longer possible. Understanding that their loyalties and responsibilities lay with their family, they began to shift their identity to more overtly include their roles as family members. Immediately upon receipt of the news of involuntary discharge, internal battles erupted for them between two conflicting aspects of their identities: military service versus family life. Devon effectively encapsulated this element:

> So, for me, as—as an individual, I wanted to hang on [to military service] as long as possible. I wanted to wear the uniform as long as I could or wanted to be who *I* wanted to be, who I grew up to be. And, at that moment [of being separated], I knew as a husband and a father, I knew that was no longer the way I could provide for my family. And, so, I knew I had to disassociate myself with that previous life and begin to look at ways to become this whole new person with a military background.

Devon associated wanting to "fight" to stay in the military was selfish to him. Instead, he forced himself to concede his childhood dream of military service for the betterment of his family.

Concerns over earning money also felt paramount to Jason. While struggling to find sustainable work, he began to question his own value to his family. He pondered that if he was not the family breadwinner, then who was he? Jason said, "I had a daughter and a wife at the time and I was not providing any sustenance. …I wasn't the breadwinner for the first time in my career—my life, actually. Um, you know, I wasn't an individual that was providing food."

Jason and Devon both connected their sense of familial contribution and self-worth to earning a living both in and out of the military. Having their military careers stripped from them left them devastated for a time. Many participants had to force themselves into adjusting to a new set of priorities, which often included finding a way to demonstrate their worth to their family.

Despite being forcibly separated and having to fight for his retirement, Charlie displayed a great deal of pride in his family. Since his retirement, he had been able to spend far more time with and mentor his children: "I got smart and talented kids, [and I] try to steer them in the right direction. Um, got a couple in early college, got one in the Marines, got one in, uh, junior college, and the baby is gifted and talented. So, I [am] focused on family right now." Charlie was able to reestablish his sense of contribution to the family through increased mentorship and time spent with his children. He more easily transitioned into a family-first role due in large part to the near instant employment following involuntary separation. This provided him with tangible evidence of his contributions to his family. Furthermore, Charlie was able to continue his contribution to the military through his son who enlisted in the Marine Corps. This was a point in which he expressed great pride. Essentially, Charlie now puts the needs of his family far above his own.

Similarly, Patrick described a process of accepting his forced retirement and then "pivoting" to find his sense of identity within his family. As did Charlie, he expressed feeling great pride in his now-adult children. According to him, his family had made significant sacrifices on the account of his military career for too long—now it was time for him to focus on his family:

> There's no fighting [forcible retirement]. You can't go back. Um, the decision's been made—time to move forward. I was looking forward, at that point, [to] spending more time with the family. I mean, I got two kids, 23 and 25. Half of their life I missed … Out of the 26 years [of service], It was 14 years I was not home. That's a lot of time not being home with the kids growing. …Those are the hardest parts…maybe I see myself a little bit different [than other veterans]. I don't allow those types of feelings [associated with rejection] to interject, what I need to do for my family. I need to move forward and keep moving forward to make sure that everything's all taken care of. And I had the support of the family to do that.

For other participants, now focusing on their family roles post involuntary separation felt unfamiliar and uncomfortable. Rob's initial struggles following separation left him with an overarching sense he needed to continually scurry to find sustenance for his family. Contending with unfamiliar familial responsibilities, he almost exclusively focused on caretaking as opposed to personal growth. As a result, it was difficult for Rob to find where and when he mattered:

> Now [after involuntary separation], it's really like the picture is way too big. So, it's really open and too vague for me to know what is my impact right now. Like, I'm a parent and so I know that the things that I do and devote myself to are impactful for my kids, which is, uh, sometimes it's the thing that keeps me going on any given day. But it's just like—what else? I felt like there was so much more going on for me before and now I feel like that's all I've got going on right now.

Rob expressed a sense of ambivalence about his unfamiliar responsibilities for family after his involuntary separation. On one hand, he recognized he was the single most important person to his children. On the other hand, he was no longer expected to demonstrate personal growth and professional development as was the case for him in the military. It was difficult for him to quantify his impact on the world as a civilian. As a military member, he would receive

feedback about his job performance and impact on "the mission" every year through Enlisted

Performance Reports. These annual reports overtly tied individual contributions made to a

"warfighting effort" or, in Rob's case, how many pounds of resources were shipped to combat

zones each year.

Challenges of Family Life. Some participants felt that focusing more on their families

made them more keenly aware of their own struggles with family life. Following his forced

medical retirement, Devon found it difficult to find meaningful work; he had been hired for a

few jobs that paid their bills but his sense of purpose (as discussed in Theme 2, Subordinate

Theme 1) was sorely missing. His heart was not in his work, which ultimately impacted his

family negatively. Devon talked about trying to navigate his loss of his sense of purpose while

also being a father and husband:

> I was kind of pushing [family] away for a little bit because—I don't know if it was me doing it on purpose or subconsciously. I wasn't happy for quite a while because I was doing jobs that I didn't want to do. And it's like, I would come home from work and I worked 10 hours a day in a copper mine driving an hour each way to get to work [and] home. And then my kid was happy to see me, but I'm like, I just didn't want to see them because I—I knew that [I was] not the person I want [to be]. That's not who I saw in my life. And I think I kind of pushed them away. I'd go to my room, close the door, and just ignore them for a while because I just didn't want to deal with them. I kind of feel like I, for a while, [was] pushing them away until I—until I got a little more, I guess you can say, back to normal.

Devon's above-mentioned quote is especially poignant considering the deep commitment

to his family he expressed during his interviews. Within the context of his commitment to

family, it was clear his transitioning from military life to civilian life was fraught with complex

difficulties following his involuntary separation. Devon expressed that his transition would have

been far more difficult without the patient support of his family.

Throughout my interviews with these participants, I personally was struck by the harsh

toll their military service had on their romantic relationships. Half of the participants who had

been married had also gotten a divorce at some point in their careers. Three of the four divorcees indicated the formal split from their spouses occurred just prior to, or immediately after, involuntary separation. Jason poignantly described his unimaginable struggles in recovering from brain surgery and then in navigating his new sense of self only to discover his now-ex-wife had decided to leave their relationship. While his ex-wife had offered to help him, she simply did not know how. And by the time she had learned how to help him through taking classes with a veteran's advocate agency, it was, in his words, "too little, too late." While Jason claimed to harbor no ill will toward her, their divorce constituted to him a formidable blow to his support system.

Relatedly, Tony discussed how, in his view, infidelity is an all-too-common occurrence in military life:

> It's the same sad Soldier, fucking just military personnel story. I leave, she cheats, that kind of shit. We try to work it out and it just didn't work. Maybe just, it happened at a time too where all this…I was ready to come down, and then she had decided, well, "I don't want to be with you no more."

Sadly for many participants here, the loss of their romantic partners coincided with the loss of their military careers. In no small part, rejection stemming from involuntary separation was exponentially compounded by their rejection from romantic partners, leaving them to navigate their transition with very limited support at best.

Theme 2 Summary

The superordinate theme of I've Involuntarily Separated; Who Am I *Now*? captured the experience of these participants being caught between their own sense of self as associated with the military versus civilian life. Participants discussed how both their sense of purpose and role within their families changed during their transition following involuntary separation. Some viewed the shift to a focus on family as a positive one, while others continued to feel something

in their lives now was "missing." Indeed, involuntary separation brought about a drastic and often devastating shift in how they perceived themselves.

Theme 3: Disappointment
and Disenchantment

The third theme that emerged from interviews was an overwhelming sense of disenchantment and disappointment with (a) the military, (b) military medicine, and (c) their individual units following involuntary separation. Most participants noted they began their military careers with high expectations of their branch and the military. Holding the military as a whole and their specific branch in such high esteem provided a backdrop that further accentuated their mistreatment throughout their involuntary separation. For example, multiple participants expressed they expected their respective military branches to uphold the very values they were expected to. Many participants endorsed feeling betrayed by their leaders and colleagues within their units both prior to and following involuntary separation. Finally, participants' high expectations of military health care were dramatically different from the poor military health care they actually received.

Three subordinate themes emerged within the theme of Disappointment and Disenchantment: (a) disenchantment with the military as a whole and/or respective branch, (b) disenchantment with military medicine pre or post involuntary discharge, and (c) disenchantment with the unit including workmates and/or unit leaders. These subthemes are described in greater detail below. Table 7 demonstrates which subordinate theme was endorsed during interviews by each participant.

Table 7

Theme 3 Subordinate Themes Endorsed by the Participants

Participant	Subordinate Theme		
	Disappointment and Disenchantment with the Military as a Whole and/or Respective Branch	Disappointment and Disenchantment with Military Medicine Pre/Post discharge	Disappointment and Disenchantment with the Unit including Workmates and/or Unit Leaders
Rob	X	X	X
Charlie	X	X	X
Preston			X
Jason	X	X	X
James		X	X
Kevin	X		X
Tony	X	X	
Devon			
Patrick	X	X	X

Note. n = 3

Subordinate Theme 1: Disappointment and Disenchantment with the Military as a Whole and/or Respective Branch

Overwhelmingly, these participants expressed that, early during their military careers, they had held a deep sense of respect for the military as an institution. New recruits typically are taught about military cultural values (e.g., Core Values) throughout basic training, which were further bolstered for these participants as they continued their military careers. As they recalled the details of being involuntarily separated from their esteemed branches and cultural groups,

however, their stories continually revealed them to be holding deep-seated feelings of betrayal. Indeed, these participants explained that while the military is a massive bureaucracy—and, as such, is imperfect in many respects—the ways in which they were involuntarily separated felt extremely personal to them. Essentially, the organizations they had so fervently admired early in their careers were now had rejected them as members. For them, this disappointment and disenchantment with the military seemed to be comprised of two elements: (a) feelings of betrayal, rejection, and abandonment; and (b) bureaucratic mishaps.

Feelings of Betrayal, Rejection, and Abandonment. Many participants expressed they felt betrayed or rejected by the military as a byproduct of involuntary separation. For one, it was apparent through Tony's story of developing PTSD and in turn being separated, that he ascribed a great deal of power to the military. If the Army wields such great power, how is it then unable to help him overcome his struggles with PTSD? For Tony, this constituted a betrayal:

> You're conditioned your whole military life that you were basically impervious to being damaged in a sense. They make us feel invincible regardless of what branch you're in. When you go over there [deployed location], because we're taught, we are conditioned, and we just were locked in and it made me angry at myself because I couldn't function anymore. …It made me angry because I felt like I gave them, the military, so much—and I felt broken. They wouldn't fix me. So, there was a lot of that. [It] took me a while to work that out. At one point, I felt like they never cared, that they only had the nefarious intention of using me and then getting rid of me.

Tony had expected to live up to an almost mythical depiction of what a Soldier is supposed to be. Once he began experiencing symptoms related to PTSD, his expectation of being "invincible" was shattered. However, his expectation of the Army was not immediately shattered as Tony had entered treatment for PTSD expecting to be "fixed." When it became apparent he was being slated for involuntary separation, Tony then felt betrayed and abandoned by the Army.

Similarly, Rob expressed that the manner in which he was involuntarily separated was so off-putting he is now unsure about whether he wants to be associated with the military at all:

> I definitely feel like being, being kicked out really has like…what's the right word for it? I just feel really salty against military anything anymore. I really…it really has me not wanting to be even a part of any [military affiliated] community because I don't want to associate myself that much with it anymore…it's just soured how I feel about [the military] because they…they really…I feel like they really just did me really dirty at the end.

Rob's statement was complex and imbued with strong emotions that were difficult to recognize through written word alone. He paused with deep consideration as he chose his words carefully. Rob was ambivalent about how he saw the military. On one hand, many of the best years of his life were spent in the military. In his own words, "Nothing will ever come as easily [as military service]". Yet on the other hand, he felt so deeply betrayed and abandoned by them at the very end. Following involuntary separation, Rob was homeless, car-less, in significant debt, and all the meanwhile left with the responsibility to care for his sons alone. Suffice it to say, the ending of Rob's military career was a major disappointment to him compared to how it began. His expectations were completely crushed.

Charlie shared many of the same sentiments Rob expressed. Despite feeling betrayed by the military, he still has encouraged multiple family members to enlist including his own son. Like so many others, Charlie's own story of military service began in a recruiter's office. There, he was introduced to how great the military was and what he could expect if he enlisted. Just as Rob, the end of Charlie's career was a major disappointment for him:

> Like everything was coming to an end. I felt that I should have been able to go further. I felt cheated. I felt betrayed. I was angry. Frustrated. And to the end, I was still trying to think of a way to stay in. …They [recruiters representing the military] talk that talk, it gets you to come in [the military], and then they *use* you—and then they just throw you away. So, you know, that saying that old Soldiers never die, they just fade away? Yeah, so, I'll fade away.

Charlie displayed strong emotions toward the military regarding the way he was "thrown away." Despite his sense of betrayal and after 20 years of service across two separate branches, he said

he still wanted to continue serving in the military. This current willingness on his part to return to serving is a testament to the ambivalence he still feels about military life. He simultaneously felt deeply hurt and betrayed yet still wanted to stay in the military.

Jason also wanted to continue serving in the military after being medically retired against his will. He struggled mightily as he watched less-committed service members continue to be a part of the community he had held so dearly. Instead, he was willing to take *any* job that kept him in uniform. Jason was vexed; he could not figure out why the Air Force refused to retain him despite his willingness to take on the most undesirable jobs just to continue his military career. Having less-committed service members chosen over him felt personal to Jason:

> I felt like I should've still been in the military. I felt like I was watching people that were still in the military that shouldn't be and it angered me that they were in the military and they figured out a way to do it and I couldn't. The cards were stacked against me and I couldn't figure out why.

Kevin's own story of being involuntarily separated left him with an overwhelming sense of rejection. Being rejected a second time by the Air Force felt even more deeply personal to him. After hearing the Air Force was seeking to re-enlist aircraft mechanics, Kevin sought out his local recruiter. Unfortunately, the Air Force was not accepting anyone who had been forcibly separated. Kevin recalled,

> That's when I started resenting the whole…idea of it [military service]. Um, because it made me feel like they—[the Air Force] really didn't want me back. You know, they made the mistake, and I just had to deal with it. …And that's what made me kind of, you know, kind of drop off into a real dark spot. But it definitely made me not be *me*. I'm usually a pretty outgoing, cheerful person, and it just took the wind out of my sails.

In some ways for Kevin, his second rejection was more difficult for him to accept than the first. He understood that ultimately he was being involuntarily separated as a result of having an Article 15 on his record, which constituted his first rejection. That nonjudicial punishment was the result of underage drinking multiple years before his involuntary separation. He could

accept responsibility for his own actions which had put him in a vulnerable place. The second

rejection, being disallowed to rejoin the Air Force, felt much more personal to Kevin then

sending him into "a real dark spot" in his life.

Other participants experienced rejection following many years of service. Tallying more

than 26 years in the Marine Corps, Patrick had the most military experience among all

participants in this study and had witnessed the involuntary separation of many others before

him. He detailed a process familiar to him in which involuntarily separated veterans ultimately

lost faith in the very institutions they once held in high esteem:

> You look at veterans and you see them as part of this brotherhood, but those who get
> forced out have been dissed by this brotherhood. They have now been tarnished by the
> same brotherhood they were accepted in at one point. Anger, it's like anger…you know,
> your attitude shifts as a whole towards that organization, the medical field, or the military
> branch you serve in because of it. You feel like they turned [their] back on you, you
> know? My way or the highway.

In this quote, Patrick combined his own experiences with that of others whom he has

witnessed going through the process of involuntary separation. He expressed similar emotions as

other participants regarding his own involuntary separation including anger, rejection, and

abandonment. For Patrick, the insult he felt associated with this rejection was so strong that

following involuntary separation he decided to turn down any future offers of employment at all

affiliated with the DoD.

Bureaucratic Mishaps. This section focuses on participants' accounts of their branch

making mistakes that felt to them to be personal insults after being involuntarily separated.

Essentially, such bureaucratic mishaps included the assigning of unfavorable separation codes

and having miscalculated time toward retirement. For example, after honorably serving for over

20 years across two branches with multiple deployments, Charlie needed to fight for his

retirement due to a miscalculation related to his time in service:

He [unit commander] even sent me paperwork on the criteria for early retirement. And with that, I looked at it and I [saw] that the Army didn't [consider] my time with the Air Force. …I would have had 20 years and five months. So, with them saying, "Okay we're going to kick you out"—I just said, "Okay" and me and my wife [petitioned the Air Force].

To Charlie, this mistake should have been corrected easily by his Army unit leadership. In reality though, Charlie then had to petition the Air Force to aid him in convincing the Army he indeed had completed *more* than enough service time to retire. Having to convince his own branch he had earned his retirement was certainly not what Charlie had expected because he had served honorably for so long.

Kevin's story of trying to re-enter the military was one of the more compelling examples of how important being a part of the military was to veterans and the lengths they often went to in order to continue their service. Following his involuntary separation, Kevin learned the Air Force had mistakenly separated too many aircraft mechanics. He thought this was his chance to serve again so he immediately contacted a local recruiter to start the re-entry process. However, due to the separation code he had been assigned during his involuntary separation, Kevin was unable to re-enlist. His story was one of hope, forgiveness, bewilderment, and ultimately, disappointment:

> So, when I got out, [the Air Force] decided that they got rid of too many people and they—they were going to let people back in …They put a list out and said, "These career fields need people back. This is what we want." I fit the criteria! That's why I got out. So, I was like, "Hey, let's do this!" So, I went back to the recruiter, sat down with him, filled out all the paperwork…and they came back and said, "We got rid of *you*. You didn't *choose* to get out, so we can't take you back." They wanted the people back that chose to leave instead of the people that they chose to get rid of! That's a little bit of where the bad taste came from…they realized they made a mistake and I was willing to accept that they made a mistake and I was willing to go back in and give my best. …It seemed like it was completely backwards. Like you want the people back that chose to leave instead of the people that wanted to keep serving? So, that was—that was another hard pill to swallow.

Kevin was willing to "accept that [the Air Force] had made a mistake" and was more than willing to reenlist. Due to the bureaucratic mishap that had occurred related to his separation code, that simply was not possible. To overcome that mistake, he would have had to petition the Air Force to change his separation code. However, after enduring two separate instances of rejection from the Air Force, he ultimately decided against going through such a tenuous process.

Kevin's story arguably was one to which Jason could relate. Through his work in helping other veterans to navigate their own discharges, he saw numerous examples of bureaucratic mistakes leading to involuntary separation. Aware of his own experience in being forcibly separated, Jason recognized this as a problem that faces many service members. "There are a lot of individuals being unjustly discharged just to meet numbers or to meet the unit's demands or whatever it may be. There's a lot of unjust discharges out there that shouldn't be happening."

Subordinate Theme 2: Disappointment and Disenchantment with Military Medicine

Six of the nine participants mentioned having spurious relationships with military medicine at various times during their involuntary separation process. Many participants expressed disappointment as they had held higher expectations of military medicine than what they ultimately experienced before and after involuntary separation. For some such as Jason, navigating the Tricare healthcare system while in uniform felt less than ideal. Once separated, he found the Tricare system to be just as difficult as ever if not worse. When asked about his experiences navigating healthcare services during his transition from military to civilian status, he responded, "Oh God, [the] military side was not good. Tricare on the way out was not what it was promised to be."

Based on Jason's comment, participant experiences with health care should be categorized into two temporal elements: pre-involuntary separation healthcare experiences and

post-involuntary separation healthcare experiences. While in uniform, participants explained that

their healthcare needs were met by the Tricare healthcare system. Upon release from the military,

responsibility for healthcare fell on the shoulders of (a) Tricare, (b) in-network civilian

contractors working within the Tricare system, or (c) the VA, which was more confusing for

these participants.

Pre-Involuntary Separation Healthcare Experiences. Tony, Jason, Patrick, and Devon

were all forced to retire due to health conditions. Whether physical or psychological, these four

participants were intimately involved with military medicine prior to their separation. Thus, their

respective accounts should be considered within this context. Three of these four endorsed

disenchantment with military medicine while still in uniform. Patrick explained his relationship

with military medicine through a dramatized exchange in which he refused to take the strong

opiates he was prescribed. He chose instead to see a chiropractor to treat his broken neck, which

ultimately was unauthorized:

> I did start seeing a chiropractor but I was told by the military [medicine] that you can't
> see [a] chiropractor. "We can't [let you] do that. That's not your choice." And that's
> where a lot of this headbutting came [from]. I'm like, "This is *my* body. This is what
> helps me." "No, you can't do that because we don't accept [it]. It's not a medical
> treatment that is acceptable in the Marine Corps," which is ridiculous.

In this quote, Patrick clearly pleaded with military medicine to consider alternatives he

found helpful while recovering from a broken neck for the second time. His plea was answered

with a resounding "No." However, the battle over what was recognized by military medicine and

what Patrick found to be helpful continued long after he removed his "Marine hat."

Jason also endorsed feeling betrayed by the very medical system that was supposed to

help him recover from brain surgery. In what appeared to be a snapshot decision on their part,

medical providers at his Air Force base determined his case would be the subject of a medical

review board. To Jason, regardless of the regulations that dictated his provider's decision, being

"boarded" felt cold as though military medicine had failed to consider his continued worth to the

Air Force:

> One day, I walked into the [medical] office and it was a new [physician]. He didn't take
> two seconds. I walked in, I sat down, and he said, "You've been working on recovery for
> a year and a half." He said, "That's unacceptable by military standard and…I'm going
> ahead and placing you on a medical evaluation board." …It felt as if I was betrayed. I
> would come in there [base health clinic] and I would show, "Hey look! I can do anything
> the next person can do as long as I don't look up." And, as you know, I do have bad days.
> Everybody has bad days at some point but I just have a few more than others. I can still
> do my job and I proved it!

Jason believed he had demonstrated he could perform most of the job duties that were

expected of him on a daily basis. For some months, his duty was to serve in the "Honor Guard"

that is responsible for military burials and other ceremonies. It was common for him to serve as a

pallbearer during military funerals, which demonstrated his ability to hold heavy objects for

extended periods of time. Above all, this proved to him he still had value to the Air Force.

Unfortunately, according to Jason, this apparently was not considered during his evaluation.

Tony's experiences with military medicine while in uniform were not "ideal"; however it

was preferable to him when compared to what came after being involuntarily separated. Tony

was ultimately forced to medically retire as a result of his PTSD diagnosis. In better explaining

post-retirement interactions with military medicine, Tony asserted that "seeds of distrust" were

"planted" during his interactions before retirement. Tony suspected he would be mistreated after

involuntarily separation just as he had experienced prior to separation. Those same "seeds"

blossomed into full-blown distrust of all entities associated with the military including post-

retirement military medicine. Tony said,

> Yeah, because [being involuntarily separated] almost plants the seed subconsciously [of]
> being distrusting because, you know, the military lets you enlist because they *trust* you to
> carry out the mission. You, in turn, trust them with your life because they pay you, they

feed you—all that wonderful stuff—and then you get told to get out. So then [distrust] kind of carries over too when you get out. Definitely. It definitely creates a bit of cynicism within an individual when they're separated against their will.

It is important to note that not all of these participants had such negative experiences with their pre-separation healthcare providers. In fact, Devon, one of the four participants who was forced to retire due to medical reasons, viewed his interactions with them favorably. In fact, he expressed gratitude to one young physician who correctly diagnosed celiac disease as the reason behind his debilitating health concerns. While this diagnosis ultimately led to his forced retirement, Devon did not express any ill feelings toward his providers or military health care overall.

Post-Involuntary Separation Healthcare Experiences. Many participants expressed frustration over their post-involuntary separation healthcare services, which usually included the VA. Virtually every participant indicated they were aware of the VA having an unfavorable reputation. For one, Rob's account of his disenchantment with post-separation health care captured one of the most salient aspects of this subordinate theme. When asked with whom he felt the *least* connected following involuntary separation, he stated, "This may come as a surprise, but the VA." He then elaborated on his response:

> So, like, the whole [healthcare] system is garbage, and it's supposed to be helping me. The VA should have been the people I lean on instead of being fortunate that I had a sister to lean on. I think they're the *Veterans Affairs,* right [sarcastically]?! You know that that's who I'm supposed to go to—*them*. That's [who] should have been not taking care of me but, you know, helping me take care of myself post-military.

Rob captured his experience of the complex relationship among the military, involuntary separation, and military medicine using an analogy depicting a "well being poisoned." To Rob, his feelings of rejection and overall disenchantment with the military emerged once again while attempting to navigate the complex bureaucracy of post-military health care as a civilian:

> Hey, you know, I should be able to get this [benefit] and I should be able to use these things. I put a lot of hard work and time and effort into it and, yeah, I should—I should be able to do that. But then I go and [think to myself], it's like, "Nah, you don't want this." And so, yeah, it's like, this is rejection. But, at the same time, it's kind of like I know the well is poisoned. Like, I know I want this or I *would* want this [support] but it's not right for me anymore.

Rob found himself in need of health care while simultaneously contending with his feelings of rejection and a strong distrust of military-associated agencies. Similarly, Tony also experienced his own struggles in trying to build trust with his providers and the networks to which they belonged. He explained he was incredibly apprehensive about dealing with the VA in large part due to their use of reoccurring compensation and pension evaluations. These evaluations are done in order to determine whether a veteran still meets the criteria for monetary compensation and healthcare coverage through the VA. For Tony, he felt to himself to be in a no-win situation. While struggling with PTSD, he was forced to *prove* he still had this diagnosis at each evaluation. If, for any reason, the VA was to deem him to no longer meet the formal criteria for PTSD, he would lose the monetary compensation associated with this diagnosis. Importantly, Tony was forced to retire and was unable to reenlist in the Army in large part due to his PTSD diagnosis. This naturally put Tony at significant odds with the very organization that was supposed to be helping him with his condition:

> They don't tell you that you have to be re-evaluated every year for your—for your, uh, disability. Because I'm medically retired. So, they give me disability for the rest of my life. But they never told me—they never told me initially that they [VA] have the right, I think it's up to like 10, maybe even 15 years, to keep calling me back in to do comp and pen exams. They're under some type of fucking pretentious assertion that I'm just gonna wake up one day, be fucking magically cured. I'm still waiting for that. And I've been home 11 years … obviously, you're going to be fucking paranoid. They're coming to get me. They're trying to take my fucking money. [That's] why they need to keep examining us. [PTSD] is a condition that's proven [to not] go away. It's treatable and it's manageable—it's not curable.

Kevin offered a counter-narrative to the distrust exhibited by many other participants. Despite never having accessed healthcare benefits from the VA, he voiced the expectation that the process would be helpful and easy to manage:

> I've never really liked going to the doctor much anyway. Um, so, it's just, this is something that I've…I've been like that for a long time. I mean, it's been a…been a fight to get me to go and I'll just…I just don't go. But, um, you know, I…I know where I need to go, you know, where I can and go if I need the help [with my mental health]. …I feel if you, you know, if you were at the point that you needed the help and willing to accept the help, it's there. The hardest part for most people was just asking for the help.

Subordinate Theme 3: Disappointment and Disenchantment with the Unit

This subordinate theme emerged based on participants' descriptions of what made military culture distinct from civilian culture. Indeed, each participant identified the strength of military collectivism and the sense of community that came with being a part of their unit. However, in conjunction with being involuntarily separated, disenchantment with the unit emerged in stark contrast to the expectations they previously held of their respective unit. Two separate elements of disenchantment with the unit emerged: (a) compromised trust, and (b) abandonment.

Compromised Trust. Trust is a requirement between individuals and the units they comprise. Unit cohesion cannot develop without trust, which in turn limits a unit's effectiveness overall. Trust is intimately associated with many core military values, especially integrity. Patrick explained his integrity was called into question for *not* taking his prescribed opiates following his neck surgery. During the same time he was prescribed opiates, he also was involved with various medical efforts (e.g., rehabilitation) aimed at making him "fully deployable" and able to complete all physical requirements of his military job. After failing to test positive for opiates during a urinalysis, Patrick was accused of selling his prescription

medications illegally without further evidence. This perceived insult and breach of trust led him

to limit all further communication with his unit for the remaining time he was in the military.

Patrick dramatized the interaction between himself and unit leadership as follows:

> [Unit leadership]: "You're not [testing positive] for any of the medications you're supposed to be on." I was like, "Well, I'm not taking them." "Well, you can't do that." [I said], "You can't tell me what I need to put in my body. I've decided not to take it." "Well, that's not part of your regimen." I was like, "How do you know? [Are] you talking to my doctor without me?" …I think our major falling-out came when [unit leadership] alluded that, "Well, if you're not taking them, what are you doing? Selling them?" I was like, "Ooh, you're [a] douchebag—I'm out."

Patrick clearly was offended by the allegations that he would sell prescription drugs, especially

given his 26 years of honorable service.

Compromised trust was also evident in Jason's dealings with his unit regarding the rare,

life-threatening disorder with which he was struggling. While seeking treatment, his integrity

was called into question as well. Ultimately, his unit leadership was under the assumption that

not only was he "faking" his illness but he was also shirking off his responsibilities as an NCO.

Jason's relationship with his unit became so "toxic" he was required to demonstrate he had

accomplished a sufficient amount of work prior to being dismissed each day:

> They believed that I was faking it. So much so that, I mean, I was placed under a section chief. Um, and, essentially, I had to annotate everything that I did throughout the day. And at the end of the day, they would say whether I was sick, I did a sufficient amount of work, and that I could leave. It became pretty toxic. …[Discussing a leave of absence with the section chief]. I *needed* to take leave. I [was] about to have brain surgery [later in the week]. I was just informed and, uh, you know, there is a chance I won't wake up and I would like to spend time with my family.

Jason went on to explain that his request was finally taken seriously only after informing his unit

leadership of the life-threatening nature of his condition. It was only after proving he was not

"faking" his condition that he was permitted to spend precious time with his family that could

have been his last.

Rob described his enduring an excruciating process of needing to distance himself from the very community he had grown to love and rely on. Once he was assigned extra duty in conjuncture with his impending involuntary separation, he felt all but his closest of friends and colleagues were no longer trustworthy. He explained he felt "targeted" or singled out by his unit and others treated him as though he was no longer trustworthy himself:

> During that time period of out-processing and doing extra duty and stuff like that, it was like, "Who do I trust anymore? Who do I get to talk to still?" And there was, at most, a handful of people that I still felt like I could trust and that I talked to on a regular basis. Everybody else, I didn't feel like that about and I had to shut out of my *life*.

Abandonment. The phrase *You never leave an airman behind* is relevant across all military branches and appropriately captures what an individual can expect of their unit during all sorts of difficult times. However, many of these participants insisted this mantra did *not* ring true in their experiences of involuntary separation. Seven of them reported they had felt let down by their unit at critical moments for them. Jason's story perfectly captured his feeling of disenchantment with his unit in the form of abandonment. At one point, Jason needed to be taken by helicopter to the nearest hospital for a life-saving procedure:

> I remember specifically many times throughout my career, whenever an airman would have a car accident or an airman would have a life-threatening injury or something like that, we were there to support them. Somebody was at your bedside—friends or, you know, somebody was there. I did not have anybody to support me when I woke up [from brain surgery]. Um, that was my first [thought]: "Back to reality." …Even when I was life-flighted, my unit wasn't there. They had basically thrown in the towel and expected me to quit. I just didn't have that in me, you know?

Jason further recalled his experiences with prior units and what was expected whenever a colleague was ill. Unit leadership would ensure that "someone" was there for the recovering unit member. When it came to Jason's needs following his brain surgery, no one was there for him— not family, nor unit members, much less unit leadership. In a sense, he was abandoned by his unit. Relatedly, Patrick's own abandonment experience came during his retirement ceremony.

Regardless of circumstance, it is a general expectation that a service member will have a representative of their unit leadership attend their retirement ceremony. To *not* send a representative is considered an extreme insult, especially to someone who served 26 years honorably. However, many of Patrick's closest colleagues flew across the world to attend his retirement ceremony. His own unit leadership were nowhere to be seen: "I had some off run-ins with the [unit leadership], and they—they didn't show up to my retirement within their command. They didn't even show up! So that was kind of a, like a punch in the face. But I had all my other friends and family that showed up out there."

Feelings of abandonment did not only apply to unit leadership, though. They could also stem from close friends within the unit. Kevin explained that his expectation of maintaining strong bonds with his unit colleagues following retirement—which was in line with military cultural assumptions—never came to fruition:

> I feel like a lot of the people that I knew in the military, you know, once I got out, we all just kind of split ways. Um, and—and I get it, you know? But at the same time, it just kinda made me wonder, like, all right, well, since I'm not in the military anymore, like, are we not supposed to be this tight-knit group anymore or what? But when I got out, like, all those people just kinda started fading away.

In a similar manner, Charlie likened the process of losing close unit friends to shutting a door, thus ceasing all further communication: "You know, I felt connected [to friends in the unit] but once we—once I separated—then it's like that door shut. And then I didn't have anything after that."

Theme 3 Summary

Within the theme of Disappointment and Disenchantment, participants described their experiences in navigating involuntary separation both in and out of uniform. They overwhelmingly endorsed having held a deep sense of respect for the military as an institution,

and this previously held belief served as a backdrop with which to contrast the disappointment that they then experienced during their transition. Almost unanimously, participants experienced disenchantment with their unit, military medicine, or the military as a whole.

Theme 4: Psychological Concerns as a
Result of Involuntary Separation

Every participant discussed a wide variety of psychological concerns as a result of involuntary separation throughout their transition from military to civilian life. The process of involuntary separation typically began with them receiving the news of their impending separation and then continued through various out-processing events (e.g., TAP). This process then continued well into their lives post discharge. The Psychological Concerns as a Result of Involuntary Separation theme is comprised of three subordinate themes: (a) personal mental health concerns while transitioning, (b) barriers to mental healthcare benefits, and (c) the importance of psychological preparation. Table 8 denotes subordinate themes endorsed by participants.

Table 8

Theme 4 Subordinate Themes Endorsed by the Participants

Participant	Subordinate Theme		
	Personal Mental Health Concerns while Transitioning	Barriers to Mental Healthcare Benefits	Importance of Psychological Preparation
Rob	X	X	X
Charlie	X	X	
Preston	X		X
Jason	X	X	X
James	X	X	X
Kevin	X		X
Tony	X	X	X
Devon	X	X	X
Patrick			X

Note. n = 3

Subordinate Theme 1: Personal Mental Health Concerns While Transitioning

Almost every participant claimed their involuntary separation had significant negative impacts on their mental health. For most, self-described depression was present for them at various points during the transition process. Others experienced increased symptoms of anxiety that, in one case, were accompanied by multiple panic attacks. Two participants had been diagnosed with PTSD prior to separating from the military, which appeared to make their transition process all the more difficult broadly. Four participants endorsed suicidal ideation in response to involuntary separation and their experiences with transitioning from military to

civilian life. Finally, two participants described their mental health concerns related to their transition as "dark," which indicated that, while they might not have the technical language to describe their experiences, they were certainly negatively impacted by being involuntarily separated.

Depression. Many participants endorsed experiencing symptoms related to depression that wreaked havoc on their lives while in the process of involuntarily separating from the military and then reestablishing their lives as civilians. Despite having the support of family members throughout this process, several participants, such as Devon, often pushed away loved ones in an attempt to mitigate interpersonal conflict. Devon seemed to experience increased feelings of shame, guilt, and stigma associated with his hardship with finding sustainable employment. Depression, coupled with a shortened temper, exacerbated an already-difficult transition process for him:

> I've had some times where it was really difficult. *Really*. I was really depressed. Like, I knew I was not… I was not a joy to be around and I know I was always ornery, grumpy, and I knew that, like, a lot of times I just…I took it out on my wife and kids. Like, you know, just being…being grumpy or yelling or snapping.

Isolation was both helpful and harmful to participants. On the one hand, participants such as Devon were somewhat able to limit hurting their most important relationships while they navigated their depression. On the other hand, while isolating from family, participants such as Charlie became less able to satisfy their basic needs for human connection. During both interviews, Charlie expressed a deep sense of isolation throughout his transition and explained that he felt motivated to "get it out" (i.e., to talk about his struggles with a provider since he had none) due to a lack of friends and family with whom he could talk more openly. He expressed gratitude for being able to discuss his experiences with me throughout this study.

Depression seemed to accompany anxiety throughout their involuntary separation for several participants including Preston and Jason. Additionally, Rob described his battle with depression as a "nightmare" that added to his experiences with anxiety previously disclosed during interviews.

> Preston: But mentally, [involuntary separation] did affect me. I was mentally pretty messed up. You know, I had, uh, anxiety and depression.

> Jason: I was struggling with myself. Um, anxiety, depression. Um, you know, I was struggling with identifying who I was and what I really should be doing with my life.

> Rob: The first three or four months, I would say definitely a nightmare. It was a nightmare. I was depressed.

While only one participant was open about how they used alcohol in an attempt to cope with their depression after involuntary separation, others might very well have used alcohol or other substances during their transition but were unwilling to disclose such use. James acknowledged consuming alcohol for multiple years following his involuntary separation from the Navy, which he identified as a significant concern:

> [Transitioning] was depressing but I kept charging on. I was always taught [to] never give up—keep going. Uh, going to the bars and stuff caught up to me [after] a while. So, I had to try to put that off. It wasn't until, let's see, from 2012 to 2015, I was drinking a lot—way too much. Um, 2016 is when I finally woke up and said, "Hey, this is not good. No more!" [I had to] stop drinking. And I almost went kind of cold turkey.

James was able to recognize that regardless of how much he tried to forget about his troubles through drinking, he admittedly continued to experience difficulties following his involuntary separation. Inversely, Rob underwent residential treatment for alcoholism before his involuntary separation. Despite enduring his "nightmare" related to his depression and overall transition from military to civilian life, he expressed feeling a strong sense of pride in his ability to maintain his sobriety now for nearly seven years.

Anxiety and Panic Attacks. Six participants endorsed experiencing symptoms related to anxiety that were directly associated with having been involuntarily separated. Most of these participants tied their anxiety to various logistical concerns they were experiencing at the time such as their lacking housing and employment. By contrast, Preston's account of his involuntary separation highlighted the fact that he struggled immensely with both anxiety and panic attacks despite having his logistical needs met. His mental health struggles began well before involuntary separation and continue to this day:

> The number one thing was…was my health. I was going through anxiety and it was a big deal for me. I've never experienced anxiety like that in my life. I was having panic attacks and anxiety attacks. I actually went off base. They had a special [physician] make sure I didn't have a heart condition. The doctors [ordered an] EKG. …Later on, they figured out that it was anxiety but for that month or whatever, it was just getting worse and worse. I was having panic attacks, anxiety attacks, and, to this day, I'm still on anxiety medication.

Preston had no choice but to make drastic changes in his life as a result. A longtime sportscar enthusiast, he went so far as to ship his BMW back to the United States where it sat unused for some time. In his own words, **"**It took me about a year to to pretty much have confidence to drive again. So, like, I was torn down; my anxiety was very, very, very bad.**"**

Posttraumatic Stress Disorder. Two participants were formally diagnosed with PTSD before being involuntarily separated while a third, Rob, experienced symptoms akin to PTSD after his involuntary separation. Navigating homelessness, food insecurity, depression, anxiety, and selective serotonin reuptake inhibitors (SSRIs)-withdrawal symptoms, Rob found himself simultaneously engrossed in a custody battle with his ex-wife. He described experiencing what seemed like hypervigilance, which was prompted by any potential contact from his ex-wife:

> I actually really had to fight and struggle to get custody of my kids and…uh…and, you know, like, every time that my phone would ring or I would get, like, a letter in the mail or anything like that, this sense of dread or doom would always come over me. Even if it wasn't my ex, if it was like spam or something like that. Before I even looked at it, I was

just, like, "Oh my God, here we go again." Like, yeah, almost where I want to throw up, like, [it was] physically affecting me. And, I mean, I feel like the PTSD gets thrown around a lot for a lot of different things and I'm not saying, yeah, I feel like I had that, but I had something similar. …Anything associated with her.

Participants suggested that treating their PTSD was simply part of their lives both in the military and after their involuntary separation. Following his forced retirement, Charlie discussed how he struggled to attend PTSD support groups through the VA. Unfortunately, the groups he attended had inconsistent attendance from both members and facilitators. Because of the inconsistencies, Charlie's PTSD group made little to no noticeable progress. To make matters worse, Charlie found many of the interventions presented in group therapy interfered with his marriage, apparently increasing his PTSD-related symptoms. Tony, who had been forced to retire due to his struggles with PTSD, felt shame and guilt on the account of his diagnosis. He explained his PTSD was a major complication that exacerbated his difficult transition to civilian life:

> There was a sense of both shame and guilt [associated being involuntarily separated]. Shame because, in my mind at the time, I couldn't live up to what I perceived to be a great servicemember. Because they were putting me out. And, I guess, embarrassed because I have, you know, I have what I have. I have PTSD. There's no way around it. This shit I'm going to have [for the] rest of my life. It's not going away. But just, I guess, being ashamed of, like—I still say this to this day—it's like I feel broken and I haven't quite figured out how to fix it—[or] how to treat it, I guess, is the better word. I've been told [by] my other doctors, "Don't say you're broke. You just need [treatment]." Broke isn't the right word, I've been told. But it feels like that.

"Dark Times." Two participants endorsed experiencing "dark" periods following their involuntary separation, whereas a third explained he was able to avoid "dark roads" due to the support of his family. While the term "dark" was fairly vague, to them it clearly exemplified psychological pain associated with involuntary separation. Darkness might have been their term used to express seemingly impenetrable isolation. The way Jason described his "dark place" conjured up thoughts of hopelessness for him stemming from the perceived destruction brought

about by his involuntary separation and his life-threatening medical condition. During his first

few months after being involuntary separated, Jason recalled:

> I tried to fake it is what I did. I tried my best to fake it. I became numb and I was very numb to most everything in my life. Um, and until I tortured myself internally, I didn't outwardly speak to anybody about it. My marriage was destroyed, my daughter…barely knew who I was—it was a really dark place to be in.

Jason's commitment to stoicism was congruent with standard military culture and

appeared to have constituted a barrier to the support he so desperately needed following

involuntary separation. By "numbing himself" as he did, Jason appeared to have been able to

reduce the sting of rejection from the military, which ultimately allowed him enough time to

capture a revised sense of purpose through his work with a veterans advocacy agency. Kevin,

however, needed to contend with two separate rejections: one through involuntary separation,

and the other one from a recruiter. His being told the Air Force was only interested in bringing

back those who *chose* to leave was devastating for him and resulted in his inability to be *himself*:

> That's, uh, that's what kind of put a bad taste in my mouth when I first got out. And that's what made me kind of, you know, kind of drop off into a real dark spot. It definitely made me not be *me*. I'm usually a pretty outgoing, cheerful person, and it just took the wind out of my sails.

It is unclear exactly what being in a "dark spot" fully entailed for Kevin but he seemed to be

describing having experienced a near-paralyzing sense of psychological pain with what he

referred to as "having the wind taken out of [his] sails."

Suicidal Ideation. Four participants contemplated suicide in response to their

involuntary separation. Across these four, the timing of the suicidal ideation varied significantly.

For Jason, the most acute thoughts of taking his own life came within the first couple of months

following his involuntary separation. Additionally, Rob acknowledged struggling with suicidal

ideation for years following his involuntary separation. By contrast, Preston contemplated

suicide while still in uniform but while in the process of being involuntarily separated. Finally,

Tony experienced suicidal ideation both in and out of uniform. In fact, while in uniform, he once

attempted to take his own life, which he attributed to his PTSD. Following his involuntary

separation, Tony sought treatment for both PTSD and suicidal ideation. He admitted continuing

to struggle with thoughts of suicide long after involuntary separation, although he did not

endorse active suicidal ideation during our interviews.

Preston appeared to have psychosomatic symptoms associated with the acute stress of

being involuntarily separated. Despite having most of his affairs in order, the harsh reality of

being separated coupled with severe physical pain led him to consider suicide at the time:

> I'll tell you this, I had anxiety and I had depression. …I was physically starting to feel
> sick. Not just mentally, it was also physically, like, my back was hurting. …And when
> the reality actually hits, when I was like, "Okay, this is going to be your life now." Even
> though, you know, I had it pretty straightforward. I had bought a house, you know, I had
> a good resume, [and] I was going to get honorable discharge. I already knew that
> beforehand, you know, my life wasn't ruined. But at that moment in time, I was
> distraught. I mean, I've always said, "If I had never [taken] those medications, I would
> have committed suicide." That's how bad it got.

Jason had always thought of himself as a lighthearted and fun person. According to him,

most people with whom he interacted seemed to like him and by and large, the feeling was

mutual. Having lived through multiple life-threatening surgeries, he did not expect to

contemplate suicide within months of his involuntary separation due to medical retirement:

> I went from one person to the complete opposite. I was…I was happy-go-lucky. I was,
> you know, I was…I was the ideal. I'd joke about everything. I [would] have a good time.
> [I] was the life of all the parties. …I've had pretty low points in my life in many areas
> but, um, I've never…I've never contemplated leaving this world until that month. …It
> was the lowest point I've ever been in my life.

The culmination of multiple struggles nearly resulted in Rob completing suicide

following his involuntary separation. In the face of homelessness, SSRI-withdrawal symptoms,

food insecurity, and a hotly contested custody arrangement, nevertheless, Rob found a reason to live. Admittedly, he is alive today thanks to his commitment to his children:

> Not only is all that happening but now I, yeah, I am now, like, back in deep into depression at that time. I…just wanted to fucking die every day. And the only reason I didn't is because I got a three-week-old and a three-year-old and…and they needed me. Their mom's too busy doing drugs and I gotta be that person [for them]. I can't, you know…that's the only thing that kept me alive.

Subordinate Theme 2: Barriers to Mental Healthcare Benefits

These participants unanimously endorsed the importance of accessing mental health care prior to, during, and/or after involuntary separation. Despite this resounding consensus, only five successfully accessed such treatment after their involuntary separation. Furthermore, every participant had earned benefits that permitted them access to either Tricare or VA mental health treatment at little to no personal cost. That said, six participants still reported experiencing significant barriers to receiving this care. The types of barriers they encountered could be broken down into three distinct categories: (a) overcomplicated healthcare systems, (b) excessive wait-times and distance to facilities, and (c) problems related to prescriptions.

Overcomplicated Healthcare Systems. Many participants expressed they had anticipated enduring some difficulties with their transition from military to civilian life following their involuntary separation. However, they did not expect to have such significant trouble accessing the benefits they had already earned. Those participants who had sought mental health treatment overwhelmingly endorsed having difficulty in learning these new and complex administrative processes. At best, some participants persevered through their frustrations and inevitably accessed the care they initially sought. However, at worst, others instead gave up on the process, foregoing treatment altogether. Some others simply sought out mental health treatment from sources unrelated to the benefits they earned through their military service. Given

the various mental health concerns these participants were experiencing especially following

their involuntary separation, foregoing treatment could have had life-threatening consequences

for many of them.

Rob explained he encountered significant barriers to accessing mental health treatment

following his involuntary separation despite his greatest efforts. As previously discussed, he was

in a complex situation; he was angry about his involuntary separation and stymied by poverty

while also suffering from debilitating depression and suicidal ideation. Navigating the complex

VA system felt overwhelming to him:

> I *desperately* needed to talk to a therapist, and there was zero time for me to do that ever. I was constantly having to work, [doing odd jobs] I got to feed my kids! So, I didn't have time to go see a therapist and I struggled with depression really, really hard in the beginning. …Okay. So when I first got out, I looked into [accessing treatment through the VA] and it was like, because my mindset was, like, "Well, if these people are just going to dump me like this, I'm going to suck every resource I can out of them while I can because, you know, screw them." And I would have if it was in any way possible for me to get there, like, I would have. But even when I did, it ended up being a waste of time.

Despite his multiple attempts to access mental health care, Rob ultimately gave up on accessing

treatment through the VA. Rob expressed that he wanted to use every benefit available to him

almost out of spite for the way in which he was involuntarily separated. However, the VA

healthcare system was so complex to him that despite his efforts, he was unable to access mental

healthcare whatsoever.

Jason's experiences with navigating both the VA and Tricare systems mirrored Rob's

account. However, Jason was not trying to understand the VA system only for himself; his work

with a veterans advocacy agency meant he also was learning these systems for the benefit of

other veterans as well:

> When I got out of the military, I reached out to any expert I could find in the state that [were] "*experts*" in the discharge process and the VA process and [see] what I could do

to change anything. …Um, I quickly found out that the individuals that were "experts" were *not* experts. It was very evident to me that these processes were intentionally challenging to understand.

Mired by frustration while feeling a sense of responsibility to learn these complex systems for the sake of other veterans, Jason attributed the complexity to malice what could otherwise have been attributed to ignorance. It seemed to him these healthcare systems were intentionally unnavigable. For Jason, even the experts were of little help in accessing treatment.

Similarly, Tony also expressed his own frustrations with the Tricare system in full recognition of the high stakes for many veterans:

> If you're medically retired, you have Tricare for the rest of your life. If [healthcare professionals] teach you how to properly access and use the website, the tracker would actually give a shit and fucking sit there and explain to us how to navigate their website and how to find these providers. This would be easier. I have to sit here sometimes and literally crosscheck [websites] because Tricare's website may say one thing, then I call that doctor and they're like, "No, we're not taking new patients" or "We don't accept this insurance." So you're getting more veterans falling through the cracks. Because once again, there is a clear gap in communication. This is why so many guys are falling through the cracks. This is why guys have episodes.

Tony highlighted that instead of multiple healthcare providers submitting new patient information to one source, each approved healthcare provider had to be "crosschecked" by veterans seeking treatment to ensure accuracy between provider websites. Considering how many other concerns Tony had after his IS (e.g., finding employment), it seemed unreasonable for him to have to call multiple healthcare providers to access mental healthcare treatment. He wasted precious time only to be frequently told the healthcare provider was not "taking new patients." Undoubtedly, this compounded his frustration toward military medicine. For Tony, such a complicated healthcare system had a direct connection to other veterans "falling through the cracks." After moving from the Rocky Mountain region of the United States to California, he

encountered further significant difficulties with civilian providers as well as both the VA and

Tricare bureaucracies:

> We moved to [California]. It's been a clusterfuck. It's hard because now all the bases, all their [appointments] I guess, are taken up. So retirees have to be sent to in-network providers that Tricare has. So the care is definitely not the same, the appointments—you can get them a little bit quicker—but the care is definitely not the same. The facilities are not the same. … [Several months later, I'm] still having trouble finding healthcare out here. It's not…it's not as easy once you're outside of the network…it's just a lot messier and it's really hard to find the *right* care.

Continuity of care was paramount to many of these participants following their

involuntary separation. To some degree, communication difficulties were expected between

government agencies and civilian "in-network" providers. However, such communication issues

between VA hospitals were completely unexpected by Tony. He emphasized that such lapses in

care for our veterans could have tragic outcomes:

> Like, if I go from one VA, all my information is all in the same system—why do I have to go register at another one? It's just a process of having that information transfer. That's where a lot of veterans tend to get frustrated and slip through the cracks because the transition isn't as smooth. They get irritated and they're like, "Well, fuck this!" And then, once every 22 seconds, somebody is blowing their fucking brains out…and that's part of it. That's the part that doesn't get talked about…how difficult it is to get care once you're separated.

Importantly, not every participant reported experiencing such overwhelming difficulties

in navigating the VA and Tricare systems. Three participants expressed relative ease with having

their medical needs met through the VA. It is important to note, however, that these three

participants had not sought mental healthcare following involuntary separation.

Excessive Wait-times and Distance to Facilities. Wait-times and travel distances

constituted significant barriers to accessing mental health care for six of these participants

following their involuntary separation. Following his involuntary separation, Rob encountered

multiple hardships including joblessness, homelessness, and significant debt. To make matters

worse, his car was repossessed almost immediately after his involuntary separation. Because his

nearest VA facility was too far for him to walk to and since public transportation was also not an

option, he was completely unable to access the mental healthcare treatment he so desperately

needed:

> One of the big problems for me when I got out is that the nearest, like, VA facility for me to go to is a, like, 50- to 60- minute drive. It's not close. To walk there is not an option. …So I had to immediately just [recognize]—okay, the VA is not an option for me. I have to go and find, like, services like a civilian would.

Ultimately, Rob accessed mental healthcare treatment locally through Medicaid. He noted that

since his initial attempt to access treatment through the VA, the VA had opened a new outpatient

clinic closer to where he lived. Because the new clinic was so close, he subsequently made

another attempt to access mental health treatment through the VA. The second attempt at mental

healthcare treatment through the VA was ultimately unsuccessful due to prescription difficulties

(discussed below).

Other participants agreed that accessing mental health resources through civilian

employer insurance simply was more convenient for them due in large part to both shorter wait-

times and less travel required to access those facilities. For example, James explained that the

long distance from his home to his nearest VA center, paired with the low availability of

appointments, led him to seek medical treatment in Mexico.

Many participants were forced to wait multiple months before they could be initially seen

by providers or make follow-up appointments. Some participants viewed this ascendent that the

VA did not care about them and their mental health needs. Frustrated with these excessive wait-

times for treatment, Tony wryly characterized the entire situation as

> less than ideal because [the VA is] is just so inundated as it is with veterans. They've had issues with their hospitals, and I know that's not their fault, but they brought this upon themselves and now [veterans are] catching the short end of the stick. If I were to call

right now, they would probably tell me they have an appointment, like, in the next three months, and that would be the quickest. …Mental health is where I'm struggling because, [with] the VA, it's either…they don't care or they're booked.

Tony strongly criticized the VA system as a whole and also discussed an understanding that oftentimes, the VA system is overwhelmed with patients. Despite his recognition of the VA being overwhelmed by patients, Tony was not willing to excuse the VA for their perceived lack of care. Tony expressed that in many cases, barriers to mental health care such as excessive wait-times were resulting in suicide among veterans.

Similarly, Charlie explained he viewed long appointment wait-times as evidence of the VA's lack of effort in treating veterans: "They have a system in place…they're government funded. So, it's like, to me, they [are] just there to collect a paycheck. They…they do the bare minimum. Um, yeah, they'll set you up an appointment three months out and hope that you don't show up."

In Tony's experience, veterans who were involuntarily separated often experienced a high degree of stigma as a result. The stigma associated with involuntary separation was further compounded by the stigma they also felt surrounding various clinical diagnoses such as PTSD. The complex, harmful interaction of these two sources of significant stigma could be further exacerbated by long wait-times, long distances to treatment facilities, and providers who are viewed as uncaring.

Problems with Prescriptions. Multiple participants expressed concerns over what kinds of mental health treatments they were offered following their involuntary separation. Some explained they felt pressured to take prescription medication whereas others reported not being able to obtain their previously prescribed psychopharmacological medications for months following their involuntary separation. For one, Rob expressed concerns about not having access

to the same SSRIs he had been prescribed while in uniform. After being involuntarily separated,

he had no choice but to stop taking these medications without titration:

> Most people don't understand what it feels like to, like, quit something like an SSRI cold turkey [without titration]. You're nauseous all day long. I was dizzy. I did not feel like I could drive. I was just… I was not here when I needed to be. Like, I had to force myself up out of bed. And that's just, like, the medical withdrawal side of it.

Rob explained that his significant withdrawal symptoms were only one aspect of the

"nightmare" he experienced during his first few months following involuntary separation. He

also suffered severe bouts of depression and contemplated suicide. Eventually, he was able to re-

acquire the same SSRIs through a civilian physician. Years later, Rob obtained transportation

and returned to the VA for treatment:

> Just a couple of years ago, I went to do the VA because I was unhappy with my current psychiatrist at the time.…I go there and [the VA] said, "Nah, we're not going to give you those medications. We're going to give you something else. We want you to try something different." I'm like, "No, no, I'm on this. It's working for me. And I already went through a whole year-and-a-half worth of Try this. Now, try this. Now, try this. I'm not doing this again!" And they were not willing to listen to me. That right there automatically became enough for me to be like, "This isn't…this isn't worth it." It's not worth the drive. It's not worth the, the ass pain, the wait. None of it. It's not worth it. I'll just find a new doctor on the civilian side of things.

Rob's difficulties in accessing mental health care following involuntary separation was

multifaceted. First, he was unable to access a VA treatment facility and subsequent medications,

which led directly to experiencing withdrawal symptoms. Then, once he was able to access the

VA, he was then discouraged by the provider's unwillingness to prescribe the same medications

he already was comfortable with. Despite the VA health care being free to him, it was not worth

"the hassle" of long wait-times, the long travel distance, and the less-than-satisfactory

interactions he had with mental healthcare providers.

While Rob struggled to gain access to his prescriptions, Charlie instead felt he was being

pressured to take medications that made him "numb" to potentially dangerous situations:

The VA, they try to medicate me. But yeah, I don't be taking the medicine because it keeps me from feeling emotion. I'm black, so I be driving, I see the police, you know… I feel a certain kind of way. I get that shot of adrenaline, you know, and being medicated, it's like, "Oh I don't care. Whatever." It made me feel, like, just being passive. Like, "Don't worry about it. If it happens, it happens."

Here, Charlie highlighted a complex interaction of living with systemic racism, fearing police brutality, and being unable to experience appropriate levels of stress. Specifically, he viewed this inability to feel stress as potentially life-threatening during police encounters. He further explained that, in his experience, the VA was far more likely to medicate than to provide other therapeutic interventions:

So I had to leave [the VA] alone. I say, if it's not physical where they can just throw some pills at me—some pain pills, Flexeril or whatever, you know—then it's pretty much, "Yeah, yeah (dismissively)." That's it. …They trying to give me dope to make me forget, you know, make me feel like I'm not…not myself. I already don't feel like *myself*. And then you go give me stuff to make me feel even worse?

Charlie expressed that after being involuntarily separated, he greatly struggled to find his sense of "himself" once again. After multiple deployments and over 20 years of service in both the Army and the Air Force, he developed a great deal of psychological flexibility in military settings. However, facing life as a civilian while also contending with the negative side-effects of his medication was simply more than he was willing to handle. As a result, he no longer receives treatment whatsoever for his depression and PTSD. His concern is not related to his willingness to attend treatment; rather, the problem is he feels his individual needs were not being met by his VA mental healthcare providers. Charlie said, "I got a lot to say and, you know, I want to get it out. But I got people trying to—trying to diagnose me. I just need somebody to *listen*."

While the participant accounts within this subordinate theme 2 solely focused on accessing *mental* health care, many of the barriers listed could be extended to physical health care as well. Such barriers as (a) distance to facilities, (b) long wait-times, and (c) difficulties

managing an overcomplicated healthcare system were clear examples of opportunities to increase healthcare accessibility for typical and involuntary separated veterans alike.

Subordinate Theme 3: Importance of Psychological Preparation

Eight of the nine participants highlighted the importance of being able to psychologically prepare for the transition from military to civilian life following involuntary separation. While some psychological preparation did not alleviate all of their transition difficulties, it did provide many participants with a better sense of control over their lives and, in turn, comfort. Many participants explained that having ample time between being officially notified of their involuntary separation and the actual separation itself was paramount to them. That said, in order for them to take advantage of their preparation time, they first needed to fully accept they were being separated against their will. Thus, two elements emerged within this subordinate theme: (a) speed of the involuntary separation process and (b) personal denial of involuntary separation.

Speed of the Involuntary Separation Process. Overwhelmingly, these participants expressed the speed of their involuntary separation played a pivotal role in their transition difficulties. Those given more time between their official notification and their actual separation were better able to psychologically prepare themselves for the transition back to civilian status as opposed to those with little-to-no time left to prepare. Patrick and Devon both suspected they were going to be forced to retire due to their respective complicated health concerns. Because he suspected he was not going to fully recover from neck surgery, Patrick had approximately 18 months of "cooling-off" time before making the leap into the civilian world. However, the massive amount of time he had was atypical for most participants. Instead, most stated they had very little time between notification and separation; thus, they were unable to properly

psychologically prepare for their transition. Devon, for one, expressed that having the *choice* to

retire would have given him more time to prepare:

> For me, if I would've got out on my own decision. Yeah. I mean, I would have had a lot more time to plan or figure out what I may need at that moment in time. But for me getting out, you know, so suddenly…and dealing with a thousand other issues [made things difficult].

Devon was one of many participants who juxtaposed their involuntary separation process

with that of a more typical exit from the military. For these participants, making the personal

choice to separate afforded typical veterans the luxury of psychologically preparing themselves

for their future civilian lives. Conversely, involuntarily separated veterans were forced to react to

their circumstances. Rob further elaborated:

> I feel like if I had a plan to get out, if I knew, like, "Hey, I'm going to separate this year," then I would have had a measurable amount of time to say, "All right, I'm going to get this done and I'm going to have this lined up, but I'm going to have this lined up and have my life sorted out *before* I had to start it all over again." Being involuntary kicked out, it was like, I mean it was… I was thrown to the wolves. …I literally had three months. It was so fast. …Three months. Three months! And during part of those three months, I had 30 days of extra duty. So, it was like two months, really.

The involuntary nature of Rob's separation seemed to be a critical factor in his inability to

prepare for civilian life. He expressed three months did not constitute enough time to prepare for

such a major transition. Once that time was reduced through extra duty obligations, his lack of

time became significantly worse.

Tony also highlighted volition as a pivotal aspect of his transition. He was undergoing

intensive treatment for PTSD, depression, and suicidal ideation during his involuntary separation

process, which demanded most of his mental energy. At that time, he was desperately trying to

improve his mental health while also attempting to prepare himself for the unpredictable process

of transitioning. Importantly, he was not given a specific timeline for when he would be

officially medically retired. Knowing he was going to be involuntarily separated but not knowing

when that would happen was but one more on a long list of difficulties Tony had to endure on his

way back to civilian life:

> [If] you were separated on your own volition, you could have gotten a bunch of things done or you might've walked that line where you may have talked to some people or did some stuff…[Whereas] when you're going to be separated against your own will, that doesn't necessarily happen. …Folks that are pushed out don't get to do that. Nine times out of 10, the folks that get pushed out have no clue what the fuck they're doing because it comes with short notice most of the time, because something…traumatic happens, like my case with the hospitalizations. I wasn't really afforded that time in a sense, because that process only took, I think, four or five months…it's like literally the deer in the headlights.

Tony described his sense of shock as a "deer in the headlights." Essentially, he was expected to

prepare for his transition to civilian life without an effective timeline as well as being in the

midst of hospitalizations and extensive PTSD treatment. His involuntary separation and ultimate

transition were incredibly complicated due to his specific circumstances and the limited time

with which he had to prepare.

Both Rob and Kevin were involuntarily separated from an overseas location, which

provided additional complications to an already-difficult transition process. Kevin concluded that

he simply needed more time:

> I [was] immediately given separation orders and had to start out-processing [and] get everything taken care of. Being overseas added a whole 'nother set of issues on top of getting out. Moving a wife, selling vehicles, you know, having a house packed up, moving animals unexpectedly. And five weeks, you know, it was pretty short-term.

Personal Denial of Involuntary Separation. Many participants experienced a sense of

denial related to their involuntary separation as they simply could not accept their lives were

going to change drastically and so quickly. Being completely immersed in a military

environment for years often led to a sense for them that life would never change. At worst, these

participants expected that if something were to change, they still would be able to continue to

serve in uniform. Kevin explained that his own sense of denial about being involuntarily separated continued well after his involuntary separation was final:

> It was hard and I still don't think that I ever really fully prepared myself to get out because it happened so quick. …I was kind of blind to the whole thing. I didn't know what to expect. I got out, I ended up leaving in [month redacted] 2014 with 110 days of terminal [leave]… it was 100% denial. I was like, "Nah, this ain't happening. It'll…it'll come back. You know, it'll come. I'll let it sit for a week, it'll come back and they'll just…they'll just blow over like it never happened." And then the time came and that was it.

Kevin expected for his circumstances, which led to an involuntary separation, to change at any minute. Undoubtedly, the news of his impending separation was psychologically painful, which could have prompted him to avoid thinking about it very often. He also felt he had given multiple years of hard work and honorable service to the Air Force. Thus, he believed they would see they were making a mistake by involuntarily separating him. Unfortunately for Kevin, the time that he spent in denial and in wishful thinking took away what time he actually did have to prepare accordingly for civilian life.

Similarly, Jason explained that his feelings of denial also extended to the administrative paperwork related to his involuntary separation: "Psychologically, I didn't prepare. It was almost as if it wasn't happening. Um, yeah, I pushed everything to the final second. They would tell me, 'You have 10 days to sign this form.' I would sign at the last minute of the last day." In some ways, Jason's refusal to sign any paperwork until the last minute was an effort to contest his involuntary separation. Additionally, he explained he treated his impending involuntary separation "as if it wasn't happening." The result of his denial for him was a lack of psychological preparation that otherwise would have likely eased his transition back into civilian status.

Inversely, Rob found a way to use his denial more constructively. To help him maintain his sobriety throughout his transition, he devised a method to "get small" psychologically. He explained that looking too far into the future was overwhelming to him so instead, he intentionally focused more on the minute-to-minute aspects of his day and avoided making long-term plans:

> It really is not one of my strongest abilities to prepare for the future. I've always been kind of bad at that…like during all of this, I'm still struggling with maintaining sobriety. So, the best I could do for that period of time…because every single day I wanted to drink every single day …I've got a problem… I just [had to] get through the day. I just had to wake up in the morning and it's like, "Okay. I know what I have to do and I just got to get back into this bed at the end of the day." And that's *it*.

Tony used another word to describe his process of denial: shock. He expressed experiencing a complex combination of shock and rejection, which made his psychological preparation for civilian life seemingly impossible to undertake. He explained he believed many involuntarily separated veterans go through a similar process:

> This is why people have a hard time transitioning. You go from an environment that is structured, right? And despite my personal beliefs for just political correctness, which I don't do often, it's structured for a reason, and you become accustomed to that. Then you get out here [as a civilian] and you don't know shit and everything's chaos. It's literally chaos. And it's not controlled chaos, by the way. [For those] that are medically separated like me, it is literally a kick in the balls. Somebody literally just kicked [us] in the testicles as hard as they possibly fucking could. Right? *There* is your shock because then it's like, well, I was going to do this [to prepare] and you're not thinking at the time "What am I going to do afterwards?" Because in my case, I became so engulfed in the treatment to help manage my condition that [I couldn't focus on] transition right then. [There] wasn't shit mentioned about transition. Basically, [the Army] was like, "Hey, you're fucked up. Get out!"

Theme 4 Summary

The theme Psychological Concerns as a Result of Involuntary Separation was comprised of personal mental health concerns, barriers to mental healthcare benefits, and the importance of psychological preparation for transitioning back to civilian status. Psychological concerns caused

by their transitioning to civilian status were unanimously endorsed by these participants. Often for them, these psychological concerns were directly caused by their own unique experiences of involuntary separation. The severe mental health concerns that appeared to be tied to their involuntary separation came in the form of symptoms related to depression, anxiety, panic attacks, substance abuse, PTSD, and suicidal ideation. To further complicate matters, multiple participants also encountered significant barriers to accessing mental healthcare post involuntary separation including further distance to facilities, extremely long wait-times for initial and follow-up appointments, and prescription medication concerns such as feeling pressured to take medications or to try different medications than ones they were comfortable with. Many participants further explained that toward the end of their military careers, they also were not given enough time to properly prepare for transitioning to civilian life. To make matters worse, most participants also were unable to psychologically prepare for their transition due in large part to their inability to accept at the time that they were in fact going to be involuntarily separated.

Theme 5: Recommendations for
Mental Healthcare Providers

Toward the end of each interview, these participants were asked what, if anything, they felt mental healthcare providers should know about involuntarily separated veterans as a group as well as their unique experiences related to reintegration. All participants stressed that one's transition from military to civilian status following involuntary separation is vastly different than one following voluntary separation. In their experiences, mental healthcare providers they encountered did not recognize those differences, which often made accessing treatment all the more difficult. Based on their observations, it was clear IS veterans needed client-specific treatments that accounted for the differences in voluntary and their involuntary separation experiences. They provided recommendations based on their own unique experiences and their

interactions with other IS veterans regarding their struggles to transition from military life to civilian life as a result of involuntary separation.

Participant responses pertaining to what mental healthcare providers should know about IS veterans were categorized into two overarching subordinate themes: (a) involuntarily separated veteran characteristics and (b) involuntarily separated veteran concerns related to transitioning to civilian status. These responses serve as points of emphasis that might be helpful to mental healthcare providers who work with IS veterans. Table 9 provides an overview of which subordinate theme was endorsed by each participant.

Table 9

Theme 5 Subordinate Themes Endorsed by the Participants

Participant	Subordinate Theme	
	Involuntarily Separated Veteran Characteristics	Involuntarily Separated Veteran Concerns Related to Transitioning to Civilian Status
Rob	X	X
Charlie	X	X
Preston		X
Jason	X	X
James		X
Kevin	X	
Tony	X	X
Devon		X
Patrick	X	X

Note. n = 2.

***Subordinate Theme 1: Involuntarily
Separated Veteran Characteristics***

When asked about what mental healthcare providers should know about IS veterans in particular, these participants frequently identified certain characteristics they viewed as unique to this group. Participants explained that mental healthcare providers should be aware that many characteristics associated with being involuntarily separated could serve as a barrier to treatment or simply complicate treatment if unaccounted for. The group characteristics identified by participants included both having a (a) "chip on their shoulder" and being (b) both unseen and untreated.

"There's a Chip on Our Shoulder." The most commonly identified characteristic associated with IS veterans was having a "chip on their shoulder" as a direct consequence of being "forced out" of the military. Having a chip on one's shoulder is commensurate with having a negative disposition toward others due to their perception of being treated unfairly by the military. Regardless of how or why the involuntary separation occurred, these participants explained that having this perception predisposed them to then having more negative interactions with any mental healthcare providers who were associated with the military. Tony, for example, succinctly expressed, "People separated against their will are probably going to be a little bit more cantankerous than most [veterans]."

Patrick was another one of several participants who indicated IS veterans, including himself, were likely have this kind of chip on their shoulder:

> The majority of [IS veterans] are going to walk out with a chip on their shoulder. That's the dead-honest truth. They're going to have that chip like I do. …Well, because you look at veterans and you see them as part of this brotherhood but those who get forced out have been dissed by this brotherhood. They have now been tarnished by the same brotherhood they were accepted in at one point. …You know, your attitude shifts as a whole towards that organization, the medical field, or the military branch you serve in

because of it. You feel like they turned [their] back on you, you know? My way or the highway.

In this one statement, Patrick explained how the complex relationship between military cultural values and the rejection of IS veterans might interact with their treatment. This above disposition as described by Patrick—a natural reaction to feeling such disenchantment with military-affiliated medical systems—likely served as a barrier to future treatment.

Patrick's statement related to this concept of disenchantment also was separately confirmed by Jason who also described himself as having a chip on his shoulder due to involuntary separation:

> I have a chip on my shoulder. I feel as though the military discarded me as if I wasn't a whole person, [or that] something was wrong with me. So, they couldn't—they *wouldn't*—keep me [in the military]. There's a chip on my shoulder. I want to be better. I have a drive to be a better person than who they *thought* I was or who they portrayed me to be. I mean, it has impacted me. I just found a way to make it a positive impact. There's a lot of individuals that *can't* accept what the military has told them [about themselves] and they *feel* what the military has [said] to them—[that] they are not worth what they originally signed the contract to be.

Jason explained what it meant for him to have a chip on your shoulder, how it could impact an IS veteran, and where this chip came from. Clearly, he struggled with internalizing messages related to self-worth that came alongside his medical retirement. In his later work with a veterans advocacy agency, he witnessed the same process among numerous IS veterans he has since served. With a deep sense of empathy, Jason explained that while he has used his own chip on his shoulder as a motivating force for self-improvement, other veterans might not be able to so similarly. Although participants did not expressly discuss *how* mental healthcare providers should account for a chip on their shoulders, recognizing where it came from and how it could impact treatment was identified as critical to reducing barriers to treatment among IS veterans.

Involuntarily Separated Veterans Often Go Unseen and Untreated. Nearly every participant expressed the process of involuntary separation was vastly different from that of voluntary separation. Because of the various highly unique stressors and circumstances specifically associated with involuntary separation, IS veterans might experience more specific and potentially life-threatening mental health concerns while transitioning back to civilian status. As previously noted, the participants of this study suffered from various mental health concerns ranging from anxiety to suicide attempts they claimed were a direct byproduct of being involuntarily separated. Since IS veterans have not been officially recognized as a distinct group by researchers or providers, they are not uniquely vetted for mental health concerns related to involuntary separation at any point during their transition. In large part because of this, these participants stressed that IS veterans are both unseen and often untreated.

Frequently, veterans who chose to separate from the military on their own accord had a far better opportunity to plan their reintegration. According to Rob, voluntarily separated veterans could contact various agencies such as the VA and other veteran-affiliated groups like the Veterans of Foreign Wars (VFW) on their own in advance to ease their transition back to civilian status. He argued that mental healthcare providers and others assisting IS veterans to out-process their unit must understand that, oftentimes, IS veterans do not have the wherewithal nor the time to plan their transition whatsoever:

> It's crazy because there's other people I've talked to from other branches… [that] actually got contacted by, like, the DAV (Disabled American Veterans) or American Legion. And they're like, "Yeah, we've got your paperwork all filled out for you already." But these were people who were separating on their own terms…because they're getting out when they want, everything's set up for them and they've got the smoothest, easiest transition. But then there's people like myself who didn't want to get out when they got out, and I'm literally thrown to the wolves instead. So, that's why there should be systems in place to help people like that. And I don't think that it's unrealistic because there are already systems in place to help [voluntarily separated veterans]. It should just be an equality thing.

Rob advocated for special accommodations to be made for IS veterans to connect them with

other veterans and resources that could have bridged the gap between military and civilian life

for him. At various times during his interviews, Rob explained he would have benefited greatly

from therapy in addition to case management designed to connect newly involuntarily separated

veterans to eligible benefits including employment resources, medication management,

affordable housing opportunities, and education benefits.

Because of his work with IS veterans through a veteran advocacy agency, Jason was keen

to identify that far too many veterans were forced out of their career and cultural community

through no fault of their own. He continued by explaining that the most egregious accounts of IS

veterans being unseen and untreated involved those who are discharged due to PTSD associated

with being survivors of sexual assault. Through his work with a veteran advocacy agency, Jason

has borne witness to horrifying accounts of involuntary separation that appeared to be retaliatory:

> The vast majority of the time it's, it's anxiety. It's massive anxiety [among IS veterans]. The things that I'm running into more here recently are females being unjustly discharged due to them claiming or going to a SARC (Sexual Assault Response Coordinator) or are openly admitting that somebody has sexually assaulted them, and their unit is discharging them unjustly. And, and it's…it's very clear. …Everyone comes in the same way: smiling, very happy, ready to talk. It doesn't take 20 minutes, and I can see the depression. I can see the anxiety. …I can see some of them sometimes have to get up and walk out [to] take a few minutes to themselves. There are clear signs of PTSD.

According to Jason, IS veterans enter his office expecting to be unseen and untreated,

often masking the horrors of sexual assault with a smile. To him, IS veterans might be powerless

against the very systems that cast them out. He identified that one of his first tasks with these

clients was to identify himself as an advocate who is committed to first acknowledging them

then as IS veterans and then connecting them to resources designed to ease their burdens. Jason

commented:

There are cases where there's nothing you can do about it. "You are going to be discharged; whether voluntary or involuntary, it's happening." Um, [the military] can make it as voluntary as they want to make it look but that does not always mean you're being voluntarily discharged. I deal with cases like that two to three times a month. They *look* voluntary. Everything along those lines. Paperwork-wise [it] is [as] voluntary as voluntary can get. …They didn't want to discharge exactly. They wouldn't come to me if it was a voluntary thing. If it was a voluntary thing, they would come to me for a different reason. They would come to me for VA compensation, not "How do I fight this?" and "What can I do to stay [in the military]?"

In his position, Jason was no stranger to the powerful systems responsible for forcing out service members. He readily accepted that, oftentimes, there is simply no way for a service member to continue their military career. As a participant in this study, Jason advocated for mental healthcare providers to recognize that involuntary separation is much more common than we might assume. What makes involuntary separation so difficult to identify is, according to administrative records, it might be documented that many IS veterans instead "chose" to separate. Simply put, no separation codes capture volition. According to Jason, mental healthcare providers should always ask their veteran clients about their separation experiences as the insights gleaned from such conversations would certainly lead to a more client-specific intervention.

Subordinate Theme 2: Involuntarily Separated Veteran Concerns Related to Transitioning

Nearly every participant endorsed transition concerns specific to IS veterans including (a) gaps in treatment during transition, (b) difficulties in finding employment, (c) a lack of access to treatment, and (d) potential substance abuse. Each of these four concerns is explained in further detail below. Admittedly, many of the identified concerns might exist for voluntarily separated veterans as well. However, these participants explained that such concerns are especially salient

for IS veterans and are complicated by both individual and general circumstances associated with the process of being involuntarily separated.

Gaps in Treatment During Transition. Finding mental health treatment following involuntary separation was identified as a major struggle for these participants. While each participant was asked to provide recommendations to mental healthcare providers at a single point during one interview, multiple participants offered such recommendations at various points throughout their interviews anyway. Specifically, Rob seized the opportunity to speak directly to those who care for IS veterans, advocating for better transition assistance especially during the first few months following involuntary separation:

> We [IS veterans] need help. Like, right away! It needs to be made available right away. Not whenever the person [who] is struggling can get to it. I feel like the military itself has an obligation to ensure that people who have served, [or] who are serving, have their mental health needs met. It took too long for me to figure out while in service that I needed help…and then, you know, afterwards, [those resources] weren't there.

To put this quote in context, recall that Rob accessed substance abuse treatment at a later stage in his career; ultimately, he found his treatment to be helpful from that time forward. However, upon separation, Rob no longer had access to prescribed medication or therapy. To make matters worse, he struggled to find employment, to obtain secure housing, and to meet his family's basic needs. He asserted many IS veterans might have trouble acquiring mental health treatment due to insufficient time, resources, or energy. For him, one of the most logical ways to implement change for IS veterans was for mental healthcare providers to focus on referral sources prior to and immediately following involuntary separation:

> If somebody has a current patient with mental health [concerns] during active duty, I think that an effort should be made to have something set up for them, not just like, "Hey, this is *your* responsibility to get it set up." Or "*You* really should go talk to [someone]." …No! When you get out, [it should be], "Hey, this is where you need to go because that's where your medication is.

The need for follow-up care was evident in Rob's comment. Taking a closer look at this quote, he noted that finding mental health resources was not easy for laymen, especially those who were simultaneously managing a long list of unfamiliar responsibilities as civilians. Given that Rob experienced significant SSRI withdrawal symptoms following his own involuntary separation, he acknowledged that in retrospect, changing mental healthcare providers without a gap in treatment would be paramount.

These participants overwhelmingly highlighted the potential benefit of having a point of contact from prior duty stations who could serve as a liaison for identifying appropriate mental healthcare resources following involuntary separation. Hypothetically, this liaison could help newly-involuntarily separated veterans to access mental healthcare now as civilians.

Similarly, Devon discussed how having a liaison following his own forced medical retirement would have been incredibly helpful:

> I really wasn't anticipating needing anything after I got out. So, I definitely think it would be really beneficial for people like me who were involuntarily separated or medically retired on short notice to have that [liaison] because, honestly, that was probably one of the… actually no, [it was] *the* most stressful and hectic [time] of my life. I was getting hit from every different direction by so many different things. I really had a hard time, you know, making a plan for my own mental health after I got out.

Involuntary separation thrust Devon into what he characterized as "the most stressful and hectic" time in his life. Admittedly, therapy would have helped during Devon's transition but he had no idea where or how to seek treatment. Relatedly, Tony stressed that mental healthcare providers should recognize that, for IS veterans, mental health treatment often lapses immediately after separation and also whenever a veteran moves to a new region. When he moved from the Rocky Mountain region to California, for example, he went without mental health treatment for months, which he described as difficult. His recommended solution to this problem would be to increase the number of clients seen at military facilities, thus providing another option for involuntarily

separated veterans. For those IS veterans who retain full benefits, this would be a viable option. Unfortunately, not all IS veterans are both eligible and have base access permitting treatment at military facilities. Tony said,

> They need to know the VA is not a good thing. …[Military providers] should probably take on more clients if you will, or patients that are [between providers]. Because I know it happened to me too. There was a period where I was furloughed in a sense because my tracker hadn't kicked in yet. There was a gap [in treatment].

Difficulties in Finding Employment. According to multiple participants, newly involuntarily separated veterans often forget the multitude of job finding resources presented to them during their TAP class prior to discharge. Being unable to recall important information conveyed to them during out-processing evolutions might be a direct result of simultaneously coping with stressors associated with IS (e.g., intensive mental health treatment for conditions leading to involuntary separation). Devon, for one, went beyond his advocation for mental health treatment advocating for vocational counseling—a specialty among counseling psychologists. Many participants explained that finding employment was incredibly difficult for them during their transitions as a result of not being able to effectively plan for their transition to civilian status. Devon struggled mightily for many months before finding a sustainable civilian career. Initially following his involuntary separation, he was able to recall the techniques and strategies he had learned during TAP class. However, after the first few months following his retirement, Devon's memory of the class faded. Access to a TAP liaison or to a local employment resource at that time would have been invaluable to Devon:

> I think about maybe five, six months in, after I got out and all the information was no longer so fresh in my head, things started to blur together. "How do I do this? How I do that? …How do I make this appointment?" If I had the option to just walk on base and knock on the door, [or] make a phone call, I probably would have been there every single day because I was *so* confused…I think [if I had] a resource [available] to me at that point in time, I would have definitely reached out to use them a lot more.

Lack of Access to Treatment. When asked about what recommendations they had for mental healthcare providers who work with IS veterans, participants consistently identified suicide to be one of the most important risks facing IS veterans in general. While every participant of this study was eligible to receive mental health care through the VA or Tricare, the diverse array of circumstances that led to involuntary separation did not always permit such benefits. For example, had Preston not accessed mental health treatment prior to involuntary separation, he would not be eligible for treatment through the VA or Tricare because his condition would not have been connected to his service in the military. Preston advocated for mental health treatment options to be offered to *all* IS veterans regardless of what benefits they might be eligible for. He spoke directly to mental healthcare providers about the importance of making wellness calls to veterans following involuntary separation:

> Especially people who are involuntary discharged! Make sure that they're all right, [that] they're taking the right meds. Make sure they're not depressed, or at least have a phone number [to call] for some people that are dealing with this type of issue. Because, you know, a lot of people that are involuntarily discharged get Dishonorable Discharge or General Discharge and don't have benefits [where] they can fucking go to the VA and say, "Hey, I'm feeling [depressed or suicidal]."

Potential for Substance Abuse. Several veteran-participants discussed the role alcoholism plays in many military settings. Rob discussed that drinking was "part of the culture" of aircraft maintenance while serving overseas. While he was able to establish and maintain his own sobriety prior to his involuntary separation, he recognized that many former military coworkers continued to consume alcohol long after returning to civilian status. According to James, mental healthcare providers should assess whether their clients are struggling with substance abuse following involuntary separation. He identified the use of drugs and alcohol as a means for coping with transition difficulties as a major risk factor that could lead to even greater mental health concerns including depression and suicide.

A lot of people think, "I'm out of the military, I'm free. I can go and smoke weed."
Which…that should not be the answer. Yes, it's legal in some states but it could have a
negative impact… The [IS veterans] that are not financially stable, like myself, we will
have it a lot harder than anybody else. And what little money we have, we go drink it up
[and] waste it. And that's where the divorces and the wreckage of the families can occur,
which will bring down the mentality of the Sailor or the veteran even more.

Throughout many interviews, these participants consistently identified their family as the
most significant source of support during their transition. Therefore, the risk of losing family on
account of significant substance abuse due to involuntary separation was a serious one. As such,
James indicated mental healthcare providers should help IS veterans to develop and then
maintain healthier coping strategies and remain vigilant in identifying, and then treating,
potential substance use disorders, especially during transition.

Theme 5 Summary

The theme Recommendations for Mental Healthcare Providers was comprised of multiple
IS veteran characteristics and specific IS veteran concerns related to involuntary separation. Each
participant was asked to identify what mental healthcare providers should know about IS
veterans. In response, they noted both general characteristics and specific transition concerns all
directly related to involuntary separation. Remarkably, many participants provided these sorts of
recommendations throughout their interviews without being prompted to do so and then
continued to offer additional such insights as they emerged. Mental healthcare providers should
be aware that IS veterans might have a "chip on their shoulder" and often go untreated or unseen.
Providers should also be aware of the numerous kinds of difficulties faced by veterans while
transitioning under standard conditions that then could be wholly compounded by involuntary
separation. Such difficulties they noted here included gaps in treatment during transition,
difficulties in finding employment, a general lack of access to treatment, and potential for
substance abuse.

Theme 6: The Interpersonal Theory
of Suicide

The interpersonal theory of suicide (ITS; Joiner, 2005) is a leading theory seeking to explain why people might die by suicide. The ITS is comprised of three constructs: thwarted belongingness, perceived burdensomeness, and acquired capacity (please refer back to Chapter II for a more thorough explanation). In this study, participants overwhelmingly endorsed elements of both TB and PB while discussing their involuntary separation and transition back to civilian status. Many participants explained that the most extreme way to cope with TB or PB would be through suicide. Thus, the subordinate themes related to the ITS were as follows: (a) PB, (b) suicidal ideation in response to perceived burdensomeness, (c) thwarted belongingness, and (d) suicidal ideation in response to TB (see Table 10). Importantly, these ITS construct-related themes were not directly asked about in relation to involuntary separation but instead emerged over the course of these interviews. Participants often spontaneously associated TB and PB with suicidal ideation and then again to involuntary separation.

Table 10

Theme 6 Subordinate Themes Endorsed by the Participants

Participants	Subordinate Theme			
	Perceived Burdensomeness	Suicidal Ideation in Response to PB	Thwarted Belongingness	Suicidal Ideation in Response to TB
Rob	X	X	X	X
Charlie	X		X	
Preston	X	X		X
Jason	X	X	X	X
James	X	X	X	X
Kevin	X	X	X	
Tony	X		X	
Devon	X	X	X	
Patrick			X	X

Note. n = 4.

Subordinate Theme 1: Perceived Burdensomeness

This subordinate theme contained two overarching elements consistent with the theoretical underpinnings outlined by Joiner (2005): (a) a flawed sense of oneself as a liability onto others and (b) cognitions of self-hatred. These participants overwhelmingly viewed themselves as a liability to others in their lives, especially during the first few months following involuntary separation. Unemployment and underemployment were the most frequently cited aspects related to these perceptions of liability. Cognitions of self-hatred were most often endorsed as either low self-esteem or shame associated with their involuntary separation.

Flawed Sense of Oneself as a Liability onto Others. Eight participants identified specific points during their transition from military life to civilian life at which they perceived themselves to be a burden on others. Ubiquitously, their feelings of burdensomeness were directly associated with having been involuntarily separated. Usually, they viewed themselves to be a burden their families; however, in some cases, it was on their military unit. This perceived burden was most commonly associated with them being underemployed or unemployed. Jason discussed how his inability to financially provide for his family for the first time led him to question his sense of self-worth. His perception of burdensomeness on his family was so strong for him that at some points, he contemplated suicide:

> I had a daughter and a wife at the time, and I was not providing any sustenance. …I wasn't the breadwinner for the first time in my career—my life, actually. Um, you know, I wasn't an individual that was providing food. …I've had pretty low points in my life in many areas but, um, I've never…I've never contemplated leaving this world until that month.

Similarly, James explained that one of his most important family roles was of provider. Thus, when he was unable to support his son and his own mother, he questioned whether he had become a liability—rather than an asset—to them: "If I wasn't able to support her, who would? …At the time, I didn't know what to do. I've talked to my brother a lot and [have been] talking to my aunt, feeling helpless because I had no money to provide. I had nothing besides [talking] to her."

During these interviews, I directly asked the participants if there were times during their transition when they felt themselves to be a burden onto their loved ones. Eight of the nine participants endorsed this feeling, though their responses varied as to *how* they were a burden. Charlie responded:

> Yeah, I have my mood swings. Um, I try not to fly off the handle too much. I've been to a VA to the classes and stuff like that. Uh, my job, they'll let me go, but it has to be like,

[an] actual class [with a] time slot so they can account for the time. It can't be just walking in. I can't tell them, "Hey, I'm going to walk in and go over here," cause it ain't gonna fly.

Charlie had attended group therapy sessions for PTSD after his involuntary separation. However, he had discontinued treatment in large part because it placed strains on both his employer and his family. Conversely, by then not attending treatment, he expected his "mood swings" to increase, which his wife apparently bore the brunt of most times. He described himself as being caught between either taking precious time away from his work commitments and healing himself through therapy or discontinuing group therapy for the sake of his wife.

In a similar but unique way, the importance of family was further explained by Devon in response to whether there were times during his transition when he felt he was a burden on his loved ones:

> I would say yes, because I've had some times where it was really difficult. *Really*. I was really depressed. Like, I knew I was not… I was not a joy to be around and I know I was always ornery, grumpy, and I knew that, like, a lot of times I just…I took it out on my wife and kids. Like, you know, just being…being grumpy or yelling or snapping. I'm not a drinker at all. I've never been this angry drunk, but I was definitely angry a lot for a while. It took me a while to basically get my feet under me. And, luckily, they stuck around with me the entire time. …I knew I wasn't the person who I wanted to be. They were still there for me no matter what, but I felt like I was a burden. I felt like I was hurting them a lot but they're still…they're still there for me.

Devon expressed that he was grateful to his family for their unyielding support throughout his process of involuntary separation. During the first few months of his transition to civilian status, he found it incredibly difficult to find employment that was both meaningful and sustainable to him. As a result, he was forced to take a job that required a multiple hour commute each day. By the time he returned home from work each day, Devon often would be physically and mentally exhausted and certainly not his "best self." To cope with feeling as if he was a burden to his

family, he attempted to limit his interactions with his family by isolating himself or, in his own words, "pushing them away."

Health concerns constituted another reason behind one feeling like a liability to their family. Jason felt he was a burden to his family in large part due to his mounting physical health concerns. His feelings of burdensomeness began while still in uniform and, following a life-threatening surgery, his road to recovery led to forced retirement:

> I mean, for a year-and-a-half, I couldn't pick up more than five pounds without passing out. I *knew* I was a burden. I couldn't mow the lawn. Vibrations to this day [cause] severe headaches…internally, I destroyed myself. Externally, I was numb. I didn't speak. I was your prototypical veteran. …I [was] angry with the world. You could talk to me and have a full conversation with me and I wouldn't say word.

Jason viewed his inability to complete everyday tasks as evidence he was a burden on his family. His more stoic behavior at the time was an attempt to "save face" and to present himself as mentally well despite his inner turmoil:

> It was about a year and eight or nine months or something like that where I was just a medical nightmare. [The] last thing I needed was for someone to feel like I was mentally unstable as well. Um, albeit, I *was* definitely mentally unstable. I didn't feel the need to open that up, [to] open that door if nobody wanted to know. And, you know, I kept… I guess I kept up appearance well enough to not have that door opened too much but, uh, I definitely could have used some behavior health assistance at that point in time.

Jason knew he needed mental health support but he was trapped in a cycle of depression and perceived burdensomeness. He already felt like a massive burden to his family due to his physical health concerns and under-employment. The last thing he wanted was to become even more of a burden by admitting he was also depressed. Thus, while mental health treatment likely would have greatly benefited Jason, the fear of being an even greater burden to his family served as a significant barrier to treatment at the time.

When Tony was asked whether he had ever felt himself to be a burden to family, he answered strongly and passionately. Similar to Jason, Tony's relationship with his perceived

burdensomeness began while still in uniform. However, he differed from Jason in that he stated

he felt like a burden due to his PTSD, which he viewed as a "treatable but not curable" ailment.

He saw symptoms in his brother-in-law that were similar to his own PTSD symptoms, which in

his view, ultimately made them both burdens to their loved ones.

> Every fucking day! It's aggravating. It's almost to the point where I think I can tire
> myself out feeling like that. There are days where dealing with me is an onerous task
> because I have all this shit. I mean, things are different now given this pandemic that's
> sadly engulfed the country and the world. But when things were somewhat normalish,
> like going to certain [crowded] places, people had to make sure that I was going to be
> okay. "How long can you set this out again? Is he going to fucking freak out?" And it's
> crazy. …We [Tony's brother-in-law] just roll out of bed in the morning, hoping that
> we're not triggered and don't trip out on something because we feel like it makes
> everybody's life more difficult. We would both tell you—it actually does make people's
> lives more difficult.

Tony's feelings of burdensomeness were connected to his struggles with PTSD and together

made it difficult for him to venture into crowded public spaces. The perceived threat of

encountering large crowds in public required careful consideration for Tony as well as others.

Sadly, his careful consideration of whether or not to go out into public places often resulted in

him staying home where it was safe.

Having a home for shelter is something that could be taken for granted. For Rob, who

experienced periods of homelessness early on in his own transition, needing to rely on others

such as his parents for housing was undeniable evidence to him of his own burdensomeness. He

considered himself to be a burden to his family and friends "the whole time" following his

involuntary separation. At certain points, Rob became so desperate for support that he turned to

his estranged mother to whom he had not spoken in years:

> I had to, like, beg my mom to let me live with her. Then I had to beg my dad to let me
> live with him. And, like, friends…I'm like begging people for jobs and little things just
> so I can make some money. …I just wanted to fucking die every day. And the only
> reason I didn't is because I got a three-week-old and a three-year-old and…and they

needed me. Their mom's too busy doing drugs and I gotta be that person [for them]. I can't, you know? That's the only thing that kept me alive.

Cognitions of Self-Hatred. "Cognitions of self-hatred" is a term from Van Orden et al. (2010) that includes self-blame, shame, low self-esteem, and agitation. In this study, self-blame, shame, and low self-esteem were endorsed by many of the participants. More specifically, they endorsed feeling a deep sense of self-blame and shame associated with having been involuntarily separated. James explained that, in the midst of his depression, he experienced a significant degree of shame as he blamed himself for not attaining certain requirements related to his rate as a Petty Officer First Class. His shame was so intense that he did not discuss the separation with his family for a month following discharge. Similarly, Kevin experienced severe shame and self-blame resultant from his involuntary separation:

> I was sad. Angry. I was just disappointed, you know, real disappointed in myself. So, just, it was a lot…a lot of different emotions, you know? …Sad and really disappointed …that I didn't accomplish, you know, what I set out to accomplish [retiring from the Air Force].

Kevin further explained that he had trouble telling his father about his involuntary separation, who had been a Soldier himself for over 35 years. In Kevin's mind, this news was as difficult to hear as it was to say:

> One of the hardest things that I had to do was call him and tell him that I was getting out and that, in that way,it was a call that I didn't want to make because he was, um, I mean, he was proud that I joined. You know, he's proud that I followed in his footsteps and had the willingness to go and do it. And then to call and tell him that, "Hey, my career is over." [That] was a, uh, a phone call [that] neither one of us wanted to have.

Following his involuntary separation, Kevin and his wife needed to move into his father's house for a few months. When asked whether he felt himself to be a burden on his loved ones during that transition process, He responded:

> When I first got out, yes, because, like I said, we moved back in with my parents. I didn't have anywhere else to go, didn't know what to do. Um, so yeah, I felt like I was a burden

to them because I'd been gone for so long and then, you know, just here all of a sudden … So, when I got out I felt like a total failure. I felt like I…I had really screwed up not only my life, but my wife's. Um, so that's when something so stable and just…it was gone. I felt like a major failure to her too. …I felt like I let everybody down.

Kevin expressed that he felt he was a liability to his family; he experienced low self-esteem and a sense of shame due to his involuntary separation. His shame was characterized by feeling like "a major failure." To cope with feeling as such, he reached out to his wife and family and was consistently reassured he was loved and *not* viewed as a burden to them. He cited those interactions as critical to him in easing his difficult transition.

Tony also endorsed feeling a strong sense of resentment from his involuntary separation and what he perceived to be his inability to "heal" from PTSD. He knew what was expected of an ideal or "high-speed" Soldier and, despite his best efforts, he simply could not live up to those expectations:

> [I felt] shame because I, in my mind at the time, couldn't live up to what I perceived to be a great servicemember. Because they were putting me out. And, I guess, embarrassed because I have, you know, I have what I have. I have PTSD. There's no way around it. This shit I'm going to have [for the] rest of my life. It's not going away. But just, I guess, being ashamed of, like—I still say this to this day—it's like I feel broken and I haven't quite figured out how to fix it.

One prominent aspect of Tony's statement here was his perception of permanence. He explained that each day, he awakens to a stark reminder that he is still living with PTSD. To cope with his feelings of burdensomeness and shame, he instead tries to focus on the progress he has made in coping with his PTSD. Each additional minute he can handle being in crowded environment is a reminder to him that he is in fact getting better. In Tony's view, when he increases his threshold for bearing his PTSD symptoms, he is limiting the burden on his loved ones all the more. While he holds no fantasy of waking up "miraculously healed" one day, he now recognizes that his PTSD *is* treatable.

Subordinate Theme 2: Suicidal Ideation in
Response to Perceived Burdensomeness

Participants were also asked about the most extreme way someone might cope with

feeling they were a burden on their loved ones—seven immediately and spontaneously identified

suicide. Some participants, including Jason, had personally experienced suicidal ideation in

response to their perceived burdensomeness following involuntary separation:

> You know, [suicide] crossed my mind multiple times. I mean, I wrote about it. Just looking back on it, I would have been more of a burden if I had taken my own life and I'm glad I didn't. But yeah, when you're in that mindset, you think there's no way that this can get fixed. "I'm only making things worse." Um, "I can make it all better if I'm just not here." …That's the thought process…that is the most extreme way that I can think of, um, to try to ease that burden.

Here, Jason highlighted the strong feelings and thoughts that often became associated with

feeling like a burden on loved ones. He also described another key misperception he had: that his

state of PB was expected to last forever.

Other participants also shared stories of their fellow service member's struggles with

suicide related to being involuntarily separated. Preston shared a specific story of one airman—

whom he knew personally—who died by suicide within eight months of being involuntarily

separated for failing PT standards, the same reason he too was involuntarily separated. James

also described his own personal account of interrupting a suicide attempt of a fellow Sailor

through rather unconventional means due to perceived burdensomeness:

> I know, personally, one Sailor, when I was not even a year in the military, tried to commit suicide because he thought he was a burden on other people. The people that he worked for would make fun of him. His own Chief [Petty Officer] would make fun of him. …But as soon as [I saw] the guy in the birthing, I grabbed him and I seen his hand—and his hand was all bloody. So, I wrapped it up with a part of a t-shirt and then told him, "Hey, let's go to medical." This is after-hours. Everybody's gone. No medical people on board. So, I didn't know what to do. So, I told him, "Let's go watch a movie." So, we went and we bought a small bottle of liquor and went and watched a movie and drank. And then the next day I took him and took him up to the chaplain, which he agreed to. The chaplain told me I did the right thing at the time. That was my first experience

> with someone that could have committed suicide. …He, the young Sailor, always says that he wasn't going to commit suicide. He…just [wanted to] feel the pain. I didn't take it that way, and still to this day, I think I *did* save that Sailor's life. Wherever he may be now, hopefully it's for the better.

In that instance, James refused to leave his shipmate's side after seeing him in such severe distress. Regardless of the Sailor's supposed intent, James viewed the situation as highly dangerous and believed he had saved a life.

While other participants claimed they did not have any firsthand experience with suicidal ideation, they nevertheless easily connected it to perceived burdensomeness. Some of them described a typical cascade of events they witnessed in self and other IS veterans, which began with the use of alcohol or other substances in an effort to cope with burdensomeness. They explained that the combination of substance abuse and burdensomeness tragically has ended in suicide for far too many veterans thus far.

Subordinate Theme 3: Thwarted Belongingness

This subordinate theme contained two elements: (a) a lack of reciprocal care, and (b) loneliness. Eight of the nine participants endorsed one or both of these elements. Participants overwhelmingly felt a strong sense of belonging while serving in the military but associated living as a civilian with inescapable loneliness and relationships that lacked reciprocal care.

Lack of Reciprocal Care. Baumeister and Leary (1995) theorized that people have a need for relationships that maintain frequent and positive interactions in which all parties care for, and are cared for by, others. Van Orden et al. (2010) extended these concepts and coined the term "reciprocal care." Many of these participants likened their military units to "family away from family" as their members all cared for one another in this way. Most participants identified there being a stark contrast between the reciprocal care they felt while in the military and the

lack of such care now in civilian life. For example, Rob described having his sense of belonging

being thwarted through his involuntary separation only to realize the reciprocal care he was

accustomed to while in the military was not readily accessible to him in the civilian world:

> [The military] was…I had basically finally found in my life a place where I could flourish and be really good at something and get actually recognized for that! And, so, when they're basically, "We don't want you here anymore" …[I took it] like rejection. Like, "You're not allowed to be in our club anymore. You're not one of *us* anymore." That's how it felt. Like I was being excommunicated or exiled.

Clearly, Rob felt there was a distinct "us versus them" dichotomy that emerged as a result

of being slated for involuntarily separation while still serving in uniform. Rob had held a strong

bond with and sense of belonging in the military when he was accepted as a viable member of

his respective unit. Being an *accepted* member was consistent with being part of "us." After he

was slated for involuntary separation, he was then one of "them." His sense of belonging was

then shattered. Rob's sense of thwarted belonging was all the more evident and compounded

once he reinterred civilian life:

> [In the military], there was a very big sense of community. The people I worked with were more or less like my family at the time and it felt like there was always something going on. I actually wanted to be a part of it. It was my community. My son was best friends with other kids, and I couldn't have asked for anything more. It was a perfect social situation for my son and I. I don't have that sense of community anymore … and now it's very dull. The community is much too large now and I don't fit in it. Like I'm a drop in the bucket now.

Rob expressed that it was just as important for him to be cared for as it was for him to care for

others. In his view, this exchange was an indispensable element of belonging within his military

community. Now as a civilian, his social connections were few and far between to the extent that

simply discussing a lack of reciprocal care brought about powerful emotions including tears.

Devon also differentiated between the level of reciprocal care he had experienced within his military unit versus the lack of reciprocal care he currently experiences with his civilian work team:

> Compared to now, my coworkers are strictly coworkers. I see them during the week at work, and then during the weekends, it's almost like they don't exist. …I think a lot of people just miss having that family away from your family. When you get out [of the military], it's like you're no longer a part of that. You no longer belong to that group. And that's what I miss the most. And I'm guessing that's what a lot of people miss as well.

While Devon later stated he saw himself as part of the broad veteran community, Rob expressed a vastly different view of being part of the greater veteran community. The fact that Rob was involuntarily separated made him feel different from other veterans:

> Yeah. I get that. …I'm in this [veteran] classification but I don't feel like I'm a *part* of this group now. There's no belonging …I don't feel important, I guess is the root of it. I don't feel like, any contribution that I would make for [anyone] [trails off]… I don't feel like they care about me.

Again, Rob highlighted the importance of reciprocal care in feeling like "part" of the veteran community. Essentially, the rejection and subsequent thwarted belongingness he had felt on his way out of the military was extended well after discharge and transposed onto the veteran community more broadly. Once he was slated for involuntary separation, he felt as though he was no longer welcome within his own military community. Now estranged, the intense feelings of rejection and thwarted belongingness Rob endured negated all potential connections with the veteran community.

A loss of reciprocal care can also come about through divorce, death, or familial discord. Patrick, a Marine for 26 years, lost many deep connections through death:

> Three of my top best friends are dead. I'll put it that way. Um, I got a couple of [close friends] that are still alive, but I think because of the loss of them over the years, I've pulled back and, uh, friendships aren't as important as family is to me now. So, there's

really just a couple guys that I keep in contact [with], especially in the Marine Corps, who are still active now.

Due to the severe psychological pain and grief he felt stemming from several of his close friends dying, Patrick chose to withdraw from future social relationships and to focus almost exclusively on his family as a source of reciprocal care. He also mentioned that as he progressed in his rank, he had fewer opportunities to foster such relationships outside of the family due in large part to military rules regarding fraternization with those of lower rank.

While recovering from brain surgery, Jason was shocked by the complete lack of reciprocal care he experienced from his unit at the time. In the past, Jason had been a part of units whose members demonstrated strong reciprocal care: "In the past] somebody was at your bedside…friends or, you know, somebody was there. [After surgery] I did not have anybody to support me when I woke up. Um, that was my first [thought]: "Back to reality." …So how [did] I [feel]? Like I was left…forgotten." Jason's sudden loss of reciprocal care from his unit was compounded by the heart-wrenching realization that he was going to lose another source of reciprocal care—his wife: "In that timeframe [transition], I believe that my marriage failed. As soon as my injury happened, I think it started to fail. But it ultimately failed in that time." Jason's road to recovery was mired by the realization that the relationships he had believed to be mutually supportive ultimately were not. He thus recognized he needed a new source of reciprocal care. Fortunately, he found one through a veteran advocacy agency and the friends he made through the organization.

Rob found himself in a similar situation of fostering a relationship of reciprocal care only to be disappointed as well. While trying to support his two young children, he experienced both unemployment and homelessness. Desperate, Rob turned to his estranged mother for support. Initially, he was able to renew his relationship with his mother and was pleasantly surprised:

I may actually have a relationship with my mom again. This is kind of nice. But then, [after] I had been there for about a month, out of nowhere, she had her new husband come to me while she wasn't home and say, "Hey man, we need you to move out next week." …I was really hurt, actually, because I thought that, you know, maybe we were going to have a relationship and that I could actually count on her for some kind of support. …Maybe we have this relationship, and my kids are gonna have this relationship. And then it was just severed. My oldest son has asked about her a few times, like, "Hey, how come we don't see grandma anymore?" And I'm like, "We just don't." But you know, what do I say to that? It's heartbreaking for me to tell him because he hasn't gone through everything that adults have, and he doesn't get the complexity of why this person would suddenly not want him in their life anymore—because *I* don't get it.

Rob quickly came to the realization he could not count on his mother in time of desperate need. Ultimately, he found new sources of reciprocal care through relationships with his longtime girlfriend and with his father but the sting of rejection still lingered.

Loneliness. Loneliness was endorsed by many participants as an overarching feeling of disconnection from others as well as unsatisfactory social interactions. In some cases, participants expressed they had few (if any) friends outside of their immediate families. For one, Charlie contrasted his social group while in the military with his lack of social connections following involuntary separation: "When I was in [the] military, I talked to know the soldiers more. I had an outlet and, like, now I don't have an outlet. It's just me and my family. … I have no friends." The sense of isolation was clear in Charlie's case. Going from a military environment where fellow soldiers were friends and "outlets" to an environment where "nobody cares" made him feel remarkably lonely.

The first few months following involuntary separation, Jason experienced near-complete isolation from friends and family and stated, "I actually thrived in the silence, um, although it was deafening. Um, I thrived in it for a long time. Uh, I was okay with [that]." While he had suffered, Jason had grown to accept loneliness as a part of his everyday life now. He noted he

would frequently sit in complete silence—alone—and think about his life. He described these times as "dark" and incredibly painful for him.

These participants also frequently claimed their sense of loneliness was directly related to having been involuntarily separated. Kevin, for one, indicated he feels disconnected from many of the friendships he had expected to maintain following his own involuntary separation:

> I feel like a lot of the people that I knew in the military, you know, once I got out, we all just kind of split ways, and I get it. …But at the same time, it just kinda made me wonder, like, "All right, well, since I'm not in the military anymore, like, are we not supposed to be this tight-knit group anymore or what?" When I got out, like, all those people just kinda started fading away.

Rob too felt disconnected from the very groups that were created to foster connections between veterans such as student-veteran organizations. His "excommunication" from his particular military community created additional barriers to him feeling he belonged:

> Maybe it's because of where I am, but I don't really feel like I connect with the majority of people I've met in my area. …I was going to school here in the junior college here and they had their own veterans area. …I actually met my counselor there. Um, yeah, it was okay, but it was just like the…you know, the people there. I just really felt like I don't belong with this group of people.

Tony also described the fragility of what he had previously thought were ironclad relationships as "the hard truth." While initially difficult for him to accept, he eventually recognized his former close friends were now separated by a "fence," which was a metaphorical representation dividing military life from civilian life:

> I noticed the hard truth that those relationships seem to diminish or deteriorate between certain folks. The majority of the time when one guy's out and your buddy [is] still in [the military], it seems like everything you had in common dissipates in a sense. That one [lost relationship was] rough because that one guy that had taken me to the hospital that day … Our friendship just drifted apart. Before I knew it, we stopped talking. It didn't take too long—[maybe] a couple of months after I got out and we stopped talking. I lost touch with a lot of people. After I had moved on and I was out, they were still in…there was nothing there, I guess. …That was the worst part of it. There's people that you come to know and build camaraderie with. And now you have nothing in a sense. It's like you

have nothing in common again because they're on one side of the fence, so to speak, and then you're on the other side.

Given Tony's struggles with PTSD, the fact he described the loss of his close friends as "the worst part" of his transition was all the more powerful. Clearly, having a strong sense of belonging associated with military service suddenly stripped away was devastating for many participants and this devastation appears to have led them to feel disconnected from others as civilians, even from fellow veterans.

Suicidal Ideation in Response to Thwarted Belongness. When these participants were asked about the most extreme way that someone could cope with losing a close relationship, almost all of them interpreted the question as dealing with loss as a result of death. In other words, they responded to the question in a way that related more to bereavement than to the overall concept of thwarted belongingness. While bereavement is theoretically subsumed under *a lack of reciprocal care,* which along with loneliness make up TB, bereavement alone does not capture the construct of thwarted belongingness in its entirety. Due to my question solely prompting discussions related to grief, loneliness was not mentioned in either the question or in the participants' responses. Regardless, five participants, including Preston, immediately and spontaneously identified suicide as the most extreme way to cope with the loss of a close relationship. Preston stated:

> I mean, suicide is definitely the number-one thing. I know my uncle was a victim to suicide. When you don't feel hope and you feel that you don't have answers to any of the questions that you have and it seems like nothing is ever going to go good, you might [complete suicide]. Anybody, I think, can reach a point where they think their life is meaningless and they can commit suicide.

Preston discussed how hopelessness was a critical factor behind his uncle's suicide and the perceived permanence of thwarted belongingness was evident in his statement. Finally, he expressed his belief that no one was impervious to suicidal ideation.

Jason clarified how he believed thwarted belongingness could lead to suicide. While he did not personally endorse that suicidal ideation could result from TB, he had lost close friends to suicide following their own loss of an important relationship. Through his work with a veteran advocacy agency, he has encountered many veterans who exhibited thwarted belongingness. What appeared vexing to Jason was the impulsive nature of suicide, making it almost impossible for him to successfully predict:

> I've seen it before. Yeah. I mean, I've seen it before where a relationship has ended and they ended their life. I've had very close friends where that's taken away and you wouldn't know the difference. …[During Air Force training on suicide], there were people like, "Oh, it's a coward's way out." [I'm] like, "You have no idea what kind of pain they're in." And, you know, it's not a coward's way out. It's that they're struggling. If they're going to take their own life, you have to imagine what has to be going on in your mind to be able to say, "Okay, I'm going to do this. …I'm going to take myself from this world." You have to have some strong conviction to do it, period. But I can tell you from experience … They had no idea what was coming. They had no idea they were going to take their life. [People often say], "He or she was always happy. They were always smiling. They were always joking. There was no indication whatsoever." I argued that every single time…there's no training for this. If somebody says they're going to take their life, you need to be direct and move forward. But there's no way to catch a sign. The sign is: see how they're acting all day, every day. That's the only way you're gonna be able to see it. There's going to be moments, moments of sadness or moments of, you know, extreme depression. They're not going to be depressed all day, every day. They know how to suppress that. And that's how I feel about that.

Jason spoke passionately while discussing suicide. He clearly sought to dispel assumptions that depression among those contemplating suicide was static. In his view, depression instead could fluctuate in intensity. Sometimes it might appear as a manageable wave, while other times it could feel more like a tsunami bound to sweep under an unsuspecting veteran. It was in those unpredictable moments that the threat of suicide loomed largest for Jason and for those he served.

Theme 6 Summary

The theme Interpersonal Theory of Suicide was comprised of perceived burdensomeness, suicidal ideation as a response to PB, thwarted belongingness, and suicidal ideation in response to TB. These participants disclosed explicit evidence of both perceived burdensomeness and thwarted belongingness, both of which are primary components of Joiner's (2005) ITS, as being directly attributed to having been involuntary separated from the military. Perceived burdensomeness comprised statements related to one's cognitions of self-hatred and their perception of being a liability to their loved ones. Almost all participants immediately identified suicide as the most extreme way to cope with feeling like a burden to loved ones. Thwarted belongingness comprised statements more related to feelings of loneliness and their perceived loss of reciprocal care. While participants attributed the question about losing close relationships solely to bereavement, many still immediately identified that suicide was the most extreme way to cope with thwarted belongingness.

Summary

In this chapter, I presented each participant through a participant introduction section. This biographical section highlighted various details about each of the participants—including demographics and other information about them that otherwise might not have emerged— in order to provide additional context related to their military service, involuntary separation experiences, and their reintegration back into civilian life. Second, superordinate themes and their respective subordinate themes were summarized often using direct quotes from the participants. In accordance with the interpretive phenomenological analysis approach (Smith et al., 2009), both convergent and divergent accounts of the phenomenon being studied were highlighted and nested within their respective themes. By providing both direct quotes and

contextual details, I sought to bridle my own biases, as someone with a personal history of military service and reintegration experiences, in order to ensure these participants' accounts of involuntary separation could be conveyed almost exactly as they were intended. I also described my own reflections about the context in which the study was conducted and about the research process as a whole.

My analysis uncovered six superordinate themes, each of which comprised various subordinate themes:

- Theme 1: Military/Civilian Cultural Differences are Dramatic

  o Subordinate Theme 1: Structural Differences

  o Subordinate Theme 2: From Leading Many to Responsible for One

  o Subordinate Theme 3: Military Values Missing During Reintegration

  o Subordinate Theme 4: Collectivism Adhered to Following Involuntary Separation

  o Subordinate Theme 5: Military as Family and Community

- Theme 2: "Who am I Now?" Life After Involuntary Separation

  o Subordinate Theme: Change of Purpose

  o Subordinate Theme: Am I a Veteran, Civilian, or Something In-Between

  o Subordinate Theme: Putting Family First

- Theme 3: Disappointment and Disenchantment

  o Subordinate Theme1: Disappointment and Disenchantment with the Military as a Whole and/or Respective Branch

- o Subordinate Theme 2: Disappointment and Disenchantment with Military Medicine Pre/Post Discharge

- o Subordinate Theme 3: Disappointment and Disenchantment with the Unit including Workmates and/or Unit Leaders

- Theme 4: Psychological Concerns as a Result of Involuntary Separation

  - o Subordinate Theme 1: Personal Mental Health Concerns

  - o Subordinate Theme 2: Barriers to Mental Healthcare Benefits

  - o Subordinate Theme 3: Importance of Psychological Preparation

- Theme 5: Recommendations for Mental Healthcare Providers

  - o Subordinate Theme 1: Involuntary Separation Veteran Characteristics

  - o Subordinate Theme 2: Involuntary Separation Veteran Concerns Related to Transitioning

- Theme 6: Interpersonal Theory of Suicide

  - o Subordinate Theme 1: Perceived Burdensomeness

  - o Subordinate Theme 2: Suicidal Ideation in Response to Perceived Burdensomeness

  - o Subordinate Theme 3: Thwarted Belongingness

  - o Subordinate Theme 4: Suicidal Ideation in Response to Thwarted Belongingness

In conclusion, these participants described both common and unique experiences related to involuntary separation and reintegration with civilian life. While each IS veteran's story of reintegration was unique, my hope was their accounts of reintegration would serve as a beacon for urging mental healthcare providers and researchers to better identify IS veterans first as a

unique group unto themselves and then to adapt current reintegration strategies to more

effectively accommodate the specific struggles they face during this incredibly difficult time of

transition.

CHAPTER V

SUMMARY AND DISCUSSION

In Chapter IV, I presented the results of the data collected through participant interviews as well as superordinate and subordinate themes that emerged from participants' accounts of reintegration following their involuntary separation from the military. In this chapter, I present a summary of the study and then provide a comprehensive discussion of its results. Next, I provide a summary of the research findings and their connection to the pertinent, current literature. I then discuss the implications from the study in relation to (a) practice, (b) administration, and (c) research. The limitations of this study are then discussed and followed by recommendations for future research regarding the reintegration of involuntarily separated veterans. Finally, I offer some of my own personal reflections about being a part of this important research endeavor.

Overview and Purpose of the Study

According to the GAO (2014), it was estimated that over 1,000,000 military members would separate from their branches between 2014 and 2020. Recently separated veterans are uniquely positioned to be at risk for many problems related to reintegration. Sayer et al. (2015) found that 54% of more than 8,000 OEF/OIF veterans surveyed indicated they had experienced at least some concerns related to reintegration. Regardless of how or why veterans had separated from the military, throughout their transition, they frequently endorsed concerns that included difficulties with social functioning, productivity, community involvement, self-care (Sayer et al., 2010, 2015), feelings of isolation (Bloeser et al., 2014), familial readjustment, and military–civilian identity concerns (Beder et al., 2011; Wilcox et al., 2015).

Among non-routinely discharged (NRD) veterans—a term used to describe separation from the military for any reason aside from retirement or end of enlistment—the difficulties they experienced following discharge appeared to be much more severe (Brignone et al., 2017). Compared to routinely discharged veterans, NRD veterans tended to face significantly higher rates of unemployment (Horton et al., 2013), homelessness (Gundlapalli et al., 2015), incarceration (Noonan & Mumola, 2004), and suicide risk (Barr et al., 2019; Reger et al., 2015). Positive relationships were found between NRD status and both suicidal ideation and behavior (Brignone et al., 2017; Tsai & Rosenheck, 2018). Taken together, these studies demonstrated a clear connection between being discharged under nonroutine conditions and a multitude of negative outcomes among those veterans reintegrating with civilian life.

Suicide has been a major concern within the U.S. Armed Forces for more than 15 years. In 2017, 506 then current military members completed suicide (DoD, 2019). This number was relatively consistent with prior years with 483 suicides in 2016 and 481 in 2015 (DoD, 2019). Active duty veterans who served during the Iraq and/or Afghanistan conflicts showed a 41 to 61% higher risk for suicide compared to the general U.S. population (Kang et al., 2015). Over 7,400 veterans died by suicide in 2014, accounting for approximately 18% of all suicides nationwide. From 2005 to 2016, the suicide rate among veterans increased by 25.9% (VA, 2018), which by 2016 amounted to 30.1 suicides per 100,000 veterans.

One leading theory addressing suicidal behavior is Thomas Joiner's (2005) interpersonal theory of suicide (ITS). The ITS has been found to be appropriate for conceptualizing suicidal ideation and behavior among U.S. veterans in particular (Brenner et al., 2008; Bryan, Morrow et al., 2010; Gutierrez et al., 2013; Ribeiro et al., 2015; Selby et al., 2010; Silva et al., 2016). This theory identified three major components that, when exacerbated, might lead to a greater

likelihood for suicidal behaviors to occur: perceived burdensomeness (PB), thwarted belongingness (TB), and acquired capability (AC) for suicide (Joiner, 2005).

The first construct of the ITS (PB) is the sense that one is a burden on, does not contribute to, and is a liability to the wellbeing or safety of their loved ones (Joiner, 2005). For military members, given their cultural emphasis on more collectivistic values, their focus of burdensomeness is extended to the unit as well (Bryan, Morrow et al., 2010; Reger et al., 2008). Thus, military members often view PB in relation to their usefulness and/or contributions to the military unit itself as well. For veterans who left the military under non-routine circumstances, PB might be a result of unemployment (Horton et al., 2013), homelessness (Gundlapalli et al., 2015), and incarceration (Noonan & Mumola, 2004), all of which could have clear negative consequences for them and might promote individual perceptions that they are indeed burdensome to their family.

Thwarted belongingness, the second construct of the ITS, is the sense that one lacks connection with others and previously meaningful relationships now have been strained or altogether lost (Joiner, 2005). Because humans are inherently social creatures, many factors associated with suicide such as living alone, low social support, and greater loneliness are conceptualized as indicators of TB (Van Orden et al., 2012). For military members in relation to their civilian loved ones, TB might have various contributing factors commonly associated with their military service including number of deployments (Erbes et al., 2008), length of deployment (IOM, 2012), and a growing military–civilian cultural gap (Collins, 1998; McCormick et al., 2019), any or all of which could facilitate greater relationship strain or loss.

Joiner (2005) posited that when high levels of both PB and TB occur, a person might experience an increased *desire* for suicide. However, suicidal ideation alone is not sufficient for

one to make a suicide attempt (Nock et al., 2008). For a suicide attempt to be more likely to occur, a third element (acquired capability) is necessary (Van Orden et al., 2010). Acquired capability is comprised of fearlessness about death and/or increased tolerance for psychological and physical pain. Military members have been reported to have higher rates of AC compared to civilians (Bryan, Cukrowicz et al., 2010), which might be due to the high probabilities of exposure and habituation to violence during training and deployment (Bryan & Anestis, 2011; Bryan & Cukrowicz, 2011). Acquired capability is considered static in that once a person has habituated themselves to an increased tolerance for pain and/or fearlessness about death, they will theoretically demonstrate high levels of AC from then on throughout life (Van Orden et al., 2010). Thus, military members who eventually separate from the military and become veterans would tend to exhibit the same levels of AC throughout reintegration and beyond. Given that most veterans are likely to exhibit significantly higher degrees of AC than civilians, lowering PB and TB for all veterans is a major objective in reducing suicidal behavior.

Research has shown that transitioning from military to civilian life is fraught with difficulties for over half of all veterans (Sayer et al., 2015). Non-routine discharge veterans in particular exhibited even higher levels of risk for a number of negative outcomes, most poignantly suicide (Brignone et al., 2017; Tsai & Rosenheck, 2018). Thus, according to the ITS, NRD veterans might also exhibit higher rates of PB and TB (Joiner, 2005; Van Orden et al., 2012). Given that only 15% of military discharges are NRD (Hoffmire et al., 2019), NRD alone cannot account for all veteran suicides. Routinely discharged (RD) veterans certainly also complete suicide but much remains unknown about why those who are "routinely" discharged also complete suicide. Clearly the circumstances for one's discharge (routine or otherwise) has not been demonstrated to be a strong enough variable to account for a significant amount of the

variance among those veterans who complete suicide. A variable could be present among both NRD and RD veterans that could further account for these discrepancies. One possibility could be the extent to which one actually wanted to leave their military cultural community, support network, and career. Specifically, the literature has not yet examined the role volition of separation from the military might have on levels of PB and TB.

Given the documented higher rates of AC among veterans (Bryan, Cukrowicz et al., 2010), involuntary separation might compound suicide risk all the more. Among the 85% of veterans who are RD, a certain percentage of them also did not choose to separate from the military. These involuntarily RD veterans also might encounter the same feelings of rejection and alienation from the military as did their NRD counterparts, potentially leading to higher levels of PB and TB for them as well. For them as well given the military cultural values of putting the unit before the self (Reger et al., 2008), not wanting to be a burden to others, stoicism (Bryan, Morrow et al., 2010), and increased stigma pertaining to accessing health care (Elnitsky et al., 2013), being forcibly separated from the military might make transitioning all the more difficult and perhaps all the more dangerous for them. Thus, involuntarily separated (IS) veterans might be at a much higher risk for encountering significantly greater difficulties with the reintegration process,= regardless of NRD or RD status. Because IS veterans have not emerged in the literature as being specifically recruited, researchers, healthcare providers, and administrators have not yet heard unique accounts from this vastly overlooked group of veterans.

Involuntarily separated veterans are a distinct and under-represented group within the already otherwise under-represented veteran population. Accounts of their transition from the military thus far would be discarded as outliers in quantitative research. By overlooking these accounts, counseling psychologists might lose precious insight into what reintegration means for

IS veterans who are enduring it. This study was designed to better understand the perspectives of those who did not choose to separate from the military, regardless of their specific separation characteristics, in order to provide valuable insight that could be used to design client-specific interventions aimed at easing the already difficult process of reintegration.

The primary purposes of this study were (a) to assist counseling psychologists, mental healthcare providers, and administrators who work with IS veterans in better understanding the difficulties and psychological stressors associated with leaving the military community against one's will; and (b) to highlight potential barriers in accessing mental healthcare among IS veterans. Within these two primary objectives, a secondary objective was to identify whether ITS-related constructs were present among this sample of IS veterans. To do this, I sought to systematically describe and interpret these participants' lived experiences of transitioning away from the cultural and social environment of being in the military, and how their own sense of identity might have changed upon transitioning back to a primarily civilian identity against their will. To best facilitate this research endeavor, IPA (Smith et al., 2009) was utilized to guide these semi-structured interviews and subsequent analysis. Nine participants were each interviewed twice following involuntary separation from military service.

This study asked the following research questions:

Q1   How do OIF/OEF era veterans who were separated against their will experience reintegration with civilian life?

Q2   How do OIF/OEF era veterans who were separated against their will experience access to mental healthcare after transitioning?

The answer to each of these research questions was subtle, nuanced, and as complex as was each participant. Qualitative data from this study's interviews distilled into six primary themes that altogether looked to address these two research questions in significant detail. While

each of these themes is described below, generally speaking, these IS OIF/OEF era veterans experienced reintegration with civilian life with great difficulty. They often encountered severe mental health concerns including but not necessarily limited to exacerbated depressive symptoms, anxiety, panic attacks, what many referred to as "dark times," and suicidal ideation, all in response to having been involuntarily separated. Additionally, they also collectively endorsed feelings of both perceived burdensomeness onto their loved ones and thwarted belongingness throughout their reintegration processes as well. Further, these participants viewed their reintegration experiences as being vastly and uniquely different from voluntarily separated veteran experiences and, because of that in particular, they recommended that IS veterans be treated by mental health professionals as a unique group of veterans.

After being involuntarily separated from the military, these participants described being met with significant barriers to accessing mental healthcare treatment. They indicated that having to travel extremely long distances to their treatment facilities, their needing to endure excessively long waiting periods to make both initial and follow-up appointments, and their encountering various difficulties in accessing prescription medications all frequently culminated in their eventual discontinuation of mental healthcare services. Most notably, they endorsed having a chip on their shoulders that was a direct result of being forced out of the military. Having a chip on one's shoulder is commensurate with having a negative disposition toward others due to their perception of being treated unfairly—in this case, by the military. Regardless of how or why each of their respective involuntary separations occurred, these participants explained that having this sort of perception predisposed them to then having more negative interactions with any mental healthcare providers who were also associated with the military. For them, having such a

chip on their shoulders vastly exacerbated each subsequent perceived barrier to accessing mental healthcare treatment.

<div align="center">

**Summary of Findings in Relation to the
Current Literature**

</div>

This section includes a list of superordinate themes that emerged from the data analysis process, their thematic connection to the study's research questions, and their relevance to the current literature. Most findings were consistent with the results of previous qualitative and quantitative studies, although some discrepant information emerged and is presented.

**Theme 1: Military/Civilian Cultural
Differences are Dramatic**

Unanimously, participants of this study identified multiple difficulties associated with cultural differences to be part and parcel of reintegration following involuntary separation. Fundamental cultural differences in hierarchy, structure, responsibilities, and collectivistic values all contributed to something akin to culture shock among them during their transition to civilian life. Additionally, these participants juxtaposed their current civilian coworkers with their prior military coworkers. They insisted the coworkers they had while in the military were more like family to them. Ultimately, those same military coworkers were expected to lay down their own lives if asked to do so, a notion that is unfathomable in civilian life.

As a cultural group, the military has its own history and set of norms encompassing certain beliefs, values, traditions, behaviors, and events as they pertain directly to military service and lifestyle (Reger et al., 2008). Multiple studies have demonstrated that many veterans identify cultural differences as being difficult to navigate during reintegration (Collins, 1998; McCormick et al., 2019), which led to the U.S. Department of the Army's (2010) recommendation that future studies should focus on major transitions among veterans such as

reintegration with civilian life. These participants explained that due in part to their longstanding military cultural values, connecting with civilians was a very difficult task for them following involuntary separation. This finding was consistent with multiple ITS-related studies that demonstrated difficulties in connecting with civilian society following major transitions (e.g., reintegration post military service and/or deployment) among both combat veterans (Brenner et al., 2008; Gutierrez et al., 2013) and recently deployed veterans (Lusk et al., 2015) alike.

Almost every participant identified military culture as being largely collectivistic, which differed greatly from the far more individualistic civilian culture. Consistent with the assertions of Collins (1998) related to military collectivistic tendencies, these participants self-identified as being far more committed to their respective work teams and to the overall mission of their civilian employers than were their civilian coworkers. By comparison, they also described their civilian counterparts as appearing to be more self-serving and more overtly concerned with their own personal promotions and increased income rather than the greater mission. These distinct differences between themselves and their civilian coworkers served as a near constant reminder to them that they were clearly *not* civilians.

Additionally, all but one participant endorsed adherence to a set of overt guidelines, referred to as core values, while in the military. Once they were involuntarily separated, they observed those core values simply did not exist in the civilian world and they could not absolve themselves of this value system. These participants explained that civilians, unlike military members, are able to create their own set of values. To make matters more confusing to them, civilians also were not expected to share what those private and individually held values were to others, which unfortunately included these participants. Inversely, military members instead are indoctrinated with an *overt* set of values (Reger et al., 2008). If a military member were to

violate those values, they would be ostracized by their fellow service members. Once these participants were living and working in civilian life, the loss of easily identifiable values and expectations was viewed as confusing and oftentimes frustrating to them. This was yet another key difference they perceived between military and civilian culture.

Another closely related cultural difference between military and civilian life identified by these participants was noted as the structural hierarchy (i.e., rank structure). Kevin expressed that once he entered the civilian workforce, many of his civilian coworkers expected to begin their careers as "the boss." To him, this was a stark departure from what he was used to in the military. In the military, individuals are promoted only through repeatedly and painstakingly proving themselves worthy of greater responsibilities over time. Now as a civilian, Kevin observed his civilian coworkers second guessing their supervisors, which easily could be construed as insubordination within the military. Oftentimes, civilian subordinates were asked about important decisions instead of group leaders as was typically the case in military settings.

The differences between civilian and military structure was also a consistent theme with other studies examining veteran employment difficulties following discharge. In their study on recently separated veterans, Keeling et al. (2018) noted that communication that reflected a deep respect for structure and hierarchy was an expectation among veterans entering the civilian workforce. Keeling et al. explained that once they began work as a civilian, they were surprised to learn such communication was not evident in civilian coworkers. Similar to participants of this study, their observation here served as yet another reminder of the stark differences between military and civilian cultural values. Participants of this study indicated that without being able to rely on a hierarchical structure similar to their military experiences, they often struggled to

identify who their leaders were and what their work-mission was now as civilians. These ambiguities ultimately contributed to greater confusion and increased frustration for them.

Participants of this study regarded their time in the military quite favorably. This was in large part due to their fellow service members, many of whom they grew to love. Siebold (2007) asserted that the more an individual conformed to military values and culture, the more they tended to develop a stronger sense of connection with their unit and with the military overall. This sense of connection with the unit that Siebold referred to was similarly described by these participants as feeling as if they were "family" instead of mere coworkers. Here, they overwhelmingly described the connection they felt during military service as being sorely lacking in civilian life following involuntary separation. For most former service members making their way back into civilian life, separation from the military might mark for them the start of a new reality in which they no longer could enjoy the same sense of connectedness and camaraderie with their active duty counterparts (Demers, 2011). But for these participants, knowing that they did not *choose* to leave the military themselves and were instead forced to endure this new reality without the camaraderie of their former unit introduced to them an element of perceived rejection that further exacerbated the already difficult process of transitioning between two vastly different cultures.

Theme 2: "Who Am I Now?" Life
After Involuntary Separation

Denneson et al. (2015) found perceived changes to one's identity and readjusting to civilian culture were two salient obstacles to reintegration following deployment among discharged veterans. The experience of identity loss was found to be worse for veterans who did not choose to leave the military themselves (Brenner et al., 2008). Identity change, and many times a literal loss of one's identity, was directly attributed to involuntary separation by every

participant in this study. The involuntary nature of their military departure was identified as critically important regarding the establishment of a new post-military self-identity, a finding that was in line with prior studies (Beder & Jones, 2012; Haynie & Shepherd, 2011). In fact, Grimell (2018) concluded that involuntary separation "may generate major challenges related to self-identity adaptation to civilian life" (p. 193).

Entering the military is a difficult process that requires deep commitments to long historical traditions, duty, and a profound identity change. The difference between self-identifying as a civilian and self-identifying as a member of the armed services is more than a mere change of career. Illustrating this identity change experienced with military indoctrination, Demers (2011) noted, "One of the primary goals of boot camp, the training ground for all military personnel, is to socialize recruits by stripping them of their civilian identity and replacing it with a military identity" (p. 162). By design, new military members are expected to quickly develop and adhere to their emerging military identity throughout their military career until separation or retirement.

While provisions are made by the DoD to help separating veterans navigate the logistical concerns of transition (e.g., household goods shipments, preparation to enter the job market), virtually nothing is offered to help navigate the identity change back to civilian life following separation. This oversight by TAP administrators drew recommendations from Keeling et al. (2018) that all separating service members should be taught about the likelihood of identity change following departure from the military. While transitioning under such circumstances might impact all veterans, the dearth of support received related to potential identity change while transitioning out of the military might be all the more negatively impactful for IS veterans who might have less time to psychologically prepare for such transition as was the case among

these participants. Additionally, IS veterans might be struggling with a deep sense of rejection from the very cultural community they were indoctrinated into according to this study and previous studies (Beder & Jones, 2012; Brenner et al., 2008; Grimell, 2018; Haynie & Shepherd, 2011) that unintentionally also had included IS veteran participants.

Demers (2011) highlighted that one's personal identity is deeply linked to one's sense of community. Being connected to one's community might come easier for those who could clearly identify to what community they already belonged. Voluntarily separated (VS) veterans, having made the *choice* to leave the military, might be better able to transition from the military cultural environment to a civilian one. Having made such a choice might allow them to relinquish their prior military identity and more easily assimilate into their new veteran/civilian identities. Being able to relinquish one's prior role was demonstrated to be a central characteristic among those who successfully exited one role to join another one (e.g., going from being a service member to a civilian; Ebaugh, 1988). While voluntariness of departure from the military was not overtly targeted for Ebaugh's (1988) investigation, the study demonstrated that veteran participants who were exiting the military struggled to identify what culture they belonged to upon separation. Sometimes this was due to certain incompatible requirements of each role (e.g., combat training). Among participants of Ebaugh's study who did not choose to exit their former role, they tended to struggle mightily to relinquish their prior role.

The struggles described by Ebaugh (1988) were exemplified among the participants of this study as well. Here they described the process of identifying which cultural community they belonged to as incredibly complex and nuanced, especially among those who longed for their former military role now as civilians. They struggled with deciding whether they viewed themselves to be veterans, civilians, or something in-between. Ultimately, they explained they

did not feel to be completely part of either community and instead tended to focus more on their inherent differences from each community rather than their similarities to them. Because of this tendency to more clearly recognize what was *different* about them in comparison to other VS veterans, they oftentimes would overlook certain commonalities they did have with VS veterans. For example, Rob did not self-identify as a part of the veteran community because of his unfavorable experiences during his own involuntary separation. He contrasted his experiences with those of other VS veterans who described their exit from the military much more favorably. Because their experiences in exiting the military were so vastly different, Rob seemed to focus solely on those *differences* as opposed to recognizing the potential for commonalities such as shared cultural values and similar military service experiences. As a result, Rob expected all future interactions with VS veterans to provide confirmation that he did not belong to the veteran community.

Feelings of disconnection from friends, family, and even VS veterans also was endorsed by multiple participants. This finding matched similar studies that investigated reintegration difficulties. In one such study, Ahern et al. (2015) reported that 19 of 24 veterans who they interviewed about their experiences with separating from the military acknowledged feeling disconnected from their friends and family members who had not served in the military themselves. Those same 19 recently separated veterans self-identified as feeling fundamentally different from nonveterans and expressed their need for more connection with fellow veterans post-discharge. Despite this need illustrated by Ahern et al. (2015), there was a wrinkle for the veteran participants in the current study who expressed that being involuntarily separated led them to feel fundamentally different from not just civilians but also from their fellow veterans who had willfully separated from the military. They explained that being involuntarily separated

contributed to them feeling a greater sense of alienation predicated upon the differences in their experiences while exiting the military. For VS veterans, leaving the military was a choice they made, which allowed them to autonomously and effectively plan for their exit. By doing so, VS veterans were able to ease what might otherwise have been a more difficult experience in transitioning back to civilian life. Conversely, IS veteran participants described being "excommunicated" by their former units and then thrust into civilian life, which was compounded by homelessness, joblessness, and strife. The vast differences between VS and IS departure experiences was an often-insurmountable barrier to participants, quashing any potential for them to forge connections with their fellow veterans as described by Ahern et al. (2015). Taken altogether, the end result for many of these participants was a feeling they neither belonged to their civilian nor to their veteran communities.

A sense of purpose seemed to be incredibly important for these participants. They frequently expressed they had experienced a clear sense of purpose during their time in military service. However, once involuntarily separated, that clear sense of purpose was now evidently missing for them in civilian life. Specifically, eight of them described feeling their identity as a military member was intimately connected to their contributing to "something bigger than [themselves]." At the time when they were still serving in uniform, they had clear objectives and overt recognition for their contribution both to the unit and the overall mission at hand. Once they then transitioned to civilian status, they actively sought a new sense of purpose, often through their new civilian employment. In fact, some did find a new sense of purpose through their civilian employment that felt somewhat similar to what they had felt in their military careers. One such example came from Jason who since has dedicated himself to serving the greater veteran community through his work with a veteran advocacy agency. Making

contributions to other veterans in this way was in line with Libin et al. (2017) who pointed out that veterans who suffered from traumatic brain injury desperately wanted to contribute to society following their own involuntary separation. Of course, contributing to society following involuntary separation could come in many unexpected forms. That was the case for Kevin who challenged himself to find his sense of purpose through changing his perspective. Specifically, by reconsidering his initial embarrassment about his civilian employment, he was able to recognize that while not glamorous, working in the sanitation industry provided an indispensable contribution to the greater community.

Theme 3: Disappointment and Disenchantment

Military members had to develop camaraderie, esprit de corps, group cohesiveness, and a set of honorable tenets that bound them together (Krueger, 2000), beginning in basic training and then continuing throughout their time in service. Additionally, military members expected those same honorable tenets to be adhered to by other service members including their unit, branch, and the military medical system that supported them. Disappointment and disenchantment emerged as one of the most profound findings of this study, making involuntary separation all the more difficult for these participants.

This theme highlighted the differences between the high expectations held toward various entities associated with the military and the lowly reality of disappointment, rejection, and ultimate betrayal experienced by those same entities they then transposed on the VA, Tricare, and other military affiliated entities participants during and following their involuntary separation. All but one participant endorsed feeling deeply disenchanted with either their (a) military branch, (b) unit, (c) medical system, or (d) some combination of the three resulting from involuntary separation. Many participants explained their experiences of disenchantment,

rejection, and ultimate abandonment were major differences they perceived between them and VS.

Oftentimes, military service begins shortly after high school graduation. Every participant in this study entered basic military training in late adolescence or early adulthood and served between 8 and 26 years ($M = 13.65$ years). Houppert (2005) explained that one of the major initiatives of indoctrination into military culture via basic training is to shift an adolescent's dependence from the family over to the unit. During this process of indoctrination, new recruits are taught to hold their respective branches of the military, if not the military as a whole, in high esteem. Essentially, these participants were "raised" by the very military organizations they were a part of. In fact, much of their sense self-identity was intimately connected with their military service. As they recalled the details of being involuntarily separated from their esteemed branch and cultural group, they expressed deep-seated feelings of betrayal, hurt, and ultimately felt abandoned.

Although the military is an incredibly large bureaucracy and as such is imperfect in many ways, these participants expressed that being rejected in such a way felt deeply personal to them. Their previously unquestioned beliefs and expectations about the military as an organization now were so dashed that multiple participants declared they did not want to be associated with the military whatsoever following their involuntary separation. The pained sentiments they expressed toward their respective branches were often extended to the individual units they served in as well. Indeed, former close friends and coworkers, affectionately called "family," now cast them aside during a time that was described as "the worst time" in their lives.

The military recruits its members from far and wide. Collins (1998) demonstrated that the military's commitment to diverse geographic recruitment also might have unintentionally led to

former military personnel being less likely to maintain contact with their former unit members once they reintegrated back into American society. Whether due to geographic distance or to other reasons, many participants of this study expressed feeling estranged from their prior fellow service members. Unit cohesion has been shown to negatively correlate with stress, psychological illness, and suicide risk among veterans (Hinojosa & Hinojosa, 2011; Nock et al., 2013). The psychological benefits and increased perception of belonging were hallmark characteristics of military service among these participants. However, once they were involuntarily separated from the military, their felt sense of camaraderie was sorely missed. Rob went so far as to disavow any and all military whatsoever as a direct result of involuntary separation. It seemed his perceived sense of rejection and disenchantment led him to all but eliminate any potential for future veteran camaraderie now as a civilian.

The loss of camaraderie following military service is one of the most commonly identified variables contributing to a multitude of maladaptive psychological states among veterans including depression, anxiety, and suicidal ideation (Brenner et al., 2008; Elder & Clipp, 1988; Gabriel & Neal, 2002; Harrell & Berglass, 2011). Contrary to their expectations that such strong bonds would endure, these participants found that being involuntarily separated created a "wall" between themselves and the unit they so diligently served while in uniform. These participants anticipated their respective units would adhere to military cultural expectations captured through various intra-service mottos such as "Never leave an Airman behind" only to find that they were in fact *left behind* by them during their transition to civilian status. For example, one participant identified that not a single person from his unit was present before, during, or after his life-threatening brain surgery. The stark contrast between what these participants expected from their unit and their unit's actual responses throughout the involuntary

separation process served as proof of their being rejected, which exacerbated difficulties for them during reintegration such as finding new sources of interpersonal support.

Disappointment and disenchantment with the medical system—both pre- and post-separation—was another significant finding of this study. These participants often perceived feeling a high degree of stigma due to their involuntary separation status. Stigma that resulted from involuntary separation was further compounded by the stigma caused by having an official diagnosis (e.g., PTSD) among participants of this study. In essence, the stigma of holding a formal diagnosis was only compounded by the addition of being involuntarily separated. In a fictitious conversation with the Army medicine, Tony depicted the Army provider as telling him "You're fucked up. Now get out of here." Tony was describing precisely how he viewed his past interactions with mental healthcare providers, which was ultimately transposed upon future interactions.

There appeared to be a relationship between the circumstances under which a veteran separated from the military and their subsequent help-seeking behaviors. Holiday and Pedersen (2017) found that veterans who received OTH or General Discharges reported increased feelings of stigma related to receiving mental healthcare treatment compared to those who received Honorable Discharges. Clearly, the circumstances of how veterans were separated had a relationship to stigma and, ultimately, help-seeking behaviors. The findings here demonstrated that the felt sense of rejection and subsequent disenchantment with the military medical system was an important aspect related to stigma that went above and beyond discharge type, particularly given that eight of nine participants received Honorable Discharges and only one received an Other Than Honorable Discharge. Ultimately, the self-stigma that resulted from being involuntarily separated might have predisposed them to an expectation that they would be

further stigmatized by mental healthcare providers should they seek treatment. Because of the sorts of expectations they might hold, IS veterans might choose to discontinue therapy or even forego mental health treatment altogether. Before the veteran has officially separated from the military, they could be ordered to attend therapy. Once involuntarily separated, post-military providers must specifically target IS veterans for outreach. By doing so, providers will offer the first of what should be many counters to the misperception that providers "don't care." This potential to engage in such a pattern must be addressed by providers working with IS veterans who, according to this study, might also be contending with severe psychological concerns such as suicidal ideation.

Theme 4: Psychological Concerns as a
Result of Involuntary Separation

Nearly every participant claimed their involuntary separation had exacerbated, if not caused, significant mental health concerns for them such as depression, anxiety, panic attacks, PTSD, self-described "dark times," and suicidal ideation. This finding of the current study added to what little we know about IS veterans. Only a few known studies have included involuntary separated veterans (e.g., Brenner et al., 2008) and no known studies have exclusively studied involuntary separation experiences and subsequent mental health outcomes among veterans. The closest known terminology used in the literature was nonroutine discharge, which has included any veteran separated for reasons *other* than end of enlistment or retirement (Brignone et al., 2017). Brignone et al. (2017) found a higher prevalence of diagnosed personality disorders, bipolar and psychotic disorders, alcohol or substance use disorders, and experiences of suicidal ideation and behavior compared to veterans who were routinely discharged.

While neither personality disorders nor psychotic disorders were endorsed by participants of the current study, five of them endorsed struggling with significant bouts of depression and

comorbid anxiety, one endorsed having panic attacks, two held formal diagnoses of PTSD, and two described experiencing "dark" periods as part of their transition experience. While the term "dark" is fairly vague, for them it clearly exemplified feelings of significant psychological resultant from involuntary separation. Most alarmingly, four participants endorsed suicidal ideation in response to involuntary separation and their subsequent experiences with transitioning from military to civilian life. While inferences about rates of mental illness cannot be made about IS veterans overall, it is abundantly clear that for these participants, each of the above-mentioned psychological concerns was spontaneously attributed to their own involuntary separation.

Because of the often-severe psychological concerns these participants experienced during their transition, they frequently expressed the importance of mental health care during this critical process. Despite this proclamation, only five actually did so themselves. This low utilization of mental healthcare treatment was surprising given that every participant did have access to such treatment at little to no personal cost to them. Of the nine participants, six endorsed significant perceiving barriers to mental healthcare including difficulties navigating systemic bureaucracies, excessive wait times, long distances to facilities, and problems with over or under prescribing medications. The findings that excessive wait times and having to travel long distances to treatment facilities were barriers to treatment were consistent with prior research (Elnitsky et al., 2013).

Excessive wait times and unfavorable interactions with mental healthcare providers were often regarded by these participants as evidence that neither the provider nor the healthcare system actually "cared" about them. Such negative perceptions they held about VA-affiliated treatment options likely increased an already present perception of stigma that has been found

among OEF/OIF veterans regarding their accessing of VA benefits without regard to the voluntariness of their separation (Elnitsky et al., 2013). Additionally, those VS and IS veterans in that study also reported experiencing significant similar barriers to treatment including long wait times, traveling excessively long distances to treatment facilities, and perceived stigma about seeking out mental healthcare (Elnitsky et al., 2013). The current study demonstrated that veterans might also be forced to endure additional barriers not directly related to involuntary separation including being over or under prescribed medications and navigating overly complicated healthcare systems. These additional barriers were then further compounded by their own self-stigma that resulted from being involuntarily separated. Such self-stigma might have predisposed them to have an expectation that mental healthcare providers would look down upon them during any potential future encounters. In all, the totality of these barriers could result in them feeling perceptually insurmountable challenges to accessing mental health care during the transition process many have described as being "the worst time in [their] lives."

Many participants expected to have *some* difficulties in their transition from military life to civilian life. However, they did not expect to have trouble accessing the very mental healthcare benefits they had already earned. Those who had sought mental health care overwhelmingly endorsed having difficulty in learning these new and complex bureaucratic processes. Many times, these IS veterans struggled to identify what benefits they were entitled to and most frustratingly where they could successfully access them. A recent qualitative study investigating post-service employment by Keeling et al. (2018) identified negative service experiences—including poor service provisions and limited dissemination of benefits available—as major contributors to employment difficulties following discharge.

Many participants in this study experienced "getting the runaround," which was described as an elaborate process they endured of having to search for, then compare multiple military affiliated mental healthcare agencies, only to be told such providers were not taking new patients. Whether those agencies were affiliated with the VA, Tricare, or other accepted individual providers, it seemed to these participants that no one wanted to help them personally, much less accept new patients. This sort of conclusion might have come as a direct result of the self-stigma of being involuntarily separated. At best, some participants of this study persevered through their frustrations and accessed the care they sought; at worst, they gave up on the process, foregoing mental health treatment altogether. Some others simply sought mental health care from sources unrelated to the benefits they had earned through their military service. It is entirely possible some participants were in fact given brief tutorials in how to navigate post-separation bureaucracies during TAP class. However, it is a near certainty the rapid nature of their involuntary separation prohibited learning the overcomplicated—and often inconsistent—systems they were exposed to systematically. Their denial, the speed of the involuntary separation process, and the "business as usual" approach of military out-processing culminated in transition experiences that seemed vastly more vexing than those of their fellow VS veterans.

Choosing to separate from the military often affords service members adequate time to psychologically process what life changes might occur during their transition. Such issues as where they would access mental health care and where they would find employment were already planned. Conversely, IS veterans were in a near constant reactive state throughout their transition process. Instead of preparing themselves for the future in anticipation of what transition might entail, IS veterans were devising psychological coping skills such as "getting small" that amount to solely focusing on their daily, if not hourly, tasks at hand. Near

unanimously, these participants expressed the quick speed of their involuntary separation process played a pivotal role in their transition difficulties, a finding consistent with other research examining nonroutine discharges (Brignone et al., 2017). The participants of this study who were given more time between official notification and actual discharge were better able to prepare themselves for transition provided they psychologically accepted their impending involuntary discharge. However, those who were simultaneously receiving intense psychological or medical treatment while out-processing their units, such as PTSD or physical rehabilitation, respectively, could not adequately prepare to separate. Managing their treatment and their involuntary separation simultaneously proved to be overwhelming for them and as such, they were limited to prioritize "fixing [themselves]" as opposed to adjusting to a new civilian lifestyle.

A recent study from Brignone et al. (2017) identified a positive correlation between non-routinely discharged veterans (i.e., discharges other than retirement or end of enlistment) and participant endorsed reintegration difficulties following discharge. Brignone et al. (2017) attributed their difficulties to being ill prepared to make such a transition. While nonroutine discharge captures various factors related to the administrative procedures associated with military separation and subsequent difficulties, it does not account for volition. The current study demonstrated that these veterans' increased use of denial was a key aspect related to the *involuntariness* of each participant's separation. Many participants simply could not accept their lives were going to change so drastically as a result of being slated for involuntary separation. Being immersed in a military environment for years often gave them the sense that life would *never* change for them. Many times, they expected the circumstances that were leading to their involuntary separation would change and ultimately enable them to continue serving in uniform. Because participants did not *accept* they were going to be separated against their will, they often

did not prepare themselves logistically, much less psychologically, for the transition. Almost no participant claimed to have psychologically prepared for involuntary separation; however, all but one participant stressed the importance of doing so.

Theme 5: Recommendations for Mental Healthcare Providers

Participants were asked what, if anything, mental healthcare providers should know about IS veterans related to reintegration. Unanimously, they stressed that transitioning following their *involuntary* separation was vastly different than following a *voluntary* separation. They provided recommendations based on their own unique experiences and those of other fellow IS veterans regarding their struggles to transition from military life to civilian life as a result of involuntary separation. Responses pertaining to what mental healthcare providers should know about IS veterans were categorized into two overarching subordinate themes: (a) involuntarily separated veteran characteristics, and (b) involuntarily separated veteran concerns related to transitioning to civilian status. These responses served as points of emphasis that might be helpful to mental healthcare providers who work with IS veterans.

The most commonly identified characteristic associated with IS veterans was their having a "chip on [their] shoulder" as a direct consequence of being "forced out" of the military regardless of how or why the involuntary separation occurred. Participants often described this "chip" on their shoulder as predisposing them to more readily viewed and potentially neutral interactions with mental healthcare providers instead as more negatively balanced ones provided those providers themselves were affiliated with the military. Having a chip on one's shoulder is commensurate with having a negative disposition toward military-affiliated entities (e.g., the VA) due to their perception of being treated unfairly by the military in their past, their assumptions about healthcare providers likely looking down upon them in the future, and their

own current feelings of self-stigma. Importantly, all of these assumptions and self-stigmas were directly resultant from being involuntarily separated. Considering that IS veterans might transpose their prior interactions with military affiliated providers onto their future interactions with military affiliated providers, those who treat IS veterans should consider their resistance to be part and parcel with being involuntary separated. According to one participant, mental health providers can expect that IS veterans might be "a bit more cantankerous than most veterans," a natural reaction to disenchantment with the military medical system and the above-mentioned self-stigma. Mental healthcare providers must recognize the possibility that IS veterans are *expecting* to be treated unfairly and to be looked down upon because of their separation circumstances. The onus of responsibility should be on the provider to recognize when those non-therapeutic interactions occur and attempt to diffuse and deescalate such potentialities through various clinical approaches including motivational interviewing or providing a corrective emotional experience.

A second IS veteran characteristic identified by these participants was they often go unseen and untreated by mental healthcare providers and others. Nearly every participant expressed that mental healthcare providers need to understand the differences between IS and VS veterans in order to provide more effective mental health treatment. According to one participant, many veterans are "only voluntary on paper." Since IS veterans are not officially recognized as a distinct group by researchers, providers, or healthcare administrators, they are not uniquely vetted for mental health concerns that might have resulted from involuntary separation at any point during their transition. In large part because of this oversight, participants of this study stressed that IS veterans are both unseen and often untreated. One of the most compelling accounts to this effect came from Jason who works with IS veterans through a

veteran advocacy agency. According to him, he frequently interacts with veterans who were separated from the military due to PTSD as the result of having survived sexual assault while in uniform. Jason's assertion was supported in the literature. Among female veterans diagnosed with PTSD, 31% of respondents also reported surviving military sexual trauma (Maguen et al., 2012). Undoubtedly, many of the same veteran survivors of military sexual trauma were also unrecognized IS veterans. Again, mental healthcare providers must *ask* veterans about their separation experiences as the subsequent insights gleaned would most likely lead to a more client-specific course of treatment. If providers fail to facilitate such conversations, IS veterans might falsely attribute the otherwise neutral omission as evidence the provider does not "care" about them or value their separation experiences. This is yet another example of where a "chip" on one's shoulder might serve as a factor that compounds many other barriers to engaging in treatment.

These participants offered further recommendations for mental healthcare providers concerning the specific challenges they encountered during their own transition process. Those challenges included experiencing gaps in treatment, difficulties finding employment, excessive distance to travel to treatment facilities, and an increase in the potential for substance abuse during the first few months following involuntary separation. Importantly, while VS veterans frequently face many of these same challenges, participants were quick to identify that having been involuntarily separated significantly compounded those difficulties.

Finding suitable mental health treatment following their departure from the military was identified as one such difficulty for these participants. Some struggled with accessing effective medications they had been previously prescribed while in the military. Others could not easily access psychotherapy within their own civilian communities, which forced them to choose

between traveling excessively long distances to the VA, finding other non-military affiliated sources of mental healthcare, or even foregoing mental health treatment altogether. To connect recently separated IS veterans to mental healthcare options, these participants overwhelmingly highlighted the potential benefit of having a point of contact from prior duty stations who could serve as a liaison for IS veterans following separation. Hypothetically, this liaison, who could be thought of as a case manager, could help newly IS veterans to access mental healthcare now as civilians. Involuntarily separated veterans might be reticent to access the very benefits to which they are entitled due to feeling various self-stigmas about their separation from the military. Mental healthcare providers must be much more proactive, more affirming, and exponentially more welcoming to IS veterans who might be expecting such encounters to be unfavorable, frustrating, and even harmful based on their own prior experiences with military affiliated healthcare systems. Having such a liaison would do wonders to that end.

Easing an IS veteran's troubles with reintegration begins while they are still in uniform. Indeed, these participants stressed the importance of the TAP in better preparing transitioning IS veterans for potential difficulties in finding employment post discharge before they were officially separated. This finding was consistent with a prior study (Keeling et al., 2018) that found veterans in general often held unrealistic expectations of the relative ease of finding post-service employment. Multiple participants of the current study also expressed shock by the competitive job market they encountered post discharge. Once faced with such conditions, these newly separated IS veterans apparently had forgotten the multitude of employment resources that had been presented to them during their TAP class. One participant went so far as to advocate for veterans facing involuntary separation to have access to specified vocational counseling, a specialty among counseling psychologists (Brown & Lent, 2008).

After involuntarily separating from the military in 2013, Rob was one participant who struggled to find employment. As a result, he experienced periods of homelessness during the first few years following his departure from the military. Veteran homelessness has been the focus of multiple studies investigating transitioning from a military to a civilian status. According to a recent study from Tsai et al. (2020), the likelihood of a veteran being homeless doubled between two and five years following their discharge from the military. While multiple benefits are available to Honorably Discharged veterans such as vocational rehabilitation, many IS veterans would likely benefit from far more *individualized* vocational counseling leading to future meaningful careers, which might in turn reduce homelessness among IS veterans.

When asked to offer their recommendations for mental healthcare providers who work with IS veterans, these participants consistently identified suicide as one of the most important risks facing IS veterans. Some participants expressed that if *any* veteran is suicidal, they should be offered mental health care regardless of their discharge type or the benefits they might or might not have. Despite the VA recently extending mental healthcare benefits to OTH veterans (Elbogen et al., 2018), participants of this study advocated that such benefits be extended to any veteran endorsing suicidal ideation without ever raising the question about benefit eligibility. Many of these same participants who noted concerns about IS veteran suicide further expressed the use of drugs and alcohol in an effort to cope with the overwhelming transition difficulties they faced following involuntary separation was a major risk factor that could lead to greater mental health concerns such as depression and suicide. These participants astutely identified a relationship between mental health concerns and substance misuse that was verified in the literature. A recent study from Holiday and Pedersen (2017) demonstrated that those veterans who received a General or OTH Discharge—which likely included IS veterans as well—

endorsed significantly greater rates of both mental health concerns and substance misuse. Accordingly, mental health providers are encouraged to assess for substance use disorders among their IS veteran clients and to regularly assess for suicide in light of the deeply debilitating self-stigma they might be enduring.

Theme 6: Interpersonal Theory
of Suicide

One leading theory addressing suicidal behavior is Joiner's (2005) interpersonal theory of suicide (ITS), which has been shown to be appropriate for conceptualizing suicidal ideation and behavior among U.S. veterans in particular (Brenner et al., 2008; Bryan, Morrow et al., 2010; Gutierrez et al., 2013; Ribeiro et al., 2015; Selby et al., 2010; Silva et al., 2016). Joiner identified three major constructs, that in combination and when exacerbated, might lead to a lethal or near-lethal suicide attempt: (a) perceived burdensomeness (PB), (b) thwarted belongingness (TB), and (c) acquired capability for suicide (AC). Both PB and TB were explicitly investigated in this study while AC for suicide was not.

Perceived burdensomeness is comprised of perceived liability to others and cognitions of self-hatred (Van Orden et al., 2010); it has been linked to suicidal ideation among military members and veterans alike (Bryan, 2011; Bryan, Clemans et al., 2012; Bryan, Morrow et al., 2010). Eight of nine participants in this study identified specific points during their transition from military to civilian life in which they perceived themselves to be a burden on their loved ones. Usually, the perceived burden was on their families; however, in some cases, it was directed toward their prior military unit instead. Some participants expressed their feelings of burdensomeness toward family members was constant. This observation was often evidenced by their own chronic mental and physical health conditions, which required significant support from their own families to manage their frequent needs.

Another key contributor to PB among these participants was the inability to provide financially for their family. In essence, they were simultaneously coping with the loss of their military identity and the loss of income immediately following involuntary separation. As a result, they no longer viewed themselves as the "breadwinner" of the family, sometimes for the first time in their adult lives. While some participants were then motivated to directly discuss their feelings of burdensomeness with their family, others instead isolated themselves more so from their loved ones. For those with family whose communication increased, the result was often reassurance from them that reduced these feelings and instead garnered a deeper sense of connection with them.

Perhaps consistent with military cultural values (Bryan, Morrow et al., 2010), many other participants reacted with stoicism in response to PB. By "saving face" in this way, these participants became trapped in a cycle of depression and PB with each one further exacerbating the other. Jason's collective source of PB was his chronic underemployment coupled with his debilitating physical health condition. To him, admitting to his family that he was increasingly struggling with depression as well would have only increased his feelings of burdensomeness. Thus, he was trapped by his depression, PB, and stoicism in an effort to stave off feelings of even further alienation from his family. Sadly, his marriage, which he was trying to maintain through his stoicism, ultimately ended in divorce. Jason was not the only participant who endorsed such relationship difficulties. Divorce or termination of a romantic relationship largely due to involuntary separation turned out to be an inevitable outcome for multiple participants of this study.

Cognitions of self-hatred is a subconstruct of PB that comprises self-blame, shame, low self-esteem, and agitation (Van Orden et al., 2010). In this study, self-blame, shame, and low

self-esteem were endorsed by many participants. More specifically, they endorsed feeling deep

senses of self-blame and shame directly resulting from being involuntarily separated. Thus,

shame further compounded their feelings of rejection and disenchantment from their prior

military units that they were simultaneously enduring as a result of their involuntary separation.

Many participants took responsibility for putting their families in positions of financial hardship,

which in one case included homelessness, regardless of whether their involuntary separation was

avoidable or not. In essence, they struggled to find empathy for themselves despite the

unavoidable circumstances that led to their involuntary separation, all of which seemed to only

exacerbate their already difficult transition process.

Seven of the nine participants immediately and spontaneously identified suicide as the

most extreme way in which one would cope with feeling like a burden on one's loved ones. This

finding was consistent with other qualitative studies investigating ITS among combat veterans,

some of whom were involuntarily separated (Brenner et al., 2008; Gutierrez et al., 2016). Many

of these participants explained that either someone they knew or they themselves had

experienced suicidal ideation as a result of their perceived burdensomeness. Such "evidence" of

their being a burden on their families included their relying on family to house them, chronic

under-employment, exacerbated mental health concerns including PTSD, and increased physical

health concerns. They also explained that using substances in an effort to cope with PB, in their

experiences, was often the first step in a cascade of events eventually leading to them developing

suicidal ideation or even attempting suicide.

Feelings of thwarted belongingness (TB) can result from one considering themselves to

be ousted or rejected by their loved ones (Van Orden et al., 2012), thus obstructing one's

fundamental need for interpersonal connection. Thwarted belongingness is comprised of two

basic components: (a) loneliness, and (b) the absence of reciprocal care (Van Orden et al., 2010). Eight of these nine participants endorsed experiencing one or both of these elements. Another way to conceptualize TB is as an intense feeling of disconnectedness from others (Gutierrez et al., 2016), which was voiced by multiple participants in relation to their families, friends, and in some cases, the greater veteran community itself. Socially isolating oneself is one of the most constant predictors of suicidal ideation, attempts, and completions across various demographics (Conwell, 1997; Dervic et al., 2008; Joiner & Van Orden, 2008; Trout, 1980). These participants overwhelmingly endorsed feeling a strong sense of belongingness while serving in the military. However, they also associated now living as civilians with inescapable loneliness, social isolation, and having relationships that lacked reciprocal care immediately following their involuntary separation.

Baumeister and Leary (1995) theorized that people have a need for relationships that maintain frequent and positive interactions in which all parties care for, and are cared for by, others. Van Orden et al. (2010) extended these concepts and introduced the term "reciprocal care." Many participants likened their military units to "family away from family" as service members all cared for one another. According to many, the protective factors (e.g., close interpersonal bonds, social connections, diminished TB) of being in a collective military cultural setting (Bohnert et al., 2007; Bryan, Clemans et al., 2012; Chu et al., 2017) appeared deficient, if not negated, once they returned to civilian life following involuntary separation. Despite these assertions from these participants, their felt sense of rejection from their prior "families" was so strong that some went so far as to then disavow themselves from any military affiliation whatsoever. For one ,Tony began to doubt whether his respective unit ever cared about him at all once he was facing his own involuntary separation process. Despite these doubts, he explained

that his sense of connection with his former unit was something he *still* longed for and, so far, has been unable to wholly recreate now as a civilian.

Consistent with ITS, loss of reciprocal care can also come about through divorce, death, or familial discord (Joiner, 2005; Van Orden et al., 2010) as was the case for multiple participants of this study. Perhaps the single most devastating loss following the loss of unit's reciprocal care was felt through divorce. For these participants, their romantic partnerships were something they had grown to rely on throughout their military careers. Upon facing involuntary separation, a time often referred to as "the worst time" in their lives, their most intimate partners were no longer willing or able to support them as they had before. This pattern of losing one's romantic partner during times of need was evidently common enough to garner the term "that same old Army story," which also often included elements of infidelity and ultimately abandonment.

For some participants, the rejection and subsequent TB they felt as they were leaving the military was extended after discharge and then transposed onto the veteran community. Disappointment and disenchantment with the military, military medical system, and—most poignantly— with the unit, increased their feelings of TB. Additionally, the loss of virtually all sources of support and belonging left them feeling confused as to where their sense of self-identity then should come from as they were no longer military members. They were certainly not "typical" VS veterans and now they also were no longer husbands in many cases. Undoubtedly for some, this for them culminated in intense feelings of both despair and loneliness.

Loneliness is theorized to be an overarching feeling of disconnection from others and unsatisfactory social interactions (Van Orden et al., 2010), which was certainly the case for these

participants. In some cases, these participants expressed that they had few (if any) friends outside

of their immediate families and they were ever aware that they did not "fit in" at work among

civilian peers. Participants frequently expressed their sense of loneliness was directly related to

having been involuntarily separated. Specifically, some indicated that while they expected to

maintain the close bonds of military service with former colleagues as described by researchers

(Bohnert et al., 2007; Bryan, Jennings, et al., 2012), once they were "excommunicated" from the

military, those expected bonds were unabashedly nonexistent. One participant explained that he

was now separated by a "fence" that represented a divide between military and civilian life

following his involuntary separation. For some, the additional loss of their romantic partners

during their involuntary separation process multiplied their sense of loneliness, sending them

into what was termed "a very dark place."

When these participants were asked about the most extreme way in which someone could

cope with losing a close relationship, almost all of them interpreted the question as dealing with

a close loss due to death. In other words, they responded to the question in a way that related

more to bereavement than to the overall concept of TB. While bereavement is theoretically

subsumed under a lack of reciprocal care, which, along with loneliness, make up TB,

bereavement alone does not capture the construct of TB in its entirety. Despite this apparent

miscommunication, five participants immediately and spontaneously identified suicide as being

the most extreme way to cope with the loss of a close relationship. Additionally, these

participants frequently indicated that hopelessness was another key factor regarding suicidality,

which was consistent with another recent study (Chu et al., 2020) that found general

hopelessness was more strongly associated with lifetime suicidal thoughts than any other single

or combined ITS-related construct (e.g., PB and TB) among current Army personnel. Clearly for

many of these participants, the power of bereavement was enough to spontaneously draw to mind suicide as an extreme way to cope with their respective loss. One wonders how a more appropriately worded question might have impacted their response.

Study Implications

Practice Implications

Involuntary separated veterans might struggle with many of the same types of difficulties experienced by VS veterans following discharge, yet their difficulties appeared to be exacerbated all the more by feelings of disenchantment and rejection resultant from their involuntary separation. Thus, many IS veterans might exhibit a "chip on their shoulder" and present as "more cantankerous" than other veterans according to these participants, which would mimic resistance. To better mitigate this likelihood, it might be helpful for counseling psychologists to use techniques consistent with principles of motivational interviewing (Miller & Rollnick, 1991). Counseling psychologists who instead *roll with resistance* and view resistance as a more appropriate defense mechanism based on the IS veteran's perceived history of mistreatment might be better equipped to demonstrate their sincere concern and empathy for IS veterans and thus increase treatment effectiveness.

These participants also greatly stressed the importance for IS veterans to appropriate psychological preparation prior to their transition from military to civilian life. Unfortunately, most of these participants were unable to psychologically prepare themselves in time for various reasons, most notably due to their use of the defense mechanism denial. No known studies have investigated whether or not VS veterans engage in denial about separating from the military as well. However, these IS veterans appeared to experience a significant amount of denial in an attempt to cope with their involuntary separation. In time, they then appeared to have

experienced disenchantment, another key finding of this study, as a jarring antidote to experiencing denial about their impending separation. Multiple participants described their own personal inability at the time to accept they were going to be involuntarily separated, which then resulted in their lack of preparation for the impending transition back to civilian status. Ill preparedness has been identified as a major contributor to reintegration difficulties among nonroutine discharged veterans (Brignone et al., 2017) and it certainly complicated reintegration efforts for these participants as well. Those who also were undergoing intense and often time-consuming treatments for physical and/or psychological concerns further noted they simply did not have the time to adequately prepare for their separation. In working with IS veterans prior to separation, counseling psychologists might not be able to slow the administrative process of separation. In lieu of this limitation, counseling psychologists should focus their attention on aiding IS veterans to move beyond denial and toward acceptance of their involuntary separation while they are still serving in uniform. By doing so, IS veterans might be more apt to psychologically prepare themselves for the kinds of changes on the horizon that are likely to rapidly occur to them and their families.

Many of these participants expressed they had considerable difficulties finding employment following involuntary separation. Yet importantly, counseling psychologists, with their specific expertise in vocational psychology, are uniquely and ideally situated to address this great need among IS veterans. Given that nearly every participant indicated their sense of self-identity was closely related with their prior military occupation in comparison to their current civilian job, counseling psychologists might be able to vastly improve IS veterans' reintegration experiences by highlighting career fields that offer them far more meaningful and sustainable employment opportunities. To more effectively connect recently separated veterans with

applicable civilian occupations, the U.S. Department of Labor (2021) designed a website that provides a list of civilian-based occupations that match a veteran's likely job skillset based on their prior service occupation code. This free resource is available to both counseling psychologists and to their clients to utilize at any point during a veteran's reintegration process. Additionally, other free websites such www.asonetonline.org also might provide both counseling psychologists and their clients with critical information about various career fields including their expected job growth rates as well as how much one could expect to earn based on their regional location. Importantly, each of these above-mentioned resources is free and accessible to anyone regardless of discharge type and/or benefit eligibility.

Another key clinical implication of this study is many IS veterans might struggle to identify appropriate resources such as low-cost alternatives to VA-affiliated ones within their new civilian communities. To address this, counseling psychologists must be prepared to first construct and then keep an up-to-date list of resources in the local area that are appropriate for the level of benefits the IS veteran has and appropriate for the types of resources being requested. One participant recommended allowing veterans to reconnect with their TAP facilitators after separation. The reasoning behind such a recommendation was in response to the often-rapid speed in which these participants were discharged. The speed of their discharge directly resulted in them being unable to prepare for reintegration with civilian life. By providing IS veterans with additional opportunities to contact TAP facilitators after discharge, IS veterans might have a better opportunity to access resources they might have been unable to access during their rapid separation. Furthermore, IS veterans might find it helpful to ask questions specific to their post-separation circumstances that they might not have otherwise asked during class. It might be that the stigma resultant from their involuntary separation prevented them from asking such questions

during TAP class. If nothing else, TAP facilitators could aid IS veterans in a more confidential and potentially less stigmatizing environment and/or refer them to more proximal TAP representatives with additional resources in their local community.

Another important clinical implication regards the assessment for suicidal ideation among IS veterans. Participants spontaneously identified suicide to be one of the most important risks facing IS veterans. Some expressed that if a veteran is suicidal, they should be offered mental healthcare regardless of their discharge type and subsequent benefit eligibility. Their advocation for extending treatment options to those who were Dishonorably Discharged went beyond recent VA efforts to expand mental health treatment to OTH veterans (Elbogen et al., 2018). While counseling psychologists who are treating those veterans cannot decide who is and is not eligible, they can take action when someone is in imminent danger. As such, counseling psychologists must intervene whenever a veteran is endorsing suicidal ideation regardless of their benefit eligibility.

Additionally, these participants indicated they were completely unaware of what, if any, local mental health resources were available to them. Counseling psychologists are well-positioned to educate IS veterans with or without mental healthcare benefits about low-cost options in their local community such as Medicaid or other veteran advocacy agencies. To address this, counseling psychologists must be prepared to first construct and then keep an up-to-date list of mental health resources in the local area that are appropriate for the level of benefits the IS veteran has and are currently accepting new clients. Furthermore, they should assess suicide risk in light that many IS veterans might be reticent to ask for help due in large part to the "chips" on their shoulder (i.e., negative biases of military affiliated healthcare providers and systems) and, as such, might avoid endorsing suicidal ideation all the more. Essentially, they

might feign they are *okay* while inside, they might actually be resolved to completing suicide after leaving the clinic.

Perhaps most importantly, counseling psychologists should understand that IS veterans might be contending with a greater degree of significant self-stigma and other barriers to treatment post-discharge including navigating difficulty finding appropriate treatment options as compared to VS veterans. Allowing an IS veteran to leave a clinic with no resources might complicate future treatment efforts because such an interaction very well might be misinterpreted as evidence the clinician does not care about them or looks down upon them because of their discharge circumstances. Instead, counseling psychologists need to find new and innovative ways to connect this oft-overlooked group of veterans to relevant mental healthcare options. One such innovation has come from using telehealth. A recent VA-affiliated study from Jacobs et al. (2019) found distributing video-enabled tablets to veterans with mental health conditions was effective in reducing barriers such as distance to facilities or social stigma. Additionally, Jacobs et al. found that veterans who had received the tablets had increased access to medication management and fewer missed or canceled appointments as compared with a matched control group. Taken altogether, video-enabled tablets might be an effective intervention for IS veterans who might otherwise struggle to access mental healthcare treatment they desperately need.

Counseling psychologists should note that evidence for ITS constructs (i.e., PB and TB) were found in nearly every participant's account of reintegration following involuntary separation. More importantly, those constructs were both attributed to IS and spontaneously tied to an increased likelihood for suicide by nearly every participant in this study. While inferences cannot be made solely from this qualitative study, it is nevertheless recommended that counseling psychologists assess whether IS veterans are experiencing distressing levels of PB or

TB. These are known conduits for suicidal ideation already, which could be the case all the more

for IS veterans. These participants experienced depression, anxiety, panic attacks, substance

abuse, PTSD, suicidal ideation, and/or suicide attempts at some point during their transition from

military to civilian status. Contending with often severe mental health concerns coupled with the

military cultural expectation of stoicism have the potential for deadly results.

Counseling psychologists first must identify IS veterans and then ask about their specific

separation stories. Furthermore, they must be proactive with, and affirming of, IS veterans as

they share their separation stories and prior challenges in navigating such overcomplicated

mental healthcare systems. By doing so, counseling psychologists would be more able build

stronger therapeutic alliances with IS veterans that are more likely to result in increased

receptivity to treatment and potentially save their lives.

Implications for Mental Healthcare Administrators

These participants overwhelmingly endorsed the vast differences between IS and VS

veterans. Those perceived differences made their transition more difficult for them in specific

ways. Participants explained they had difficulties identifying whether they were veterans,

civilians, or something in between after involuntary separation. That determination was often

predicated upon their own felt sense of rejection stemming from the military itself. They also

stated that finding sustainable and purposeful employment was more difficult because of rapid

speed of discharge that essentially prevented them from adequately preparing for their transition.

To make matters worse, many times they could not psychologically accept they were actually

going to be involuntarily separated whatsoever. Thus, they never considered what meaningful

employment might be for them after being in the military. Finally, these participants endorsed

severe mental health concerns that were either exacerbated or directly caused by having been

involuntarily separated.

These participants also stressed that IS veterans were often unseen and untreated by both

mental healthcare providers and administrators alike. Often, because they were not recognized as

a unique group, IS veterans were not screened at any point for the above-mentioned difficulties

much less the severe mental health concerns they endorsed. Jason, whose work with a veteran

advocacy agency frequently involved IS veteran clients, stated that oftentimes he saw great

discrepancies between discharge paperwork indicating a *voluntary* separation and the IS

veteran's *actual* experience of being forced to separate from the military. Many of his IS veteran

client's simply gave up and signed paperwork that indicated they were *willfully* leaving the

military. When asked whether this was willful or not, Jason pointed out that if they "wanted to

leave the military they wouldn't be asking me about how they can stay in [the military]." In

hindsight, Jason's clients attributed doing this because they felt as though they had no other

options left in order to fight and stay in. He further recalled that in his experience, there were "a

lot more [IS veterans] than you might think."

Such a discrepancy between IS veteran accounts and what their discharge paperwork

indicated must be reconciled. Ultimately, administrators must implement procedures in their

organizations that begin tracking involuntary separation based on the veteran's own perspective,

not the military's. By instituting screening for IS during intake procedures, administrators would

be sending a clear message to veterans their own account of being involuntarily discharged was

important and taken into consideration by their agency. By taking the IS veteran's perspective as

the most important one, such agencies might be better able to differentiate themselves from the

military, which might then reduce the impact of an IS veteran having a "chip" on their shoulder

(i.e., predisposition for negative biases toward military affiliated agencies). Additionally, to better understand this often overlooked and excluded group of veterans as a population, further quantitative studies must be conducted. The only way studies seeking to draw inference would be conducted is if categorical data were collected that captured whether a recently separated veteran *chose* to separate or not. Such data must be independent from what their discharge paperwork might otherwise indicate. Altogether, future studies that are already planning to look at various rates of mental health concerns could use volition of discharge as another variable, which could then demonstrate statistically that IS and VS veterans are as distinctly different just as participants of this study indicated. The role for administrators, then, is one that promotes intake procedures that capture these data about IS veterans.

Administrators must recognize involuntary separation to be another potential barrier to mental healthcare treatment among veterans. Participants of this study added further credence to the findings of Elnitsky et al. (2013) who claimed that 66% of veterans endorsed having one or more barriers to mental health treatment. Additional barriers identified by participants of this study might then exacerbate the well-documented stigma associated with seeking mental healthcare treatment while reintegrating among veterans (Beder et al., 2011; Hoffmire et al., 2019). Participants of this study frequently indicated that being involuntarily separated came with a significant amount of shame and stigma for them, which then further reduced their help-seeking behaviors. Ultimately, the self-stigma that resulted from being involuntarily separated might have predisposed them to an expectation that they would be further stigmatized by mental healthcare providers should then they seek treatment. Because of these such expectations, IS veterans might then choose to forego mental health treatment altogether. The potential to engage in such patterns must be addressed by providers and administrators alike. Implementing

screening procedures that capture IS status are absolutely necessary given IS veterans might require specific measures that decrease their negatively balanced misperceptions of military affiliated mental healthcare agencies. Such measures might include making outreach presentations to veterans who are facing involuntary separation before they depart from the military. By doing so, veterans who will later be involuntarily separated would have a first impression of the agency that would be based on actual interactions as opposed to those based on the potentially negative predispositions endorsed by these participants.

Another administrative implication from this study regarded the Transition Assistance Program (TAP)—a program that provides a multitude of presentations designed to prepare veterans for their transition out of the military. Participants in this study made multiple suggestions to improve the TAP. They emphasized that receiving hands-on training on how to navigate overly complex healthcare systems was essential, especially for IS veterans who were likely unable to do so during TAP classes. By better tracking recently discharged IS veterans, administrators could facilitate trainings that specifically target IS veterans to better aid them in navigating complex procedures connecting IS veterans to the mental healthcare benefits they might need. Furthermore, such previously mentioned outreach procedures might provide a counter-narrative to the expectation these participants had that military-affiliated agencies did not care about them. Additionally, these participants stressed that being presented with a more realistic assessment of their employability by civilian businesses would have better prepared them for the extremely competitive job market they encountered following their departure from the military.

Identity change was another critical aspect of reintegration discussed by these participants. Military recruits are purposefully indoctrinated *into* the military. Throughout their

careers, they are expected to develop an identity that is closely associated with military service. In preparing for their involuntary separation, these participants lamented that virtually no support was offered during their TAP classes in how to navigate identity change following separation. The dearth of support related to identity change might be more devastating for IS veterans (Beder & Jones, 2012; Brenner et al., 2008; Grimell, 2018; Haynie & Shepherd, 2011), which adds credence to the recommendation of additional training related to military cultural identity to TAP class protocols (Keeling et al., 2018). Administrators are perfectly positioned to implement such desperately needed changes. For those who are administrators within the military, they must require that all veterans be trained about the potential for them to experience significant identity changes after they separate from the military. For those administrators who then work with veterans after their military departure, they could promote similar trainings tailored for recently separated veterans. In order to specifically benefit IS veterans, administrators also could facilitate support groups designed to connect IS veterans with each other. By doing so, they could do their part to ease the already difficult process of reintegration following involuntary separation.

Research Implications

This study employed an IPA methodology (Smith et al., 2009) that supported me in systematically describing and interpreting these veteran participants' lived experiences in transitioning away from the cultural, social, and personal identities associated with military service back to a primarily civilian identity against their will. Furthermore, I was able to investigate what, if any, barriers to mental health treatment they encountered resultant of their involuntary separation experiences. The results of this study highlighted the various and sometimes contradictive perspectives of these participants. Unlike other studies, the current study provided both confirming and disconfirming accounts of various super- and subordinate

themes. Multiple research implications and recommendations for future studies have emerged as a result.

Virtually every participant indicated that being involuntarily separated was a vastly different experience than *choosing* to leave the military. Involuntary separation had major ramifications for these participants throughout their reintegration process. Many of these participants observed that being rejected from the military, which arguably served as their cultural community, support network, career, and source of livelihood, made their reintegration efforts all the more difficult for them. This process of being involuntary separated and forced to reintegrate with civilian life so abruptly was described by Devon as "the worst time of my life." Specifically, these participants struggled with their identity; to find sustainable employment; substance use; disenchantment; and personal mental health conditions such as depression, anxiety, PTSD, and others, all of which they directly attributed to having been involuntarily separated. Some participants endorsed having suicidal ideation or having made suicide attempts during their transition to civilian life, which also stemmed from having been involuntarily separated. While these were the ramifications for these participants, it would be impossible to make such inferences for the entire IS veteran population; for that, quantitative studies are necessary. Thus, one of the central recommendations for future research is to conduct quantitative studies about the rates of suicidal ideation, anxiety, depression and other mental health conditions in order to make inferences about this often-overlooked population of veterans.

Various studies have shown significant differences in outcomes between those who were routinely versus non-routinely discharged (Brignone et al., 2017) and discharge types such as OTH versus Honorable Discharge (Tsai & Rosenheck, 2018). Many of the negative outcomes attributed to NRD veterans in those prior studies were experienced by IS veterans in this study.

Future research should be conducted to identify whether IS veterans and VS veterans differ in outcomes such as unemployment rate, homelessness, incarceration, substance use disorder, completed suicides, and suicide attempts. Furthermore, longitudinal studies are warranted in an effort to identify sleeper effects (i.e., homelessness rates doubling between two and five years after discharge; Tsai et al., 2020). To facilitate any such study, voluntariness of separation must be elicited and tracked on a national level.

Another research implication of this study pertained to how IS veterans saw themselves in comparison to other veterans and researchers themselves. Many participants indicated that if I were not a veteran myself, then they would not have been nearly as candid with me or they would not have participated in this study in the first place. Thus, more research should be done to investigate what if any effect a researcher's veteran status has on recruitment efforts among veterans regardless of the characteristics of their discharge. Furthermore, these participants also stated they viewed IS veterans to be a unique group of veterans that is distinctly different from VS veterans. Future studies should examine what if any in-group versus out-group biases exist between VS and IS veterans. For example, do VS veterans actually look down upon IS veterans or perhaps are such expectations self-fulfilling prophecies? Such findings could lend credence to what this study found, i.e., that many of these participants *did* expect to be looked down upon by VS veterans, mental healthcare providers, and military affiliated organizations such as the VA. By doing so, inferences might be made about how IS veterans see themselves in relation to researchers and the greater veteran community. Such findings could explain what if any group differences exist between VS and IS veterans in relation to how they access mental healthcare, how long they remain in mental health treatment, and overall rates of mental health concerns such as depression or suicidal ideation.

The findings of this study also might further the understanding of veteran suicide as it relates to involuntary separation. Four participants endorsed having suicidal ideation during reintegration and directly attributed said ideation to having been involuntarily separated. Furthermore, qualitative evidence supporting ITS (Joiner, 2005) was found among most participants of this study. Eight of the nine participants identified specific points during their transition from military to civilian life when they felt themselves to be a burden to their loved ones. Usually, this perceived burden was in regard to their families though, in some cases, it had been placed on their prior military unit. Participants also endorsed feeling deep senses of self-blame and shame attributed to having been involuntarily separated, which is indicative of cognitions of self-hatred (Van Orden et al., 2010). Perhaps not alarmingly, however, seven of the nine participants immediately and spontaneously identified suicide to be the most extreme way one could cope with PB. Taken altogether, almost every participant attributed their experiences of PB with their being involuntarily separated and then spontaneously connected PB to suicide. These findings warrant further quantitative studies investigating the relationship between IS and PB. If such quantitative findings confirmed what this study found, involuntary separation itself might then be considered to have a strong enough relationship with suicidal ideation to warrant additional suicide screening procedures among IS veterans. Based on the results of such a study, researchers could draw inferences about the IS veteran population as a whole and, in turn, save lives that might otherwise be lost to suicide.

Evidence of TB, comprised of loneliness and the absence of reciprocal care (Van Orden et al., 2010), was also found in this study. Eight of the nine participants endorsed perceiving one or both of these elements following involuntary separation. Time and again, they expressed that while serving in the military, they felt a strong sense of belonging. However, following their

departure from the military, they instead described their transition to civilian life as consisting of inescapable loneliness, social isolation, and emerging relationships that lacked such reciprocal care. They frequently indicated their sense of loneliness was *directly* resultant from being involuntarily separated from the military. Some participants stated that while they expected to maintain the close bonds with their former unit similar to what has been described by prior researchers (Bohnert et al., 2007; Bryan, Jennings et al., 2012), once they essentially were "excommunicated" from the military, those bonds became nonexistent. Beyond this, five participants immediately and spontaneously identified suicide to be the most extreme way to cope with TB. Taken altogether, almost every participant attributed their own feelings of TB to having been involuntarily separated from the military. These findings warrant further quantitative studies investigating the relationship between IS and TB. If such quantitative studies confirmed the findings of this study and then demonstrated that there is in fact a strong correlation between involuntary separation and TB, this might then warrant additional suicide screening procedures among IS veterans during their transition process. Based on the results of such a study, researchers could infer about the IS veteran population as a whole and their unique risk factors related to suicidal behavior.

Limitations

In accordance with qualitative inquiry, I, as the researcher, was the instrument for both data collection and analysis. Thus, every aspect of developing this study was influenced by my own personal experiences, perspectives, cultural background, and experiences of military service that, *if left unchecked*, constituted a major limitation. As this was a qualitative study, the results should not be considered to be generalizable. Thus, the results of this study were unique to the sample as a whole. The goal of qualitative research is never generalizability. Instead, its focus is

on rich, thick descriptions that communicate a more holistic and realistic picture of what it was like to transition from the military to civilian life against one's will to the reader (Denzin, 2001). It is up to the reader to decide whether or not the results of this study are transferable.

In order to check or bridal my own biases, following individual participant transcript analysis, a second interview was conducted with each participant that served as a means to confirm my analysis. This technique, known as a member check, allowed me to ensure a more accurate interpretation of the initial interview before moving onto further analysis. Following all interviews, transcriptions, and analyses, I verified my thematic results with a fellow counseling psychology doctoral candidate with expertise in qualitative analysis through using analyst triangulation (Shenton, 2004). Finally, within 24 hours of each interview, I documented my initial impressions, noted the decisions I made regarding interpretation and/or methodology, and employed a combination of audit trail and journaling. Thus, future researchers have a means to recreate the methodology I used in this study as well as justifications for the various decisions I made. The result of these actions is increased confirmability.

Another key limitation of this study was its use of semi-structured interviews as a means of data collection. Inherent in any interview setting is the possibility for social desirability to impact the interaction (Crowne & Marlowe, 1960). It is possible participants responded to my questions in a way intended to garner a more positive response from me as opposed to answering each question more wholeheartedly and honestly. My expectation was that following a brief personal introduction, each participant would become progressively more relaxed and open as the interview continued. This appeared to be the case for most participants. Hopefully, each participant's increased comfort and familiarity with me helped them to feel comfortable enough

then to correct any misunderstandings that came from the prior interview and then came to light during the member check.

Another related potential limitation was centered on the concept of the chain of command, which is a cultural value held within with the military (Bryan, Jennings et al., 2012). Because I am currently an Officer in the U.S. Navy while all of the participants were enlisted, the potential for this hierarchal difference biasing their responses was ever-present. Specifically, participants might have been reticent to disagree with my presumably favorable impressions of my own military service. For example, during one interview, a participant pointed out that I was currently serving as a Naval Officer and asked me to compare physical standards between the Navy and the Air Force. This brief and arguably somewhat awkward exchange demonstrated that despite my best efforts to discuss only my enlisted career with them, said efforts were not completely successful. Upon further review, it occurred to me that my social media accounts held pictures of me in uniform during both my prior and current service periods. Thus, these participants were able to deduce my current rank. It is unclear though just how many participants actually did investigate me on social media before their interviews as well as what, if any, impacts this information might have had on them. However, this legitimate possibility could have served as a potential barrier to a more honest conversation between us.

Another limitation of this study was the lack of diversity in the sample. Although every branch of the military was represented among these participants, the Air Force was in fact overrepresented. Six participants, including one multi-service participant, had previously served in the Air Force. Additionally, every participant identified as male and all were formerly enlisted. The most frequently identified military career field among participants was aircraft maintenance (six of nine), which constituted another over representation. Thus, future studies

should explore how IS veteran reintegration experiences might vary based on military job affiliation and/or combat experiences. Further, because we know other intersectionally diverse groups of veterans have had such unique military experiences (e.g., Black veterans, see Hall et al., 2020; female veterans, see Gutierrez et al., 2013), future qualitative studies on the IS experience should also look to purposefully sample these and other specific demographic veteran groups by themselves. Additional such studies might benefit from other qualitative approaches such as narrative inquiry to investigate such groups in greater detail as well.

The most frequent discharge type among this participant group was Honorable with only one participant receiving an Under Honorable Discharge. All other participants received an Honorable Discharge. Despite my efforts to recruit IS veterans with discharges that would have prevented them from accessing VA benefits such as mental health treatment and educational benefits, I was ultimately unsuccessful in doing so. One of my major hopes for this study was to recruit veterans who might not otherwise have been recruited through typical VA-affiliated means. For example, hypothetically every participant in the sample could have been recruited through the VA. One explanation for this was it was possible the stigma associated with less than Honorable Discharges was a barrier to participating in this study. Because I am in school and, as a result am presumed by any potential participant to be more likely to have had an Honorable Discharge enabling me to be supported by the VA to do so, potential participants who held less than Honorable Discharges might have been reticent to volunteer for such a study.

In essence, in considering whether or not to participate in this study, IS veterans in general, as well as IS veterans with less than Honorable Discharges, might have expected to be looked down upon by me due to whatever negative circumstance that occurred that led to their unfavorable discharge and thus they did not volunteer. More globally, it might be that IS

veterans very rarely appear in the greater veteran reintegration literature because they frequently drop out of treatment and/or typically are more unwilling to participate in such research. In essence, IS veterans might be under-represented among both clinical and research samples as a direct result of their perceived self-stigma, which then might greatly exacerbate their being overlooked by psychologists in general. The end result could be they often might go unseen and untreated. Additional studies should seek to investigate how such stigma might impact in recruiting initiatives among IS veterans with unfavorable discharges.

Additionally, all but one participant in this study was Honorably Discharged. Rob, the one participant who instead received a General Discharge, reported struggling mightily with depression, anxiety, SSRI withdrawal, homelessness, and suicidal ideation resultant from his particular involuntary separation experience. Given that his reintegration process was markedly more difficult than were those of other participants, further studies on this or similar topics should look to recruit only IS veterans who received less than Honorable Discharges. Such studies might find that IS veterans who received less than Honorable Discharges fared far worse than IS veterans who received Honorable Discharges due to a multitude of concerns including but not limited to enduring significant mental illness without mental healthcare benefit eligibility.

Finally, when these participants were asked about the most extreme way in which someone could cope with losing a close relationship, almost all of them interpreted the question as referring to loss as a result of death. In other words, they responded to this question in a way that related more to grief than to the overall concept of thwarted belongingness. While grief is subsumed under a lack of reciprocal care, loneliness was not mentioned in either the question or in any participants' responses. When constructing future research endeavors investigating TB,

separate questions should be formulated to elicit responses related to both lack of reciprocal care and loneliness separately. Additionally, the construct itself might be further scrutinized to identify which aspects of TB most contributed to the development of suicidal ideation.

Personal Reflections

Across these interviews, multiple participants expressed their gratitude to me for being a part of this study, describing its purpose as "incredibly important." Charlie, for one, stated it was a relief to "get it off [his] chest," which I interpreted as him finally feeling able to process his pain from involuntarily separating effectively, which he had struggled to do with others for some time. He was not alone. They needed support and I am grateful this study acted as a conduit for this purpose. On multiple occasions, I referred participants to national mental health resources and further encouraged them to access other local resources in their communities as well. All participants were also already eligible for mental health benefits through the VA and were encouraged to access those resources as well.

My primary role in this study was to share—as accurately as possible—the intimate stories with which I was entrusted by each participant. I have taken this responsibility incredibly seriously and am completely honored by their trust in me. What stands out to me is the context in which this study took place. There were two important details that, in my opinion, could not be overstated. First, this study was conducted in the context of a global pandemic that has impacted virtually every person on the planet, claiming many lives in the process. Second, each of these participants is a *real* person with their own life far beyond the scope of this study. Essentially, I have sought to capture one, albeit incredibly difficult, time period in their lives and convey what their experience of transitioning back to civilian status was like for them, coupled with the

individual meanings they then derived from having been involuntarily separated from what was for all intents and purposes their family.

The stories conveyed by these participants were not *just* stories. Rather, they were in-depth accounts of the deeply personal and painful hardships these IS veterans endured when forced to leave their preferred community and then forced by default to have to rejoin the larger American civilian community—a community that, although they had sworn to protect with their lives, felt entirely foreign to them. Each story they shared with me was told with such strong emotionality that it could not possibly be fully depicted on paper. I personally had the great privilege and honor of sitting with each participant's feelings of anger, pain, admiration, and confusion as they discussed their deeply personal stories of civilian reintegration. Sometimes, tears were shed. Other times, voices were raised and obscenities were hurled in frustration. Regardless, my ultimate responsibility was to convey *their truth*. The most harmful thing I feel I could have done in this process would have been to have minimize or even mute their voices in any way, shape, or form. Rather I need to amplify them. Thus, I reiterate that many of their quotes retained explicit language in order to fully convey precisely how they were spoken to me.

Throughout this study, these participants also were enduring life amid a global pandemic. While discussing the COVID-19 pandemic of 2020 was beyond the scope of this study, it is important to note that as each participant was arguably experiencing various degrees of stress, isolation, and uncertainty in their lives due to the COVID-19 pandemic, any and all of which was likely greatly compounded by recalling those difficult times surrounding their involuntary separation. I remain struck by their resilience in the face of adversity as well as by their dedication to this study that many characterized as "very important." These participants stressed

they were not doing any of this for their own purposes but rather so other IS veterans might benefit from the findings of the study.

As a Doctor of Philosophy candidate in counseling psychology and as a future Navy psychologist, I am left with significant hope for, and a monumental sense of duty toward, our IS veterans. While it might be uncomfortable to admit, it is clear the participants in this study likely would have benefited from being identified as *involuntarily separated* and treated accordingly as opposed to being treated like a typical VS veteran. In the past, I have grieved my own friends and colleagues succumbing to suicide following their own involuntary separations from the military. Following the conclusion of this study, I am reminded that suicide remains a significant concern for many veterans and perhaps especially so for those who have been involuntarily separated. We must further study this tragically overlooked veteran group to ease their tremendous suffering. My greatest hope is I will be able to make a positive impact and, as Rob eloquently put it, help fellow veterans to "help themselves."

Conclusion

In this chapter, I presented an overview of this complete study, revisiting its research questions and purpose. I then provided a summary of the research findings and their relationship with the current literature regarding reintegration difficulties among veterans. Implications were then discussed in relation to future practice, administration, and research involving IS veterans. The limitations of this study were then discussed, which was followed by some of my own personal reflections about what it was like to conduct such a study. This study might be the first of what will hopefully be many steps toward better understanding IS veterans and their unique reintegration experiences. Being "unseen and untreated" has left the participants of this study—as well as other IS veterans who were known to these participants—feeling disenchanted, if not

outright rejected, by military affiliated entities. Although IS veterans might view themselves as estranged from other veterans, it is my utmost hope that one day they will feel a part of—rather than apart from—the greater veteran community. Through renewed membership with the greater veteran community, IS veterans might once again take advantage of the strengths of the military cultural community they so sorely miss.

During the data collection phase of this study, our world was completely eclipsed by a deadly pandemic. Undoubtedly, these participants were experiencing various degrees of stress, isolation, and uncertainty in their lives, all likely exacerbated by them having to recall their prior difficulties surrounding their involuntary separation. Despite this, they stressed the importance of our shedding light on an oft-overlooked subpopulation of the veteran community. Through this selfless act, these brave participants demonstrated both considerable resilience and a relentless commitment to their fellow IS veterans. It is my greatest hope that the findings of this study will promote further inquiry into the unique challenges certain veterans face when they are separated from the military against their will. Because, after all, they served, and sacrificed, for us.

REFERENCES

Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015). The

challenges of Afghanistan and Iraq veterans' transition from military to civilian life and

approaches to reconnection. *PLoS ONE, 10,* 1-13. doi: 10.1371/journal.pone.0128599

Allen, R., & Eatough, V. (2016). The use of interpretive phenomenological analysis in couple

and family therapy research. *The Family Journal: Counseling and Therapy for Couples

and Families, 24,* 406-414. doi:10.1177/1066480716662652

American Association of Suicidology. (2015). *Warning signs and risk factors.*

http://suicidology.org/ncpys/warning-signs-risk-factors

American Foundation for Suicide Prevention. (2015). *Suicide risk factors and warning signs.*

https://afsp.org/about-suicide/risk-factors-and-warning-signs/

American Psychological Association. (2005). *Report of the 2005 presidential task force on

evidence-based practice.* http://www.apa.org/pracice/ebpreport.pdf

American Psychological Association. (2017). *Ethical principles of psychologists and code of

conduct.* Author. https://www.apa.org/ethics/code/

American Psychological Association. (2018). *Multicultural guidelines: An ecological approach

to context, identity, and intersectionality.* http://www.apa.org/about/policy/multicultural-

guidelines.pdf

Atuel, H. R., & Castro, C. A. (2018). Military cultural competence. *Clinical Social Work

Journal, 46,* 74-82. doi:https://doi.org/10.1007/s10615-018-0651-z

Barr, N., Kintzle, S., Alday, E., & Castro, C. (2019). How does discharge status impact suicide

    risk in military veterans? *Social Work in Mental Health, 17,* 48-58.

    doi:10.1080/15332985.2018.1503214

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal

    attachments as a fundamental human motivation. *Psychological Bulletin, 117,* 497-529.

    doi:10.1037/0033-2909.117.3.497

Beder, J., Coe, R., & Summer, D. (2011). Women and men who have served in Afghanistan/Iraq:

    Coming home. *Social Work in Health Care, 50,* 515-526.

    doi:10.1080/00981389.2011.55427

Beder, J., & Jones, H. (2012). When they return from Iraq/Afghanistan. In J. Beder (Eds.),

    Advances in social work practice with the military (pp. 92-105). Routledge/Taylor &

    Francis Group. http://ebookcentral.proquest.com/lib/unco/detail.action?docID=981599

Bloeser, K., McCarron, K. K., Batorsky, B., Reinhard, M. J., Pllack, S. J., & Amdur, R. (2014).

    Mental health outreach and screening among returning veterans: Are we asking the right

    questions? *The Army Medical Department Journal, Oct-Nov,* 109-117.

Bohnert, A. M., Aikins, J. W., & Edidin, J. (2007). The role of organized activities in facilitating

    social adaptation across the transition to college. *Journal of Adolescent Research, 22,*

    189-208. doi:10.1177/0743558406297940

Brenner, L. A., Gutierrez, P. M., Cornette, M. M., Betthouser, L. M., & Bahraini, N. (2008). A

    qualitative study of potential suicide risk factors in returning combat veterans. *Journal of

    Mental Health Counseling, 30,* 211-225.

Brignone, E., Fargo, J. D., Blais, R. K., Carter, M. E., Samore, M. H., & Gundlapalli, A. V. (2017). Non-routine discharge from military service: Mental illness, substance use disorders, and suicidality. *American Journal of Preventive Medicine*, *52*, 557–565.

Brown, S. D., & Lent, R. W. (2008). *Handbook of counseling psychology* (4th ed.). John Wiley & Sons.

Bryan, C. J. (2011). The clinical utility of a brief measure of perceived burdensomeness and thwarted belongingness for the detection of suicidal military personnel. *Journal of Clinical Psychology, 67,* 981-992. doi:10.1002/jclp.20726

Bryan, C. J., & Anestis, M. D. (2011). Reexperiencing symptoms and the interpersonal-psychological theory of suicidal behavior among deployed service members evaluated for traumatic brain injury. *Journal of Clinical Psychology, 67,* 856-865. doi:10.1002/jclp.20808

Bryan, C. J., Clemans, T. A., & Hernandez, A. M. (2012). Perceived burdensomeness, fearlessness of death, and suicidality among deployed military personnel. *Personality and Individual Differences, 52,* 374-379. doi:10.1016/j.paid.2011.10.045

Bryan, C. J., & Cukrowicz, K. C. (2011). Associations between types of combat violence and the acquired capability for suicide. *Suicide and Life-Threatening Behavior, 41*, 126–129. doi:10.1111/j.1943- 278X.2011.00023.x

Bryan, C. J., Cukrowicz, K. C., West, C. L., & Morrow, C. E. (2010). Combat experience and the acquired capability for suicide. *Journal of Clinical Psychology,* 66, 1044–1056.

Bryan, C. J., Jennings, K. W., Jobes, D. A., & Bradley, J. C. (2012). Understanding and preventing military suicide. *Archives of Suicide Research*, *16*, 95–110. https://doi.org/10.1080/13811118.2012.667321

Bryan, C. J., Morrow, C. E., Anestis, M. D., & Joiner, T. E. (2010). A preliminary test of the interpersonal-psychological theory of suicidal behavior in a military sample. *Personality and Individual Differences, 48,* 347-350. doi:10.1016/j.paid/2009.10.023

Castro, C. A., & Adler, A. B. (1999). OPTEMPO: Effects on soldier and unit readiness. *Parameters, 29*(3), 86-95.

Centers for Disease Control and Prevention. (2015). *Suicide: Risk and protective factors.* https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html

Centers for Disease Control and Prevention. (2018). *Web-based injury statistics query and reporting system (WISQARS).* https://webappa.cdc.gov/sasweb/ncipc/leadcause.html

Chu, C., Tucker, R. P., Patros, C. H. G., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., Rogers, M. L., Podlogar, M. C., Chiurliza, B., Ringer-Moberg, F. B., Michaels, M. S., Patros, M. S., & Joiner, T. E. (2017). The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. *Psychological Bulletin, 143,* 1313-1345. doi:10.1037/bul0000123

Chu, C., Zuromski, K. L., Bernecker, S. L., Gutierrez, P. M., Joiner, T. E., Naifeh, J. A., Stein, M. B., Ursano, R. J., & Nock, M. K. (2020). A test of the interpersonal theory of suicide in a large, representative, retrospective and prospective study: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). *Behavior Research and Therapy, 132,* Article 103688. https://doi/org/10.1016/j.brat.2020.103688

Cleveland, E. C., Azrael, D., Simonetti, J. A., & Miller, M. (2017). Firearm ownership among American veterans: Findings from the 2015 national firearm survey. Injury *Epidemiology, 43*(3), 1-10. doi:10.1186/s40621-017-0130

Coll, J. E., Weiss, E. L., & Metal, M. (2012). Military culture and diversity. In A. Rubin, E. L. Weiss, & J. E. Coll. (Eds.), *Handbook of military social work* (pp. 21-36). Wiley & Sons.

Collins, J. (1998). The complex context of American military culture: A practitioner's view. *Washington Quarterly, 21,* 213-226.

Conwell, Y. (1997). Management of suicidal behavior in the elderly. *Psychiatric Clinics of North America, 20,* 667-683.

Cox, D. W., Ghahramanlou-Holloway, M., Greene, F. N., Bakalar, J. L., Schendel, C. L., Nademin, M. E., Jobes, D. A., Englert, D. R., & Kindt, M. (2011). Suicide in the United States Air Force: Risk factors communicated before and at death. *Journal of Affective Disorders, 133,* 398-405. doi:10.1016/j.jad.2011.05.011

Cranston, A. (1986). Psychology in the Veterans Administration: A storied history, a vital future. *American Psychologist, 41,* 990-995.

Crosby, A. E., Ortega, L., & Melanson, C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements, version 1.0.* Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24,* 349-356.

Dahlberg, H., & Dahlberg, K. (2003). To not make definite what is indefinite. A phenomenological analysis of perception and its epistemological consequences. *Journal of the Humanistic Psychologist, 31*, 34-50.

Dahlberg, K. (2006). The essence of essences: The search for meaning structures in phenomenological analysis of lifeworld phenomena. *Journal of Qualitative Studies on Health and Well-Being, 1,* 11-19. doi:10.1080/17482620500478405

Dalhberg, K., Drew, N., & Nystrom, M. (2001). *Reflective lifeworld research.* Studentlitteratur.

Danish, S. J., & Antonides, B. J. (2013). The challenges of reintegration for service members and their families. *American Journal of Orthopsychiatry, 83*, 550-558. http://dx.doi.org/10.1111/ajop.12054

Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal of Loss and Trauma, 16,* 160-179. doi:10.1080/15325024.2010.519281

Denneson, L. M., Teo, A. R., Ganzini, L., Helmer, D. A., Bair, M. J., & Dobscha, S. K. (2015). Military veterans' experiences with suicidal ideation: Implications for intervention and prevention. *Suicide and Life-Threatening Behavior, 45,* 399-414. doi:10.1111/sltb.12136

Denzin, N. K. (2001). The reflexive interview and a performative social science. *Qualitative Research, 1,* 23-46. https://doi/org/10.1177/146879410100102

Dervic, K., Brent, D. A., & Oquendo, M. A. (2008). Completed suicide in childhood. *Psychiatric Clinics of North America, 31,* 271-291.

Ebaugh, H. R. F. (1988). *Becoming an ex: The process of role exit.* The University of Chicago Press.

Elbogen, E. B., Wagner, H. R., Brancu, M., Kimbrel, N. A., Naylor, J. C., Swinkels, C. M., & Fairbank, J. A. (2018). Psychological risk factors and other than honorable military discharge: Providing healthcare to previously ineligible veterans. *Military Medicine, 183*, 532-538. doi:10.1093/milmed/usx128

Elder, G., & Clipp, E. (1988). Combat experience, comradeship, and psychological health. In J. P. Wilson, Z. Harel, & B. Kahana (Eds.), *Human adaptation to extreme stress: From Holocaust to Vietnam* (pp.131-156). Springer.

Elnitsky, C. A., Andresen, E. M., Clark, M. E., McGarity, S., Hall, C. G., & Kerns, R. D. (2013).
Access to the US Department of Veterans Affairs health system: Self-reported barriers to
care among returnees of Operations Enduring Freedom and Iraqi Freedom. *BMC Health
Services Research, 13*, 498. doi:10.1186/1472-6963-13-498

Elnitsky, C. A., Blevins, C. L., Fisher, M. P., & Magruder, K. (2017). Military service member
and veteran reintegration: A critical review and adapted ecological model. *American
Journal of Orthopsychiatry, 87,* 114–128. doi:10.1037/ort0000244

Elnitsky, C. A., Fisher, M. P., & Blevins, C. L. (2017). Military service member and veteran
reintegration: A conceptual analysis, unified definition, and key domains. *Frontiers in
Psychology, 8,* 1-14. doi:10.3389/fpsyg.2017.00369

Elnitsky, C. A., & Kilmer, R. P. (2017). Facilitating reintegration for military service personnel,
veterans, and their families: An introduction to the special issue. *American Journal of
Orthopsychiatry, 87*, 109-113. http://dx.doi.org/10.1037/ort0000252

Erbes, C. R., Polusny, M. A., MacDermid, S., & Compton, J. S. (2008). Couple therapy with
combat veterans and their partners. *Journal of Clinical Psychology, 64,* 972-983.
doi:10.1002/jclp.20521

Finlay, L. (2011). *Phenomenology for therapists: Researching the lived world.* Wiley-Blackwell
Publishing.

Foynes, M. M., Shipherd, J. C., & Harrington, E. F. (2013). Race and gender discrimination in
the marines. *Cultural Diversity and Ethnic Minority Psychology, 19,* 111-119.
https://doi.org/10.1037/a0030567

Gabriel, R., & Neal, L. A. (2002). Post-traumatic stress disorder following military combat or
peace keeping. *British Medical Journal, 324,* 340-341.

Gamache, G., Rosenheck, R., & Tessler, R. (2000). Military discharge status of homeless veterans with mental illness. *Military Medicine, 165,* 803-808.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach.* Duquesne University Press.

Grimell, J. (2018). Advancing an understanding of selves in transition: I-positions as an analytical tool. *Culture and Psychology, 24*(2), 190-211. doi: 0.1177/1354067X17707451

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation.* SAGE Publications.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 60-69). SAGE Publications.

Gundlapalli, A. V., Fargo, J. D., Metraux, S., Carter, M. E., Samore, M. H., Kane, V., & Culhane, D. P. (2015). Military misconduct and homelessness among US veterans separated from active duty, 2001-2012. *Journal of the American Medical Association, 314,* 832-834.

Gutierrez, P. M., Brenner, L. A., Rings, J. A., Devore, M. D., Kelly, P. J., Staves, P. J., Kelly, C. M., & Kaplan, M. S. (2013). A qualitative description of female veterans' deployment-related experiences and potential suicide risk factors. *Journal of Clinical Psychology, 69,* 923-935. doi:10.1002/jclp.21997

Gutierrez, P. M., Pease, J., Matarazzo, B. B., Monteith, L. L., Hernandez, T., & Osman, A. (2016). Evaluating the psychometric properties of the Interpersonal Needs Questionnaire and the Acquired Capability for Suicide Scale in military veterans. *Psychological Assessment, 28,* 1684-1694. doi:10.1037/pas0000310

Hall, D. M., Rings, J. A., & Anderson, T. (2020). Military life narratives and identity development among Black post-9/11 veterans. *Journal of Veterans Studies*, *6*, 36-46.

Hall, K. G., Garland, A., Charlton, G. P., & Johnson, M. (2018). Military culture and the civilian therapist: Using relational-cultural theory to promote the therapeutic alliance. *Journal of Creativity in Mental Health, 13,* 451-466. doi:https://doi.org/10.1080/15401383.2018.1470951

Hall, L. K. (2011). The importance of understanding military culture. *Social Work in Health Care, 50,* 4-18. doi:10.1080/00981389.2010.513914

Harrell, M. C., & Berglass, N. (2011). *Losing the battle: The challenge of military suicide.* Center for a New American Security.

Harvey, L. (2015). Beyond member-checking: A dialogic approach to the research interview. *International Journal of Research and Method in Education, 38,* 23-38.

Haynie, J. M., & Shepherd, D. (2011). Toward a theory of discontinuous career transition: Investigating career transitions necessitated by traumatic life events. *Journal of Applied Psychology, 96*(3), 501-524. doi:10.1037/a0021450

Henderson, K. (2006). *While they're at war. The true story of American families on the homefront*. Houghton-Mifflin.

Hildreth, H. M. (1954). Clinical psychology in the Veterans Administration. In E. Rubenstein & M. Lorr (Eds.), *Survey of practice in clinical psychology* (pp. 83-108). International University Press.

Hinojosa, R., & Hinojosa, M. S. (2011). Using military friendships to optimize post deployment reintegration for male Operation Iraqi Freedom/Operation Enduring Freedom veterans. *Journal of Rehabilitation Research & Development, 48,* 1145-1158. doi:10.1682/JRRD.2010.08.0151

Hoffmire, C. A., Monteith, L. L., Holliday, R., Park, C. L., Brenner, L. A., & Hoff, R. A. (2019). Administrative military discharge and suicidal ideation among post-9/11 veterans. *American Journal of Preventative Medicine, 56,* 727-735.

Hoge, C. W., Lesikar, S. E., Guevara, R., Lange, J., Brundage, J. F., Engel, C. C., Messer, S. C., & Orman, D. T. (2002). Mental disorders among U.S. military personnel in the 1990s: Association with high levels of health care utilization and early military attrition. *American Journal of Psychiatry, 159,* 1576-1583.

Holiday, S. B., & Pedersen, E. R. (2017). The association between discharge status, mental health, and substance misuse among young adult veterans. *Psychiatry Research, 256,* 428-434. doi:10.1016/j.psychres.2017.07.011

Holyfield, L. (2011). *Veterans' journeys home: Life after Afghanistan and Iraq.* Taylor & Francis.

Horton, J. L., Jacobson, I. G., Wong, C. A., Wells, T. S., Boyko, E. J., Smith, B., Ryan, M. A. K., & Smith, T. C. (2013). The impact of prior deployment experience on civilian employment after military service. *Occupational and Environmental Medicine, 70,* 408-417. doi:10.1136/oemed-2012-101073

Houppert, K. (2005). *Home fires burning: Married to the military-for better or worse.* Houghton-Mifflin.

Husserl, E. (1983). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy, First book* (F. Kersten, Trans.). Martinus Nijhoff. (Original work published 1913)

Institute of Medicine. (2012). *Treatment for posttraumatic stress disorder in military and veteran populations: Initial assessment.* The National Academies Press.

Institute of Medicine. (2013). *Returning from Iraq and Afghanistan: Assessment of readjustment needs of veterans, service members, and their families.* The National Academies Press.

Jacobs, J. C., Blonigen, D. M., Kimerling, R., Slightam, C., Gregory, A. J., Gurmessa, T., & Zulman, M. D. (2019). Increasing mental health care access, continuity, and efficiency for veterans through telehealth with video tablets. *Psychiatric Services, 70, 976-982.* doi:10.1176/appi.ps.201900104

Joiner, T. E. (2005). *Why people die by suicide.* Harvard University Press

Joiner, T. E., Petit, J. W., Walker, R. L., Voelz, Z. R., Cruz, J., Rudd, M. D., & Lester, D. (2002). Perceived burdensomeness and suicidality: Two studies on the suicide notes of those attempting and those completing suicide. *Journal of Social and Clinical Psychology, 21,* 531-545.

Joiner, T. E., & Van Orden, K. A. (2008). The interpersonal psychological theory of suicidal behavior indicates specific and crucial psychotherapeutic targets. *International Journal of Cognitive Therapy, 1,* 80-89.

Joiner, T. E., Van Orden, K. A., Witte, T. K., Selby, E. A., Ribeiro, J. D., Lewis, R., & Rudd, M. D. (2009). Main predictions of the interpersonal-psychological theory of suicide behavior: Empirical tests in two samples of young adults. *Journal of Abnormal Psychology, 118,* 634-646. doi:10.1037/a0016500

Jones, K. C. (2013). Understanding student veterans in transition. *Qualitative Report, 18,* 1-14.

Kang, H. K., Bullman, T. A., Smolenski, D. J., Skopp, N. A., Gahm, G. A., & Reger, M. A. (2015). Suicide risk among 1.3 million veterans who were on active duty during the Iraq and Afghanistan wars. *Annals of Epidemiology, 25,* 96-100. doi:http://dx.doi.org/10.1016/j.annepidem.2014.11.020

Kearney, R. (1991). Ricoeur. In J. O. Urmson & J. Ree (Eds.), *The concise encyclopedia of western philosophy and philosophers* (5th ed., pp. 277-278). Routledge.

Keeling, M., Kintzle, S., & Castro, C. A. (2018). Exploring U.S. veterans' post-service employment experiences. *Military Psychology, 30,* 63-69.

Krueger, G. P. (2000). Military culture. In A. E. Kazdin (Ed.), *Encyclopedia of psychology* (Vol. 5, pp. 251-259). American Psychological Association.

Kuehn, B. M. (2009). Soldier suicide rates continue to rise: Military scientists work to stem the tide. *Journal of American Medical Association, 301,* 1111-1113. doi:10.1001/jama.2009.342

Larkin, M., & Thompson, A. R. (2011). Interpretative phenomenological analysis in mental health and psychotherapy research. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 101-116). Wiley-Blackwell.

Larson, G. E., & Norman, S. B. (2014). Prospective prediction of functional difficulties among recently separated veterans. *Journal of Rehabilitation Research and Development, 51,* 415-428.

Levin, A. (2009). Military brass address suicide crisis and strategies to cure it. *Psychiatric News.* https://psychnews.psychiatryonline.org/doi/10.1176

Libin, A. V., Schladen, M. M., Danford, E., Cichon, S., Bruner, D., Scholten, J., Llorente, M., Zapata, S., Dromerick, A. W., Blackman, M. R., & Magruder, K. M. (2017). Perspectives of veterans with mild traumatic brain injury on community reintegration: Making sense of unplanned separation from service. *American Journal of Orthopsychiatry, 87,* 129–138. doi:10.1037/ort0000253

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* SAGE Publications.

Lincoln, Y. S., & Guba, E. G. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 163-188). SAGE Publications.

Lusk, J., Brenner, L. A., Betthauser, L. M., Terrio, H., Scher, A. I., Schwab, K., & Poczwardowski, A. (2015). A qualitative study of potential suicide risk factors among Operation Iraqi Freedom/Operation Enduring Freedom soldiers returning to the continental United States (CONUS). *Journal of Clinical Psychology, 71,* 843-855. doi:10.1002/jclp.22164

Maguen, S., Cohen, B., Ren, L., Bosch, J., Kimerling, R., & Seal, K. (2012). Gender differences in military sexual trauma and mental health diagnoses among Iraq and Afghanistan veterans with posttraumatic stress disorder. *Women's Health Issues, 22,* e61-e66.

Marshall, C., & Rossman, G. B. (2015). *Designing qualitative research* (6th ed.). SAGE Publications.

Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). SAGE Publications.

McCormick, W. H., Currier, J. M., Isaak, S. L., Sims, B. M., Slagel, B. A., Carroll, T. D.,
Hamner, K., & Albright, D. L. (2019). Military culture and post-military transitioning
among veterans: A qualitative analysis. *Journal of Veterans Studies, 4,* 287-298.

McGurk, D., Cotting, D. I., Britt, T. W., & Adler, A. (2006). Joining the ranks: The role of
indoctrination in transforming civilians to service members. In A. Adler, C. A. Castro, &
T. W. Britt (Eds.), *Military life: The psychology of serving in peace and combat* (2nd ed.,
pp. 13-31). Praeger.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and
implementation* (4th ed.). Jossey-Bass.

Meyer, E. G. (2015). The importance of understanding military culture. *Academic Psychiatry,
39,* 416-418.

Miles, M. B., & Huberman, M. (1994). *An expanded sourcebook: Qualitative researching* (2nd
ed.). SAGE Publishing.

Miller, J. G. (1946). Clinical psychology in the Veterans Administration. *American Psychologist,
1,* 181-189.

Miller, R. M., Chan, C. D., & Farmer, L. B. (2018). Interpretative phenomenological analysis: A
contemporary qualitative approach. *Counselor Education and Supervision, 57,* 240-254.
doi:10.1002/ceas.12114

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change
addictive behavior.* Guildford Press.

Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental
health problems among active and reserve component soldiers returning from the Iraq
war. *Journal of the American Medical Association, 298,* 2141-2148.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling

    psychology. *Journal of Counseling Psychology, 52,* 250-260.

    doi: 10.1037/0022-0167.52.2.250

Moustakas, C. (1994). *Phenomenological research methods.* SAGE Publications.

Moulta-Ali, U., & Panangala, S. V. (2015). *Veterans' benefits: The impact of military discharges*

    on basic eligibility. Congressional Research Service.

Munley, P. H., Duncan, L. E., McDonnel, K. A., & Sauer, E. M. (2004). Counseling psychology

    in the United States of America. *Counseling Psychology Quarterly, 17,* 247-271.

    doi:10.1080/09515070412331317602

National Institute of Mental Health. (2015). *Risk factors and warning signs of suicide.*

    https://www.nimh.nih.gov/health/publications/suicide-faq/index.shtml

Nock, M. K., Borges, G., Bromet, E. J., Alanso, J., Angermeyer, M., Beatrais, A., Borges, G.,

    Bromet, E., Bruffaerts, R., de Giralamo, G., de Graaf, R., Florescu, S., Gureje, O., Haro,

    J. M., Hu, C., Huang, Y., Karam, E. G., Kawakami, N., Kovess, V., … Williams, D. R.

    (2008). Cross-national prevalence and risk factors for suicidal ideation, plans and

    attempts. *British Journal of Psychiatry 192,* 98-105.

    doi:10.1192/bjp.bp.107.040113

Nock, M. K., Deming, C. A., Fullerton, C. S., Gilman, S. E., Goldenberg, M., Kessler, R. C.,

    McCarroll, J. E., McLaughlin, K. A., Peterson, C., Schoenbaum, M., Stanly, B., &

    Ursano, R. J. (2013). Suicide among soldiers: A review of psychosocial risk and

    protective factors. *Psychiatry, 76,* 97-125.

Noonan, M. E., & Mumola, C. J. (2004). Veterans in state and federal prison. *Bureau of Justice*

    Statistics Special Report. U.S. Department of Justice.

Office of the Chairman of the Joint Chiefs of Staff. (2019). *DoD dictionary of military and associated terms.* https://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/dictionary.pdf

Oxley, L. (2016). An examination of interpretative phenomenological analysis (IPA). *Educational & Child Psychology, 33,* 55-62.

Patton, M. J. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.). SAGE Publications.

Pease, J. L., Billera, M., & Gerrard, G. (2015). Military culture and the transition to civilian life: Suicide risk and other considerations. *Social Work, 61,* 83-86.

Phillips, K. M., Clark, M. E., Gironda, R. J., McGarity, S., Kerns, R. W., Elnitsky, C. A., Andresen, E., & Collins, R. C. (2016). Pain and psychiatric comorbidities among two groups of Iraq and Afghanistan era veterans. *Journal of Rehabilitation Research and Development, 53,* 413-432. doi:10.1682/JRRD.2014.05.01.0126

Pietkiewics, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal, 20,* 7-14. doi:10.14691/CPPJ.20.1.7

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52,* 126-136. doi:10.1037/0022-0167.52.2.126

Reger, M. A., Etherage, J. R., Reger, G. M., & Gahm, G. A. (2008). Civilian psychologist in an army culture: The ethical challenge of cultural competence. *Military Psychology, 20,* 21-35. doi:10.1080/08995600701753144

Reger, M. A., Smolenski, D. J., Skopp, N. A., Metzger-Abamukang, M. J., Kang, H. K., Bullman, T. A., Perdue, S., & Gahm, G. A. (2015). Risk of suicide among US military service members following operation enduring freedom or operation Iraqi freedom deployment and separation from the US military. *Journal of the American Medical Association,72,* 561-569.

Ribeiro, J. D., Bender, T. W., Buchman, J. M., Nock, M. K., Rudd, D. M., Bryan, C. J., Lim, I. C., Baker, M. T., Knight, C., Gutierrez, P. M., & Joiner, T. E. (2015). An investigation of the interactive effects of the capability for suicide and acute agitation on suicidality in a military sample. *Depression and Anxiety, 32*, 25-31.

Sayer, N. A., Carlson, K. F., & Frazier, P. A. (2014). Reintegration challenges in U.S. service members and veterans following combat deployment. *Social Issues and Policy Review, 8,* 33-73. doi: 10.1111/sipr.12001

Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., & Murdock, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services, 61,* 589-597. doi:10.1176/ps.2010.61.6.589

Sayer, N. A., Orazem, R. J., Noorbaloochi, S., Gravely, A., Frazier, P., Carlson, K., Schnurr, P. P., & Oleson, H. (2015). Iraq and Afghanistan war veterans with reintegration problems: Differences by veteran affairs healthcare user status. *Administration Policy Mental Health, 42*, 493-503. doi:10.1007/s10488-014-0564-2

Schleiermacher, F. (1998). *Hermeneutics and criticism and other writings* (A. Bowie, Trans.). Cambridge University Press.

Selby, E. A., Anestis, M. D., Bender, T. W., Ribeiro, J. D., Nock, M. K., Rudd, M. D., Bryan, C. J., Lim, I. C., Baker, M. T., Gutierrez, P. M., & Joiner, T. E. (2010). Overcoming the fear of lethal injury: Evaluating suicidal behavior in the military through the lens of the interpersonal-psychological theory of suicide. *Clinical Psychology Review, 30*, 298–307. https://doi.org/10.1016/j.cpr.2009.12.004

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22,* 63-75. doi:0167-8329/04/$17.00

Siebold, G. L. (2007). The essence of military group cohesion. *Armed Forces and Society, 33,* 286-295.

Silva, C., Hagan, C. R., Rogers, M. L., Chiurliza, B., Podlogar, M. C., Hom, M. A., Tzoneva, M., Lim, I. C., & Joiner, T. E. (2016). Evidence for the propositions of the interpersonal theory of suicide among a military sample. *Journal of Clinical Psychology, 73*, 669–680. doi:10.1002/jclp.22347

Smith, J. A. (1994). Towards reflexive practice: Engaging participants as co-researchers or co-analysts in psychological inquiry. *Journal of Community and Applied Social Psychology, 4,* 253-260.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology, 1*(1), 39-54. doi:10.1191/1478088704qp004oa

Smith, J. A. (2011). Evaluating the contribution of interpretive phenomenological analysis. *Health Psychology Review, 5*(1), 9-27. doi:10.1080/17437199.2010.510659

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* SAGE Publications.

Smith, P. N., Stanley, I. H., Joiner, T. E., Sachs-Ericsson, N. J., & Van Orden, K. A. (2016). An aspect of the capability for suicide- fearlessness of the pain involved in dying- amplifies the association between suicide ideation and attempts. *Archives of Suicide Research, 20,* 650-662. doi:10.1080/13811118.2016.1162245

Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2018 national survey on drug use and health.* https://www.samhsa.gov/data/

Super, D. E. (1955). Transition: From vocational guidance to counseling psychology. *Journal of Counseling Psychology, 2,* 3-9.

Thomas, J. L., Wilk, J. E., Riviere, L. A., McGurk, D., Castro, C. A., & Hoge, C. W. (2010). Prevalence of mental health problems and functional impairment among active component and National Guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry, 67,* 614-623. doi:10.1001/archgenpsychiatry.2010.54

Thompson, M. (2016, March 10) Here's why the U.S. military is a family business. *Time Magazine.* https://time.com/4254696/military-family-business/

Trout, D. L. (1980). The role of social isolation in suicide. *Suicide and Life-Threatening Behavior, 10,* 10-23. doi:10.1111/j.1943-278x.1980.tb00693.x

Tsai, J., & Rosenheck, R. A. (2018). Characteristics and health needs of veterans with other-than-honorable discharges: Expanding eligibility in the Veterans Health Administration. *Military Medicine, 183,* 153-157.

Tsai, J., Szymkowiak, D., & Pietrzak, R. H. (2020). Delayed homelessness after military discharge: Examination of a sleeper effect. *American Journal of Preventive Medicine, 59,* 109-117.

U.S. Department of Defense. (2016). *Department of defense quarterly suicide report: Calendar year 2016 1st quarter defense suicide prevention office.* http://www.dspo.mil/Portals/113/ Documents/DoD%20Quarterly%20Suicide%20Report%20CY2016%20Q1.pdf

U.S. Department of Defense. (2017). *DoDSER Department of Defense suicide event report: calendar year 2017 annual report.* Author.

U.S. Department of Defense. (2019). *Annual suicide report: Calendar year 2018.* Author.

U.S. Department of Labor. (2021). *Careeronestop*: *Your source for career exploration, training & jobs.* www.careeronestop.org

U. S. Department of the Air Force. (2015). *Air Force core values handbook.* https://www.doctrine.af.mil/Portals/61/documents/Volume_2

U.S. Department of the Army. (2010). *Army health promotion, risk reduction, suicide prevention report.* http://www.armyg1.army.mil/hr/suicide/docs/Commanders%20Tool%20Kit/ HPRRSP_Report_2010_v00.pdf

U.S. Department of Treasury. Bureau of Alcohol, Tobacco, and Firearms. (1997). *Definitions for the categories of persons prohibited from receiving firearms (95R-051P).* https://www.atf.gov/file/84311/download

U.S. Department of Veterans Affairs. (2016). *VA suicide prevention program facts about veteran suicide* [Fact sheet]. https://www.va.gov/opa/publications/factsheets/ Suicide_ Prevention_FactSheet_New_VA_Stats_070616_1400.pdf

U.S. Department of Veterans Affairs. (2017a). *Eligibility determination.* https://www.navao.org/wp-content/uploads/2018/12/VHA-Directive-1601A.02- Eligibility-Determination-11-21-18.pdf

U.S. Department of Veterans Affairs. (2017b). *VA utilization profile FY 2016.* Author.

U.S. Department of Veterans Affairs. (2018). *VA national suicide data report 2005-2016.*

    https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_

    Data_Report_2005-2016_508.pdf

U. S. Government Accountability Office. (2014). *Military and veteran support: VA/DoD*

    programs that address the effects of combat on transition to civilian life.

    https://www.gao.gov/assets/670/666801.pdf

Vagle, M. D. (2018). *Crafting phenomenological research* (2nd ed.). Routledge.

van Manen, M. (2018). *Researching lived experience: Human science for an action sensitive*

    pedagogy (2nd ed.). Routledge.

Van Orden, K. A., Cukrowicz, K. C., Witte, T. K., Braithwaite, S. R., Selby, E. A., & Joiner, T.

    E. (2010). The interpersonal theory of suicide. *Psychological Review, 117,* 575-600.

    doi:10.1037/a0018697

Van Orden, K. A., Cukrowicz, K. C., Witte, T. K., & Joiner, T. E. (2012). Thwarted

    belongingness and perceived burdensomeness: Construct validity and psychometric

    properties of the Interpersonal Needs Questionnaire. *Psychological Assessment*, *24*, 197–

    215. https://doi.org/10.1037/a0025358

Van Orden, K. A., Witte, T. K., Gordon, K. H., Bender, T. W., & Joiner, T. E. (2008). Suicidal

    desire and the capability for suicide: Tests of the interpersonal-psychological theory of

    suicidal behavior among adults. *Journal of Consulting and Clinical Psychology, 76,* 72–

    83.

Veterans Legal Clinic. (2016). *Underserved: How the VA wrongfully excludes veterans with bad*

    paper. https://www.swords-to-plowshares.org/wp-content/uploads/Underserved.pdf

Wertsch, M. E. (1991). *Military brats: Legacies of childhood inside the fortress.* Harmony

    Books.

Wilcox, S. L., Oh, H., Redmond, S. A., Chicas, J., Hassan, A. M., Lee, P., & Ell, K. (2015). A

    scope of the problem: Post-deployment reintegration challenges in a National Guard unit.

    Work, 50, 73-83. doi:10.3233/WORK-141935

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL

Institutional Review Board

DATE: March 23, 2020

TO: Austin Hamilton, MA
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1549325-2] Lived Experiences of Reintegration Among Involuntarily
                                   Separated Operation Enduring Freedom (OEF) and Operation Iraqi Freedom
                                   (OIF) Veterans.
SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED
APPROVAL DATE: March 23, 2020
EXPIRATION DATE: *see note in bold below*
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Under the recently revised Common Rule, this project will <u>not</u> require annual continuing review by the committee. Your project has been assigned a "Next Report Due" date of March 23, 2023. Just prior to that date, the IRB will check in with you to get a current status of your project. This will help us determine if your project needs to be extended or if your study is ready to be closed. If you have completed your project prior to that date, please contact the Office of Research & Sponsored Programs to complete a closing report.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

                                  Generated on IRBNet

APPENDIX B

PARTICIPANT RECRUITMENT LETTER

Dear Fellow Veteran,

My name is Austin Hamilton; I'm a doctoral student in Counseling Psychology at the University of Northern Colorado and a USAF veteran of eight years. I am working on my dissertation, exploring the experiences of veterans who were separated from the military against their will. In order to do this, I'm looking to interview veterans who have **previously served in an active capacity**, who were **separated from the U.S. military,** and **who did not choose to leave military service for any reason**. This could include those of you who were separated, discharged, or retired, provided leaving the military was against your will. I believe there are important stories for you to tell regarding your transition from military to civilian life that may benefit other veterans who share in that experience.

Your participation would include a total **of two interviews**; one that asks questions about your experiences associated with separation/transition and a second interview serving as a follow-up interview and means for me to ensure that I am telling your story accurately. The second interview will ideally take place within two weeks after the first. Each interviews is expected to take **approximately 30 to 60 minutes apiece** and will be conducted in a location of your choice, even including your home, or via Skype anywhere in the world.

Your confidentiality will be maintained at all points of the research process. Identifiable information such as your name, will be changed for each participant to protect their identity.

If you are interested in participating in this study or would like to learn more about it, please contact me by email at austin.hamilton@unco.edu or simply follow this link: https://unco.co1.qualtrics.com/jfe/form/SV_eo2RzVhfURm7zhz

Please pass along this letter to your friends who fit this criteria and who also may be interested in participating. Thank you for your time and consideration!

Very Respectfully,

Austin D. Hamilton, MA
Doctoral Candidate in Counseling Psychology
Department of Applied Psychology and Counselor Education
University of Northern Colorado

APPENDIX C

CONSENT FORM FOR HUMAN PARTICIPANTS

IN RESEARCH

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Lived Experiences of Reintegration Among Involuntary Separated Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans

Researcher: Austin D. Hamilton, MA
Doctoral Candidate, Counseling Psychology
Austin.Hamilton@unco.edu

Research Advisor: Jeffrey Rings, Ph.D., LP
Associate Professor
Department of Applied Psychology and Counselor Education
970.351.1639
Jeffrey.Rings@unco.edu

You are being asked to participate in a research study. The purpose of this study is to describe and interpret veterans' experiences of transitioning against one's will away from the cultural, social, and personal identity associated with military service back to a primarily civilian identity.

If you agree to take part in this study, you will participate in two interviews. Each interview should take approximately 30 to 60 minutes apiece. During this time, I will ask you open-ended questions in order to engage you in a discussion regarding the purpose of this study. This is an informal interview. If there are any questions that you do not wish to answer, you can elect to skip them at no penalty to you. The second interview will be scheduled approximately two weeks later. During this time, I'll ask follow-up or clarifying questions pertaining to your first interview. The primary purpose of the second interview is to ensure accuracy of my interpretation of your story.

Interviews will be audio-recorded and subsequently transcribed verbatim. Upon completion of the study, all recordings will be erased. Your confidentiality will be maintained at all points of the research process. Identifiable information, including name will be changed for each participant to protect their identity. These changes will be upheld throughout transcription, data collection, data analysis, and formal presentation, including write-up and publication of results. All data will be contained on a password-protected database and only accessible by myself and

research advisor. I'll consult with other researchers including my research advisor to make sure that I'm accurately describing your experiences.

Risks to you for participating are minimal and include potentially experiencing feelings of discomfort or anxiety during the interview process. If you are feeling depressed or are having thoughts of suicide, I have included a list of national mental health resources for you to contact. If you do experience any psychological distress including suicidal ideation, I strongly urge you to reach out for support.

Potential benefits for your participation include having the opportunity to discuss your unique experiences related to transitioning back to civilian life against your will. Your participation in this study also will contribute to research that may have important implications for the care of veterans and could be used to develop evidence-based interventions as well as inform administrative decisions impacting the lives of many fellow veterans.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. By clicking the "Next" button below, you will give your consent to participate in this study. Upon clicking this button, you will be taken to a quick survey (approximately 5 minutes or less) where you will be asked to provide some demographic information, information about your military service, discharge experiences, and information about how I can contact you to schedule your first interview.

If you have any concerns about your selection or treatment as a research participant, at the University of Northern Colorado, please contact the Office of Research, ATTN: Nicole Morse, Office of Research, 25 Kepner Hall, University of Northern Colorado, Greeley, CO 80639; 970-351-1910.

Thank you very much for considering participating. You may print this page for your records.

Austin D. Hamilton, MA
Doctoral Candidate, Counseling Psychology
Department of Applied Psychology and Counselor Education
University of Northern Colorado
austin.hamilton@unco.edu

By clicking the "Next" button below, you will be agreeing to participate in this study.

APPENDIX D

PARTICIPANT DEMOGRAPHIC INFORMATION
SHEET

Lived Experiences of Reintegration Among Involuntary-Separated Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF) Veterans

1. Age _____

2. Race/Ethnicity _____

3. Gender _____

4. Military Branch _____

5. Highest Rank/Rate Attained _____

6. Month/Year of Separation _____

7. Years of Service _____

8. Did you **choose** to separate from the military?
   *Regardless of how you separated, if you did not **choose** to do so, you would indicate "No"*

9. What type of separation did you receive? (See flowchart)

10. Briefly describe what your job was in the military. What were some of the responsibilities for this job?

11. Did you ever deploy?

   a. If so, how many times?

   b. To where did you deploy?
      1.
      2.
      3.
   c. How long was each deployment?
      1.
      2.
      3.

Pseudonym of Choice Will Be Discussed During Our First Interview
In order to better safeguard your confidentiality, I ask that you choose a pseudonym (fake name) to use during any and all recorded interviews. Please spend some time thinking about what name you would like to use.
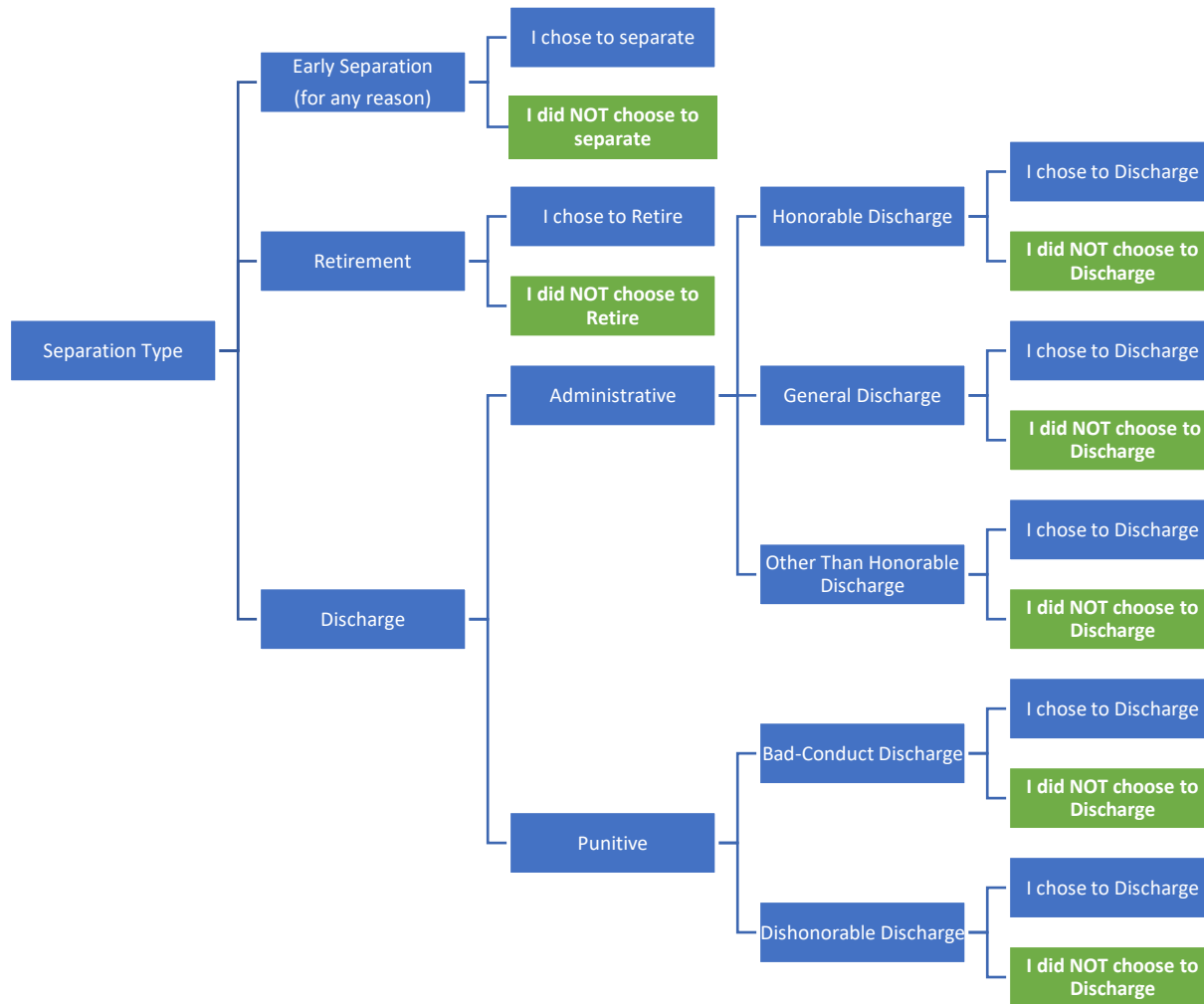
What is your preferred method of contacting you for an interview? Telephone/Text/Email
Please note that this information is confidential

   My telephone number is:_____ Okay to leave a voicemail? _____
   My email address is:_____

APPENDIX E

TYPE AND VOLITION OF SEPARATION
FLOW CHART

How Did You Separate?

APPENDIX F

INTERVIEW GUIDE

Semi-Structured Interview Guide

Before we get started and without speaking, I want you to take a minute and think about your life

in the military. Think about what a typical day was like for you during that time.

First, please share your story of what led up to your separation.

Now, let's continue.

1. Describe for me what it was like to receive notification of your separation from the

   military. (Initial reactions? Grieving process? Shock?)

   a. How if at all did you psychologically prepare yourself to separate?

   b. What was your **last** day in uniform like for you?

2. Describe what it was like for you during the first few months following separation?

   a. How, if at all, did you change during that time?

   b. How does military life compare to civilian life?

      i. How, if at all, do you think being separated against your will impacted

         that?

3. What has been helpful or made things easier during your transition out of the military?

   (e.g., People who have been supportive? Activities you have enjoyed? Work? School?)

   a. What has made things more difficult?

4. How have things been with your family since you separated? (Do you feel supported by

   your family? Is this a change since you separated?)

   a. Are there times when you feel like a burden to loved ones? If so, describe what

      that is like for you.

      i. How do you handle that?

    ii. What is the most extreme way that you can think of that a person might try to cope with being a burden on others?

5. What people or groups do you feel most connected with? How come? (e.g. family, friends, other veterans, community members, by yourself?)

    a. What about least connected? What do you think led to this?

    b. Have you ever had a relationship end before you wanted it to? If so, describe that process.

        i. In general, how did you handle it?

        ii. What is the most extreme way you can think of that a person might try to cope with losing many of their most important relationships?

6. Do you feel part of a community of veterans? (If yes, please describe your veteran community. If no, do you experience any challenges to being part of a veteran community?)

    a. Do you think that being separated against your will impacted this? If so, how?

7. What has it been like for you to access healthcare?

    a. Do you think that being separated against your will impacted this? If so, how?

8. In your experience, what, if anything, is different for involuntarily separated veterans as compared to veterans in general?

9. What, if anything, do you believe mental health providers should know about being separated from the military against your will?

APPENDIX G

NATIONAL LIST OF RESOURCES

RESOURCES

Thank you again for your commitment and contribution to this study.

Remembering and describing the process of reintegration affects all of us differently. If you feel that you would like to talk to someone further about these experiences, below is a list of national resources for you to contact.

National Resources

United States Department of Veteran Affairs
www.va.gov

National *Suicide Prevention* Lifeline 1-800-273-TALK (8255):
Suicide hotline, 24/7 free and confidential, nationwide network of crisis centers. Press "1" for veterans.

NAMI
NAMI is the National Alliance on Mental Illness, the nation's largest grassroots organization for people with mental illness and their families. Founded in 1979, NAMI has affiliates in every state and in more than 1,100 local communities across the country. NAMI provides support, education, and advocacy including Public Education and Information Activities such as:
NAMI's Web Site (***www.nami.org***) receives over 5.4 million visitors a year who turn to NAMI for information, referral, and education;
NAMI's Helpline (***1-800-950-6264***) is staffed by a dedicated team and serves over 4,000 callers per month.

Cohen Veterans Network
The Cohen Veterans Network is a growing organization of Military Family Clinics where veterans and their families are eligible for free, personalized, and evidence-based mental health care along with access to comprehensive case management support and referrals to deal with various stressors to include: unemployment, finances, housing, and legal issues. The Cohen Veterans Network currently has clinics in Texas, New York, California, and Pennsylvania with plans to continue expansion. Please visit www.cohenveteransnetwork.org for more information.