

**Exploring Student Veterans
Mental Health Stigma Coping Strategies
In Higher Education: A Phenomenological Study**

Dissertation Manuscript

Submitted to Northcentral University

School of Social & Behavioral Sciences

in Partial Fulfillment of the

Requirements for the Degree of

DOCTOR OF PHILOSOPHY

by

SANDRA EDWARDS

San Diego, California

November 2025

Abstract

Veterans who pursue higher education as a pathway to civilian reintegration often encounter unique challenges, particularly related to mental health stigma. This study aimed to explore the coping strategies student veterans employ in managing mental health stigma within the higher education context. Understanding stigma management strategies is crucial to supporting the well-being of student veterans and ensuring their successful academic completion. Guided by Meisenbach's Stigma Management Communication (SMC) Theory, which categorizes communicative strategies used to manage stigma, this descriptive phenomenological study examined the lived experiences of student veterans through semi-structured interviews conducted via Zoom. Participants reflected on their military background, academic environments, relationships with peers, faculty, and staff, as well as institutional support systems. Findings indicated that military cultural norms surrounding mental health strongly influenced participants' approaches to stigma management. The predominant coping strategy identified was concealment and avoidance, often resulting in unmet mental health needs. These results underscore the pressing need to challenge stigma, prioritize the well-being of student veterans, and refine institutional practices and resources to better support this population. Additionally, the findings call on higher education policymakers to implement systemic changes that address veterans' transitional challenges, particularly those linked to mental health. Future research should further investigate the range of coping strategies and their implications for both mental health outcomes and academic performance among student veterans.

Acknowledgements

This dissertation represents not only my academic journey but also the collective support, encouragement, and inspiration of many remarkable individuals. To each of you who stood by my side throughout this process, I offer my deepest gratitude and appreciation.

First and foremost, I extend my sincere thanks to my chair, Dr. Madia Levin, whose time, patience, and steadfast guidance were instrumental to my success. Your unwavering encouragement, compassion, and belief in my ability sustained me through every challenge of this endeavor. I am profoundly grateful for your mentorship and the grace you extended throughout this journey. To my subject matter expert, Dr. Alycia Harris, your sharp insight, attention to detail, and commitment to excellence elevated my work in every way. You stepped in seamlessly when needed most and pushed me to refine my thinking and writing with precision. Your contributions have strengthened this dissertation, and for that, I am sincerely grateful.

To the participants of this study, student veterans who shared their lived experiences with honesty and vulnerability, this work exists because of your courage. You represent a population too often overlooked, yet your resilience and truth-telling illuminate paths for change. I see you, I honor you, and I thank you for lending your voices to a cause greater than ourselves. Your service, both in uniform and through participation in this research, will inspire future generations of student veterans.

My deepest and most personal gratitude goes to two individuals who have profoundly shaped my life. To my former partner and veteran of the United States Army, thank you for believing in me, challenging me, and standing by me with patience and understanding. Your sacrifices did not go unnoticed, and your support, often given at the expense of your own needs,

allowed me to persevere. I will always be grateful for the role you played in helping me reach this milestone.

And to my mother, my foundation and greatest source of strength, thank you for being my unwavering pillar of love, wisdom, and resilience. You have modeled perseverance and grace in every season of life and have always encouraged me to rise above my circumstances. Even in moments of doubt or missteps, your faith in me never wavered. Everything I have achieved reflects your guidance and the values you instilled in me.

To all who have contributed to this journey, whether through words of encouragement, acts of kindness, or steadfast presence, thank you. This achievement belongs to you as much as it does to me.

Table of Contents

Chapter 1: Introduction	1
Statement of the Problem.....	4
Purpose of the Study	5
Introduction to Theoretical Framework	6
Introduction to Research Methodology and Design (Nature of the Study)	8
Research Questions	10
Significance of the Study	11
Definitions of Key Terms	12
Summary	13
Chapter 2: Literature Review.....	15
Theoretical Framework.....	16
Student Veterans in Higher Education.....	24
Impact of the Montgomery GI Bill	28
Nontraditional Student in Higher Education.....	30
Mental Health.....	39
Mental Health Stigma in the Military	41
Summary	47
Chapter 3: Research Method.....	49
Research Methodology and Design (Nature of the Study)	50
Population and Sample	53
Materials or Instrumentation.....	55
Study Procedures	56
Data Collection and Analysis.....	58
Assumptions.....	62
Limitations	62
Delimitations.....	63
Ethical Assurances	63
Summary	64
Chapter 4: Findings.....	66
Trustworthiness of Data.....	67
Results.....	71
Summary	93
Chapter 5: Implications, Recommendations, and Conclusions	95
Recommendations for Practice	111
Recommendations for Future Research.....	112
Conclusions.....	116

References.....	119
Appendix A Informed Consent	143
Appendix B Recruitment Email/Letter	146
Appendix C Student Veteran Interview Protocol	148
Appendix D Recruitment Flier.....	150

List of Tables

Table 1 Participant Demographics 72

Table 2 Research Question Themes 75

List of Figures

Figure 1 Stigma Management Communication Model (Meisenbach, 2010, p.277).....	18
Figure 2 Meisenbach's Stigma Management Communication Strategies (Meisenbach, 2010, p.278)	19

Chapter 1: Introduction

Veterans perceive higher education as a path to transition and reintegrate to civilian life (Ghosh & Opelt, 2020) but face multiple challenges in that pursuit, including high rates of mental health symptoms and low rates of treatment (Valenstein, 2022) as well as stigma in the form of internalization of public stigma, negative attitudes, and discrimination (Lake et al., 2022). With the growing number of student veterans transitioning to civilian life through institutions of higher education, there is a need for more research that focuses on the issues these student veterans face (Yeager & Rennie, 2021). Having a better understanding of student-veterans' coping strategies and help-seeking behaviors is crucial to facilitating a successful transition to civilian life (Roscoe, 2021; Umucu et al., 2022).

The most common psychiatric disorders diagnosed in the veteran population today are depression and anxiety (Zhu et al., 2025). Due to the comorbid nature of these illnesses, their symptoms are seldom separable (Chan et al., 2022; Kalin, 2020). The prevalence of depression and anxiety reported in 2021 revealed approximately 3153 cases of depression and 4802 cases of anxiety exist for every 100,000, which is more than 4% of the veteran population (Chan et al., 2022; Werner & Segel-Karpas, 2020). Specifically, Valenstein et al. (2022) reported that veterans attending colleges and universities screened positive for PTSD (35.7%), anxiety (29.5%), and depression (36.9%). Depression has been linked with individual and social impairments, which eventually affect how the diagnosed individual functions in society (Werner & Segel-Karpas, 2020).

The most publicized mental health challenges facing veteran service members are posttraumatic stress disorder (PTSD) and depression, but other issues, such as anxiety, suicide, traumatic brain injury, substance abuse, and interpersonal violence, have increased, and the

wide-reaching consequences of these issues can impact service members and their families (Inoue et al., 2022). As the prevalence of depression and anxiety continues to increase in the veteran population, there is a need for a better understanding of how those diagnosed veterans manage these illnesses and how society deals with mental health disorders (Chan et al., 2022). In particular, the management of mental health stigma can be understood to reduce the negative consequences of untreated mental health in veterans (Cerully, Acosta, & Sloan, 2018).

Stigma incites negative stereotypes that lead to discriminatory behaviors. The discrediting power of stigma can reduce an individual's perception of self-worth and social acceptance (Mahalik & Di Bianca, 2021). Stigma is a social phenomenon associated with four specific dimensions: social/public stigma, self-stigma, professional stigma, and cultural stigma (Chatmon, 2020). Each of the stigmas fosters a culture of "us versus them" that leads to deterrence of help-seeking behavior, feelings of embarrassment and shame, and ultimately, isolation. The stigma of mental health increases inequalities and worsens health outcomes by impeding the relationships, resources, and interventions made available to those in need (Stangl et al., 2019). Mental health stigma produces a negative perception in society that creates barriers to accessing necessary psychological services in both private and public sectors (Williamson et al., 2019). Researchers have revealed that the primary barrier to treating mental health is stigma, which discourages individuals from seeking help (Clary, Rena & Smith, 2021). The institutional stigmatization of mental health created through a strong culture of beliefs and attitudes towards mental health shapes the behaviors and thoughts of those who become a part of the institution (Campbell et al., 2021, p. 2). Moradi et al. (2021) examined the growing prevalence of mental health illnesses in the military, particularly depression and suicide in veterans, and concluded that there is a need to increase awareness and to manage the stigma associated with these

illnesses. Given the increased occurrence of mental health issues and stigma associated with veterans, particularly in more complex mental illnesses, such as depression and anxiety, further studies are needed to address the needs of those diagnosed (Maunder & White, 2019).

The pursuit of higher education, whether at a college or university, serves as a driving factor in the successful reintegration and adjustment to civilian life for transitioning veterans (Ghosh & Opelt, 2020). Over 700,000 veterans and eligible family members have used the Servicemen's Readjustment Act of 1944, now referred to as the G.I. Bill, to assist with postsecondary education pursuits since 2019 (Ghosh & Opelt, 2020; Jenkins & Stengel, 2019). Veterans perceive higher education as a path to achieve career development and financial stability (Rattray et al., 2019). Yet, compared to their civilian peers, veterans face several challenges in the transition from military to college life (Rattray et al., 2019). Over the last decade, the research community and media have increasingly focused their attention on the mental health needs of newly retired veterans (Currier, McDermott, and McCormick, 2017). Research focusing on veterans enrolled in higher education institutions across the United States screened positive for 11.5% to 23.7% with a diagnosis of depression (Currier et al., 2017). In addition, civilian students prejudge the experiences of veterans, creating a negative perception of belonging that affects the overall academic experience of the student veteran (Johnson et al., 2021). Veterans reintegrating into higher education report a higher need for health and social services to address mental health issues they may have developed in active service, such as PTSD, anxiety, and depression (Rattray et al., 2019). The stigma and prejudice student veterans encounter from the civilian community commonly create a fear of disclosure and seeking help (Johnson et al., 2021). The challenge of mental health stigma negatively impacts the success rates of student veterans (Hinkson et al., 2022; Sullivan, Benjamin, & Ulrich, 2022; and Umucu

et al., 2022). Understanding how student veterans in higher education manage mental health stigma during their transition to civilian life could help develop more effective coping strategies (Roscoe, 2021; Umucu et al., 2022).

Statement of the Problem

The general problem addressed in this study was that, as a part of successfully transitioning to civilian life, veterans pursue degrees in higher education, but face multiple challenges, including high rates of mental health symptoms and low rates of treatment (Valenstein, 2022) as well as the internalization of stigma, negative attitudes, and discrimination (Lake et al., 2022). Negative mental health consequences of military experience, such as depression, present challenges of mental health stigma that student veterans face, both academically and socially (Hunter-Johnson et al., 2021). The military has reported that 60% of veterans facing mental health issues do not seek help (Roscoe, 2021), leaving them with increased feelings of inadequacy and social isolation (Umucu et al., 2022).

The ramifications of concealing or not addressing mental health stigma lead to the mental health consequences of suicide, severe anxiety, depression, and substance abuse in veterans (Barmak et al., 2020; Hinkson et al., 2022; Sullivan et al., 2021; Hunter-Johnson et al., 2021). In addition to mental health consequences, academic success can be negatively impacted by higher attrition, lower retention, and enrollment rates in veterans (Borsari et al., 2017). Additional research was needed to understand the help-seeking behaviors and strategies student veterans employed to cope with the challenges related to continued mental health stigma, such as social judgment, discrimination, personal shame, and the concealment of their mental health illness. The specific problem was that strategies fostering student veterans' successful transition to

civilian life while pursuing a higher degree could not be implemented until student veterans' perceptions of coping with mental health stigma were expanded.

Purpose of the Study

The purpose of this qualitative, descriptive, phenomenological study was to explore the experiences of student veterans regarding mental health stigma and their coping strategies in higher education. Comprehension of stigma management strategies is essential to assisting student veterans in effectively managing the stigma they encounter (Roscoe, 2021). The use of descriptive phenomenological design provided a detailed understanding of the subjects' experiences with a phenomenon, in this case, mental health stigma (Neubauer et al., 2019; Giorgi, 2009; Leigh-Osroosh, 2021). The study included seven student veteran participants. Inclusion criteria were student veterans 18 years or older; identified as a veteran from active duty in the United States military; enrolled in local universities and recently (12–24 months) transitioned from the military; diagnosed with depression and/or anxiety; and no more than 2 years into their chosen academic program. Initial recruitment efforts were made through the local university chapters of the Student Veterans Association. The recruitment plan was later expanded to include social media platforms such as Facebook and Instagram, targeting student veterans through student veteran-specific pages. In alignment with a phenomenological research design, semi-structured interviews served as the primary method of data collection, enabling participants to describe their lived experiences in depth while affording the researcher the flexibility to probe for clarification and elaboration. The collected interview data were analyzed using descriptive phenomenological analysis, which emphasizes identifying and describing the essential structures of participants' lived experiences. NVivo software was used to assist in the analysis. This specific phenomenological design allowed for

the detailed examination of the student veterans' lived experience of mental stigma through their own individual experiences and perceptions as the events occurred (Neubauer et al., 2019; Leigh-Osroosh, 2021). The study findings contributed to the efforts in improving awareness and literacy of mental health stigma, the coping strategies that allow the stigmatized to survive, and improving academic retention rates for student veterans.

Introduction to Theoretical Framework

The theory of stigma management communication (SMC), developed by Meisenbach (2010), provides a valuable framework for examining how individuals identify and apply communication strategies to manage stigma. This theory operates from the perspective that stigma cannot be fully eliminated; rather, it must be managed through deliberate strategies. SMC theory rests on three core assumptions: (a) stigma may be governed by either stigmatized or non-stigmatized groups, (b) stigmas are socially constructed but can be altered through communication, and (c) the degree and intensity of stigma vary across contexts (Meisenbach, 2010). Grounded in these assumptions, the framework enables researchers to identify methods by which individuals and groups navigate stigmatization to mitigate its negative impact. Current applications of communicative stigma management have demonstrated success in developing coping strategies, particularly within health and organizational contexts (Roscoe, 2021).

Earlier work on stigma management focused on whether individuals chose to accept, avoid, or deny the stigma altogether (Meisenbach, 2010). Drawing from Goffman's (1963) foundational studies, which integrated psychological and sociological perspectives, early stigma research produced strategies that were often partial, fragmented, and primarily concerned with individual responses to stigma. Subsequent studies largely maintained this focus, framing stigma management as either acceptance or avoidance, while overlooking strategies for directly

challenging stigma and recognizing the ways individuals identify with stigmatized identities (Smith, 2007; Meisenbach, 2010). This conceptual gap necessitated the development of an expanded framework that could more fully capture the complexity of stigma communication.

In response, Meisenbach's (2010) SMC theory integrated Smith's (2007) argument that stigma research must account for strategies beyond acceptance or avoidance. The model organizes stigma management along two dimensions: (a) the stigmatized individual's orientation toward challenging or sustaining dominant social perceptions of stigma, and (b) the individual's stance on the applicability of stigma to oneself. From these dimensions, Meisenbach outlined six distinct strategies individuals may employ, ranging from accepting to challenging stigmatization. This typology has created a more systematic approach to studying stigma management and has since been applied across various fields, including health, family, and organizational studies (Smith & Bishop, 2019).

Despite these contributions, scholars have noted the need to extend SMC theory to contexts where stigma intersects with structural and cultural barriers, such as mental health in military and veteran populations (Roscoe, 2021). Veterans often weigh how peers and leaders perceive mental health disorders—frequently viewing those with such conditions as unreliable, weak, or volatile—which significantly influences their willingness to seek treatment (Cerully et al., 2018). Interventions aimed at increasing help-seeking behaviors must therefore address both stigma management and coping strategies. The stigma management communication (SMC) theory was identified as a useful framework for guiding student veterans in developing communication strategies to manage stigma and encourage treatment. However, extending SMC theory to focus specifically on mental health among student veterans was necessary, as existing applications did not fully capture the complexities of stigma within this population. Findings

from this study contributed to that theoretical extension by demonstrating how veterans actively navigate stigma in higher education contexts, thereby advancing communication theory while also informing institutional policies, programming, and destigmatization campaigns (Roscoe, 2021).

Introduction to Research Methodology and Design (Nature of the Study)

Research was necessary to address the coping strategies used by student veterans experiencing mental health stigma (Roscoe, 2021, & Umucu et al., 2022). Hence, a qualitative method was used. The exploration of a phenomenon through the lived experiences of those being studied, without adding or subtracting what was “described,” made the qualitative method the most appropriate (Giorgi, 2009, & Leigh-Osroosh, 2021). One strength of using the qualitative method was the assurance that the phenomenon was not examined through a single lens, but through several, which allowed for multiple perceptions of the phenomenon to be uncovered and understood (Baxter & Jack, 2008). This methodology best suits the research questions, as the data collected is from the student veterans’ perspective, effectively capturing their perceptions and feelings. Consequently, Roscoe (2021) conducted a similar study from the perspective of veterans experiencing combat-related PTSD. Reyes et al. (2020) explored the experiences of student veterans attempting modern interventions for PTSD, while Trahan et al. (2019) focused on describing the lived experiences of student veterans with social anxiety. These studies used the qualitative descriptive approach to provide the most accurate account of the participants' lived experiences.

The population for this study consisted of veterans who had transitioned from active-duty military service and were enrolled in four-year institutions of higher education. The sample was drawn from universities in the state of Georgia with enrollments of at least 3,000

active students. Eligible participants were current graduate or undergraduate students who had been enrolled in their academic program for no more than two years, ensuring they were still in the process of transitioning to higher education. Additional inclusion criteria required participants to have received treatment or be undergoing treatment for depression or anxiety, as these conditions are directly related to the study focus. Veterans who had already completed their programs were excluded, as they could only reflect on past experiences rather than actively transition to new challenges. Likewise, veterans who served as Reservists or part-time National Guard members were excluded due to their dual civilian and military status, which distinguished their transition experiences from those of full-time active-duty veterans. Data for this study were collected through one-on-one, semi-structured interviews designed to capture the experiences and perceptions of mental health stigma among student veterans within higher education. Each interview lasted no longer than 75 minutes and was conducted either in person or via Zoom, depending on participant availability and preference. The interview protocol consisted of open-ended questions, allowing participants to engage in reflective conversation regarding their college experiences, stigma, and mental health. Probing and follow-up questions were employed as needed to elicit deeper elaboration and richer descriptions of participants' perspectives. All interviews were audio-recorded with consent, subsequently transcribed verbatim, and systematically coded for analysis. Data saturation, defined as the point at which no new themes or insights emerged, was reached after the fifth participant interview.

A theoretically driven thematic analysis was employed to examine the data, with Meisenbach's (2010) Stigma Management Communication (SMC) theory serving as the guiding framework. Thematic analysis was selected because it enabled the systematic identification and interpretation of patterns within the data that were directly relevant to the research questions,

while also situating these findings within the context of stigma management. This approach emphasized both the semantic content of participants' narratives and the theoretical significance of the themes in relation to the SMC framework.

The use of thematic analysis in similar studies demonstrates its appropriateness for this research. For example, Roscoe (2021) applied thematic analysis to investigate veterans with PTSD and their stigma coping strategies, highlighting how such methods capture nuanced processes of communication and identity management. Similarly, Yeager and Rennie (2021) examined the transitions of student veterans into higher education, using thematic analysis to reveal the levels of social engagement influenced by campus support. Reyes et al. (2019) also demonstrated the utility of thematic analysis in identifying effective strategies for delivering mental health interventions among veteran populations.

Guided by these precedents, the present study applied thematic analysis across all participant accounts, identifying recurring patterns, coding for themes, and interpreting their meanings within the framework of stigma management. This process not only provided coherence and structure to the data but also enabled a deeper understanding of how student veterans navigate stigma and identity in the context of higher education (Arye & McCaffery, 2022).

Research Questions

RQ1

What are the lived experiences of student veterans' mental health stigma coping strategies in higher education?

Significance of the Study

This study is significant due to the increasing number of student veterans transitioning from military service to higher education and the unique academic and social challenges they encounter, particularly related to stigma (Roscoe, 2021). Prior research indicates that perceived mental health stigma among student veterans often results in concealment of mental illness, which can exacerbate psychological distress and lead to more severe mental health consequences (Roscoe, 2021; Umucu et al., 2022). By exploring coping mechanisms, this study provides insight into strategies that student veterans can employ to manage stigma and seek the support necessary for their well-being.

The relevance of this study extends to understanding the overall experiences of student veterans within higher education, including academic performance and social integration. Identifying the need for enhanced support services for student veterans experiencing depression and anxiety, as well as increasing awareness among faculty and administrators about mental health and the transition challenges of veterans, are critical factors in promoting academic success (Ellison et al., 2018). Moreover, understanding how mental health stigma influences retention and academic outcomes equips institutions with evidence-based guidance to better meet the needs of this population.

This study addresses a gap in the literature by providing an examination of the lived experiences of student veterans' mental health stigma coping strategies in higher education (Roscoe, 2021). The findings contribute to the growing body of research that informs the development of support services for student veterans coping with depression, anxiety, and stigma-related challenges. Building on the work of Roscoe (2021), which focused on veterans with posttraumatic stress disorder (PTSD) and their stigma management strategies, this study

underscores the importance of institutional preparedness as the population of student veterans continues to grow and utilize educational benefits. These findings underscore the crucial need for higher education institutions to implement policies, programs, and resources that promote the mental health and academic success of student veterans.

Definitions of Key Terms

Anxiety

The Diagnostic and Statistical Manual of Mental Disorders (I) identifies anxiety as a reaction of high expectations and is associated with somatic symptomology (Crocq, 2022). The Diagnostic and Statistical Manual of Mental Health (II) was later updated to add that anxiety encompasses the overarching concern that leads to panic and somatic symptoms (Crocq, 2022).

Depression

A medical illness that affects the way an individual feels, acts, and thinks in a negative way that manifests itself into emotional and physical problems that can decrease one's ability to function at home and at work (American Psychiatric Association, 2022).

Help-seeking Behavior

A behavior presented by an individual who is actively seeking help from a healthcare professional to address changes in their health (Randles & Finnegan, 2021). It has also been described as communication about an issue, problem, or traumatic event, which can lead to obtaining some level of support, advice, or assistance when in angst (Clary, Pena, and Smith, 2021).

Mental Health Stigma

A broad term referring to the perceived bias against those experiencing mental health problems or who choose to seek mental health treatment (Campbell et al., 2021, and Roscoe,

2021).

Service Member

Any individual who is actively serving in the armed forces (Merriam-Webster Online Dictionary, 2022).

Veteran

An individual who has actively served in the military services and completed their contract or was released with any designation other than dishonorable discharge (U.S. Department of Veterans Administration, 2019).

Summary

For many veterans, a successful transition to civilian life is facilitated through enrollment in higher education; however, student veterans frequently encounter significant challenges, including elevated rates of mental health symptoms and limited engagement with treatment services (Valenstein, 2022). Entering higher education requires not only adapting to a new academic and social environment but also navigating how these environments respond to their unique needs, particularly in terms of mental health. When mental health stigma is unaddressed, student veterans face a range of negative consequences, including impaired academic performance, social isolation, and decreased retention (Roscoe, 2021; Umucu et al., 2022; Ellison et al., 2018; Mahalik & Di Bianca, 2021).

This study investigated the experiences of stigma among student veterans and the coping strategies they employ to navigate higher education. The research targeted veterans who had transitioned from military service within the past two years and who were experiencing depression or anxiety. Seven student veterans participated in one-on-one interviews, sharing their lived experiences of stigma and its impact on their pursuit of higher education. The data were

analyzed using thematic analysis to identify recurring patterns and themes (Nassaji, 2020), with NVivo employed to organize, code, and classify the qualitative data (Neubauer et al., 2019).

The findings of this study provided valuable insights into how mental health stigma was experienced and managed by student veterans, highlighting the importance of enhancing institutional policies, support services, and programming. By addressing stigma and improving awareness of mental health needs, higher education institutions can better support student veterans' academic success, persistence, and overall well-being.

Chapter 2: Literature Review

The purpose of this phenomenological study was to explore the experiences of student veterans in coping with mental health stigma in higher education. The literature review aimed to present a critical evaluation of the military veteran's transition to higher education, providing an understanding of how this study connects to the issue of retention rates in higher education. The review also provided the foundation for this research study, demonstrating the need for mental health coping strategies in higher education for administrators and the student veteran population.

The goal of this literature review was to identify existing empirical studies that described the experience of post-9/11 veterans in higher education. The literature review provided a general understanding of the initial college experience of these nontraditional students and expanded on what was known about the first two years of student veterans' college experience. All to develop a greater understanding of the challenges student veterans encounter, their coping strategies, the effectiveness of those strategies, and the outcomes as they relate to retention rates. The review included both historical and current literature that supported this study.

This chapter primarily emphasizes information published between 2011 and 2024. However, information that predates 2017 was used to strengthen and support the review of literature. The National University's online library search included: Google Scholar, ProQuest, EBSCO, and APA PsycArticles to review the literature on student veterans in higher education and the challenges they face. The following keywords were used: *higher education, student veterans, nontraditional students, first generation, veteran transition to higher education, student veteran challenges, stigma/stigmatization, coping strategies in higher education, mental health stigma, and stigma management communication theory (SMCT)*. These search terms were

helpful in developing the theoretical framework.

The review of the literature was divided into the following sections: theoretical framework, student veterans in higher education with a focus on the impact of the G.I. Bill, nontraditional students in higher education, student veteran transitions and challenges, student veteran retention rates and program completion, general mental health, mental health stigma in the military with a focus on mental health coping strategies, and the summary.

Theoretical Framework

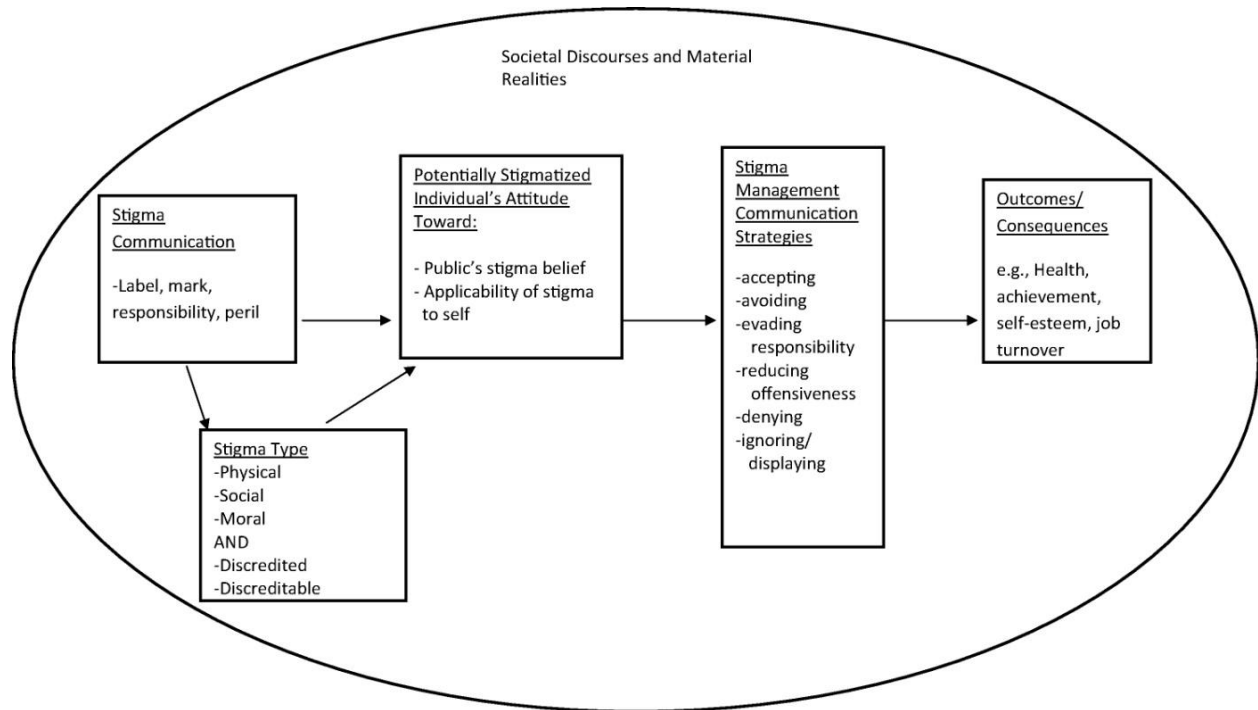
One leading theory served as the foundation of this study. The SMC theory, also known as the stigma management communication theory, is a theoretical framework that explores how individuals manage and cope with stigma in interpersonal communication contexts (Meisenbach, 2010). Moreover, Meisenbach's (2010) theory emerged from the field of communication studies, particularly from research on social identity and interpersonal communication dynamics. Meisenbach's (2010) stigma management communication theory was selected for this study because it could address the coping methods and management of stigma experienced by the student veterans in higher education. Overall, the stigma management communication theory provided valuable insights into the complexities of stigma and offered practical implications for promoting understanding, empathy, and supportive communication in interpersonal relationships and broader societal contexts. When addressing society's views and behaviors toward the stigmatized, Meisenbach (2010) presented four concepts: challenging stereotypes, contextual factors, identity negotiation, and outcome variables. The strategy used to change perceptions and promote understanding and acceptance is the act of challenging stereotypes. Individuals would confront and debunk the misconceptions and prejudices associated with the stigma. Identity negotiations occur when an individual attempts to balance the desire for social acceptance with

maintaining a sense of authenticity and self-respect. This, according to Meisenbach, is an ongoing negotiation process of managing identities in social interactions. SMC theory acknowledges that the effectiveness of stigma management strategies is influenced by various contextual factors, including the nature of the stigma, the relationship between communicators, cultural norms, and the specific social context. The final concepts address what Meisenbach referred to as the outcome variables (Meisenbach, 2010). The theory considers variables such as an individual's psychological well-being, social support, and interpersonal relationships. Effective stigma management can ultimately lead to positive outcomes, including improved self-esteem and enhanced social integration. The following sections present the SMC process and the stigma management communication typology that ultimately led to the strategies suggested for managing stigma.

The process of stigma management communication begins with the communication of stigma and ends with the outcomes or consequences of that stigma. Figure 1. The initial steps of the process originate from Smith's model of stigma communication, which includes labeling the stigma, identifying who is responsible for stigma, and the potential threat that stigma presents to the public and the "marked" individual (Meisenbach, 2010; Kimotho, Miller, & Ngure, 2015). Identifying the type of stigma being addressed includes understanding whether the stigmatized or marked individual is considered discredited or discreditable. The potential threat of stigma is recognized through the attitude of the individual being stigmatized towards the stigmatizer, and the applicability of the stigma to the stigmatized. Ultimately, it is the combination of stigmatized attitudes and the context of the stigma that determines which management strategy will be chosen, leading to the desired outcomes (Meisenbach, 2010). From this process, Meisenbach created a framework that organizes the strategies available for coping with the stigma.

Figure 1

Stigma Management Communication Model (Meisenbach, 2010, p.277)



The SMC strategies are mapped using two main criteria: the individual's attitude towards either challenging the stigma or maintaining the perception; and the individual's attitude towards whether the stigma is relevant to them (Meisenbach, 2010; Kimotho et al., 2015). As Figure 2 shows, the two criteria available to the individual are to either accept public understanding of the stigma or to challenge it as it relates to "self". Once identified, the individual strategies are categorized into six subcategories, listing possible strategies for managing/coping with the stigma. For example, an individual may decide to challenge the public understanding of stigma by denying its existence. This individual would have three strategic options: simply deny the

stigma, logically deny by “discrediting the stigma, or provide evidence or highlight the logical fallacies (Meisenbach, 2010). The use of this comprehensive framework addresses overlapping issues and presents options for future management.

Figure 2

Meisenbach's Stigma Management Communication Strategies (Meisenbach, 2010, p.278)

		Stigma Application to the Self	
		Accepting Self	Challenging Self
Public Understanding of Stigma	Accept Public	1	2
		<ul style="list-style-type: none"> • Accepting <ul style="list-style-type: none"> ○ Passive Acceptance ○ Display/Disclose Stigma ○ Apologize ○ Use Humor ○ Blame for negative outcomes ○ Isolate self ○ Bond with stigmatized 	<ul style="list-style-type: none"> • Avoiding <ul style="list-style-type: none"> ○ Hide/deny attribute ○ Avoid stigma situations ○ Stop stigma behavior ○ Make favorable comparisons
	Challenge Public	3	4
		<ul style="list-style-type: none"> • Evading Responsibility <ul style="list-style-type: none"> ○ Provocation ○ Defeasibility ○ Unintentional • Reducing offensiveness <ul style="list-style-type: none"> ○ Bolster/refocus ○ Minimize ○ Transcend 	<ul style="list-style-type: none"> • Denying <ul style="list-style-type: none"> ○ Simply ○ Logically <ul style="list-style-type: none"> ▪ Discredit discreditors ▪ Provide evidence ▪ Highlight logical fallacies • Ignoring

The SMC theory offers insight into how people navigate social interactions when faced with stigmatized identities or characteristics. There are eight main concepts of the SMC theory. The concepts are broken into two categories: how the individual copes personally with stigma and how the individual addresses society when facing stigma. The first four concepts address how individuals cope with their perceived stigma, including stigma management strategies, disclosure, concealment, and passing. Stigma management strategies refer to the various ways in which an individual can employ communication strategies to mitigate the negative effects of stigma. Disclosure refers to the act of revealing stigma characteristics or identities to others (Meisenbach, 2010). In purposefully revealing the stigma to others, the individual asserts control

over their narrative and begins to manage others' perceptions of them. Conversely, covering occurs when the individual masks, downplays, or minimizes the stigmatized attributes in social interactions. This strategy is employed when an individual seeks to assimilate into social norms and avoid negative judgment or discrimination from others. In the case of passing, Meisenbach (2010) describes individuals who conceal the stigmatized identity and behaviors altogether and present themselves as part of the non-stigmatized group. The implementation of these management strategies has been used by researchers investigating various areas of study, including health, occupational studies, mental health, and, specifically, in the current study, educational. The following two subheadings review the history of SMC and how researchers have used the stigma management communication theory to address the stigma in their investigations.

History of SMC Theory

The history and origin of the stigma management communication theory can be traced back to the work of scholars such as Erving Goffman, whose seminal work "Stigma: Notes on the Management of Spoiled Identity" (1963) laid the foundation for understanding stigma as a social phenomenon. Goffman introduced the concept of "stigma management," which refers to the strategies individuals employ to cope with and mitigate the effects of stigma in their everyday interactions. As a sociologist renowned for his work on observing social interactions, Goffman (1963) sought to understand how individuals navigate social interactions while maintaining a sense of self in the face of societal judgment and stereotypes.

Goffman (1963), through his observations of social interactions, recognized the need to address the management of stigma. The purpose of addressing stigma management can be summarized in four major areas: exploring the social consequences of stigmatized identity,

examining the strategies used to cope with stigma, highlighting the role of social norms and expectations in shaping identity, and contributing to continued understanding of social interactions. Understanding how stigma affects social interaction would provide Goffman with a broader sense of how to address the social dynamics of stigma. Additionally, Goffman (1963) emphasized the importance of understanding the social context in which stigma occurs and the ways in which individuals negotiate their identities within this context. By focusing on how individuals present themselves and manage impressions in the context of stigma, Goffman (1963) provided insights into the complexities of social life and the construction of identity.

Building upon Goffman's insights, communication scholars further developed the stigma management communication theory to examine how individuals navigate stigmatized identities in various communicative contexts (Meisenbach, 2010). Researchers have explored various strategies, including disclosure, concealment, normalization, redefinition, and empowerment, as means of managing stigma in interpersonal interactions. The research will follow the implementation and testing of the stigma management communication theory to demonstrate its overall effectiveness in addressing mental health stigma.

Research Using SMC Theory

The growing interest in stigma and its impact on the behavior of the stigmatized (Meisenbach, 2010) has influenced studies that combine communication and stigma in the last decade (Smith & Bishop, 2019). According to Falk (2001) stigma is a phenomenon that humans will always encounter because of the community solidarity created by pitting the stigmatizers against the stigmatized. Therefore, enhancing an individual's ability to manage the stigma and avoid negative outcomes is an important goal of SMC. Negative consequences of stigmatization, specifically towards those with mental health illnesses, can include lower self-esteem, fear of

socializing, prejudices, discrimination, increased depression, and barriers to seeking mental health (Meisenbach, 2010; Roscoe, 2021; O'Shay-Wallace, 2020; Smith & Applegate, 2018).

Roscoe (2019) explained that stigma messages move through society based on the communications shared between members of the community, drawing heightened attention to the stigmatized individual. The communication of stigma not only spreads through the community, but it also teaches the members of the community to recognize the stigmatized attribute and react to it (Smith, 2007). O'Shay-Wallace (2020) defines an "undesirable attribute" as one that a group of people has identified and labeled, thus stigmatizing it (p. 466). Therefore, counteracting the negative effects of stigma communication in the community by creating a framework of strategies to manage stigma can reduce the vulnerabilities that the stigmatized experience.

Overall, SMC theory focuses on providing a framework that would improve understanding of how individuals navigate the complexities of stigma in interpersonal communications as well as offering insight into the communication strategies used to cope with and in some cases, overcome stigma challenges (Meisenbach, 2010). The use of the stigma management communication theory provides researchers and scholars alike with the option of applying a framework broad enough to implement coping strategies across a range of communicative behaviors. Kimotho et al. (2015) employed the SMC theory to create coping strategies for individuals suffering from a skin disease that not only affects how the community treats their families but also isolates the individual with the disease. In this case, because the stigma presented was physical and always visible even at its earliest stage, deniability was not an option, and the option that was chosen by most participants, withdrawal, resulted in worsening their health situation by avoiding treatment and care (Kimotho, Miller & Ngure, 2015). In studies investigating other health conditions, such as men seeking foreskin restoration (Hartelt, 2018),

individual burn survivors and their “relational” partners (Noltensmeyer & Meisenbach, 2016), strategies for coping with stigma were identified through the SMC but not without adjustments. In the case of partners of burn victims, they practiced denial or ignored the stigma, which placed them in the category of challenging the public perception (Noltensmeyer & Meisenbach, 2016). Moreover, Brule and Eckstein (2016) conducted research on the stigma involving adolescent-to-parent abuse, and the context of family uncovered the need for refinement when it comes to addressing a family system. Brule and Eckstein (2016) also suggested the contextual aspect of some of the strategies presented in the SMC theory, “depending on the type of stigma” (p.467). As it relates to the field of education and stigmatization, Smith and Applegate (2018) address depression and the stigma in education across secondary and higher education. The study identifies and recommends the need for further research in the area of stigma management within education, particularly in relation to mental health (Smith & Applegate, 2018). Society’s miseducation about mental health and illness will place communication and the educational field in a position that can eventually lead to new stigmas, reinforce existing ones, or eliminate the stigma, depending on the change in communication (Smith & Applegate, 2018). Smith and Applegate’s (2018) study revealed a gap in the literature, highlighting the need for more information on how the educational system addresses stigma. Roscoe’s (2021) study of stigma experienced by veterans suffering from PTSD has demonstrated how the SMC theory, though not perfect, can be used to address the coping needs of the stigmatized. The findings led to the integration of some existing strategies and, in some cases, the development of new strategies to manage stigma. SMC theory laid the foundation for a framework that could help stigmatized individuals survive their stigma. Still, additional research was needed to extend SMC theory to address strategies that do not appear in Meisenbach’s (2010) theory. Roscoe’s (2021) study on

veterans with PTSD and their stigma management strategies recommended updating the SMC theory to add additional management strategies. Since the purpose of this study was to explore the stigma management strategies used by student veterans in higher education, Meisenbach's (2010) SMC theory provided the most appropriate framework of options.

The stigma management communication (SMC) theory is particularly well-suited for examining coping strategies among student veterans in higher education, as it specifically addresses the communicative processes individuals use to manage stigma in real-world social contexts (Meisenbach, 2010). Unlike broader theories such as coping theory (Lazarus & Folkman, 1984) or modified labeling theory (Link et al., 1989), which focus on general stress responses or the psychological impact of societal labels, SMC theory directly links the management of stigma to observable communication behaviors. This focus is critical for student veterans, whose experiences with mental health stigma are shaped not only by personal perception but also by interactions with peers, faculty, and institutional structures in higher education.

Moreover, SMC theory provides a structured framework for identifying and categorizing specific strategies used to navigate stigma, including acceptance, avoidance, and active challenge, while also considering the social context in which stigma occurs. This dual emphasis on individual agency and social interaction allows researchers to capture the nuanced ways student veterans negotiate their identities and seek help in response to mental health stigma—an aspect that alternative theories such as self-sigma theory (Corrigan & Watson, 2002) or social identity theory (Tajfel & Turner, 2004) address only partially.

Student Veterans in Higher Education

One of the most common pathways veterans pursue when transitioning from military

service is higher education. According to the Student Veterans of America, an estimated 51.7% of veterans enroll in higher education using their G.I. Bill benefits (Morris et al., 2020; Hunter-Johnson et al., 2021). Despite this strong participation, research consistently indicates that student veterans face challenges that contribute to lower retention and completion rates compared to their nonmilitary peers. Barmak and colleagues (2021) highlighted in a study on the role of student veteran resource centers how the shift from the structured culture of the military to the comparatively unstructured environment of higher education creates immediate adjustment difficulties. Similarly, Hunter-Johnson and colleagues (2021) argued that, despite expanded financial assistance and institutional resources, student veterans continue to face barriers that negatively impact their academic persistence and degree completion.

A significant factor contributing to these challenges is untreated mental health conditions. Ghosh et al. (2020) reported that the relationship between military experiences and veteran mental health outcomes creates obstacles in higher education, often resulting in compromised academic performance. Multiple studies have shown that student veterans are less likely to seek treatment for mental health concerns due to the enduring influence of military culture, where help-seeking behaviors are often stigmatized (Barmak et al., 2021; Hunter-Johnson et al., 2021; Hinkson et al., 2022; Currier, McDermott, & McCormick, 2017). Consequently, the persistence of untreated conditions such as depression, anxiety, and posttraumatic stress disorder (PTSD) further undermines student veterans' academic engagement and degree completion. Collectively, these findings underscore the need for higher education institutions to address both structural transition challenges and the lingering effects of mental health stigma in order to better support student veterans' academic success.

Veterans represent diverse branches of the United States Armed Forces, including the

Army, Navy, Marine Corps, Air Force, and Coast Guard. While each branch differs in its training and service experiences, commonalities exist across the veteran population, particularly regarding the educational benefits and programs that support their transition to civilian life (Vacchi, 2014). Over the past eight decades, several landmark policies have advanced veterans' access to higher education, beginning with the Servicemen's Readjustment Act of 1944, followed by the Montgomery G.I. Bill of 1985, and most recently the post-9/11 G.I. Bill (Reyes & Lollar, 2022). Research examining student veterans' experiences in higher education consistently identifies the implementation of the Post-9/11 G.I. Bill in 2008 as a critical factor in expanding access, contributing to the enrollment of approximately one million student veterans nationwide and steady growth in this population (Hinkson et al., 2022; Yeager et al., 2021; Borsari et al., 2017; Ghosh, Santana, & Opelt, 2020; Hunter-Johnson et al., 2021). For example, Kato et al. (2016) found that enrollment of student veterans increased nationally as service members took advantage of these benefits during their transition to civilian life (p. 2131).

The student veteran population has since become one of the fastest-growing subgroups of nontraditional college students (Schiavone & Gentry, 2014). According to the 2020 Student Veterans of America Census Survey, approximately 65% of student veterans were enrolled full-time in higher education, with 73.08% pursuing undergraduate degrees and 26.92% enrolled in graduate programs (Student Veterans of America Research Department, 2021). For commissioned officers, completion of an undergraduate degree is a prerequisite for advancement, which in turn encourages veterans' participation in higher education (Vacchi, 2014).

Student veterans also differ significantly from traditional college students in terms of age and life circumstances. Whereas traditional students are typically between the ages of 18 and 25

(Kirchner, 2015), student veterans can range from 18 to 65 years old, with an average starting age of 33. This age gap places student veterans in a unique position within the higher education system. Borsari and colleagues (2017) reported in their review of service member and veteran transitions that only 20% of student veterans were between the ages of 17 and 23, confirming the predominance of older learners (p. 167). These age differences often translate into differences in maturity and life experience, which can complicate reintegration into campus life and the establishment of peer relationships (Barmaksezian & Der-Martirosian, 2021).

As a nontraditional population, student veterans often share additional characteristics that distinguish them from their traditional peers. They are more likely to be first-generation college students, have dependents such as spouses or children, be career-focused, and have experienced a break in their educational journey (Osborne, 2016). Taken together, these characteristics highlight the multifaceted challenges that student veterans face as they transition from military to academic life and underscore the importance of understanding their distinct needs in comparison to those of traditional college students.

When comparing student veterans to traditional college students, it is important to recognize the unique experiences that veterans bring with them as they transition to civilian life (Vacchi, 2014). Several characteristics that distinguish student veterans from their traditional peers can also create challenges in their return to higher education (Osborne, 2016). One key difference lies in the learning culture. Hunter-Johnston et al. (2021) examined higher education as a tool for transitioning to the civilian workforce and identified fundamental differences between military and academic pedagogical approaches. Their study highlighted that military service members are often positioned as passive recipients of knowledge, while traditional college students are encouraged to engage critically by questioning and challenging information

(Hunter-Johnston et al., 2021). This contrast underscores the influence of military learning culture on how veterans' approach higher education environments.

Beyond these pedagogical differences, many student veterans enter higher education with physical and psychological limitations that may affect their academic performance, social integration, and overall well-being. Research has shown that student veterans experience disproportionately higher rates of mental health conditions compared to their nonveteran peers. For instance, Hinkson and colleagues (2022) reported that student veterans were twice as likely to experience posttraumatic stress disorder (PTSD) and depression, with approximately 25% meeting criteria for PTSD and 33% experiencing some degree of depression. In contrast, only 12% and 19% of traditional college students reported the same conditions, respectively (Hinkson et al., 2022). These disparities highlight the heavier psychological burden student veterans often carry, which can exacerbate difficulties in navigating academic demands. Rattray et al. (2019) further noted that such challenges can impede veterans' ability to adjust to campus life and achieve educational goals.

Higher education thus presents a vastly different environment from the structured and disciplined culture of military service, requiring adaptation on multiple levels. Addressing transitional challenges early in the educational journey has been shown to improve both academic retention and long-term success (Hunter-Johnston et al., 2021). This body of literature highlights the importance of institutional support, faculty awareness, and targeted interventions in facilitating smoother transitions for student veterans as they pursue higher education.

Impact of the Montgomery GI Bill

In 1944, the U.S. government implemented the Servicemen's Readjustment Act, also

known as the Montgomery GI Bill, to assist veterans returning from World War II as they transitioned to civilian life. According to Smith-Osborne (2009), the need for postsecondary education became a growing trend in the postindustrial, high-technology society, and the GI Bill made it possible for veterans to take advantage of educational opportunities in their transition to civilian life. Between 1944 and 2008, multiple adjustments and changes were made to veteran benefits, including revisions to the GI Bill. Most recently, in 2008, the Post-9/11 GI Bill was implemented, providing veterans and service members with full tuition payment for an undergraduate degree, as well as a living allowance and a book stipend (Smith-Osborne, 2009). This revision made educational opportunities more attainable to both healthy and wounded retirees and veterans transitioning from the military. Since the first installment of funds in 2009 through the adjusted GI Bill, the Federal expenditures for veteran education have been estimated to be \$34 billion (Norman et al., 2015). The American Council on Education (2018) estimated that more than \$42 billion has been invested in the education of veterans, retirees, and their dependents using GI Bill educational benefits. Over one million service members and 200,000 of their dependents have taken advantage of the GI Bill benefits since 2008, and it is estimated that this number will increase by 20% within the next five years (Wenger et al., 2017; Messerschmitt-Coen, 2021). The U.S. Government Accountability Office reported in 2019 that over 200,000 service members transition out of the military each year, which means the post-9/11 GI Bill will continue to have a significant impact on the higher education system. Wagner and Long (2022) noted that by 2020, the number of veterans attending college/university four-year programs would be approximately 2 million.

Cate et al. (2017) conducted a longitudinal study over a six-year period, tracking the postsecondary progress of post-9/11 veterans. Findings revealed that, although 54% earned a

postsecondary certificate or degree, the completion rate for a bachelor's degree was only 20% within the 6-year period. For those veterans transferring into a four-year institution, the ability to adjust and develop strategies to successfully adapt to the academic environment and expectations, including social engagement, would play a pivotal role in completing a four-year degree.

Nontraditional student in higher education

The college student population has been divided into primary groups, as defined by Wyatt (2011): traditional students (aged 18–24) and nontraditional students (aged 25 and above). The National Center for Education Statistics (2011) projected that between 1999 and 2019, the number of enrolled students over the age of 25 would increase by 28% and become the fastest-growing population in higher education. A new category of nontraditional students currently makes up 51% of all college students in the U.S., now referred to as independent college students (Institute for Women's Policy Research, 2016). Students that were categorized as independent meet at least one of the following characteristics, defined by the Free Application for Federal Student Aid (FAFSA): being at least 24 years of age; married; having legal dependents; enrolled as graduate or professional student; an orphan; in foster care or a ward of the courts; an emancipated minor; deemed homeless; a veteran of military service; or member of the armed forces (Institute for Women's Policy Research, 2016). According to Messerschmitt-Coen (2021), student veterans make up only 20% of traditionally aged students, compared to student veterans between the ages of 24 and 40. Department of Veterans Affairs (2014) reported that 62% of student veterans are identified as first-generation students with families (Ilagan et al., 2022; Messerschmitt-Coen, 2021). First-generation college students (FGCS) are identified in the literature as students of parents who never attended college, or, based on Federal guidelines,

students whose parents had not attained a bachelor's degree (Bamberger & Smith, 2023). The nontraditional designation for students in general presents greater difficulties and challenges, requiring a higher need for supportive resources to successfully navigate the academic environment (Bamberger & Smith, 2023; Goncalves & Trunk, 2014; Ilagan et al., 2022).

Compared to their counterparts, nontraditional students have experienced higher attrition rates in higher education (Goncalves & Trunk, 2014), poorer retention rates, and lower graduation rates (National Center for Educational Statistics, 2011). Research has shown that when nontraditional students share their reasons for dropping out, two main reasons have typically been cited: finances and the conflict between work and school balance (Markle, 2015). The U.S. Department of Education (2011) list through the Index for Student Success in Higher Education the seven factors that are linked directly to students' successful attainment of a degree and/or retention rates to be: delayed college enrollment, the type of high school degree, attendance patterns, dependency status, single parent status, dependent care, and employment while enrolled. In general, increasing access to resources and addressing challenges for nontraditional students has yet to translate to degree completion and increased retention rates (Wilson & Buttrick, 2016).

Student Veteran Transition to Higher Education

When service members separate from military service, they face the challenges of life and identity transitions. Literature suggests that service members transitioning to civilian life choose higher education as a pathway to career advancement, housing stability, and social integration (Rattray et al, 2019; Hunter-Johnson et al., 2021; Barmak et al., 2021; Atzud & Costro, 2019). These areas tend to present the most challenges for student veterans. For instance, Hinkson (2022) and colleagues note that student veterans pursue higher education to acquire the

skills and knowledge necessary to enter the workforce successfully in their chosen professions. Similarly, previous studies have found that students believe completing a degree in higher education will solidify improved economic opportunities and help achieve their career aspirations (Hunter-Johnston et al., 2021). In addition, Smith-Osborne (2019) stated in her chapter covering “educational and vocational benefit for military veterans,” transitioning to civilian life through higher education can be beneficial by speeding up transition and improving chances for future occupational and economic success and opportunities. The use of higher education as a transition tool from military to civilian life can present positive outcomes; however, the challenges that student veterans face during this transition can become a barrier to successfully transitioning to college.

Student veterans entering higher education after taking a considerable break to fulfill their military service obligations find themselves at a disadvantage compared to their non-veteran student counterparts. The significant breakaway from the academic environment results in the student veteran having to readjust to the collegiate setting, sharpen study skills, and build social relationships (Falkey, 2016). Hunter-Johnson (2021) and colleagues addressed the culture shock student veterans experience with the civilian world and higher education. In contrast to the civilian collegiate approach to learning, the military learning environment employs a pedagogical approach that involves memorizing information, utilizing a system of punishment and reward, and viewing the service member as a passive participant in the learning process. Yeager and Rennie’s (2021) study focused on the challenges that student veterans face regarding social assimilation within college/university communities. The study indicated that student veterans tend to isolate themselves from their peers as they struggle with forming healthy connections (Yeager & Rennie, 2021). In addition, Rattray (2019) and colleagues’ investigation of veterans in

postsecondary education identified the tendency of student veterans to “self-isolate, finding difficulty in communication with non-veterans and experience feelings of alienation” (p.285). The lack of engagement with traditional non-veteran students, faculty, and staff decreases the opportunities for healthier social connections, high academic performance, and overall retention rates among student veterans. Hinkson (2020) and colleagues emphasized the struggle student veterans experience in forming meaningful relationships, especially in an unfamiliar environment that is less formal and structured than the military. As the student veteran navigates the transition from military to college environments, the lack of familiarity and belonging can make for a difficult transitional experience (Hinkson et al., 2020; Barmak et al., 2021; Demers, 2011).

Higher education is not the only environment in which student veterans’ transition when they initially separate from the military. Hunter-Johnston (2021) and colleagues asserted that the most challenging issue student veterans face is navigating the transition into the civilian community while pursuing a degree. Student veterans are typically older than the average traditional college student and therefore can carry additional responsibilities, including family needs, household and financial stability, and personal mental and physical care (Perkins, et al., 2020). Student veterans must also find ways to understand and navigate through the bureaucracy of the Veterans Administration (VA) and benefits, secure a home and employment, all while navigating the college campus and its various academic and administrative expectations. The added strain of dealing with the physical and mental health scars of military service increases the level of stress student veterans endure. Perkins (2020) and colleagues identified some of the major challenges student veterans face with transitioning to civilian life and noted that veterans with physical and mental health problems find difficulty in successfully assimilating to the

college setting (p. 243).

Recent studies have examined and identified the behavioral challenges student veterans experience during their transition to higher education. Substance abuse, alcoholism, PTSD, depression, and anxiety are identified as behaviors and/or illnesses that student veterans could have acquired during military service and now carry into their transition to civilian life. For example, Griffin and Gilbert (2015) explained that as veterans transition from military to civilian life through higher education, they encounter obstacles and challenges that range from the mental and physical constraints of active service to the actual process of transition itself.

Student Veteran Challenges in Higher Education

Entering higher education can be a challenging transition, presenting challenges that students may not be prepared to tackle without support. Students recently transitioning from military service are especially disadvantaged, as their time away from the civilian educational system was a result of obligations to fulfill their military contracts. In addition to the challenges student veterans face as they transition to civilian life and higher education, they also encounter challenges once they have entered the college environment. In higher education, administration, along with faculty and staff members, often lacks the necessary resources to address the unique needs of student veterans (Hunter-Johnson et al., 2021; Barmak et al., 2021; Hinkson et al., 2020). According to Hunter-Johnson et al. (2021), this challenge would leave student veterans seeking information and assistance from multiple offices rather than just one (i.e., Veterans Affairs, Academic Affairs, and Disability Services). Based on studies examining the critical role of veteran resource centers, Barmak (2021) and colleagues recommended that administrators in higher education focus on the challenges that affect the student veteran success, including: financial concerns, peer and faculty interactions, and mental health and disability services.

Institutional barriers like these would lead to further isolation and an eventual decrease in the retention of student veterans. Success in the academic environment will occur when administrators improve the campus support groups (Falkey, 2016).

The cultural shock that student veterans experience when they begin their integration in higher education is another challenge identified by researchers. For instance, Hunter-Johnson (2021) and colleagues highlighted the difference in learning environments that student veterans encountered. Specifically, learning and training methods in the military tend to focus more on rote memory, lecture-style approaches, and skill-specific tasks, as soldiers adopt a passive role (Hunter-Johnson et al., 2021; Rattray et al., 2019). Higher education takes on a much more interactive and more “autonomous” pedagogical approach to learning (Borsari et al., 2018). This often includes instructors’ emphasis on classroom engagement and discussion, asking for opinions and thoughts, or completing independent assignments. In addition to the teaching approach used in the college classroom, student veterans find it challenging to adjust to the interactions between students and instructors. According to Hunter-Johnson (2021) and colleagues, student veterans find questioning or challenging the instructor disrespectful. The study also noted that student veterans were frustrated with non-veteran students disregarding assignment deadlines and due dates, forcing instructors to adjust the initial assignment expectations. (Hunter-Johnson et al., 2021). Student veterans have functioned in a culture of structure and punctuality, but the challenges of adapting to “the less structured, individualistic environment of a college campus” could be a barrier to a favorable experience in the first year of enrollment (Hinkson et al., 2022).

The complexities of higher education can be difficult for traditional non-veteran students, and even more challenging for student veterans with mental or physical disabilities. Social

integration has proven to be one of the most challenging adjustments for student veterans, with results that can lead to feelings of depression, social detachment, and being isolated from community members (Hinkson et al., 2020 & Barmak et al., 2021). Attempting to navigate an unfamiliar environment and forge new relationships while dealing with mental health issues or physical disabilities is difficult when students and faculty lack sensitivity to the student veterans' unique dispositions. For instance, Perkins et al. (2020) examined the use of programs and resources for veterans' transition and found that visible and invisible wounds of war, i.e., mental health illness, can interfere with successfully integrating into an unfamiliar environment. As it stands, current studies have determined that the diagnosis of mental health can result in negative consequences academically, such as inconsistent class attendance, poor study habits, and incomplete assignments (Hinkson et al., 2020). In a Rattray et al. (2019) study on invisible injuries in student veterans, it was noted that during the transition process, there is a tendency for veterans to self-isolate due to the difficulty of communicating with non-veteran students. The inability to find a connection with non-veteran students can be attributed to the differences in age, life stage, and work experiences between non-veteran and veteran students (Hunter-Johnson et al., 2021). Student veterans have expressed a lack of belonging and a sense of support, hence their gravitation toward isolation (Barmak et al., 2021; Hunter-Johnson et al., 2021; Hinkson et al., 2020; Rattray et al., 2019). This isolation can eventually trigger depression and anxiety, exacerbating the challenges of an already overwhelming environment. Coping strategies to help manage the stigma and insensitivities around mental health issues such as PTSD, depression, and/or anxiety are recommended by researchers in the development of programs and student veteran resource centers (Ghosh, Santana & Opelt, 2020; Hinkson et al., 2022; Barmak et al., 2021; Hunter-Johnson et al., 2021). The next section will cover the current mental health stigma

coping strategies used by student veterans.

Student Veteran Retention and Academic Completion

The post-9/11 G.I. Bill of 2008 created an influx of nontraditional students into higher education by providing financial resources to ease the transition from military to civilian life. Despite these supports, research has consistently shown that student veterans continue to face higher dropout rates than their civilian counterparts (Barragan et al., 2022; Yeager & Rennie, 2021; Hunter-Johnson et al., 2021; Barmak et al., 2021; Hinkson et al., 2022). Hunter-Johnson and colleagues (2021) noted that even with increased access to financial benefits and educational opportunities, two significant challenges persist: lower academic completion rates—ranging between 26.6% and 68% compared to traditional students (Hunter-Johnson et al., 2021; Cate, 2014)—and the cultural adjustment required when shifting from military to civilian learning environments (Hunter-Johnson et al., 2021; Barmak et al., 2021; Hinkson et al., 2022).

The literature indicates that these challenges and barriers are central to understanding student veteran retention and academic success. Post-9/11 veterans encounter difficulties such as relocation, interrupted educational trajectories, psychological and physical health needs, and limited opportunities for peer engagement (Barmak et al., 2021). Establishing social relationships has been identified as particularly critical for academic persistence. Yet, student veterans, as nontraditional students, often face obstacles to integration due to older age, family responsibilities, and employment commitments (Barmak et al., 2021; Hunter-Johnson et al., 2021; Yeager & Rennie, 2021). Their military service frequently delays academic progress, placing them behind traditional peers in coursework (Barmak et al., 2021; Yeager & Rennie, 2021). The resulting difficulties in building peer networks can lead to social isolation and loneliness, which are associated with reduced sense of belonging, emotional exhaustion, and

ultimately academic attrition (Hinkson et al., 2020; Yeager & Rennie, 2021; Barmak et al., 2021). Without successful social integration during their first year, student veterans are at greater risk of dropping out (Hinkson et al., 2020).

Psychological challenges further complicate the transition process. While traditional students may face issues such as depression, stress, or anxiety, student veterans frequently contend with additional service-related conditions, including posttraumatic stress disorder (PTSD), traumatic brain injuries, and other invisible disabilities (Hinkson et al., 2021; Cate, 2014). Research has found that student veterans experience PTSD and depression at nearly twice the rate of traditional students. Hinkson and colleagues (2021) reported that 25.7% of student veterans screened positive for PTSD and 33.1% for depression, compared to 12.6% and 19.5% of nonmilitary students, respectively. These conditions are associated with impaired cognitive functioning, including difficulties with concentration, organization, and motivation, which negatively impact academic performance. Such impairments often manifest in missed assignments, lower test scores, incomplete coursework, and higher dropout rates (Hinkson et al., 2021). Without targeted support from faculty and student affairs administrators, student veterans struggling with these psychological challenges are more likely to discontinue their academic programs.

Large-scale studies highlight both the progress and ongoing challenges faced by student veterans in higher education. The Million Records Project, one of the most comprehensive investigations of veteran student outcomes, analyzed the academic records of approximately 898,000 student veterans who used educational benefits between 2002 and 2010 (Cate, 2014). Findings revealed that while student veterans achieved degree completion rates comparable to traditional students, they generally required more time to graduate. However, this study did not

address attrition or persistence. Later efforts, such as the National Veterans Education Success Tracker (NVEST), expanded upon these findings by examining persistence, transfer, and attrition among veterans who used G.I. Bill benefits between 2009 and 2013 (Ghosh, Santana, & Opelt, 2020). Results indicated an attrition rate of 28.4% and a degree completion rate of 53.6%. Although NVEST did not identify the factors underlying attrition, it emphasized the need for further research into targeted programs and interventions that promote academic success for student veterans. Importantly, both studies highlight that untreated mental health concerns and the stigma associated with seeking help remain central barriers to completion and long-term academic success (Ghosh et al., 2020; Hinkson et al., 2021).

Mental Health

Mental health disorders are a major and persistent global health burden. In 2019, an estimated 970 million people worldwide were living with a mental disorder, with anxiety and depressive disorders the most common, with COVID-19 producing a sharp short-term rise (WHO, 2022). The impact of mental health is significant across economic, social, and public health dimensions. The World Health Organization (2022) reported that mental health disorders are the leading cause of disability, contributing to a reduction in workplace productivity, increased unemployment rates, and loss of income. Global Burden of Disease analyses showed mental disorders consistently ranked among the top ten causes of years lived with disability and have shown little reduction in population burden since 1990 (GBD 2019 Mental Disorders Collaborators, 2022). Recent studies estimated that depression and anxiety alone cost the global economy over \$1 trillion annually in lost production (WHO, 2022). In addition to the economic impact of mental health, physical health has seen a major decline. Patel et al. (2018) reported that poor mental health has been linked to physical illness, substance use, and premature mortality.

On the social level, mental health has continued to impact how people define societal well-being. Stigma surrounding mental illness fosters exclusion, discrimination, and barriers to education and employment (Corrigan & Kosyluk, 2014). In education, studies have suggested that untreated mental health illness contributes to lower academic achievement and lower retention rates, specifically among young adults (Auerbach et al., 2018). The prevalence of mental health issues continues to rise in young people. Recent estimates place the mean prevalence of mental disorders in ages 5–24 at about 11–12%, highlighting adolescence and young adulthood as priority windows for detection and intervention (Kieling et al., 2024). There is a growing trend in college students facing mental health challenges. A meta-analysis of over 100,000 students found that about 33.6% reported symptoms of depression and 39.0% reported symptoms of anxiety; rates were even higher after the COVID-19 outbreak, especially among medical students and those in lower-middle-income countries (Li et al., 2022). Another population-based study of college campus students found that the severity of mental health problems continues to increase (Currier et al., 2017).

Collectively, the social network, including community and family, feels the impact of mental health as the burden of caregiving moves from institutional to private care (WHO, 2022). Evidence-based treatments exist, but access is limited as researchers find cognitive-behavioral therapies (CBT) and several pharmacotherapies produce reliable symptom reduction for depression and anxiety, though comparative effectiveness varies by disorder and delivery format (Cuijpers et al., 2023). Access to treatment for our student population also remains limited. Studies have shown that many students with mental health symptoms do not seek help, with community college students especially less likely to use services compared to peers at 4-year

institutions (Lipson et al., 2021). With this limited access to care, it is imperative that alternative mental health coping strategies are investigated and developed.

Mental Health Stigma in the Military

Mental health stigma in the military is a complex issue that affects service members' willingness to seek help for mental health concerns and can have profound consequences for their well-being and readiness beyond military service. In the broadest sense, mental health stigma refers to the negative attitudes, beliefs, and stereotypes that society holds about mental illness and those who experience mental health challenges (Brown & Bruce, 2016; Campbell et al., 2021; McGuffin et al., 2021). Research supports the fact that mental health stigma can lead to discrimination in both professional and social contexts, which can worsen an individual's mental health (Acosta et al., 2014; Campbell et al., 2021; Clary, Pena & Smith, 2021). Along with discriminatory outcomes, mental health stigma has been identified as a "strong predictor of help-seeking behavior" (McGuffin et al., 2021). Across civilian and military studies, stigma is frequently reported as the barrier to seeking help (Sharp et al., 2015; McGuffin et al., 2021; Clary, Pena, & Smith, 2021; Brown & Bruce, 2016; Ganz et al., 2021). In a systematic review and meta-analysis of 20 studies focusing on stigma of mental health and help seeking, Sharp (2015) and colleagues reported that at least two-fifths of service members across the various branches identified stigma as the influence on their decision to seek help. In addition, Brown and Bruce (2016) linked stigma to avoiding help for mental illness in their examination of factors that influence treatment-seeking. Simply focusing on the broad definition of mental health stigma and its components will only provide the surface of the influence it has in the military. Defining mental health stigma from the military context is crucial because it encompasses military culture and beliefs (Acosta et al., 2016).

Goffman (1963) defined stigma as a “mark of infamy” that one subgroup is linked to, which considers them outside the social norm. According to Acosta et al. (2016), stigma is the process of separating individuals based on their differences and labeling them, hence, creating a tainted identity for the marked individual, in this case, the service member with mental health illness. Based on this definition, mental health stigma in the military focuses on how the “marked” service member perceives or internalizes this identity that differentiates them from the norm (Acosta et al., 2021, and Cary et al., 2021). Mental health stigma can impact the way individuals are treated by others and can unfairly attach characteristics to the service members that can affect them socially, personally, and mentally. For example, Campbell (2021) and colleagues’ examination of mental health stigma in DoD policies argued that service members experiencing mental health illness are likely to be associated with incompetence, disobedience, lack of discipline, and, in some cases, dangerous behavior. In addition, personal failure, weakness, and vulnerability are characterized by stigmatized service members (Ganz et al., 2021). These anticipated stigma concerns are deeply rooted in the military culture.

Mental health stigma is a significant issue within the military due to various cultural, organizational, and individual factors. Mental health stigma research argues that there is a subculture in the military that continues to stigmatize service members presenting mental health illness. According to McGuffin et al. (2021), mental health stigma is culturally forbidden in the United States (U.S.) military, even though the dangerous environments or injuries experienced during service could lead to known mental illness. Because the military traditionally emphasizes strength, resilience, and toughness, the culture in which service members seek help for mental health concerns is often seen as a sign of weakness (McGuffin et al., 2021; Ganz et al., 2021; Cary, Pena, & Smith, 2021). The common cultural idea of “tough it out” in the military creates

the expectation that soldiers must push through any limitations that would compromise the mission (Ganz et al., 2021). The fear of disclosing mental health issues resulted from the possibility of jeopardizing the service members' careers or undermining their perceived readiness for duty. Previous research also reported that there is a fear that exist among service members that recognizing mental health challenges could result in negative repercussions, such as being passed up for promotions, losing security clearances, or facing stigma from peers or superiors (Brown & Bruce, 2016; Acosta et al., 2021; Ganz et al., 2021; Clary et al., 2021).

Service members carry their own personal beliefs about how individuals will view or react to their mental health illness, referred to as self-stigma. Research shows that self-stigma can develop from an individual accepting the societal beliefs about mental health illness, leading not only to a lowered sense of self but also a lack of motivation to seek treatment or help (Sharp et al., 2015; McGuffin et al., 2021; Horn et al., 2017; Brown & Bruce, 2016; Campbell et al., 2021; Ganz et al., 2021). According to a review by Randles and Finnegan (2021), approximately 29.9% of veterans believe that if they had mental health challenges, there would be a level of discomfort from friends, family, or colleagues (p.101). Finally, self-stigma in service members leads to beliefs that their careers are in jeopardy if mental health concerns are reported or shared.

Another component of mental health stigma in military culture is what researchers call public stigma. In this case, the service members are concerned with how others, leadership, or fellow service members view mental health (McGuffin et al., 2021; Campbell et al., 2021; Ganz et al., 2021). Leadership in the military set the culture around mental health and public stigma due to their influence. Clary et al. (2021) explain that when leaders are aware of mental health concerns or illness, they think less of the service members, believing they cannot perform their duties sufficiently. Furthermore, Ganz et al. (2021) argue that military leadership believes that

psychological and emotional challenges are selfish and only lead to weakness and failure of duty. Stangl (2019) and colleagues agree that once the service member believes the perceptions of public stigma (what people believe), it creates and strengthens self-stigma (what the individual believes). Additionally, Ganz et al. (2021) stressed that the attitudes and behaviors of military leaders play a significant role in shaping the culture surrounding mental health. Conversely, researchers such as McGuffin et al. (2021) emphasized that leaders who would openly address mental health and place the health and well-being of their soldiers first, while demonstrating some level of empathy and addressing stigma, may help change help-seeking behaviors. Consequently, the leaders who continue to dismiss and minimize mental health in service members will continue to perpetuate a culture of stigmatizing mental health. Therefore, finding methods of coping with mental health stigma would provide student veterans with the direction needed to seek care and succeed academically.

Mental Health Stigma Coping Strategies

Veterans return from military service facing multiple challenges, yet the challenge of mental health illness can present barriers to successful transition. The way service members' mental health issues are understood and addressed by the civilian community can create the stigma that veterans eventually face and struggle to manage and cope with. Semer and Harmening (2015) pointed out that when a campus community has expectations of student veterans arriving with more “problems” than other cohorts do not present, a form of stigma begins. Stigma focusing on mental health usually stems from a lack of knowledge and understanding. Campus communities (students, faculty, administrators) do not realize the struggle transitioning student veterans have with disclosure of their mental health issues and other “invisible” disabilities (Rattray et al., 2019). The challenges of communicating with non-

Veteran citizens, particularly in higher education, feed the consistent attitude of condescension, empathy, and pity that student veterans view negatively (Semer & Harmening, 2015). Current research has focused more on the resources and programming that colleges and universities require to help support the needs of student veterans. But very few studies have addressed how student veterans cope or manage their mental health stigma in the absence of these resources. Research that has addressed coping with mental health stigma has identified some of the same strategies used by student veterans, including not disclosing information about their mental health or disability, not sharing their veteran status, taking fewer courses per term, or simply isolating from social interactions (Rattray et al., 2019; Derefinko et al., 2019; Roscoe, 2021). In a study that examined how the stigma of PTSD is managed by Roscoe (2021), there was a perception that civilians view veterans as “crazy, violent, depressed, and unreliable” (p. 1379), which gives veterans reason to fear stigma. Roscoe (2021) also stated that the way veterans perceived stigma would guide how they eventually cope and manage it.

The efforts to reduce and, in some cases, eliminate mental health stigma have been unsuccessful because no approach or method has been reliable or consistent enough to adopt (Smith & Applegate, 2018). The suggestions made by researchers to reduce stigma and possibly use it as a coping mechanism fall into three categories: “protest, education, and contact” (Smith & Applegate, 2018, p. 388). In each category, researchers have attempted to determine if there is promise in decreasing stigma and better managing stigmatizing behaviors. For instance, protest was determined to be more harmful by social psychologists because it can be seen as “thought suppression rebounding” or “defensive reaction against shame” (Smith & Applegate, 2018, p.388). There were more promising findings in using education and contact in addressing mental health stigma. Education provides individuals with an opportunity to correct misinformation and

understand what contributes to mental health and how it affects everyone (Smith & Applegate, 2018). The use of contact and face-to-face communication regarding mental health can be a healing step for the stigmatized individuals, student veterans, but research again suggests that this can be short-lived. Using contact, such as interventions, where the student veteran would share their mental health experiences and diagnosis to inform and change public perceptions, could backfire and create even deeper stigmatization and discrimination (Smith & Applegate, 2018). In the Lake et al. (2022) study, examining the perceived stigma and barriers to mental health care among student veterans, student veterans were interviewed and discussed their experiences with managing psychological distress. The findings revealed that a percentage of student veterans found it difficult to cope with stigma, while others used specific methods (Lake et al., 2022). Those who found it difficult to cope simply withdrew and isolated from social contact, while those who attempted to manage the stigma used support from family and friends, sought mental health services, and finally self-care (Lake et al., 2022). The portion of the study that focused on stigma experiences suggests future research should focus on student veterans who choose not to seek or access help due to their own stigma of how society labels individuals who seek mental health services and its implications for their reputations and future endeavors (Lake et al., 2022).

Many of the issues and difficulties in coping and managing mental health stigma stem from student veterans' experiences during military service (McCaslin et al., 2021; Tkachuck et al.; Currier et al., 2017). The culture of keeping mental health "issues" to oneself is embedded in service members, and they believe that "coming out" would scar them more than the ills of mental health. Research confirms that student veterans see mental health as a weakness, seeking help or communicating about one's mental health illness can exacerbate stigma and further affect

service members' mental health (Lake et al., 2022, & Campbell et al., 2021). Student veterans transition from the military to higher education, carrying over these beliefs about their mental health status. The need to create coping strategies to manage mental health stigma in higher education would be part of the transition process needed to ensure a healthy and successful academic journey. This would begin with the investigation of gathering current coping strategies that student veterans use based on their experiences with mental health stigma and identifying commonalities and themes that could be used to build a framework for managing stigma (Roscoe, 2021).

Summary

The review of literature provided background on the experiences of service members as they transition from the military to civilian life, highlighting the varying challenges they face. Lake et al. (2022) emphasized that the compounding psychological differences between student veterans and their non-veteran counterparts in higher education may impact their ability to successfully navigate their transition from the military. Rudd et al. (2011) conducted a study nationally, and the findings revealed that approximately 35% of student veterans suffered from anxiety, 24% experienced severe depression, and 46% experienced symptoms of posttraumatic stress disorder (PTSD). Moving from one culture and lifestyle to another can be overwhelming, and the adjustments can be difficult with challenging mental health issues. Yet, research has shown that despite the challenges, service members use higher education as a portal to transition from military to civilian life (Morris et al., 2020). The U.S. Department of Veterans Affairs (2019) conducted a survey that calculated the increase in service member enrollment in higher education from 500,000 in 2009 to 1,000,000 in 2019. Additionally, in 2020, the U.S. Department of Veterans Affairs estimated that 6% of the undergraduate student population were

military veterans. The mental health challenges and fears of being exposed are carried over from military life, which can affect the success of a student veteran (Lake et al., 2022). The low retention of student veterans in higher education can be attributed to a variety of factors, including academic adjustments, financial pressures, mental health issues, lack of support system, juggling personal and professional obligations, social isolation, and lack of recognition as veterans (Barmak, Barmaksezian, & Der-Martirosian, 2021). The issue of mental health in student veterans in higher education stems from the stigma experienced in the military (Morris et al., 2020). Understanding the experiences of student veterans transitioning through higher education into the civilian world and coping with the mental health stigma they encounter can provide insight into creating better coping options as well as resources to assist the student veterans in achieving successful academic outcomes.

Using Meisenbach's (2010) theory as the initial framework for exploring coping strategies in student veterans experiencing mental health stigma, the current findings can help inform programs or resources that address mental health needs, all while increasing retention rates among student veterans. The proposed study examined how student veterans cope with stigma during their transition to higher education and how it affected their academic success. Chapter 3 outlines the study in more detail, including methodology, theoretical framework, researcher's role, participants and site selection, research method, trustworthiness, ethical issues and considerations, delimitations, and limitations.

Chapter 3: Research Method

To address the challenges that student veterans face in their adjustments to a higher education environment, institutional administrators must begin to meet the unique needs of this student population (Barmak et al., 2020). The increase in the number of student veterans entering the higher education system also increases the need for higher education to increase programs and support services that ensure the social and mental health needs of this specific population are addressed (Barmak et al., 2020). As higher education institutions continue to improve these support services, student veterans find their own ways of coping with the daily challenges they face. According to Yeager and Rennie (2020), the lack of proper implementation of support services is one reason student veterans prefer to work through their own challenges rather than participate in veteran-focused services. Gaining a better understanding of how student veterans cope with mental health and mental health stigmas will help improve the quality of resources provided within higher education institutions.

As a part of successfully transitioning to civilian life, some veterans choose to pursue a degree in higher education but face multiple challenges, including high rates of mental health symptoms and low rates of treatment (Valenstein, 2022), as well as internalization of stigma, negative attitudes, and discrimination (Lake et al., 2022). Comprehension of stigma management strategies is crucial for assisting student veterans in effectively managing the stigma they encounter (Roscoe, 2021). Strategies that foster veterans' successful transition to civilian life while pursuing a higher degree cannot be implemented until veterans' perceptions about coping with mental health stigma are expanded. The purpose of this descriptive phenomenological study was to identify and explore the experiences of student veterans' mental health stigma coping strategies.

This chapter presents the qualitative research methodology employed in this study. This included a detailed description of the appropriateness of the methodological choices, the population and sampling, and the recruitment process. Additionally, details on the tools used to collect and analyze data are provided. Furthermore, a section dedicated to how the researcher presented the data, findings, and empirically based interpretations. The integrity of the phenomenological design and the rigor of the empirical process were also explained. The concluding section of this chapter reviewed in detail the assumptions, limitations, delimitations, and ethical reassurance of the phenomenological design chosen for this study.

Research Methodology and Design (Nature of the Study)

This study was an examination of the coping methods student veterans use in response to mental health stigma. A qualitative methodological approach was used in this study. According to Giorgi and Morely (1997), any research that aims to better understand the subjective experience and complex nature of human behavior should employ the qualitative approach as the most appropriate investigative method. Qualitative methodology enables researchers to gain a deep and nuanced understanding of complex phenomena by collecting rich, descriptive data through interviews and field observations (Billups, 2021; Creswell, 2003; Mohajan, 2018). In-depth interviews with individual student veterans provided the experiences from the perspective of the student veterans and offered an understanding of how they cope with mental health stigma. This study's inquiry into how student veterans cope in the face of mental stigma aligns with the qualitative method's focus on exploring the "why" and "how" of human behavior and experiences (Billups, 2021; Mohajan, 2018). The strength of using the qualitative method was the assurance that the phenomenon was not examined through one lens but through many, which allowed for multiple perceptions of the phenomenon to be uncovered and understood (Baxter &

Jack, 2008).

It is evident that the qualitative method represented the best methodology for this study in comprehending and chronicling the ‘essence’ of the student veterans' lived experiences in coping with mental health stigma while navigating a higher education degree. In fact, Roscoe (2021) conducted a qualitative study from the perspectives of veterans experiencing combat-related PTSD. Reyes et al. (2020) explored the experiences of student veterans attempting modern interventions for PTSD, while Trahan et al. (2019) focused on describing the lived experience of student veterans with social anxiety. These studies used qualitative methods to provide the most accurate account of the participants' lived experiences.

Qualitative researchers have the option to use one of the five research designs based on the research question (s) and design. These designs include case studies, ethnography, ground theory, narrative, and phenomenology. Phenomenological design aims to answer research questions based on individuals' lived experiences; therefore, addressing the mental health stigma experienced by student veterans was best explored using this design (Giorgi, 2008).

Amedeo Giorgi’s descriptive phenomenological design was applied in this investigation as it allowed for the exploration of the phenomena through the lived experience of the participants without adding or subtracting what was “described”, which also made the phenomenological design the most appropriate for this study (Giorgi, 2009; Leigh-Osroosh, 2021). Phenomenology aims to explain the nature of a phenomenon through the way an individual experiences it. According to Fedler and Robbins (2016), the varying phenomenological designs consider various aspects, such as the how and why of the participants' lived experiences. Two phenomenological research designs used in social and psychological studies are descriptive and Hermeneutic. Descriptive phenomenological design focuses on

providing the purest explanation of a subject's experience with a phenomenon, stemming from the work of Edmund Husserl, which analyzes how participants perceive their conscious lived experiences (Neubauer et al., 2019). According to Husserl (2001), it is important that researchers describe an individual's conscious experience as it is, in all its richness and complexity.

Descriptive phenomenology involves a systematic and detailed examination of the structures and elements of consciousness without making assumptions about their underlying causes or external reality. Moreover, descriptive phenomenological design involves direct interaction with participants to gain a deeper understanding of their experiences (Neubauer et al., 2019; Rodriguez & Smith, 2018). In these interactions, the researcher must remove any prior knowledge of the phenomenon they are studying to avoid influencing the study. Husserl (2001) advocated for the "epoche" methodological concept in which the researcher suspends or brackets out all preconceived assumptions and judgments about the phenomenon being investigated.

Hermeneutic design emphasizes that any prior knowledge or experience the researcher has of the phenomena plays an integral role in the study. The overall goal of the Hermeneutic inquiry is to interpret the meaning of the data collected based on a combination of the participants' and researchers' experiences of knowledge (Lopez & Willis, 2004). The aim of this descriptive phenomenological study was to gain insight into the personal experiences and perceptions of student veterans in relation to mental health stigma. To investigate and collect this information, the researcher conducted an in-depth exploration of the participants' thoughts, feelings, and lived experiences, making the descriptive phenomenological design the most appropriate approach. This approach helped to better understand the social and psychological effects of mental health stigma from the student veteran's perspective.

Population and Sample

The population studied in this research were veterans who had transitioned from the military and were enrolled in a four-year institution of higher education. The United States has 629 public universities that have approximately 3.4% student veterans that make up the undergraduate population and 6.7% make up the graduate population (Dembicki, 2023 & PNPI, 2020). There were five inclusion criteria for this study:

1. Participants were 18 years old and older.
2. Participants were veterans from an active-duty branch of the United States Military.
3. Participants were currently enrolled in a college program (graduate or undergraduate) at a 4-year university in the state of Georgia.
4. Participants had been treated or were in treatment for depression or anxiety.
5. Participants were no more than 2 years into their academic program. This ensured that the veterans were still at some stage of the transition process into higher education.

Veterans who had already graduated from their programs were excluded, as they had already undergone the transition experience and could only speak to past experiences, rather than current ones. Veterans who served as Reservists or part-time National Guard were excluded, as they have dual status as military service members and civilians. The exclusions ensure that the student veteran continues to navigate their higher education experiences. The rationale and need for student veterans to be enrolled during the study is so that the descriptions of their experiences and the insight they bring to the study are shared as they were currently navigating their higher education experience.

Purposeful sampling was used in this study as descriptive phenomenological research is often purposeful and focused on identifying participants who have direct, relevant experience

with the phenomenon of interest (Palinkas et. al., 2016). In addition, passive recruitment was conducted by posting a flyer (Appendix D) on social media. Facebook and Instagram were specifically used. Initial recruitment was conducted using email communication with student veterans identified through the local chapters of Student Veterans of America in the southeastern United States. An initial email (Appendix B) was sent to the general chapter email address requesting assistance with this study. The chapter administrators were asked to send drafted emails to their veteran student members asking for their participation in the study. The National Student Veterans of America is a network of over 1,500 on-campus chapters that provide support and resources to student veterans (Student Veterans of America, 2023). The main webpage for colleges/universities in the state of Georgia lists 20 chapters. Each listing provides the college/university name, number of enrolled student veterans, and chapter email, where available (Student Veterans of America, 2023). Additional recruitment efforts were conducted via social media. Specific communities were tagged on the social media pages to ensure that the Veteran community was being reached. This included Student Veterans of America and Wounded Warrior.

Seven student veterans participated in this study. According to Alhazmi and Kaufmann (2022), the diversity of the participants and the level of engagement and intensity of the shared experience are more important to the study than the number of participants. Yet, considering a smaller number of participants in a phenomenological study allows the researcher to spend more time analyzing and interpreting the detailed data provided by each participant (Boddy, 2016). In addition, the researcher's extensive engagement during an interview with a limited number of participants can lead to rapport and a comprehensive understanding of the phenomenon from multiple angles (Boddy, 2016; Giorgi, 2008). Other advantages to using a smaller number of

participants include better management of interviews and the data collected, which can be time-consuming and resource-intensive, as well as the ability to explore the depth of an individual's variations in experiences (Giorgi, 2008).

Phenomenological studies aim to achieve data saturation, which, according to researchers Giorgi (1997) and Moustakas (1994), means that no new insights or information emerge from the data. This study reached data saturation with the 5th participant, as no new or significant information was collected. According to Hennink and Kaiser (2022), saturation is the best indicator of determining whether a sample size is adequate for a specific phenomenon (p. 2).

Materials or Instrumentation

Semi-structured interviews, employing an open-ended question format, were used in this qualitative study. Brinkmann and Kvale (2018) emphasize the role of qualitative interviewing in today's social and human science studies that seek to capture the complexities of individual firsthand experiences. The use of open-ended questions does not presume more knowledge than what information is needed regarding a phenomenon (Hoffding & Martiny, 2015). Open-ended questions allow participants to provide answers without limitations and offer full descriptions of their lived experiences. The interview questions were developed based on the review of the literature focusing on student veteran transition to higher education, the stigmas they face, and coping strategies. The research protocol (Appendix C) comprised 20 interview questions designed to address the research question. According to Castillo-Montoya (2016), the use of interview questions provides researchers with a way of getting more information about a phenomenon. The alignment of interview questions with the research question was maintained through the use of an interview matrix, which also helped identify any gaps (Castillo-Montoya, 2016; Yeong, 2018). The use of the Interview Protocol Refinement (IRP) Framework can

“strengthen the reliability of the interview protocol (and) is most suited for refining semi-structured interviews” (Castillo-Montoya, 2016, p. 811). This framework included a four-phase process as the questions were developed, which included: (1) ensuring interview questions aligned with the research question; (2) developing an inquiry-based conversation; (3) seeking feedback on the interview protocol; and (4) piloting the interview protocol (Shoozan & Mohamad, 2024). The questions were designed to explore the lived experiences of student veterans transitioning to higher education, the challenges they faced, and the coping strategies they employed.

An expert panel of individuals who work with student veterans and their transitions to civilian life were asked to review the interview protocol for this study to determine trustworthiness. According to Yeong (2018) and colleagues, to ensure the validity of interview protocols, it is important to receive feedback from those knowledgeable about the phenomenon being studied. In addition, Castillo-Montoya (2016) noted that feedback from experts will not only enhance trustworthiness but also increase reliability. The expert panel consisted of individuals who had worked closely with the student veteran population and were familiar with the challenges they encounter during their transition to civilian life. The panel members were recruited via email and were asked to review the interview questions as well as the recruitment email sent to the student veterans.

Study Procedures

Prior to identifying research participants, the expert panel conducted a thorough review of the semi-structured interview questions, as well as the recruitment email sent to the student veterans identified through the local university chapters' listserv of Student Veterans of America. Following NU IRB approval, recruitment began in October 2024 and was completed in

November 2024. The National Student Veterans of America is a network of over 1,500 on-campus chapters that provide support and resources to student veterans (Student Veterans of America, 2023). On the main website, the listing of all the chapters in the state is provided. The individual chapter webpages include the college/university name, the number of enrolled student veterans, and their chapter email address. The student registry was used to recruit student veterans. Using the recruitment email, student veterans were contacted and given 72 hours to respond. A checklist was used to confirm the qualifications of prospective participants who showed interest. Qualified participants were given a consent form to review and sign.

The semi-structured interviews were conducted either face-to-face in a public location agreed upon by the participants or via remote use of the Zoom application, depending on the student veteran's preference. In addition to the consent form, the principal investigator (PI) obtained verbal consent for the audio recording of the interview prior to its commencement. Each interview was recorded using a password-protected device. For Zoom interviews, the session was recorded and saved to a secure network accessible only by password. At the start of the interview, participants were reminded that they had the right to decline answering questions and could terminate the interview at any time. Each interview lasted between 60 and 75 minutes, depending on how long the participants took to answer each question and if any follow-up questions were required.

After each interview, it was essential to provide the participant with contact information in case they had any questions or concerns regarding the interview. To ensure trustworthiness and validity of the recorded interviews and notes, participants were provided copies to review and provide approval. According to Candela (2019) and Motulsky (2021), the use of member checking, a component of the triangulation process, is an essential step in avoiding errors, bias,

and limitations in the information collected from interview participants. The triangulation process, as described by Carter et al. (2014), is a technique that utilizes multiple methods or data sources to develop a more comprehensive understanding of a phenomenon. In qualitative research, triangulation has also been used as a strategy to assess validity through the convergence of data from various sources. Member checking increases the validity and trustworthiness of the information collected. This step in the data collection process ensures the accounts of participants' lived experiences are accurately captured. "Member checking the being recommended. The validity and trustworthiness of the results are the foundation of any high-quality qualitative research. Member checking, also known as participant validation, is a basic technique used to assess the credibility of results. In this technique, the data is returned to the participants for review and verification of accuracy and resonance with their shared experiences. Member checking is commonly referred to in a list of validation techniques" (Brit et al., 2016). Once the participants have verified their statements and the audio recordings, the data was transcribed. After the review and approval of the transcriptions were complete, the transcripts were uploaded into the NVivo data analysis software to begin the coding process.

Data Collection and Analysis

Once approval was received from the IRB, the researcher contacted the local chapters of the Student Veterans of America (SVA) through the search tool on the national website by entering the state, in this case, Georgia. The search resulted in 50 state and private institutions of higher education. Based on the research criteria of 4-year colleges and universities, the list was reduced by excluding all 2-year or community colleges. This left 36 colleges and universities on the list for potential recruitment. To further reduce this number, the researcher visited the website for each SVA chapter to determine which chapters were active. Of the 20 chapters identified

with emails, only 17 were currently active. From this list of 17 colleges and universities, the researcher sent out the recruitment email. On September 5, 2024, an email was addressed to all chapters, with each address in the blind copy (bcc) line, introducing the researcher, the purpose and goal of the email and study. Additionally, the recruitment flyer was attached to the email for circulation to members of the organization. Only three responses were received by the week's end. One university informed the researcher that requests of this type must go through their research data office, which includes a process for approval to access their students. No follow-up was received from this exchange. The other two universities stated they were happy to share the recruitment flier. After three weeks and no responses, the researcher discussed the options with her Chair, and the decision was made to open the recruitment process to the organization's social media community. The same message that was sent via email was posted on the researcher's personal Facebook account with the recruitment flyer, and the Student Veterans of America organization was tagged. The new recruitment effort was made exactly a month later, and the first set of interested participants was received within a week. In total, 15 individuals expressed interest in receiving more information about the study and their willingness to participate. The 15 individuals were sent an email that included the study criteria and a copy of the consent form, in case they chose to proceed. After the emails were sent out, follow-up emails were received inquiring about monetary incentives. Each inquiry was given the same answer that there was no monetary incentive for this study. This reduced the number of interested participants to seven individuals.

The potential participants were each asked to review the consent form and return it with an electronic signature. Secondary confirmation was received verbally before the start of the actual interview session. All participants chose to conduct the interviews via Zoom, which was

set up with a separate passcode for each participant and recorded. Only two participants requested not to be on video during their respective interviews; all other participants agreed to be on video without any concerns of confidentiality. Participants were interviewed between October 8, 2024, and October 28, 2024.

The initial questions asked at the beginning of the interview covered years of service, the branch, age, and ethnicity. No other confirmation of military service was asked because the criteria for participation clearly stated that service in the United States Military is required. During the interviews, the researcher noted that two participants provided identical responses that sounded coached. During the Zoom call, which they opted to mute video, the participants would mute their microphones. All these behaviors led the researcher to suspect that there could be fraudulent representation by these participants. The researcher investigated through Facebook the two names of individuals and in fact found that they both were currently living outside of the country and too young to have served the amount of time they shared at the start of their interviews. Once the researcher realized the interview responses were made up. The two participant interviews were not used in the research due to questions of reliability, accuracy, and integrity of the data collected.

The unstructured text-based data collected during the interviews in qualitative research had to be transcribed into usable data that could provide a better understanding of the phenomenon. According to Wong (2008), data analysis is a systematic process that involves searching for themes and arranging transcripts, notes, and any other “non-textual materials” collected by the researchers, thereby improving the understanding of the phenomenon. Descriptive phenomenological research analysis follows a specific set of steps. According to Giorgi (2009) and Leigh-Osroosh (2021), the concrete steps of this analysis began with reading

the description of the phenomena/experience in full, collected from participants. The initial reading was done without bias or judgment on the part of the researchers. The next step was to use phenomenological reduction, allowing the researcher to determine the meaning of the units/themes identified during the first step. In this step, Giorgi (2009) explains that the researcher breaks down the data into parts where “shifts” occur in varying psychological meanings (Leigh-Osroosh, 2021). The shifts are the meanings of grouped common themes. The last step, and most laborious of the three, was the transformation of the participants' lived experience into psychological dimensions of the experiences. This required repeated review of the delineated data and reach the descriptions provided in step two to “detect, draw out and elaborate” (Giorgi, 2009) on the psychological dimension. Leigh-Osroosh (2021) emphasized that in this stage, the researcher will remove all labels and characteristics that are specific to individual participants, leaving only the psychological tenets that are shared across all participant experiences. It is an inductive process aimed at creating an understanding of the meanings of the collected data sets (Vears & Gillam, 2022), as the researcher performs multiple reviews of the information.

Interviews were transcribed in the narrative using the recording device and handwritten notes. Each line of text was numbered during the transcription process. After the first draft of transcription was completed, the principal investigator reread the text while listening to the recording to ensure accuracy and identify any missed pauses or additional audible cues that had been added to the notations. The participants were sent a copy of the transcribed audio interview as well as the transcript for their full review of the data and to confirm the accuracy of what had been documented. To maintain trustworthiness in qualitative research, the member check technique is commonly used and incorporated into the data analysis process (Candela, 2019). A

three-day deadline was given to each participant to respond and return their edits.

To facilitate the descriptive phenomenological analysis of the data, NVivo software was employed. This computer-assisted qualitative data analysis program assists in the grouping of data into categories and retrieving coded themes (Wong, 2008). Additionally, NVivo provides a more efficient and manageable way of organizing, storing, and analyzing data (Allsop et al., 2022; Wong, 2008). Nodes in the NVivo tool (Allsop et al., 2022) are used to help assemble the data in one place. The software codified the data based on common terms, phrases, and ideas. The second phase of the process involved creating the nodes (categories). In Phase three, the themes were generated based on the coding results, and each theme was reviewed. In the next and final phase of the process, the themes were defined. The NVivo program increased the accuracy of data analysis through this process (Allsop et al., 2022).

Assumptions

The most basic assumption of this study was that the participating student veterans would be forthcoming and truthful about their lived experiences. The assumption was made that the student veterans were willing to discuss sensitive issues around their mental health and any behavioral issues they had experienced since their transition to civilian life. The stigma associated with discussing mental health in the military is frowned upon, making it an extremely sensitive topic of discussion for both active and retired servicemembers (Roscoe, 2021; McGuffin et al., 2021; Campbell et al., 2021).

Limitations

Limitations of any given study refer to weaknesses in the study that are beyond the researcher's control (Theofanidis & Fountouki, 2018). The restrictions created by limitations are associated with statistical models, funding, and specific research design (Theofanidis &

Fountouki, 2018; Wilson, 2015). Phenomenological studies present certain limitations that were taken into consideration throughout this study. The primary limitation of this study, which involved working with the veteran population, was the level of trust between the researcher and the participant. According to Wilson (2015), the intrusive nature of phenomenological study methods may limit trust when interviewing veterans about sensitive or confidential information. Another factor that may have limited this study was the time constraints, particularly the limited amount of time spent with each participant due to class scheduling and availability. If the student veterans were reluctant to respond, or ambivalent in their responses, the data may not be as reliable. There may have been information that student veterans are unwilling or uncomfortable to share. Efforts were made to recruit a diverse group of participants representing all branches and genders; however, this was limited by the fact that participation was voluntary and not mandatory.

Delimitations

Delimitations refer to the restrictions imposed on a study by the researcher (Theofanidis & Fountouki, 2018). Student veterans in their first two years of courses limited the sample of participants to a smaller, less diverse group. The recruitment of student veterans who were members of the Student Veterans of America (SVA) limited the sample to only those members, excluding student veterans at colleges and universities who are not affiliated with SVA.

Ethical Assurances

The Institutional Review Board at National University approved the proposed study prior to any data collection. Participants were recruited from the membership pool of the college/university Student Veterans of America. An email was sent to the membership pool, and those who agreed to participate were given anonymity. Participants were provided with the study

details in the consent form they were required to sign before the study began. The consent form provided all the details of the study, including the participants' rights and expectations during and after the research. Participants were informed of their right to leave or decline responding to any questions that made them uncomfortable or were unwilling to address. The research data collected will solely be obtained through the interview process, therefore leaving the participants at low risk in this study.

Summary

There has been growing interest in the research community focusing on the challenges of veterans' transition from military to civilian life (Roscoe, 2021). Mental health challenges among student veterans have consistently emerged as a central theme in the literature. This body of research seeks to examine the stigmas encountered by student veterans with mental health concerns as they transition into higher education, as well as the coping strategies they employ to navigate these experiences. This chapter highlights the key components of the methodology used in this investigation. The research question investigated in this study was: What are the lived experiences of student veterans regarding mental health stigma and coping strategies in higher education?

This researcher conducted a qualitative study using a phenomenological approach to address the research question. This research design focused on student veterans' lived experiences and their perception of the phenomenon in their own words; hence, providing enough data to address student veteran coping strategies to mental health stigma. The sample consisted of five student veterans. The subjects were recruited through a national organization of student veterans and community-specific social media platforms. The participants in this study were chosen based on the length of time since transitioning from military, no more than 2 years,

past or current diagnosis of anxiety or depression, and any initial feelings of disconnect in the new academic environment. Those interested in the study were asked to participate in a 60-minute face-to-face interview.

Before the start of the interview process, all participants were asked to review the informed consent document to ensure they fully understood the purpose and goals of the study. The participants were also reminded of their rights to withdraw from the study at any point without penalty. After the initial interviews were completed, the participants were informed that follow-up interviews might be necessary to address any additional questions. Using thematic analysis methods, the researcher transcribed the information from the recordings and field notes, became familiar with the data through continuous review, coding, and finally established themes.

In conclusion, a brief discussion of methodological assumptions, limitations, delimitations, and ethical assurances were presented. The assumptions focused on the honesty and accuracy of the participants' lived experience. It was also highlighted that the participants' sensitivity to the topic of mental health had been addressed and cleared to move forward. The limitations of the study were presented as those out of the researcher's control. The delimitations addressed the criteria that were within the control of this researcher. The concluding section focused on the protection of the participants during the studies, as required in a qualitative design. Chapter 4 will present and review the trustworthiness of the data collected and present the results of the research as it relates to the guiding research question

Chapter 4: Findings

The investigation of a phenomenon through the lived experiences of those being studied made the qualitative method the most appropriate (Giorgi, 2009; Leigh-Osroosh, 2021). The purpose of this qualitative, descriptive phenomenological study was to identify and explore the experiences of student veterans regarding mental health stigma and coping strategies in higher education. The specific aim of this study was to gain an understanding of the stigma management strategies used by student veterans, thereby better assisting them in managing the stigmas they encounter in higher education. The study findings will contribute to the efforts in improving awareness and literacy of mental health stigma, coping strategies that allow stigmatized individuals to survive, and improving academic retention rates for student veterans. The following research question was used as the guide to explore these coping strategies: What are the lived experiences of student veterans' mental health stigma coping strategies in higher education?

The participants in the study included seven student veterans, three females and four males, who had retired from the United States Army branch of the armed forces. The study instrument included a semi-structured interview guide, which was reviewed by an expert panel and revised for clarity, usability, and conciseness. Following the review, National University IRB approval was obtained to conduct interviews for this study. Recruitment and data collection began in October 2024 and were completed by November 2024. Data sources used to collect the answer to the research question were transcribed semi-structured interview transcripts, Zoom video recorded transcripts, and the principal investigator's reflective notes. A total of seven semi-structured interviews were transcribed for the study. Only five of the transcribed interviews were assessed for the study while the other 2 were deemed deceitful.

The sample included student veterans, recently (1 to 2 years) retired from U.S. military services, enrolled in their first or second year of their academic programs in a higher education institution (college or university). All the participants served in the Army branch post 9/11. This study applied both purposive sampling and convenience sampling as the methods of identifying potential participants because the interview questions only applied to student veterans who recently transitioned from military service to higher education or were two years into their academic programs.

Data collection consisted of one-on-one interviews on the Zoom application with each individual participant. The individual interviews lasted approximately 45 minutes each. The interview questions were followed for each participant with room, and additional questions were asked based on the participant's responses during the interview (Morris, 2015). Participants were given ample time to respond to each question and were interrupted only if an explanation was needed or if the interviewer determined it was time to move on to the next question. Interviews were recorded and transcribed using the Zoom application. In addition, interviewer notes and reflective notes were written after each interview. The seven participants approved of Zoom recording before the start of each interview, along with their informed consent. The remainder of the chapter provides information about the trustworthiness of data, results, the evaluation of findings, and the summary.

Trustworthiness of Data

The trustworthiness of a qualitative study is crucial in evaluating its worth (Lincoln & Guba, 1985). Trustworthiness of the data refers to the degree of confidence both researchers and the readers have in the study's findings. The subjectivity of the experiences and interpretations collected by researchers in qualitative research requires a process that ensures the data and

conclusions are credible, rigorous, and reflective of the participants' realities (Billups, 2021). Lincoln and Guba (1985) provide the criteria to ensure trustworthiness of research data, which include credibility, transferability, dependability, and confirmability. Additionally, adhering to the criteria of trustworthiness allows the researcher to defend the reliability and validity of their work. The researcher presented each criterion in detail in the following section.

Credibility

Credibility refers to the truth and the researcher's ability to communicate the truth of the data collected while capturing the holistic representation of the phenomenon under examination (Billups, 2021; Lincoln & Guba, 1985). Participants were identified in this study using purposive random sampling (Palinkas et al., 2016). With the use of the member-checking process, credibility was established. Member checking provides the participants of the study an opportunity to review the findings and determine whether the preliminary analysis of the data reflects what they shared with the researcher (Billups, 2021; Lincoln & Guba, 1985). The researcher took five to seven days to transcribe the recorded semi-structured interviews with edits and electronically sent each participant their copies with the opportunity to review, provide edits, and confirm the accuracy of the transcripts. Participants communicated their feedback via email within 48 hours of initial receipt. Of the seven interviews conducted, five participants validated the transcribed narrative of their experiences and confirmed they would continue their participation in the study.

Transferability

Trustworthiness based on transferability refers to the extent to which the findings can be applied to other settings (Lincoln & Guba, 1985). Presenting thick descriptions of the study provides a detailed account of the settings and the context of the study, which leaves a design for

others to determine if the study's findings are applicable to their own settings (Stahl & King, 2020). The researcher provided detailed accounts of the study, including sufficient information to enable the reader to assess the relevance of the study to other populations. The researcher provided information about the organizations and other settings to which the participants were affiliated. Additionally, memberships and institutional enrollments that influenced the data collection were documented in detail. The methods used and the timeline for data collection were thoroughly described as well as the entire duration of the study. The goal for transfer is that lessons learned during the initial study can be applied to a new context (Stahl & King, 2020; Lincoln & Guba, 1985).

Dependability

To achieve dependability, the researcher must ensure that the research process is “logical, traceable and clearly recorded” (Nowell et al., 2017). In qualitative research, the goal is to provide readers with the opportunity to assess the process and determine the dependability of the research (Lincoln & Guba, 1985), as well as to build trust. Peer debriefing is a communication strategy used to establish trust in research practices. Prior to the start of the study, peers in the fields of psychology and military services participated in field testing to evaluate and provide feedback on the research instrument, thereby determining its dependability. In a similar manner to member checking, the researcher asked peer-level members to evaluate the research data (Stahl & King, 2020). For this study, the researcher employed the assistance of peers to review, data codes, and provide thoughts on emerging themes. In addition to using peer debriefing to build dependability, the researcher practiced reflexive writing throughout data collection, coding, and editing. Reflective writing serves as an audit trail, helping researchers track their impressions of data meaning and its relation to other data (Nowell et al., 2017). The notes that emerge from

reflexive journaling serve as evidence that builds trustworthiness (Lincoln & Guba, 1985). The combination of peer-level debriefing and reflexive journaling ensures that dependability has been met.

Confirmability

Confirmability refers to the steps taken to ensure the data and findings are not due to participants and/or research bias. Additionally, achieving confirmability requires the researcher to demonstrate how the study's findings and explanations were derived (Nowell et al., 2017). According to Lincoln and Guba (1985), to establish confirmability, the researcher must demonstrate that the study is credible, transferable, and dependable. The use of member checking to demonstrate credibility involved additional evaluation and adjustments to the collected data. Prior to data collection, participants were informed via email about the study, the problem, its purpose, and the potential implications of the outcomes. This was done to ensure the participants were comfortable and understood the importance of being open and honest about their lived experiences. Participants were also encouraged to voice any moments of discomfort and were assured that the study would cease if they could not continue. This trust-building practice also secured the relationship between participant and researcher, as noted by Giorgi (2009). These steps were taken to ensure that the research findings are based on the participants' responses and not on the researcher's possible bias. In addition to communication with participants, potential bias was also reduced by implementing Giorgi's (2009) qualitative descriptive phenomenological research protocol, conducting interviews within the limitations of the interview guide, and actively listening to participants without interpretation. Transferability was determined by providing a thick description of the study, which enabled the reader to make an informed decision about applying the findings to another population. The dependability of the study was

demonstrated through the use of peer debriefing, as well as auditing via reflexive journaling and the consistent review of any self-bias during the coding process (Lincoln & Guba, 1985).

Results

The primary focus of this study was the coping strategies used by student veterans faced with mental health stigma. Accordingly, a qualitative approach was applied to provide rich descriptions of student veterans' lived experiences coping with mental health stigma during their transition into higher education (Roscoe, 2021). Qualitative studies provide assurance that the phenomenon examined through multiple lenses will yield multiple perceptions of the phenomenon in question (Baxter & Jack, 2008). Understanding the student veteran's response to mental health stigma required a thorough examination of the collected interview data, including the notes from the five transcribed Zoom recordings and reflective notes for each interview. Data collection appeared to reach saturation during the 5th interview as the responses revealed no new themes. The researcher determined that no further interviews were needed because additional analysis would lead to redundancy.

Participant demographic information. The seven student veteran participants in this study either recently completed their degrees in higher education or were in their final year. Due to the difficulty in recruiting student veterans mentioned earlier, adjustments were made to include those veterans who conferred their degrees within 12 months of this study. In addition, only five of the seven student veteran interviews were assessed due to the discovery of identity falsification in participants 6 and 7. Participant demographic information was collected for race, gender, age, and ethnicity (see Table 1). Each student veteran served for at least 5 years and attended their academic institution for at least 2 years. Together, the participants had a combined 71 years of military service, with an average of 14.2 years of experience. All five participants

served in the same branch of the military, the United States Army, including pre- and post-9/11 deployments. There were four male participants, one identified as white and the other three identified as African American (black). The one female participant identified as multiracial. The age range for participants was 35 to 50, with an average age of 39 years old for the group.

Table 1

Participant Demographics

Participants	Race/Ethnicity	Gender	Age	Years in Service
P1	African American	Male	37	15
P2	Multiracial	Female	35	15
P3	White	Male	32	10
P4	African American	Male	41	10
P5	African American	Male	50	21

Interview data analysis. This analysis applies to Giorgi's (2009) *Descriptive Phenomenological Method* to examine the lived experiences of veterans in coping with mental health stigma. The study focuses on themes such as coping mechanisms, self-stigma, external support systems, and psychological resilience. By systematically analyzing the accounts of student veterans, this study uncovered the essential psychological structures underlying the participants' coping strategies. To ensure the analysis remained faithful to the participants' lived experiences, the researcher set aside any biases and preconceptions about the student veterans' mental health and transition experiences, a step Giorgi (2009) referred to as epoché, the first step

in his method. The remaining steps applied to analyze the data included: reading through the transcripts and the data to get a holistic understanding of the experience; breaking down the data into meaning units and marking the data as meaning shifts; and the transformation of the meaning units (participants' natural expression) into psychological expressions, rewording each unit to highlight the psychological significance of the phenomenon. To uphold epoché, the meaning units are transformed into the third person to ensure the student veterans' experience is told through the data (Giorgi, 2009).

The last step taken in Giorgi's (2009) method was identifying the general structure of the student veterans' experience by synthesizing the findings into a comprehensive description. Using the reduction process (Giorgi, 2009), the researcher removed any expressions that overlapped with each other, were repetitive or vague. Additionally, applying Giorgi's (2009) imaginative variation technique to determine whether each identified constituent (essential theme) is essential to the phenomenon. The constituent is considered solid if it meets what Giorgi (2009) called the criterion of necessity. This means that if the constituent is removed, the phenomenon will no longer make sense, resulting in the need to retain the constituent.

The analysis of data from the five participants provided the initial psychological understanding of the student veteran coping strategies. Once a clear understanding was established, the data were segmented into phenomenologically relevant categories related to stigma and coping. Next, the researcher focused on rewording the categories to highlight the psychological coping experiences of the student veterans. The researcher analyzed whether the key themes, such as self-stigma, coping strategies, support systems, and consequences of seeking help, were truly indispensable to student veterans' experiences of mental health stigma. If removing any of these elements made the descriptions incomplete or unrecognizable, they were

deemed essential elements of the experience. This data analysis method was IRB-approved without any requested changes.

RQ1. What are the lived experiences of student veterans' mental health stigma coping strategies in higher education?

The research question was created to explore the coping strategies used by student veterans when faced with mental health stigma. The interview questions were divided into five categories to capture specific information as it relates to the student veterans' experiences with mental health stigma. The categories included: understanding stigma, personal experiences of stigma, coping with mental health, support networks and resources, and finally, the impact on identity and transition. Each category had three questions that allowed the participants to share their experiences and perspectives on the given topic.

In the data analysis, codes were identified and created using the computer software NVivo 10. NVivo 10 software enabled the uploading of transcripts and the examination of data by searching line by line for specific words, phrases, and themes. Analysis of the researcher's reflective notes and transcribed data in NVivo 10 resulted in 77 common words and phrases associated with mental health, stigma, and coping strategies. The phrases coping strategies (41%), coping with mental health (24%), stigma in the military (25%), support in higher education (22%), and seeking help (23%) were the most prevalent word groupings coping strategies. As a result, five themes emerged from the data collected from all five participants. The first theme identified was self-stigma and fear of judgment. The second was coping mechanisms, followed by support systems. The next theme group was transparency and concealment. The final was transition challenges and resilience.

Table 2*Research Question Themes*

Theme	Key Phrases/Terms	Examples in Student Veteran Experience
Self-Stigma & Fear of Judgment	Internalized stigma; weak, unreliable, untrustworthy	Avoiding disclosure of mental health struggles and reluctance to seek help.
Coping Mechanisms	Manage mental health	Exercise, therapy, substance use, peer support groups, or mindfulness practices.
Support Systems	Support network, resources, and peer groups	Family encouragement, veteran service offices, peer mentors, and campus counseling.
Transparency & Concealment	Disclosure; Fear of future success/promotion; privacy	Disclosure of mental health to professors for accommodations vs. concealing symptoms to “fit in.”
Transition Challenges & Resilience	Pedagogy style; non-military peer differences;	Struggling with academic culture, but demonstrating persistence and adaptability.

Theme 1: Self-stigma and Fear of Judgement. Data for this theme focuses on the participants’ internalized belief that seeking help is a sign of weakness, coupled with concerns about negative perceptions from peers, family, and society. This is a recurring theme in research on veterans, their transitions to civilian life, and the challenges of mental health (Roscoe, 2021; Umucu et al., 2022; Hinkson et al., 2022; Rattray, 2019; Lake et al., 2022). All five participants shared their understanding of stigma, both self-stigma and public stigma. In addition, the participants each provided a lens into what experiences shaped their thoughts and fears about stigma. Overall, the experiences with stigma during their service in the military primarily surfaced when discussions of mental health or seeking help arose.

Participant 1, a male police officer who recently completed his degree, recalls why he chooses not to look back on his military career.

The army standards placed a lot of stress and pressure on whether I would progress based on my height, weight, and ability to complete physical training. He stated that these areas were “the kind of stuff I didn’t fit, the physical shape and size that the military wants.”

And if he sought help to deal with the anxiety of this stress, he would be labeled by other soldiers as the “behavioral health” soldier. In addition, the potential for promotion would be reduced. The impact stigma has on seeking help minimizes it, because soldiers are worried about being judged or negatively viewed in a negative way.

Participant 2, a female FBI candidate and recent graduate of her bachelor’s program, shared why her fears and perspective on not discussing her mental health challenges, hesitantly explained:

I know I have experienced some trauma during deployment, and seeking help is what I need, but the reality is that if you are behavioral health (name given to soldiers who have been treated for mental health), you are no longer a fit soldier. And you will never be a fit soldier. You will be denied access to items listed on your paperwork. Participant stated she believed this to be true because, “I’ve seen soldiers being treated differently for behavioral health.” You are placed in a bubble, and when the opportunity for soldier readiness to deploy comes, you will be denied. The Participant sought external care to address her mental health, and with the use of medications, she controls her anxiety and PTSD. She explained that if the Army found out that I am taking those medications, I would not be able to deploy, even though I never had any issues, I never showed my anxiety around others, and I never had any anger issues or anything like that.

Participant 3, a male graduate student who served as a leader in the military before retiring, provided his perspective from the lens of a leader who assisted soldiers in crisis,

I adjusted well to the stresses of military life and advanced quickly through the ranks. But as Sergeant and Company Commander, I oversaw several soldiers who would come to me with mental health issues. They would come for advice on whether it was safe to seek help because of the accounts of stigmatization. I would support my soldiers 100%, explaining that protocols had changed, and we (the Army) wanted healthy soldiers above all. As a leader, I understood there were stigmas and there were some within the ranks of leadership that upheld those stigmas, but there were also those who were trying to change that culture. The self-stigma and doubt that these soldiers experienced stemmed from the old leadership mindset that a compromised soldier, whether mentally or physically, is a weak and unreliable soldier.

Participant 4, a male veteran who was also from another country, shared his understanding of stigma by stating that,

His experience, and fellow soldiers who have mental health challenges, understand that their stigma is out of fear of being seen as weak or being seen as weak.

Participant 5, a male veteran who not only served the longest of all participants but also took the longest to complete his degree due to his stigmas. He shared,

The culture of the Army at the end of the Gulf War was one that believed if you are a man, you cannot show weakness. If you say something to someone about mental health or needing support, you are deemed inferior. This is not just in one branch; it is all and soldiers from all walks of life experience it. In my own experience, when I attempted to mention my struggles to peers and my supervisor, they said, “Man, you can’t say that you

can't deal, you have to basically deal with your issues." There is still a stigma throughout the service, but it is not as severe as it once was; there is now more awareness of the consequences.

Theme 2: Coping Mechanisms. Data for this theme focuses on strategies such as avoidance, self-care, professional help, and structured routines to manage mental health stigma. In keeping with the SMC theory, this theme highlights how the student veterans navigated the social interactions they faced with mental health stigma in higher education. The experiences shared by each participant varied slightly based on rank, assignment, and other factors, but the common strategy employed by four of the five participants is clear.

Participant 1 (African American male) confidently expressed his method of coping with stress, which he adopted during his transition from the military, stating:

I don't want to say I compartmentalize, but you know my military life; I put it in a jar, put a lid on it, and put it on the back shelf. I am confident in how I deal with mental health as a veteran. I am comfortable and handle. I can handle anything. My stress levels are currently under control. I haven't had to seek professional care. Every service member I know with any level of mental health issue copes with it in their own way. We have no set strategies.

Participant 2 (non-white female), who continues to shelter her mental health challenges even beyond military service, resoundingly explained,

Over time, we have been taught to just never talk about anything that goes on with "us" because we did not want to be deemed behavioral health. When I got back from deployment, I knew that I was struggling with a lot of things, and I lied on my post-deployment form and stated I was "fine." So, throughout my whole military career, I

have hidden my challenges. And I am going to continue to choose not to share or acknowledge my mental health challenges, even when it had nothing to do with mental health. Most veterans, like me, just choose to say nothing about their mental health. Put it away and suck it up. I don't partake in any resources made available to me; instead, I choose not to address and just put it in the back and deal with what is now, one day at a time.

Participant 3 (a White male) provided insight into how military acculturation guided his coping mechanisms. He explained,

As a higher-ranking officer, I understood the military's culture regarding mental health. Soldiers were taught to cope with mental health, which meant downplaying it, joking about it, or just not addressing it. I believe in my experience with fellow veteran students; this culture of coping transitioned right into civilian life.

Participant 4 (an African male) admitted to sharing his views on coping, even though he repeatedly emphasized that he understood it was not always the healthiest method of coping. He explained,

I tend to withhold any response to mental health stigma when it is personal. I can just avoid treatment and deal with it myself. I just isolate myself and try to deal with issues alone. I understand that this coping strategy could lead to a decrease in my well-being. In addition to the option of self-isolation, when I can, I try to surround myself with fellow veterans who understand my challenges and issues. And sometimes I just need to fall back on my family. But I do not personally address stigma in my own defense. But when the stigma addresses veterans, I know when to go, I know when to pause, I know when to

withdraw, and I know when to just observe. I acknowledge the environment I am in and know when to insert myself into the conversation and when to walk away.

Participant 5, an African American male veteran who struggled to move up in the ranks, described his coping strategies,

When dealing with mental health stigma in the classroom or out, I am always conscious of my skin tone, and I am always reminded of my inflection. When I address women, I recognize my passion could be mistaken for anger. So, there is a level of fear in getting into trouble if I address stigma. So, my first strategy is to just walk away from the situation. In other cases, I would play out the scenario in my mind, talk it out,¹ and then never verbalize it to those doing the stigmatizing. Overall, I have learned to keep to myself, especially when I know I do not have any support. Once I realize those stigmatizing me have made up their minds, I will just take it on the chin and keep on moving.

Theme 3: Support Systems. The data for this theme focuses on the role of family, peers, and institutional resources in helping veterans navigate stigma and mental health challenges. The importance of support systems has been found to be an essential component in student veteran success in their transition to higher education (Ghosh, Santana, & Opelt, 2020). During the interviews, each participant shared how important these resources were in helping them overcome not only the stigma they faced but also in contributing to their overall success. Participant 1 emphasized the importance of who should be delivering the resources student veterans need, stating,

When professional resources or assistance is offered, the individuals provide advice or support based on civilian needs and not the needs of veterans. And since I did not

experience any real mental health challenges post-military, I did not seek out services within my academic institution or with the military. I simply use the Veterans Administration services for basic medical needs. Most veterans seek out friends or battle buddies they are close to, in their circle, that can help you get over what you are going through. Personally, I look to my circle of friends to support me in times of need. During my master's program, there was not much beyond financial support and information for veterans, but all other resources were general in nature.

Participant 2, a female student veteran who was selected as the face of the university's veteran services/programs campaign. She communicated,

that more veterans should be hired to address the needs of student veterans. Academic institutions need to employ individuals who have experienced the same that we have experienced. Instead of hiring civilians who have never experienced what I have experienced, institutions need to advertise the resources and offer them, like we have counselors here, specifically for veterans. We have people here to help and support you with mental health, with stress, anxiety, and all that comes together, like hiring actual veterans. Put them in positions where you know they will help these student soldiers or veterans, or retirees who want to go to school. I think more student veterans would be prone to opening up. Additionally, I think schools should have clinicians specifically for student soldiers. Creating programs or meeting spaces, like AA meetings, but for student veterans to communicate and find support. I think all institutions should hire more veterans, clinicians with military support experience, and more programming focused on student veterans.

I completely believe in the importance of peer support. My experience as a student veteran proved how important the support of my fellow peers and even my superiors (workplace) made a difference in my performance. I felt like, okay, at least somebody understands that just because I need medication to assist with my mental health issues, I am not crazy or any other stigma that is attached to certain medications. It made me more positive in that environment.

Participant 3 recalls this experience from a position of what is currently available in his specific business program, stating:

I do not have specific memories of stigma, but there was more support from faculty and my peers because several people in my program were either veterans or supporters of student veterans. We were there for each other and understood the experiences that led us to the place we were sharing in the classroom. It was comforting and motivating, especially when you feel doubt and anxiety.

Participant 4 directed his experiences through the lens of a student veteran in a hybrid program that offered various forms of support. He emphasized,

It is vital and important to have the support of your peers. Being surrounded by the four walls of college full of people you cannot relate to, even as a stellar student, you struggle to succeed if you feel alone. So, for you to be able to cope, you need people who share similar experiences with you, just for you both to open minds together. I feel more comfortable seeing people just like me. I can do it alone, but it is so much easier to do it together. Like my time in the military, I draw strength from other people. In addition to the support from peers, the online resources created for student veterans on campus are a plus, especially since you can access these resources anytime.

Participant 5 shared in frustration,

There were no real veteran resources or support at his academic institution beyond the offices that handle your financial benefits and course/program guidance. If you presented the need for more mental health challenges, they would immediately suggest the Veterans Administration Hospital. They would tell me, we really don't have any office on campus where you can have conversations with people who are empathetic to your experience or with what you are dealing with.

Theme 4: Transparency and Concealment. The data for this theme focuses on the dilemma student veterans experienced between being open and the level of secrecy regarding mental health struggles and their impact on overall well-being. Student veterans use denial and secrecy as a tool of survival as they navigate their unfamiliar environment (Lake et al., 2022). Participants shared their experiences, both while in service and after transitioning into higher education.

Participant 1 believes in keeping the past in the past and moving forward, providing his insight on sharing mental health struggles, stating,

After retiring from military service, my stresses are contained and controlled. I don't need to address any mental health struggles from my military days because I have shelved that part of my life. During service, I really didn't need help, so I didn't seek out assistance. But I manage my emotions my own way. I have seen people who had mental health issues, and they were coping with them in their own way. And I believe that dealing with their own issues was the key to them excelling in what they did after the military. Most military veterans I know minimize the need to seek help because they worry about being judged negatively or viewed in a negative sense.

Participant two, though extremely cautious in how much she shared, was very forthcoming about her transparency and explained,

Throughout my military career I hid all my mental health challenges. I served 15 years and that is a long time to live one way about revealing mental health. Keeping my mental health challenges was necessary to keep my military record clean. As I stated earlier, if I were to be deemed behavioral health, I would not be fit for deployment, so overtime we were taught to just never talk about anything that was going on with us. My denial or not saying anything at all was believable because I was handling my conditions outside of the military. I am not sure if retiring from the military would have completely changed my views on disclosing or sharing my health challenges, but I have gotten better and know that at some point I should open up. Yet, at the same time, I have worked so hard to get where I am today, I feel like if I had ever told someone I have PTSD, I probably wouldn't be here.

Participant three shared his perspective from the lens of military leadership and expressed,

The culture of the military and disclosure is not to share, not to tell, keep it to yourself. Leaders expected soldiers to cope with their experiences and emotions without disruption to their duties. Amongst the leadership, the topic of mental health was not discussed in depth. I found that anyone who pushed stigma aside was in denial that it existed.

Participant five focused his response on the acculturation of military life and how it bled into civilian life after transition, and recalls,

Military culture makes you answer the question of whether you want to continue down this road or go a different way. This is basically how I made the choices about addressing my mental health needs on my own and not through military resources like behavioral

health. The military emphasizes or makes you believe that to achieve your certain criteria or mission, you cannot show weakness or admit shortcomings. So, to cope, you shut up and do the work, admit nothing. As I shared earlier, when I did attempt to share my mental stress and challenges with my peers and supervisor, I was told you can't say that you can't deal, you must basically deal with your issues on your own. And that is how I got through my 21 years.

Theme 5: Transition Challenges and Resilience. This theme emerged from participants' discussion around the difficulties they have experienced adjusting to civilian life, the stigma associated with post-military mental health care, and the strategies veterans develop to maintain psychological well-being. Participants were asked about the process of transitioning to civilian life and how that contributed to the feelings of disconnect from the military support system. We also looked at how veterans interact with and are perceived by civilians, and how that leads to the struggles of balancing work, education, and social life. This theme is essential to the question of coping mechanisms because it paints the picture of where the student veterans came from, why they faced challenges, and how they moved through those challenges (Lake et al, 2022; Morris et al., 2022; Umucu et al., 2022).

Participant 1, who simultaneously took college courses while pursuing work with his local police departments, shared the following about the transition,

During the transition, you feel as if people are looking at you as if something is wrong.

But I realize that the physical challenges that caused my stress and anxiety are gone. I no longer had to wear the cap of military expectations. I had to get used to filling my time with other things that were outside of the military. I had to get used to free weekends.

Even though I initially felt a loss of routine, community, and accountability, my decision

to take my military experiences and box them away helped me move more easily through transition. Trying to adjust to civilian life meant finding my community of people. I tried to find people close by or that I already knew in my military circle who understood what I was going through. I used college to re-enter civilian life, and I found the experience tame; I just needed to find a balance between work and school. Support at the college was basic at best, and I had to rely on myself and my inner circle of friends. Transition from military to civilian life was a bumpy landing, but it eventually smoothed out over time.

Participant 2 also entered college and then the policy academy because of the similarity of cultures, recalls her transition experience, stating,

I did what I needed to fit in and look normal. In addition to attending college, I chose to enter my local police department. The culture in law enforcement helped fill the feeling of loss you feel when you first separate from active service. There were more like-minded individuals there, but there was also a high level of stigma associated with mental health. Fear of sharing my challenges reminded me of my experience in the military. I always felt like I had something to lose. College was different because I did not have to disclose anything, and for those few who knew I was a student veteran, they embraced me. At one point, I was the college's face for student veteran services and resources. But again, I never let on that I was dealing with various mental health challenges in fear of judgment. This also played a role in my lack of social life. I have a hard time making friends because I feel they cannot relate. And I also feel socially awkward. I don't say much, and I stay away from talking about my background. The group of friends I do get together with are all people I deployed with and have connections. When we gather, we don't necessarily talk about our experiences; we just know it is there, and it is

comforting. The one person I share my experience with, where most of my PTSD resides, is my mother. The military prepared me to see comfort in not being the friendliest person. My drive to succeed both in the military and post-military service has kept me moving past the PTSD and addressing the problems in private while excelling in public.

Participant 3 entered higher education in a program that was veteran-centered and so shared, Transition from the military was smooth. The college program, graduate degree, targeted the student veteran population; therefore, the search for a common community was not far. We were able to support each other in our academic endeavors, and when we noticed someone needed to adjust. I personally did not encounter much stigma or problems as we transitioned, but I was in the presence of some people who were ignorant about mental health and service members. When I come across inappropriate behaviors or mindsets about student veterans and their experiences, I address them head-on, speaking to the insensitivity and lack of knowledge. I have been in a situation where I probed an individual on what they thought they understood about veterans and the mental health challenges they face.

Participant 4 highlighted the struggles of transition and how different the post-military experience is, recalling,

The moment people find out you have served in the military, there is a mindset that you are going to be a problem. However weak or fragile you feel as you transition into this new environment, you are seen as being tough and difficult. The approach people use with student veterans compared to others who may have the same challenges tends to be different. Coping with civilian lifestyle after serving in the military is hard because we are used to a life bound by rules and codes. We see this new lifestyle and culture in my

experience as toxic to everything I was accustomed to. Transitioning into civilian life successfully means you must navigate the culture, the people, the mindsets and just try to fit the part.

Higher education has been a great way of making the transition from the military easier, but I realized prejudice and stigma are found throughout the university. You feel like you just need to isolate yourself and try to deal with your challenges alone. I have been in situations where I was made to feel uncomfortable due to my veteran status, yet I back off or make every effort not to offend anyone or overreact.

Participant 5, a career veteran, expressed his passion about the sacrifice and service veterans give to their country that goes unappreciated most of the time. His response focused on his expectations of civilians once he transitioned from the military. Emotionally, he stated,

When you transition to civilian life, you expect as a soldier who sacrificed everything for a stranger to be welcomed with thanks and not criticism or shame of the scars we bear. Civilians do not understand what true sacrifice is, what I have been through. Sacrificing my body, my relationships, bonding with my children, and my mental health. I come home only to have to hide my experience, hide my challenges, so that I can make sure everyone else is comfortable. Transition has been hard because I had to find my community while balancing school, work, and family life.

Taken together, the themes answer the guiding research question that examined the lived experiences of student veterans in higher education as they navigate mental health stigma and develop coping strategies. Five main themes emerged. Central to this exploration were the themes of self-stigma and fear of judgment, which shaped how student veterans perceived and responded to their challenges. Their coping mechanisms, ranging from

adaptive to avoidant strategies, were not influenced by the presence or absence of supportive systems both on and off campus. Student veterans expressed the tension they faced between transparency and concealment when deciding whether to disclose their struggles, balancing vulnerability with the desire to protect themselves from stigma. Finally, their experiences are further defined by the transition challenges of reintegrating into academic life, where resilience emerged as a critical factor in overcoming obstacles and fostering persistence in their educational journeys.

Evaluation of the Findings

The purpose of this qualitative descriptive study was to explore the coping strategies used by student veterans in higher education facing mental health stigma. This research addressed the necessity for additional information to extend the use of the SMC theory to assess how student veterans with depression and anxiety in higher education manage mental health stigma. The findings indicated that student veterans facing mental health stigma choose to cope through avoidance and denial. Participants shared their experiences about mental health stigma during military service and in their transition to higher education. Participants' responses revealed that mental health stigma in the military shaped the way student veterans coped or managed the mental health stigma they experienced in higher education institutions. The current research contributed to the theoretical foundation of the SMC theory (Meisenbach, 2010), which suggest different options to communicatively manage stigma. Specifically, the current study adds to the information needed to support a framework tailored specifically towards mental health stigma (Roscoe, 2021). The next section evaluated the findings and their alignment with the existing literature and the theoretical framework presented in this study. This included an explanation of

the extent to which the results were consistent or inconsistent with current research and the SMC theory. Further discussion of new insights and the results of the study will follow in Chapter 5.

Research question evaluation. The research question that guided this study addressed the lived experiences of student veterans' mental health stigma coping strategies in higher education. The results for the research question, based on the data analyzed from the semi-structured interviews and researchers' reflective notes, indicate that student veterans choose to avoid or conceal their mental health challenges and cope with stigma by denying any mental health issues. Research has shown that the challenges of mental health stigma that student veterans faced while in active duty follow them through their transition into higher education and ultimately determine how they cope with those challenges (Morris et al., 2022). The participants revealed that they choose to conceal their struggles, fearing judgment from peers, family, and society, attempting to fit in or isolate altogether. Research further supports the fact that the common military culture idea of "tough it out" creates the expectation that soldiers should push past their mental health challenges (Ganz et al., 2021). Participants' responses revealed a clear link between their mental health coping choices and military acculturation.

The current findings for the research question are consistent with some of the existing literature addressing mental health stigma and coping strategies. The study revealed that mental health stigma in the military shaped the way student veterans cope with mental health stigma in civilian life, including higher education. These findings are consistent with the research that has shown the challenges of mental health stigma student veterans faced while in active duty follow them through their transition into higher education and ultimately determine how they cope with those challenges (Morris et al., 2022). The participants revealed that they choose to conceal their

struggles, fearing judgment from peers, family, and society, attempting to fit in or isolate altogether. This supports the research that the common military culture idea of “tough it out” creates the expectation that soldiers should push past their mental health challenges (Ganz et al., 2021). Participants' responses revealed a clear link between their mental health coping choices and military acculturation.

Additional findings in the current study are consistent with research that focused on coping strategies of student veterans. Responses focusing on coping mechanisms revealed that mental health stigma coping strategies included avoiding discussion about mental health or complete social isolation. This supports the existing literature that strategies used by student veterans would include not disclosing information about their mental health, not sharing their veteran status, taking fewer courses, or isolating from social interaction (Rattray et al., 2019; Derefinko et al., 2019; Roscoe, 2021). Additional findings of this study highlighted a greater tendency for participants' coping strategies to involve fear, avoidance, or separating their military life from their new civilian life. This supports the literature on the stigma management communication theory, which explains this behavior through the concept of “fear control”, in which the individual's fear of being stigmatized is so great that their coping mechanism is one of denying a problem exists (Smith, 2007).

Resilience emerges as a defining feature of student veterans' experiences and the mental health coping strategies they employ. Despite the stigma surrounding mental health, participants demonstrated persistence and adaptability in navigating higher education. Through veteran peer support networks, self-guided coping mechanisms, and self-management methods, many student veterans developed ways to prioritize their mental health and maintain a sense of stability. Their coping strategies reflected not only the challenges they faced but also their capacity for strength,

adaptation, and the pursuit of balance between their past military identities and their current civilian and academic environments.

These findings align with the existing literature, which identifies resilience as a central characteristic of veterans' transition to civilian life (Griffin & Gilbert, 2015; Sayer et al., 2011). Research indicates that veterans often draw on discipline, persistence, and problem-solving skills acquired during military service to manage stressors in higher education (Barry et al., 2014). Peer support has been shown to play a critical role in mitigating feelings of isolation and reducing stigma, offering a shared space of understanding and encouragement (Livingston et al., 2011; Griffin & Gilbert, 2015). Additionally, the reliance on self-directed coping strategies reflects findings by Elliott et al. (2011), who note that veterans frequently prefer autonomy in managing their mental health challenges, though this can sometimes lead to underutilization of formal support services.

Taken together, this study reinforces prior scholarship suggesting that resilience, though essential, is not sufficient in itself. Without institutional recognition and targeted support, student veterans may continue to rely heavily on concealment or avoidance strategies, leaving underlying mental health needs unmet (DiRamio & Jarvis, 2011; Livingston et al., 2011).

The current findings for the research question were found in contrast with some of the existing literature on the academic success of student veterans with mental health challenges and experiencing stigma. Responses revealed that, despite the coping strategies used by student veterans experiencing mental health stigma, academic success is not affected. This finding is in contrast to the literature that shows Post-9/11 veterans facing challenges in higher education, such as social relationships, engagement with peers, academic needs, and psychological (mental

health) issues, suffer academically (Barmak et al., 2021). Additionally, recent literature reports that student veterans' academic experiences and performance are ultimately impacted by social isolation, and student veterans who are unable to adjust have a higher likelihood of dropping out (Hinkson et al., 2020). The current findings revealed that isolation from social engagement had no significant impact on academic success; instead, student veterans are more focused on achieving academic completion goals.

The current findings for the research question extend the literature by adding information about student veterans in higher education faced with mental health stigma. Roscoe (2021) focused on military veterans suffering from PTSD and the stigma-coping strategies used. The current findings focused specifically on student veterans who have experienced some level of depression or anxiety.

Summary

This study identified the mental health stigma experiences of student veterans as they transitioned into higher education and the coping strategies they employed. To increase the trustworthiness of the data, semi-structured interview questions were created using the interview matrix and then reviewed by subject matter experts. Credibility and full transparency were achieved through member checking. The results of the study answered the question: What are the lived experiences of student veterans' mental health stigma coping strategies in higher education?

Student veterans' coping experiences reveal a complex interplay between self-stigma, external stigma, and support systems. The narratives from the individual participants of this study illustrate the delicate balance between concealment and disclosure, avoidance and engagement, self-reliance and seeking help. By understanding these essential psychological

structures, stakeholders – including policy makers, mental health professionals, and veteran advocacy groups – can develop targeted interventions to improve student veterans’ access to mental health care while reducing stigma and improving their academic outcomes. In Chapter 5, the implications and recommendations of this research will be discussed.

Chapter 5: Implications, Recommendations, and Conclusions

Chapter 5 presents a summary of the entire study to provide a rich description of student veterans' coping strategies when faced with mental health stigma. The specific problem addressed is that the strategies needed to foster veterans' successful transition to civilian life while pursuing a higher degree cannot be implemented until student veterans' perceptions about coping with mental health stigma are expanded. Research demonstrates that veterans who attempt to cope with mental health challenges or stigma without professional help can further compromise their mental state (Roscoe, 2021). Student veterans in particular face stigma from individuals in their academic environments, including professors, staff, and students. Research has revealed that the stigma of mental health increases inequalities and worsens health outcomes by impeding the relationships, resources, and interventions made available to those in need (Stangel et al., 2019). Consequently, the way student veterans cope with the stigmas they encounter can negatively affect their mental state as well as their academic success and attrition rates.

As a result of this problem, researchers have found stigma towards mental health creates barriers to help-seeking behaviors that eventually lead to worsening health outcomes (Stange et al., 2019). Studies have also shown that student veterans experiencing various levels of stigma in higher education are left with feelings of inadequacy and social isolation (Umucu, et al., 2022). Student veterans who choose not to seek help for mental health challenges and lack strategies to cope with mental health stigma negatively impact their academic success, which includes high attrition, lower retention, and enrollment rates (Borsar et al, 2017). A growing body of research has highlighted the need to understand the strategies that student veterans use to cope with the

mental health challenges they encounter, in order to improve resources and increase help-seeking behaviors (Roscoe, 2021; Lake et al., 2022).

Accordingly, the purpose of this qualitative phenomenological study was to explore the experiences of student veterans' mental health stigma and the coping strategies they chose while pursuing a degree in higher education. The intention was to give meaning to student veterans lived experiences as they transitioned from military to higher education as college students. Phenomenology was the most appropriate method for this study as it describes the lived, conscious experiences of each student veteran (Creswell, 2014). Using phenomenology was important since the objective was to seek an understanding of the student veteran's experience, as it centers on the subjective meaning and lived reality of the student veteran's experience, rather than reducing it to objective facts or external interpretations. This method enabled the exploration of how student veterans perceive stigma and make sense of their experiences. As a result, the researcher was able to capture the rich, in-depth, and emotional texture of the experience that may have been overlooked in other methods.

The design of this study employed a semi-structured interview because it strikes a critical balance between structured questions and openness, allowing for a deeper exploration of the participants' lived experiences while maintaining a focus on the phenomenon of interest: mental health stigma. The questions used were specifically designed to draw responses that focused on understanding who the student veteran was, their military transition experience, their mental health and support, and finally current strategies they used to cope with mental health stigma. Triangulation was achieved through member checking and the researcher's journaling of interview observations.

The narratives of the seven participants were audio-recorded and visually recorded via

Zoom, member-checked, and analyzed. Two interviews were excluded from the analysis due to the discovery of falsified information. The researcher suspected possible deception only after the second interview, noticing that both participants declined to be on video and the responses to the questions were short and remarkably similar in content. Once the suspicion seemed more than warranted, the researcher conducted a personal search on the participants and found that both were individuals who lived internationally and were under the age of 21, expecting to receive funding for taking part in the interview. This incident triggered a course correction in the interview questions to include verification of military service. Research suggests that dishonesty in interviews is a prevalent issue, with participants often providing inaccurate or misleading information (Hydock, 2018; McCaul & Ward, 2018). Additionally, McCaul and Ward (2018) address how dishonest participants can undermine the reliability of study findings by jeopardizing data quality. That is why the researcher decided to remove the participants and their interview responses from the study while reporting the incident.

Data saturation was determined when the answers to the interview questions exhibited recurring patterns. Particularly, questions two, three, and seven regarding mental health stigma and how the participant addressed the stigma behaviors showed a recurring pattern for all five participants. The other 13 question responses regarding the student veterans' experiences, although not identical, were similar in terms of the challenges and behavioral outcomes. Moreover, at least four of the participants' experiences reported were similar to those of other student veterans in previous research (Morris et al., 2020; McGuffin et al., 2021; Lake et al., 2021). With the use of NVivo software, the data collected from the interviews were organized, coded, and analyzed to identify the patterns and themes that eventually allowed for comparisons made across all the narratives. The researcher employed a descriptive phenomenological analysis

to identify the themes that emerged from the data. This process involved identifying the meaning units, transforming them into psychological expressions, and synthesizing them into the essence of the experience (Leigh-Osroosh, 2021). The outcome of the analysis provided a rich, first-person narrative of the student veterans' lived experience. Data revealed five common themes among all participants who answered the question of how they cope with mental health stigma. The themes that emerged from the data in this study were self-stigma and fear of judgment, coping mechanisms, support systems, transparency and concealment, and finally transition challenges and resilience. The results of the study implicated a need for additional coping strategy options for student veterans facing mental health stigma.

While this study provides valuable insight into student veterans' coping strategies for mental health stigma, several limitations should be acknowledged. One potential limitation is the small sample size. Using the qualitative method to study the lived experiences of student veterans in the first two years of their academic career presented some challenges. After sending recruitment emails to the site administrators of the Student Veterans Association for the Georgia Chapters, the researcher realized that several of the chapters were inactive, or the universities or colleges required a lengthy process to recruit their students for research. Therefore, the next option was to post the recruitment flier/message on social media (Facebook and Instagram), tagging the veteran student organization. This left the study vulnerable to the possibilities of questionable participants. In addition to the study protocol that outlined the qualifications for participation, the research did not inquire about the veteran volunteers' motivations for participating in the study, nor did it specifically ask about their military service locations and dates of service. Recruitment was based on voluntary, non-paying participation, and when this was disclosed, at least two-thirds of the veterans who showed initial interest decided to

withdraw. This left a smaller pool of participants, which was not representative of the larger student veteran population in the Georgia state region. Another limitation was the sample of participants. The researcher recruited student veterans who were all at the end of their programs and relied on their memories of their initial higher education experiences. The study was composed of one White male, three Black males, and one woman of mixed race. All participants were from the Army branch of the United States Armed Forces. The lack of more diverse representation of the U.S. Military Services eliminated the experiences of other branch service members. In addition to criterion sampling, the researcher also expected to apply snowball sampling to maximize variation in the sample. However, due to the limited diversity of the study participants and their limited connections with individuals in higher education, purposive and passive sampling were the only practical methods. Although the research appeared to reach saturation, improving confidence in the findings, the population of only five valid participants could not be generalized to the broader, larger student veteran population. Therefore, no claim was made that their experiences were representative of veterans in other institutions.

This chapter will discuss the implications of the findings, addressing any factors that may have influenced the interpretation of the results. The implications will be discussed in the context of the problem and purpose of the study, as well as the potential contributions to the current literature and the broader societal implications of the study's results. Finally, the chapter will provide recommendations for practice, offer suggestions for future research, and propose improvements for the study, followed by a conclusion.

The research question addressed in this study focused on the coping strategies used by student veterans in higher education facing mental health stigmas. Five major themes were generated from the data collected during the interviews. The themes were self-stigma and fear of

judgment, coping mechanisms, support systems, transparency and concealment, and transition challenges and resilience. The researcher will present each of these themes in this summary before discussing their implications.

Research Question: How do student veterans cope with mental health stigma?

Theme 1: Self-stigma and Fear of Judgement. The first theme was self-stigma and the fear of judgment that student veterans experienced. Self-stigma in the veteran population is an internalized feeling of society's negative attitudes or stereotypes as it relates to mental health challenges, disabilities, or any struggles associated with military service. Student veteran participants 1 and 5 presented high levels of self-stigma when sharing experiences of interactions with their peers and faculty, as well as the reasons for not divulging their status as veterans of the military. In other instances, participants shared how their experiences while in the military shaped the way they thought and coped with mental health. The self-stigma manifested feelings of shame, weakness, or unworthiness in their roles as soldiers and later as students, which led to the avoidance of seeking help, downplaying their mental health challenges, or socially isolating themselves.

The overarching theme of fear of judgment was noted throughout the responses shared by participants. Participants 1, 2, and 5 expressed a more severe fear of judgment in their narrative, as they all aspired to move forward in rank, while participants 3 and 4 explained the fear of judgment as something more cultural and learned. The fear is an extension of the culture created in the military and its expectations of active-duty soldiers. Student veterans experienced fear of judgment due to several factors, including stereotyping, the military-civilian divide, and mental health stigma. Participants 3 and 5 discussed stereotyping, specifically how they worried about being labeled as aggressive, damaged, or struggling with some level of mental health challenges,

even if these characteristics were not displayed. Other participants did touch on instances of stereotyping, but heavy emphasis was found in three and five, which played a role in how the student veteran chooses to cope with their stigmas. The military-civilian divide was identified in several participant responses in relation to social relations and academic experiences. From the lived experiences of this study's participants, there is a shared feeling that their civilian peers do not understand the military culture, which leads to concerns about being perceived as different, rigid, and at times unapproachable. The fear of judgment due to mental health challenges was mentioned the most throughout the collected narratives. Those veterans dealing with anxiety, depression, and PTSD avoid discussing or socializing with others due to fear of being seen as weak or unstable. The theme of self-stigma and fear of judgment provides insight into how the coping mechanisms of the student veterans were developed.

Theme 2: Coping Mechanisms. The second theme was the coping mechanisms used by student veterans. The researcher used Meisenbach's stigma management communication theory as a framework to explain how the student veterans with stigmatized identities manage, or in this case, coped with stigma through communication strategies. This framework specifically allowed us to explore how the student veterans navigated social interactions and public disclosure of being military service members with mental health challenges. The use of communicative strategies by stigmatized individuals is one way of managing how others perceive and respond to their stigma. To determine the coping strategy, student veterans go through a specific process, according to Meisenbach (2010), that includes acknowledging the stigma experience, appraising that stigma from a social context, and determining the communication goals in relation to improving relationships, maintaining a positive self-image, or clarifying or educating others about their stigma. From this process, what evolved was the communication strategy or coping

mechanism. Meisenbach (2010) identified six possible strategies that stigmatized individuals use when faced with stigma: concealment, revelation, signaling, normalization, differentiation, or challenge. In the case of the five research participants, at some point during their military experience and their subsequent post-military experience in higher education, they each employed the coping mechanism of concealment. Only one participant in the group used the additional coping mechanism of challenging.

Concealment was identified as one of Meisenbach's communication strategies, as used by the participants, based on their responses. Rather than coping with strategies identified in the MSC framework, student veteran participants developed more personalized coping mechanisms. Coping mechanisms such as mindfulness and relaxation techniques were shared through participant four's experience when he was faced with stigma. Seeking peer support, a coping mechanism practiced by participant three, proved successful in navigating his academic program, especially since those peers were also veterans. Connecting with other student veterans through student veteran organizations and support groups helped to reduce the isolation and provided a sense of community. These coping mechanisms were essential to Participant 3's social and academic success. In contrast, the coping mechanisms of social withdrawal and the suppression of emotions were the two behaviors the remaining participants shared as their ways of coping with stigma. Social withdrawal involved avoiding interactions or relationships with peers, classmates, faculty, or participating in social events. The suppression of emotions when faced with stigma would manifest as ignoring or bottling up feelings instead of openly addressing them or seeking help to reduce the level of anxiety or depression that results from the suppression of emotions. These were all components of avoidance in Meisenbach's stigma management communication framework. Participant 2 shared that this method of coping was her only way of

dealing with the everyday mental health challenges she faced and the stigma she encountered. These maladaptive coping mechanisms can eventually lead to the decline of well-being and the inability to successfully complete academic goals, as Participant 5 shared through his experiences.

Theme 3: Support Systems. The third theme was support systems, which included programs focused on student veterans as well as social, personal, and peer support systems. The consensus across all research participants for this theme was the need for more programming focused specifically on the student veteran population. The narrative shared included that in these support programs and social systems, the expectation is that individuals either familiar with military culture or former military servicemembers create and deliver the support. All participants agreed that veteran-led support systems would increase interest in student veteran engagement. Additionally, participants 2, 4, and 5 explained the importance of support from personal relationships such as parents, friends, and fellow veterans. Personal support helps to deal with and ease challenges such as mental health struggles, feelings of isolation, and adjustments to their new environments that they would not share with strangers.

Theme 4: Transparency and Concealment. The fourth theme was transparency and concealment. Transparency of mental health challenges is a significant issue for student veterans due to the combination of perceived stigma, military culture, and the continued fear of judgement. The military fosters a culture of strength, resilience, and self-reliance among its soldiers, as confirmed by the study's participants during their interviews. The admission of mental health challenges would be seen as a weakness and inability to perform duties, and a possible "flag" on future promotions. Student veterans who internalize these values during active service find it difficult to transition to an environment that encourages discussing mental health challenges. The fear of the possible consequences of being fully transparent about mental health challenges prevents help-seeking and leads to downplaying illness and concealment.

Concealment is the coping mechanism discussed during participants 2, 4, and 5 interviews. The student veterans would mask their mental health by withdrawing from social

activity or finding methods of coping that were self-managed, ranging from exercise to substance abuse. Concealment as a coping mechanism increased the feelings of isolation, worsening the student's mental health challenges, which eventually could lead to academic setback.

Theme 5: Transition Challenges and Resilience. The fifth theme was transition challenges and resilience. The specific transition challenges explored in this study included social integration, academic adjustments, and mental health concerns. During interviews, participant responses revealed a connection between their coping strategies and their experiences of transition. As student veterans transition into the new academic environment, there is a lack of shared experiences with their peers, and feelings of isolation become common. Based on the responses to questions focused on peer relations, the lack of a connection with traditional students can hinder the student veteran's social integration and overall college experience. The academic adjustments student veterans must make require shifting from a structured environment in the military to the more autonomous nature of the academic setting. This transitional challenge emerged in the narratives of three participants as they discussed the changes that heightened their anxieties. Mental health concerns during the transition from military to higher education focused on how student veterans cope with the new stressors of their new environment. The study identified stressors to include program engagement, peer relationships, and academic expectations. These conditions facing student veterans can impact how they interact with their peers and faculty, access resources, and utilize support systems, ultimately determining the success of their academic journey.

Despite the challenges student veterans experience during transition to civilian life, there were examples of resilience in the pursuit of a higher degree. Participant 3 was the outlier in the group in terms of his experiences with relationships during his academic journey. Resiliency was

demonstrated through the eventual use of support services, the development of coping strategies, and the building of social connections. As the student veteran became acclimated to the new environment, forming the necessary relationships with fellow veterans and participating in veteran-specific activities or organizations helped to mitigate the feelings of isolation that transitioning veterans often experience. Participant 3 shared his experiences of transitioning to higher education as unsettling at first, but improved as he identified those support systems that focused on his veteran peers. These connections provided emotional support and a sense of belonging, fostering a successful student experience.

The implications of mental health stigma coping strategies support the current literature that the academic performance of student veterans in higher education significantly affects multiple aspects of their learning experience, retention, and overall success. As addressed in the literature review, the negative perceptions associated with the experience of student veterans during active service may impact their sense of belonging, which in turn affects their academic performance (Hunter-Johnson et al., 2021). Mental health stigma coping strategies may discourage student veterans from seeking mental health support, leading to struggles with concentration, attendance, and academic engagement.

According to Hinkson (2022) and colleagues, student veterans with depression experience negative outcomes academically, yet the reasons were not clearly understood. This study adds to the literature by acknowledging that student veterans with mental health challenges who choose to cope with stigma by concealing or avoiding it may experience negative academic outcomes. One participant, who concealed his mental health challenges, shared his struggles with focusing academically while dealing with his perceived stigma from both faculty and his non-veteran peers. The study findings reveal that student veterans who internalize stigma might

experience heightened anxiety or depression, negatively affecting their grades and retention rates. One study revealed that heightened levels of depression were associated with student veterans who felt they were being judged or did not fit in with their non-veteran peers (Ghosh et al., 2020). Link and Phelan (2001) remind us that when an individual is stigmatized and no longer considered normal within a particular group, there becomes a separation, in this case student veteran versus non-veteran students. Fear of being labeled as “weak” or “unfit” might lead veterans to push through academic difficulties alone, which can exacerbate their struggles and reduce academic persistence. In addition, the findings acknowledge that mental health stigma coping choices can discourage student veterans from participating in class discussions, attending group projects, or seeking help from professors. One participant remarked that it was easier to take online classes because she did not have to interact with her peers. The study contributes to the literature by confirming that some student veterans experience feelings of detachment from their civilian classmates, which makes it more challenging for them to collaborate in academic settings. Furthermore, the prolonged avoidance of academic settings due to stigma-related barriers may lead to course withdrawals, incomplete assignments, or even dropping out. Hinkson (2020) and his colleagues agree that student veterans who are unable to adapt to the academic setting and structures during their first year often drop out. One participant recalls the difficulty in completing coursework due to anxiety and stress, forcing withdrawal from a number of classes.

This study also highlights that universities with limited veteran-specific support systems might unintentionally reinforce feelings of isolation, further reducing retention rates. It is clear from the interviews that student veteran reluctance to acknowledge mental health struggles can prevent them from developing effective academic strategies, such as time management or

seeking tutoring. While others may cope with stigma by overworking themselves to compensate for perceived weaknesses, leading to burnout. This study exposes the risk of maladaptive coping strategies, such as concealment, excessive isolation, and avoidance, and adds to the literature that student veterans could further impair academic performance.

This study highlights the importance of social integration and support systems for student veterans. Research has shown that when student veterans participate in on-campus activities, their academic success increases (Kirchner et al., 2014; Darcy et al., 2018; Barmak et al., 2021). Participants were overwhelmingly clear when faced with stigma; the coping mechanism of choice was avoidance and concealment. The findings add to the literature by acknowledging that student veterans may avoid disclosing mental health struggles due to fear of judgment, leading to isolation from peers, faculty, and campus resources. As discussed in the literature review, student veterans often struggle with forming non-veteran peer relationships, which can lead to isolation (Barmak et al., 2021). The inability to find commonalities with non-veteran peers results in social detachment, increased depression, and, in some cases, loneliness (Hinkson et al., 2020). One participant shared that she had no friends and only shared her struggles with her mother and often focused on being home with her daughter. Self-stigma can create barriers to forming healthy, supportive relationships, further exacerbating feelings of loneliness and disconnection. Additionally, the study adds to the literature by acknowledging that student veterans would prefer building relationships and engaging with other student veterans rather than their non-veteran counterparts.

The implications of improved veteran-centered social networks include changes in how students choose to cope with mental health stigmas and how they participate in campus activities. The findings support literature on veteran support networks in higher education.

Higher education institutions need to encourage peer support networks. Veterans who connect with peer groups often feel less isolated and more understood. Increasing awareness of student veteran organizations and support groups can foster a stronger sense of community. McKinney (2017) observed that universities are aware of the need to do more to support and retain student veterans; however, the efforts to create veteran services offices that offer social and cultural support have not been prioritized by many institutions. Three out of five participants in this study agree that peer support networks are needed and should be staffed with veterans or those trained to understand and address the needs of student veterans.

The findings of this study confirm the implications that there is a need to change the narrative around mental health from one of weakness to one of strength and self-care, would encourage more student veterans to prioritize their well-being. This study adds to the body of literature by acknowledging that institutions of higher education must provide veteran-informed counseling services that recognize the unique experiences and needs of student veterans. Research supports the notion that it is imperative for institutions of higher education to support and provide mental health services tailored to the needs of student veterans (Currier, McDermott, & McCormick, 2017). Mental health providers in higher education should be trained in military cultural competencies to enhance trust and encourage help-seeking behavior. The study also supports the literature by recognizing the need for university administrators to establish confidential support systems and peer mentorship programs that can reduce the fear of judgment and encourage veterans to discuss their mental health challenges openly. It should be noted that even the most effective and culturally sensitive support systems and programs do not always overcome the reluctance of student veterans to negative beliefs regarding seeking help and what it means to seek care (Currier, McDermott, & McCormick, 2017). For example, one participant

emphatically expressed that she would never seek mental health care within any academic institution or disclose her challenges with depression and anxiety, even when she knew the services were confidential.

The findings of this study confirm the implications that there is a need for mental health professionals in higher education to improve on how they address mental health stigma. This study contributes to the body of literature by identifying the mental health treatment and support improvements necessary in civilian society to address the needs of military veterans. The findings implicate the need to tailor interventions to address self-stigma and concealment. Participants in this study repeatedly shared how they internalized stigma and avoided seeking help. It is important that mental health professionals should focus on destigmatizing therapy through education, peer-led initiatives, and outreach programs. Additionally, university mental health counseling centers need to offer flexible and accessible mental health care. Offering virtual counseling, drop-in sessions, and veteran-only support groups can make it easier for student veterans to access help without fear of exposure.

Furthermore, the implications of this study confirm that higher education institutions need to invest in integrating mental health awareness into academic programs. The study findings agree with current literature that faculty and staff impact on student veterans effect their academic success. Dillard and Yu (2016) confirm that faculty and staff education is essential to any efforts towards creating a veteran-friendly institution. Training can be presented in various forms, including professional development, seminars, and staff-led in-takes (Dillard & Yu, 2016). This study also revealed that professional interaction with university and college staff must begin with improving customer service skills. Research does support the recommendation that separate training for campus staff should be offered, focusing on better customer service

standards that distinctly embrace veteran culture (Dillard & Yu, 2016). Later studies have shown the advantage of having student veterans participate as subject matter experts during these training sessions, to assist in real-world scenarios (Dillard & Yu, 2018). This study provides insight on how improving the process of treating student veteran mental health needs could begin to influence the coping strategies student veterans use against mental health stigma.

Another implication of this study acknowledges the need to address student veterans' concerns about confidentiality in mental health reporting. This study supports the existing literature that highlights the need for policies on mental health confidentiality in higher education. It was clear from the study interviews that the participants' choices concerning disclosure of mental health challenges were unyielding to seeking help to avoid judgment or future implications. In addition to improving confidentiality policies, higher education administrators should develop policies that increase funding for veteran resource centers, mental health programs, and peer support networks within colleges and universities. This study expands the literature by acknowledging the need for policymakers and student veteran organizations to enhance their role in the transition and support of student veterans, including addressing stigma-related challenges.

Recommendations for Practice

The research findings led to the development of recommendations for application to practice. The research question for this study focused on how student veterans cope with mental health stigma. The results of the study outlined how policymakers in higher education, mental health professionals, and student veteran peer support groups can develop targeted interventions to improve student veterans' mental health support while reducing stigma. Based on the findings that focused on coping mechanisms and transition challenges, it is recommended that higher

education leaders establish veteran-specific counseling services, where mental health programs are tailored to veterans, with counselors trained in military culture competence to provide appropriate support. Additionally, based on the findings regarding support systems, it is recommended that administrators and clinical professionals in higher education should develop mental health resources that are clearly advertised as confidential to reduce the fear of disclosure and encourage help-seeking behavior, which could attract more student veterans. Finally, based on the findings that address the areas of judgment, support, and resilience, it is recommended that peer mentorship and support groups be created to provide a safe space for veterans to discuss mental health issues, share experiences, and receive guidance.

Another practical application of the study's findings is the development of new faculty and institutional training programs. Higher education institutions should train faculty and student support staff on military culture and mental health challenges to help them better understand the unique struggles of student veterans. Additionally, universities should develop academic policies that provide flexibility for veterans dealing with PTSD, anxiety, or depression, ensuring that mental health struggles do not interfere with academic success.

Final recommendations focus on the higher education policy and institutional changes. Institutions should create clear policies to protect student veterans from stigma and discrimination based on mental health conditions and ensure, seeking mental health care does not affect academic standing or future career prospects. Universities and policymakers should also expand funding for veteran resource centers, mental health programs, and career transition services to provide better support.

Recommendations for Future Research

This research study sought to extend the knowledge and understanding of student

veterans' experiences with mental health stigma and what coping strategies they employ as they pursue their degree in higher education. The following recommendations for future research are offered. When using Giorgi's descriptive phenomenological method, the analysis is interpretive, meaning there could be research bias, despite all efforts at bracketing, which may have influenced the synthesis of themes. For future studies, to avoid these limitations, researchers should consider larger, more diverse samples, longitudinal studies that track coping strategies over time, and the use of a mixed methods approach, combining phenomenology with a quantitative measure of stigma.

Given that this is the first time Meisenbach's (2010) stigma management communication theory was used to address coping strategies for mental health stigma in higher education, it would be important to replicate the study with different samples. Obtaining a larger sample size could offer more information on the benefits of how the communication of stigma can improve the academic experience for non-veteran students. In addition, research can be conducted to determine how policymakers in higher education can utilize the SMC theory and strategies to develop training for faculty and staff, formulate policies to address stigma, create mental health assessments and interventions in higher education, and ultimately develop destigmatizing campaigns.

Another recommendation is to expand research on veteran mental health coping strategies to help further the efforts of mental health and academic professionals. It will also provide valuable opportunities to improve policy, support services, and mental health interventions. By exploring diverse coping mechanisms, long-term outcomes, and intersectional influences, future research can contribute to the development of more effective and targeted support systems for student veterans. Additional investigations can examine the effectiveness of

different coping strategies to determine the efficacy of the SMC theory. Future research can explore how different coping strategies (e.g., self-management, peer support, mindfulness, exercise, medicine, avoidance therapy) affect mental health outcomes and academic performance in veterans. Identifying which strategies are most effective can help universities and mental health professionals tailor support programs to meet the needs of student veterans. Additional research can explore the short-term and long-term coping strategies and the benefits of each in addressing mental health stigma. Some veterans rely on short-term coping mechanisms (e.g., avoidance, emotional suppression) that may provide immediate relief but worsen their mental health over time. While longitudinal studies can track the effectiveness of different coping approaches over time, they can also help veterans adopt sustainable mental health practices.

Exploring the role of peers and social support in how individuals cope would help to understand the importance of social integration. Throughout this study, it was clear that the effects that coping by avoidance or secrecy had on the student veterans' ability to integrate with their peers and faculty. Research should assess the effectiveness of peer-led support groups in reducing stigma and promoting mental well-being among student veterans. Understanding how shared military experiences foster trust and openness in discussing mental health could lead to the expansion of peer support initiatives in higher education. Furthermore, examining the role of family and community networks in veteran mental health coping could help identify the best practices for encouraging social engagement and emotional support.

Another opportunity for research would be in the examination of the influence of intersectionality on coping, including gender, race, and combat versus non-combat veterans. Female veterans may face different mental health challenges than their male counterparts, such as unique stigma, military sexual trauma (MST), or social expectations. Research should explore

whether coping strategies differ by gender and whether mental health services are equally accessible and effective for all student veterans. There is also an opportunity for research to investigate how racial and ethnic backgrounds influence coping mechanisms and whether minority student veterans experience unique barriers to mental health care. Veterans with direct combat exposure may have different mental health needs and coping strategies than non-combat veterans. Future research should explore whether combat experience influences self-stigma, willingness to seek help, and coping behaviors.

Future research on the impact of higher education on coping strategies could focus on the role of academic institutions in facilitating coping and how academic pressure affects mental health coping. Research should investigate how college environments, faculty attitudes, and campus mental health resources impact the coping behaviors of student veterans. Identifying the most effective institutional practices could help shape veteran-friendly policies in higher education. The demands of balancing education, work, and family responsibilities can impact mental health coping strategies. Future research can explore whether academic stress exacerbates mental health challenges or encourages adaptive coping strategies such as structured time management and resilience training.

The final opportunity for future research is in the development of evidence-based interventions and policies that target mental health. Expanding research on coping strategies can lead to the development of personalized mental health programs for student veterans, addressing unique coping needs. Universities could implement specialized resilience training, peer mentoring, or culturally competent counseling services based on research findings. Additionally, findings from expanded research can help shape government policies on VA mental health services, higher education support programs, and workplace accommodations for veterans.

Conducting research on these services and programs could provide more specific information for what is needed to begin to develop better support systems as veterans transition to civilian life.

Conclusions

This study aimed to address the problem of mental health stigma and the coping strategies used by student veterans in their transition to civilian life through higher education. Meisenbach's stigma management communication theory served as the theoretical framework for addressing the study's problem. The purpose of this qualitative descriptive study was to explore the experiences of the student veterans facing mental health stigma and the current coping strategies they employ. Virtual semi-structured interviews were used to gather information to better understand the mental health challenges during their transition through higher education and how their choice of stigma coping strategies affected their academic success.

This study found that student veterans are still dealing with the complexities of their military service time in their transition to civilian life. Student veterans shared their struggles with adjusting to the academic environment, the lack of structure, and the difficulty in finding safe social connections. The study found that student veterans employed the coping mechanisms they developed while in the military, which amounted to concealment and isolation. These results align with the previous research, indicating that these challenges are not unique to some student veterans but common among student veterans in various institutions of higher education. Coping with mental health stigma is a reality that many transitioning veterans experience. How student veterans choose to live with mental health stigma affects their success as students in higher education. Strategies that foster student veterans' successful transition to civilian life while pursuing a higher degree cannot be implemented until student veterans' perceptions of

coping with mental health are expanded. This study offers an in-depth examination of student veterans' coping strategies in the face of mental health stigma, employing Giorgi's Descriptive Phenomenological Method to reveal the fundamental psychological structures underlying their experiences. The findings highlight and align with Meisenbach's SMC theory, that student veterans faced with a certain stigma situation will choose the best coping strategy that supports and protects their needs. The complex interplay between self-stigma, external stigma, coping mechanisms, support systems, and the challenges of transparency in mental health disclosure all indicate a direct connection between the SMC theory and student veterans' coping strategy choices.

Student veterans navigating the transition to civilian and academic life often face internalized negative beliefs about seeking help, fear of judgment, and concerns about career or social repercussions. Despite these barriers, opportunities exist to develop resilient coping strategies, including self-management, peer support, institutional resources, and professional mental health care. The decision to disclose or conceal mental health struggles is shaped by perceived social consequences, with some veterans benefiting from openness, while others experience continued stigma and choose to isolate.

This study also highlighted the gaps in veteran support systems within higher education, reinforcing research that calls for stronger institutional mental health policies and peer-based interventions. Higher education institutions must develop policies that actively reduce stigma, encourage help-seeking behaviors, and integrate culturally competent counseling services tailored to the unique experiences of veterans. By synthesizing these results with existing research and psychological theories, this study provides a comprehensive understanding of the psychological structures underlying student veterans' coping strategies.

The study underscores the need for institutions to enhance mental health support by fostering veteran-friendly policies, reducing stigma through awareness programs, expanding access to confidential mental health services, and strengthening peer-support networks. By bridging gaps between military culture, higher education, and mental health services, stakeholders can create a more inclusive and supportive environment, ensuring that student veterans can thrive academically, socially, and psychologically.

References

- Acosta, J. D., Becker, A., Cerully, J. L., Fisher, M. P., Martin, L. T., Vardavas, R., Slaughter, M.E., & Schell, T. L. (2014). *Mental Health Stigma in the Military*. RAND Corporation.
- Alhazmi, A. A. & Kaufmann, A. (2022). Phenomenological qualitative methods applied to the analysis of cross-cultural experience in novel educational social contexts. *Frontiers in Psychology*, 13, 1–12. <https://doi.org/10.3389/fpsyg.2022.785134>
- Allsop, D. B., Chelladurai, J. M., Kimball, E. R., Marks, L. D., & Hendricks, J. J. (2022). Qualitative methods with NVivo software: A practical guide for analyzing qualitative data. *Psych*, 4(2), 142–159. <https://doi.org/10.3390/psych402001>
- American Council on Education (2018). Toolkit for veteran-friendly institutions. Retrieved from <https://www.acenet.edu/Documents/Veterans-Toolkit-2018.pdf>
- American Psychiatric Association (2022). What is depression? Retrieved from <https://www.psychiatry.org/patients-families/depression/what-is-depression>
- Arnaez, J. M., Krendl, A. C., McCormick, B. P., Chen, Z., & Chomistek, A. K. (2020). The association of depression stigma with barriers to seeking mental health care: A cross-sectional analysis. *Journal of Mental Health (Abingdon, England)*, 29(2), 182–190. <https://doi.org/10.1080/09638237.2019.1644494>
- Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., Demyttenaere, K., Ebert, D. D., Green, J. G., Hasking, P., Murray, E., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Stein, D. J., Vilagut, G., Zaslavsky, A. M., & Kessler, R. C. (2018). WHO world mental health surveys international college student project: Prevalence and distribution of mental disorders. *Journal of Abnormal Psychology*, 127(7), 623–638. <https://doi.org/10.1037/abn0000362>

- Ayre, J., & McCaffery, K. J. (2022). Research note: Thematic analysis in qualitative research. *Journal of Physiotherapy* (Elsevier), 68(1), 76–79.
<https://doi.org/10.1016/j.jphys.2021.11.002>
- Barmak, S.A., Barmaksezian, N., & Der-Martirosian, C. (2021). Student veterans in higher education: The critical role of veteran’s resource centers. *Journal of American College Health*. <https://doi.org/10.1080/07448481.2021.1970562>
- Barragan, C., Ryckman, L., & Doyle, W. (2022). Improving educational outcomes for first-year and first-generation veteran students: An exploratory study of a persistent outreach approach in a veteran-student support program. *Journal of Continuing Higher Education*, 70(1), 42–57. <https://doi.org/10.1080/07377363.2021.1908773>
- Barry, A. E., Whiteman, S. D., & MacDermid Wadsworth, S. (2014). Student service members/veterans in higher education: A systematic review. *Journal of Student Affairs Research and Practice*, 51(1), 30–42. <https://doi.org/10.1515/jsarp-2014-0003>
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: study design and implementation for novice researchers. *The Qualitative Report*, 13(4), 544.
- Bingham, A. J., & Witkowsky, P. (2021). Deductive and inductive approaches to qualitative data analysis. *Analyzing and interpreting qualitative data: After the interview*, 133-146.
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802-1811. <http://dx.doi.org/10.1177/1049732316654870>
- Billups, F. (2021). *Qualitative data collection tools: Design, development, and applications*. SAGE Publications, Inc., <https://doi.org/10.4135/9781071878699>

- Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research*, 19(4), 426–432. doi: 10.1108/QMR-06-2016-0053.
- Borenstein, J. (August 2020). Stigma, prejudice, and discrimination against people with mental illness. American Psychiatric Association. Retrieved from <https://www.psychiatry.org/patients-families/stigma-and-discrimination>
- Borsari, B., Yurasek, A., Miller, M. B., Murphy, J. G., McDevitt-Murphy, M. E., Martens, M. P., Darcy, M. G., & Carey, K. B. (2017). Student service members/veterans on campus: Challenges for reintegration. *American Journal of Orthopsychiatry*, 87(2), 166–175. <https://doi.org/10.1037/ort0000199.supp> (Supplemental)
- Bradbury, A. (2020). Mental health stigma: The impact of age and gender on attitudes. *Community Mental Health Journal* 56: 933–938. <https://doi.org/10.1007/s10597-020-00559-x>
- Brinkmann, S., & Kvale, S. (2018). *Doing interviews* (2nd ed.). SAGE Publications Ltd.
- Brown, N. B. & Bruce, S. E. (2016). Stigma, career worry, and mental illness symptomatology: Factors influencing treatment-seeking for operation enduring freedom and operation Iraqi freedom soldiers and veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(3), 276 – 283. [Http://dx.doi.org/10.1037/tra0000082](http://dx.doi.org/10.1037/tra0000082)
- Brule, N. J., & Eckstein, J. J. (2016). “Am I really a bad parent?” Adolescent-to-parent abuse (AtPA) identity and the stigma communication management (SMC) model. *Journal of Family Communication*, 16, 185–215. doi:10.1080/15267431.2016.1160908
- Campbell, M., Auchterionie, J.L., Andris, Z., Cooper, D.C., and Hoyt, T. (2021). Mental health stigma in department of defense policies: Analysis, recommendations, and outcomes. *Military Medicine*, 00, 1–7.

- Candela, A. G. (2019). Exploring the function of member checking. *The Qualitative Report*, 24(3), 619–628.
- Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum*, 41(5), 545–547.
<https://doi.org/10.1188/14.ONF.545-547>
- Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report*, 21(5), 811-831.
<https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=2337&context=tqr>
- Cate, C. A. (2014). Million records projects: Research from student veterans of America. Washington, DC: Student Veterans of America. Retrieved from
https://studentveterans.org/images/Reingold_Materials/mrp/download-materials/mrp_Full_report.pdf
- Cate, C. A., Lyon, J. S., Schmeling, J., & Bogue, B. Y. (2017). National veteran education success tracker: A report on the academic success of student veterans using the post-9/11 GI Bill (NVEST Report). Washington, DC: Student Veterans of America. Retrieved from https://nvest.studentveterans.org/wp-content/uploads/2017/03/NVESTReport_FINAL.pdf
- Cerully, J. L., Acosta, J. D., & Sloan, J. (2018). Mental health stigma and its effects on treatment-related outcomes: A narrative review. *Military Medicine*, 183(11/12), e427 – e437. <http://doi.org/10.1093/milmed/usx219>
- Chan, F. H. F., Lin, X., Griva, K., Subramaniam, M., Čelić, I., & Tudor Car, L. (2022). Information needs and sources of information among people with depression and anxiety: A scoping review. *BMC Psychiatry*, 22(1), 502. <https://doi.org/10.1186/s12888-022->

[04146-0](#)

- Chatmon, B. N. (2020). Males and mental health stigma. *American Journal of Men's Health*, 14(4), 1557988320949322. <http://doi.org/10.1177/1557988320949322>
- Chitac, I. M. (2022). The rationale for saturation in qualitative research: When practice informs theory. *Cross-Cultural Management Journal*, 24(1), 29–35.
- Clary, K. L., Pena, S., and Smith, D.C. (2021). Masculinity and stigma among emerging adult military members and veterans: Implications for encouraging help-seeking. *Current Psychology*, 42, 4422–4438. <https://doi.org/10.1007/s12144-021-01768-7>
- Coleman, S. J., Stevelink, S. A. M., Hatch, S. L., Denny, J. A., & Greenberg, N. (2017). Stigma-related barriers and facilitators to help seeking for mental health issues in the armed forces: A systematic review and thematic synthesis of qualitative literature. *Psychological Medicine*, 47(11), 1880–1892. <https://doi.org/10.1017/S0033291717000356>
- Corrigan, P. W., & Kosyluk, K. A. (2014). Mental illness stigma: Types, constructs, and vehicles for change. In S. K. Corrigan (Ed.), *The stigma of disease and disability: Understanding causes and overcoming injustices* (pp. 35–56). American Psychological Association. <https://doi.org/10.1037/14297-003>
- Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice*, 9(1), 35.
- Creswell, J. W. (2014). *Qualitative inquiry and research designs: Choosing among five traditions* (4th ed.). Sage.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Sage Publications.

- Crocq, M.A. (2017). The history of generalized anxiety disorder as a diagnostic category. *Dialogues in Clinical Neuroscience*, 19:2, 107-116, DOI: 10.31887/DCNS.2017.19.2/macrocq
- Crowther, S., Ironside, P., Spence, D., & Smythe, L. (2017). Crafting stories in hermeneutic phenomenology research: A methodological device. *Qualitative Health Research*, 27(6), 826–835. <https://doi.org/10.1177/1049732316656161>
- Cuijpers, P., Miguel, C., Harrer, M., Plessen, C. Y., Ciharova, M., Ebert, D., & Karyotaki, E. (2023). Cognitive behavior therapy vs. control conditions, other psychotherapies, pharmacotherapies, and combined treatment for depression: A comprehensive meta-analysis including 409 trials with 52,702 patients. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 22(1), 105–115. <https://doi.org/10.1002/wps.21069>
- Currier, J. M., McDermott, R. C., & McCormick, W. H. (2017). Mental health treatment-related stigma and professional help seeking among student-veterans. *Psychological Services*, 14(4), 531–542. <https://doi.org/10.1037/ser0000129>
- 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
- Department of Veterans Administration (October 2019). Verification assistance brief. Retrieved from <https://www.va.gov/OSDBU/docs/Determining-Veteran-Status.pdf>
- 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
- Derefinko, K.J., Hallsell, T.A., Isaacs, M.B., Colvin, L.W., Garcia, F.I.S., & Bursac, Z. (2019). Perceived needs of veterans transitioning from the military to civilian life. *The Journal of*

- Behavioral Health Services & Research*, 46(3), 384 – 398.
- DiRamio, D., & Jarvis, K. (2011). Veterans in higher education: When Johnny and Jane come marching to campus. *ASHE Higher Education Report*, 37.
- Drew, J.M. & Martin, S. (2021). A national study of police mental health in the USA: Stigma, mental health, and help-seeking behaviors. *Journal of Police and Criminal Psychology*, 36: 295–306. <https://doi.org/10.1007/s11896-020-09424-9>
- Elliott, M., Gonzalez, C., & Larsen, B. (2011). U.S. military veterans transition to college: Combat, PTSD, and alienation on campus. *Journal of Student Affairs Research and Practice*, 48(3), 279–296. <https://doi.org/10.2202/1949-6605.6293>
- Ellison, M. L., Reilly, E. D., Mueller, L., Schultz, M. R., & Drebing, C. E. (2018). A supported education service pilot for returning veterans with posttraumatic stress disorder. *Psychological Services*, 15(2), 200–207. <https://doi.org.proxy1.ncu.edu/10.1037/ser0000180>
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1-4.
- Foucault, M. (1977). *Discipline and Punish*. New York: Pantheon.
- Ganz, A., Yamaguchi, C., Parekh, B., Koritzky, G., and Berger, S.E. (2021). Military culture and its impact on mental health and stigma. *Journal of Community Engagement and Scholarship*, 3: 116 – 127.
- GBD 2019 Mental Disorders Collaborators (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet. Psychiatry*, 9(2), 137–150. [https://doi.org/10.1016/S2215-0366\(21\)00395-3](https://doi.org/10.1016/S2215-0366(21)00395-3)

- Ghosh, A., Santana, M.C., & Opelt, B. (2020). Veterans' reintegration into higher education: A scoping review and recommendations. *Journal of Student Affairs Research and Practice*, 57(4), 386 – 402. <http://doi.org/10.1080/19496591.2019.1662796>
- Gina Marie, A. H. (2004). Sampling issues in qualitative research. *Nurse Researcher* (through 2013), 12(1), 7-19.
<https://go.openathens.net/redirector/ncu.edu?url=https://www.proquest.com/scholarly-journals/sampling-issues-qualitative-research/docview/200776754/se-2>
- Giorgi, A. (1970). *Psychology as a human science: A phenomenologically based approach*. Harper & Row.
- Giorgi, A. (1997). The theory, practice, and evaluation of the phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28(2), 235-260.
- Giorgi, A. (2008). Concerning a serious misunderstanding of the essence of the phenomenological method in psychology. *Journal of Phenomenological Psychology*, 39, 33-58.
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Duquesne University Press.
- Giorgi, A., Giorgi, B., & Morley, J. (2017). *The descriptive phenomenological psychological method*. Sage UK
- Gonzalez, C.A. & Elliott, A.M. (2016). Faculty attitudes and behaviors towards student veterans. *Journal of Postsecondary Education & Disability*, 29(1), 35–46. <https://eric.ed.gov/?id=EJ1107471>
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York, NY: Simon and Shuster.

- Goncalves, S. A., & Trunk, D. (2014). Obstacles to success for the nontraditional student in higher education. *Psi Chi Journal of Psychological Research*, 19, 164-172
- Griffin, K. A., & Gilbert, C. K. (2015). Better transitions for troops: An application of Schlossberg's transition framework to analyses of barriers and institutional support structures for student veterans. *The Journal of Higher Education*, 86(1), 71–97.
<https://doi.org/10.1080/00221546.2015.11777357>
- Hantzi, A., Anagnostopoulos, F., & Alexiou, E. (2019). Attitudes towards seeking psychological help: An integrative model based on contact, essentialist beliefs about mental illness, and stigma. *Journal of Clinical Psychology in Medical Settings*, 26(2), 142–157.
<https://doi.org/10.1007/s10880-018-9573-8>
- Hartelt, J. (2018). “I don’t want to hear about your dick”: Communicatively managing stigma surrounding foreskin restoration. (Thesis) Retrieved from
<https://openprairie.sdstate.edu/etd/2475/>
- Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, 292, N.PAG.
<https://doi.org/10.1016/j.socscimed.2021.114523>
- Hinkson, K.D., Drake-Brooks, M.M., Christensen, K.L., Chatterley, M.D., Robinson, A.K., Crowell, S.E., Williams, P.G. & Bryan, C.J. (2022). An examination of the mental health and academic performance of student veterans. *Journal of American College Health*, 70(8), 2334 – 2341. <https://doi.org/10.1080/07448481.2020.1858837>
- Hom, M.A., Stanley, I.H., Schneider, M.E., and Joiner, T.E. (2017). A systematic review of help-seeking and mental health service utilization among military service members. *Clinical Psychology Review*, 53, 59 – 78. <http://dx.doi.org/10.1016/j.cpr.2017.01.008>

- Hunter-Johnston, Y., Liu, T., Murray, K., Nui, Y., & Surprise, M. (2021). Higher education as a tool for veterans in transition: Battling the challenges. *The Journal of Continuing Higher Education*, 69(1), 1 – 18. <https://doi.org/10.1080/07377363.2020.1743621>
- Husserl, E. (2001). Phenomenology and the foundations of the sciences. *Springer Science & Business Media*. Martinus NiJhoff, Publishers: Vol.3.
- Ilagan, G., Ilagan, J., Jocius, R., Hornor, T., Shealy, T., Simpson, A., Cavaliere, G., Pollen, B., & Brooks, J. (2022). Backpacking Veterans: Exploring Sense of Belonging, Happiness, and Stress-Coping. *Journal of Outdoor Recreation, Education & Leadership*, 14(4), 36–54. <https://doi.org/10.18666/JOREL-2022-11600>
- Inoue, C., Shawler, E., Jordan, C. H., & Jackson, C. A. (2022). Veteran and military mental health issues. *In StatPearls*. StatPearls Publishing.
- Institute for Women’s Policy Research (2016). Retrieved from <https://iwpr.org/>
- Jenkins, R. J., & Stengel, P. J. (2019). Scaling open educational resources for student veterans and the challenges of assessing their impact. *2019 IEEE Learning with MOOCS (LWMOOCS)*, 59–63. <https://doi.org/10.1109/LWMOOCS47620.2019.8939652>
- Kalin, N.H. (2020). The critical relationship between anxiety and depression. *American Journal of Psychiatry*, 177(5), 365–367. <https://doi.org/10.1176/appi.ajp.2020.20030305>
- Kees, M., Risk, B., Meadowbrooke, C., Nellett, T., & Spinner, J. (2017). Peer advisors for veteran education (PAVE): Implementing a sustainable peer support program for student veterans on college campuses. *Student Peer Mentoring*, 28(3), 30-49. <https://journals.iupui.edu/index.php/muj/article/view/21541>
- Kieling ,C., Buchweitz, C., Caye, A. et al. (2024). Worldwide prevalence and disability from mental disorders across childhood and adolescence: Evidence from the global burden of

- disease study. *JAMA Psychiatry*, 81(4):347–356. doi:10.1001/jamapsychiatry.2023.5051
- Kimotho, S., Miller, A.N. & Ngure, P. (2015). Managing communication surrounding tungiasis stigma in Kenya. *Communication: South African Journal for Communication Theory and Research*, 41:4, 523–542, doi:10.1080/02500167.2015.1100646
- Lake, K.N., Ferber, L., Kilby, D. J., Mourtada, H., Pushpanadh, S., & Verdelli, H. (2022). Qualitative study examining perceived stigma and barriers to mental health care among student veterans. *Journal of Veterans Studies*, 8(3), 239 – 252.
<http://doi.org/10.21061/jvs.v8i3.379>
- Lazarus R. S., Folkman S. (1984). Stress, appraisal, and coping. Springer, New York
- Lee, J.-Y., & Shin, Y.-J. (2022). Using the Theory of Planned Behavior to Predict Korean College Students' Help-Seeking Intention. *Journal of Behavioral Health Services & Research*, 49(1), 76–90. <https://doi.org/10.1007/s11414-020-09735-z>
- Lee, S.K.J. (1992). Quantitative versus qualitative research methods — Two approaches to organisation studies. *Asia Pacific Journal of Management*, 9, 87–94.
- Leigh-Osroosh, K. T. (2021). The phenomenological house: A metaphoric framework for descriptive phenomenological psychological design and analysis. *The Qualitative Report*, 26(6), 1817. <https://doi.org/10.46743/2160-3715/2021.4815>
- Li, W., Zhao, Z., Chen, D., Peng, Y., & Lu, Z. (2022). Prevalence and associated factors of depression and anxiety symptoms among college students: a systematic review and meta-analysis. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 63(11), 1222–1230. <https://doi.org/10.1111/jcpp.13606>
- Lim, J. H., Interiano, C. G., Nowell, C. E., Tkacik, P. T., & Dahlberg, J. L. (2018). Invisible cultural barriers: Contrasting perspectives on student veterans' transition. *Journal of*

- College Student Development*, 59(3), 291-308. <https://eric.ed.gov/?id=EJ1179633>
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
- Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A modified labeling theory approach to mental disorders: An empirical assessment. *American Sociological Review*, 400-423.
- Lipson, S. K., Phillips, M. V., Winqvist, N., Eisenberg, D., & Lattie, E. G. (2021). Mental health conditions among community college students: A national study of prevalence and use of treatment services. *Psychiatric Services* (Washington, D.C.), 72(10), 1126–1133. <https://doi.org/10.1176/appi.ps.202000437>
- Lopez, K. A., & Willis, D. C. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726–735. <https://doi.org/10.1177/1049732304263638>
- Mahalik, J. R., & Di Bianca, M. (2021). Help-seeking for depression as a stigmatized threat to masculinity. *Professional Psychology: Research and Practice*, 52(2), 146–155. <https://doi.org/10.1037/pro0000365>
- Malterud, K., Siersma, V. D., & Guassora, A. D. K. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753-1760.
- Marini, M., Gutkind, S., Livne, O., Fink, D. S., Saxon, A. J., Simpson, T. L., Sherman, S. E., & Mannes, Z. L. (2025). Mental health treatment among U.S. military veterans: Insights from the national health interview survey. *Journal of General Internal Medicine*, Advance online publication. <https://doi.org/10.1007/s11606-024-09320-6>
- Markle, G. (2015). Factors influencing persistence among nontraditional university students. *Adult Education Quarterly*, 65(3), 267– 285. <https://doi.org/10.1177/0741713615583085>

- Matua, G. A., & Van Der Wal, D. M. (2015). Differentiating between descriptive and interpretive phenomenological research approaches. *Nurse Researcher*, 22(6), 22–27.
<https://doi.org/10.7748/nr.22.6.22.e1344>
- Maunder, R. D., & White, F. A. (2019). Intergroup contact and mental health stigma: A comparative effectiveness meta-analysis. *Clinical Psychology Review*, 72.
<https://doi.org/10.1016/j.cpr.2019.101749>
- McGuffin, J. J., Riggs, S. A., Raiche, E. M., & Romero, D. H. (2021). Military and veteran help-seeking behaviors: Role of mental health stigma and leadership. *Military Psychology*, 33(5), 332–340. <https://doi.org/10.1080/08995605.2021.1962181>
- Meisenbach, R. J. (2010). Stigma management communication: A theory and agenda for applied research on how individuals manage moments of stigmatized identity. *Journal of Applied Communication Research*, 38(3), 268–292.
<https://doi.org/10.1080/00909882.2010.490841>
- Miller, C.T. and Major, B. (2003). Coping with stigma and prejudice. In T.F. Heatherton, R.E. Kleck, M.R. Hebl, and J.G. Hull (Ed.) *The Social Psychology of Stigma*, (pp. 243 – 272). Guilford Press.
- Miller, M. B., Monk, J. K., Flores, L. Y., Everson, A. T., Martinez, L. D., Massey, K., Blanke, E. M., Dorimé-Williams, M. L., Williams, M. S., McCrae, C. S., & Borsari, B. (2022). Impact of discrimination and coping on Veterans’ willingness to seek treatment for physical and mental health problems. *Psychology of Addictive Behaviors*.
<https://doi.org/10.1037/adb0000861>
- Mo, P. K. H., Lau, J. T. F., Xin, M., & Fong, V. W. I. (2019). Understanding the barriers and factors to HIV testing intention of women engaging in compensated dating in Hong

- Kong: The application of the extended theory of planned behavior. *PLOS One*, 14(6), 1–13. <https://doi-org.proxy1.ncu.edu/10.1371/journal.pone.0213920>
- Mohajan, H. K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment, and People*, 7(1), 23-48
- Moradi, Y., Dowran, B., & Sepandi, M. (2021). The global prevalence of depression, suicide ideation, and attempts in the military forces: a systematic review and Meta-analysis of cross-sectional studies. *BMC Psychiatry*, 21(1). <https://doi.org/10.1186/s12888-021-03526-2>
- Morris, A. (2015). A practical introduction to in-depth interviewing. SAGE Publications Ltd, <https://dx.doi.org/10.4135/9781473921344>
- Morris, P.A., Carpenter, D., Agbonlahor, O. & Rodriguez, F. (2020). Examining mental health stigma in a first-year seminar for student veterans. *Journal of American College Health*, 70 (8), pp. 2247 – 2252. <https://doi.org/10.1080/07448481.2020.1851231>
- Morrow, R., Rodriguez, A., & King, N. (2015). Colaizzi’s descriptive phenomenological method. *The Psychologist*, 28 (8). pp. 643–644. ISSN 0952-8229
- Morse, J. M. (1994). Designing funded qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 220–235). Sage.
- Motulsky, S. L. (2021). Is member checking the gold standard of quality in qualitative research? *Qualitative Psychology*, 8(3), 389
- Moustakas, C. (1994). *Phenomenological research methods*. SAGE Publications, Inc. <https://dx.doi.org/10.4135/9781412995658>
- Nassaji, H. (2020). Good qualitative research. *Language Teaching Research*, 24(4), 427–431. <https://doi.org/10.1177/1362168820941288>

- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97.
<https://doi.org/10.1007/s40037-019-0509-2>
- National Center for Educational Statistics. (2011). Projections of education statistics to 2019. Retrieved from <http://nces.ed.gov/pubs2011/2011017.pdf>
- National Center for Veterans Analysis and Statistics. (2016). Educational attainment of veterans: 2000 to 2009. *U.S. Department of Veterans Affairs*. Retrieved from <https://catalog.data.gov/dataset/daily-census-tract-level-pm2-5-concentrations-2011-2014-3361f.pdf>
- Noltensmeyer, C. J., & Meisenbach, R. J. (2016). Emerging patterns of stigma management communication strategies among burn survivors and relational partners. *American Behavioral Scientist*, 60(11), 1378–1397. doi: 10.1177/0002764216657384
- Norman, S. B., Rosen, J., Himmerich, S., Myers, U. S., Davis, B., Browne, K. C., & Piland, N. (2015). Student veteran perceptions of facilitators and barriers to achieving academic goals. *Journal of Rehabilitation Research and Development*, 52(6), 701–712.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed-method implementation research. *Administration and Policy in Mental Health*, 42(5), 533–544.
<https://doi.org/10.1007/s10488-013-0528-y>
- Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science & Medicine*, 57, 13–24.
- Parks, J., & Parks, M. (2016). Qualitative versus quantitative research methods: Discovery or

- justification? *Journal of Marketing Thought*, 3(1), 1 – 7.
<https://doi.org/10.15577/jmt.2016.03.01.1>
- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J. D., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., ... Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)
- Perkins, D.F., Aronson, K.R., Morgan, N.R., Bleser, J.A., Vogt, D., Copeland, L.A., Finley, E.P., & Gilman, C. (2001). Veterans’ use of programs and services as they transition to civilian life: Baseline assessment for the veteran metrics initiative. *Journal of Social Service Research*, (46(2), 241 – 255. <https://doi.org/10.1080/01488376.2018.1546259>
- Poortaghi, S., Raiesifar, A., Bozorgzad, P., Golzari, S. E. J., Parvizy, S., & Raffii, F. (2015). Evolutionary concept analysis of health seeking behavior in nursing: a systematic review. *BMC Health Services Research*, 15, 523. <https://doiorg.proxy1.ncu.edu/10.1186/s12913-015-1181-9>
- Quinn, D. M., & Chaudoir, S. R. (2009). Living with a concealable stigmatized identity: The impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *Journal of Personality and Social Psychology*, 97(4), 634–651.
- Rafferty, L. A., Wessely, S., Stevelink, S. A. M., & Greenberg, N. (2019). The journey to professional mental health support: a qualitative exploration of the barriers and facilitators impacting military veterans’ engagement with mental health treatment.

European Journal of Psychotraumatology, 10(1), 1–11.

<https://doi.org/10.1080/20008198.2019.1700613>

Rai, N., & Thapa, B. (2015). A study on purposive sampling method in research. Kathmandu:

Kathmandu School of Law, 5.

Randles, R. and Finnegan, A. (2021). Veteran help-seeking behaviour for mental health issues: A

systematic review. *BMJ Mil Health*, 168, 99 – 104. Doi: [https://10.1136/bmjmilitary-](https://10.1136/bmjmilitary-2021-001903)

2021-001903

Rattray, N.A., Natividad, D.M., Frankel, R.M., True, G., Salyer, M.P., & Kukla, M. (2019). The

long and winding road to postsecondary education for U.S. veterans with invisible

injuries. *Psychiatric Rehabilitation Journal*, 42(3), 284 – 295.

<http://dx.doi.org/10.1037/prj0000375>

Reyes, A. T., Muthukumar, V., Bhatta, T. R., Bombard, J. N., & Gangozo, W. J. (2020).

Promoting resilience among college student veterans through an acceptance-and-

commitment-therapy app: An intervention refinement study. *Community Mental Health*

Journal, 56(7), 1206–1214. <https://doi.org/10.1007/s10597-020-00617-4>

Rogers, C. R. (1985). Toward a more human science of the person. *Journal of Humanistic*

Psychology, 25(4), 7–24. <https://doi.org/10.1177/0022167885254002>

Roscoe, R.A. (2021). The battle against mental health stigma: examining how veterans with PTSD

communicatively manage stigma. *Health Communication*, 36(11), 1378 – 1387.

<https://doi.org/10.1080/10410236.2020.1754587>

Rubin, H. J., & Rubin, I. S. (2005). Qualitative interviewing (2nd ed.): The art of hearing data.

SAGE Publications, Inc., <https://dx.doi.org/10.4135/9781452226651>

Rudd, M.D., Goulding, J., & Bryan, C.J. (2011). Student veterans: A national survey exploring

- psychological symptoms and suicide risk. *Professional Psychology: Research and Practice*, 42(5), 354 – 360. DOI: <https://doi.org/10.1037/a0025164>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893 – 1907.
<http://doi.org/10.1007/s11135-017-0574-8>.
- Sayer, N. A., Spont, M., Nelson, M. M., Parker, L. E., Hintz, S., & Rosenheck, R. (2011). A qualitative study of U.S. veterans' reasons for seeking Department of Veterans Affairs disability benefits for posttraumatic stress disorder. *Journal of Traumatic Stress*, 24(6), 699–707. <https://doi.org/10.1002/jts.20693>
- Schiavone, V., & Gentry, D. (2014). Veteran-Students in transition at a midwestern university. *Journal of Continuing Higher Education*, 62(1), 29–38.
<https://doi.org/10.1080/07377363.2014.872007>
- Schmeling, J. (2018). Student veterans: a valuable asset to higher education. Institute for Veterans and Military Families. Student Veterans of America.
https://ivmf.syracuse.edu/wp-content/uploads/2019/12/Student-Vets_Valuable_AssetFINAL-11.6.19.pdf
- Schomerus, G., Stolzenburg, S., Freitag, S., Speerforck, S., Janowitz, D., Evans-Lacko, S., Muehlan, H., & Schmidt, S. (2019). Stigma as a barrier to recognizing personal mental illness and seeking help: a prospective study among untreated persons with mental illness. *European Archives of Psychiatry and Clinical Neuroscience*, 269(4), 469–479.
<https://doi.org/10.1007/s00406-018-0896-0>

- Schnyder, N., Panczak, R., Groth, N., & Schultze-Lutter, F. (2017). Association between mental health-related stigma and active help-seeking: systematic review and meta-analysis. *British Journal of Psychiatry*, 210(4), 261. <https://doi.org/10.1192/bjp.bp.116.189464>
- Semer, C. & Harmening, D.S. (2015). Exploring significant factors that impact the academic success of student veterans in higher education. *Journal of Higher Education Theory and Practice*, 15(7), 31 – 43.
- Sharp, M. L., Fear, N. T., Rona, R. J., Wessely, S., Greenberg, N., Jones, N., & Goodwin, L. (2015). Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiologic Reviews*, 37, 144–162. <https://doi.org/10.1093/epirev/mxu012>
- Shepherd, S., Sherman, D.K., MacLean, A., & Kay, A.C. (2021). The challenges of military veterans in their transition to the workplace: A call for integrating basic and applied psychological science. *Perspectives on Psychological Science*, 16(3), 5990-613. Doi: 10.1177/1745691620953096
- Shi, W., & Hall, B. J. (2021). Help-seeking intention among Chinese college students exposed to a natural disaster: an application of an extended theory of planned behavior (E-TPB). *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services*, 56(7), 1273–1282. <https://doi.org/10.1007/s00127-020-01993-8>
- Shoozan, A. & Mohamad, M. (2024). Application of interview protocol refinement framework in systematically developing and refining a semi-structured interview protocol. SHS Web of Conferences, 182. <https://doi.org/10.1051/shsconf/202418204006>

- Siegel, S., Dors, S., Brants, L., Schuy, K., & Rau, H. (2018). Understanding health care avoidance and initial help-seeking behavior in German veterans: A theory of planned behavior. *Psychology Research and Behavior Management*, 243.
<https://doiorg.proxy1.ncu.edu/10.2147/PRBM.S158876>
- Smith, R.A. (2007). Language of the lost: An explication of stigma communication. *Communication Theory*, 17(4), 462 – 485. <https://doi:10/1111/j.1468-288.2007.00307.x>
- Smith, R.A. & Applegate, A. (2018). Mental health stigma and communication and their intersections with education. *Communication Education*, 67(3), 382-393. doi: 10.1080/03634523.2018.1465988
- Smith, R.A. & Bishop, R.E. (2019). Insights into stigma management communication theory: Considering stigmatization as interpersonal influence. *Journal of Applied Communication Research*, 47(5), 571 – 590. <http://doi.org/10.1080/00909882.2019.1675894>
- Smith-Osborne, A. (2009). Mental health risk and social ecological variables associated with educational attainment for Gulf War veterans: Implications for veterans returning to civilian life. *American Journal of Community Psychology*, 44: 327 – 337.
<https://doi:10.1007/s10464-009-9278-0>
- Stahl, N.A. & King, J.R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, 44(1), 26 – 28.
- Stangl, A. L., Earnshaw, V. A., Logie, C. H., Van Brakel, W., C. Simbayi, L., Barré, I., & Dovidio, J. F. (2019). The health stigma and discrimination framework: A global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine*, 17, 1-13.

- Subu, M. A., Wati, D. F., Netrida, N., Priscilla, V., Dias, J. M., Abraham, M. S., Slewa-Younan, S., & Al-Yateem, N. (2021). Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: a qualitative content analysis. *International Journal of Mental Health Systems*, 15(1). <https://doi.org/10.1186/s13033-021-00502-x>
- Sullivan, K., & Yoon, K. (2020). Student veterans' strengths: Exploring student veterans' perceptions of their strengths and how to harness them in higher education. *The Journal of Continuing Higher Education*, 68(3), 164-180.
- Sullivan, N. Freer, B.D, & Ulrich, S. (2021). Student veterans and adjustment to college: Making meaning of military experiences. *Journal of American College Health*, 69(5), 503 – 512. <https://doi.org/10.1080/07448481.2019.1683017>
- Tajfel, H., & Turner, J. C. (2004). The social identity theory of intergroup behavior. In *Political Psychology* (pp. 276-293). Psychology Press.
- Tallapragada, M., Mirza, K. A., Eran, D., Renwick, M. J., Ahmed, R., Agarwal, D., & Vucetic, A. (2024). Contributing to the explanatory power of the stigma management communication theory: A study in handling colorist and racist comments. *Journal of Applied Communication Research*. <https://doi.org/10.1080/00909882.2024.2314619>
- Tay, S., Alcock, K., & Scior, K. (2018). Mental health problems among clinical psychologists: Stigma and its impact on disclosure and help-seeking. *Journal of Clinical Psychology*, 74(9), 1545–1555. <https://doi.org/10.1002/jclp.22614>
- Theofanidis, D., & Fountouki, A. (2018). Limitations and Delimitations in the Research Process. *Perioperative Nursing*, 7(3), 155–163. <https://doi.org/10.5281/zenodo.2552022>
- Tikkanen, S. A., Peterson, B. L., & Parsloe, S. M. (2018). Courtesy stigma and social support: An exploration of fathers' buffering strategies and blocking rationalizations. *Health*

Communication. doi:10.1080/10410236.2018.1504658

Tongco, M. D. C. (2007). Purposive sampling as a tool for informant selection.

Tucker, R. V., & Hintz, E. A. (2024). Advancing a critical postmodern approach to stigma management communication (smc) theory in the context of difficulty orgasming. *Journal of Applied Communication Research*. <https://doi.org/10.1080/00909882.2024.2325368>

Umucu, E., Moser, E., & Bezyak, J. (2020). Assessing Hope in Student Veterans. *Journal of College Student Development* 61(1), 115-120. <https://doi.org/10.1353/csd.2020.0008>.

US Department of Veteran Affairs (2019). Annual benefits report-education. *Veterans Benefits Administration*. <https://www.benefits.va.gov/REPORTS/abr/docs/2019-abr-v2-pdf>.

US Department of Veteran Affairs (2020). VA college toolkit.

<https://mentalhealth.va.gov/student-veteran/learn-about-student-veterans.asp>

Valenstein, M. et al., (2022). A nationally representative sample of veteran and matched non-veteran college students: Mental health symptoms, suicidal ideation, and mental health treatment. *Journal of American College Health*: 70(2), 436–445.

<https://doi.org/10.1080/07448481.2020.1753751>

Van Manen, M. (2014). *Phenomenology of Practice: Meaning-giving methods in phenomenological research and writing* (1st ed.). Routledge.

<https://doi.org/10.4324/9781315422657>

Vears, D.F. and Gillam, L. (2022). Inductive content analysis: A guide for beginning qualitative researchers. *A Focus on Health Professional Education: A Multi-disciplinary Journal*, Vol. 23, No. 1, pp. 111-127.

Vest, B. M., Brimmer, M. J., Brady, L. A., & Homish, G. G. (2022). “I just wanna be another person at school”: Disclosing veteran identity on campus and effects on campus

- engagement. *Journal of American College Health*, 72(5), 1371–1378.
<https://doi.org/10.1080/07448481.2022.2076106>
- Vogel, D.L., Wade, N.G., & Haake, S., (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, 53(3), 325–337.
<https://doi.org/10.1037/0022-0167.53.3.325>
- Vogel, D. L., Bitman, R. L., Hammer, J. H., & Wade, N. G. (2013). Is stigma internalized? The longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology*, 60(2), 311–316. <https://doi.org/10.1037/a0031889>
- Wadham, B., Andrewartha, L., Takarangi, M., West, D., Munguia, P., Norris, M., & Wyatt-Smith, M. (2024). Weaving the threads of identity: mapping the veteran experience across the student life cycle. *Journal of Higher Education Policy and Management*, 1–17.
<https://doi.org/10.1080/1360080X.2024.2345420>
- Wagner, B. A., & Long, R. N. (2022). From start to finish: What factors inhibit student veterans' completion? *Journal of College Student Retention: Research, Theory & Practice*, 24(3), 631–649. <https://doi.org/10.1177/1521025120935118>
- Warnke, G. (2016). *Inheriting Gadamer: New directions in philosophical hermeneutics*. EUP.
- Wenger, J.W., Miller, T., Baird, M.D., Buryk, P., Daugherty, L., Graf, M., Hollands, S., Jahedi, S., Yeung, D. (2017). Are current military education benefits efficient and effective for the services? RAND Corporation. DOI: 10.7249/RR1766. Retrieved from
https://www.rand.org/pubs/research_reports/RR1766.html
- Werner, P., & Segel-Karpas, D. (2020). Depression-related stigma: comparing laypersons' stigmatic attributions towards younger and older persons. *Aging & Mental Health*, 24(7), 1149–1152. <https://doi.org/10.1080/13607863.2019.1584791>

- Williamson, V., Greenberg, N., & Stevelink, S. A. M. (2019). Perceived stigma and barriers to care in UK armed forces personnel and veterans with and without probable mental disorders. *BMC Psychology*, 7(1). <https://doi.org/10.1186/s40359-019-0351-7>
- Wilson, A. (2015). A guide to phenomenological research. *Nursing Standard* (2014+), 29(34), 38. <https://doi.org/10.7748/ns.29.34.38.e8821>
- Wong, L. P. (2008). Data analysis in qualitative research: A brief guide to using NVivo. Malaysian family physician: The official *Journal of the Academy of Family Physicians of Malaysia*, 3(1), 14.
- World Health Organization (2022). Mental disorder [Fact Sheet]. https://www.who.int/news-room/fact-sheets/detail/mental-disorders?utm_source=chatgpt.com
- Wyatt, L. (2011). Nontraditional student engagement: Increasing adult student success and retention. *The Journal of Continuing Higher Education*. 59. 10–20. <Http://10.1080/07377363.2011.544977>
- Yeong, M.L., Ismail, R., Ismail, N.H., & Hamzah, M.I. (2018). Interview protocol refinement: Fine-tuning qualitative research interview questions for multi-racial populations in Malaysia. *The Qualitative Report*, 23(11) 2700–2713. <https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=3412&context=tqr>
- Zhu, X., Du, Y., Wang, M., and Guo, C. (2025). Military experience and depression: a prospective multi-cohort analysis across nations. *Social Science & Medicine*, 381, 1 – 9. <https://doi.org/10.1016/j.socscimed.2025.118291>

Appendix A

Informed Consent

My name is Sandra Edwards, and I am a doctoral student at National University (NU), working on a Doctor of Psychology degree.

I am asking you to take part in a research study about student veterans' lived experience in managing mental health stigma during their transition to civilian life. The title of this research is “A Phenomenological Study of Student Veterans' Coping Strategies in the Face of Mental Health Stigma”.

You may participate in this research if you meet all the following criteria:

1. You are aged 18 or older.
2. You identify as a Veteran from an active-duty branch of the United States military.
3. You are currently enrolled in a degree program at a four-year college/university in the state of Georgia.
4. You are no more than 2 years into your academic program.
5. You have been treated, in treatment, or self-diagnosed for depression or anxiety.

I hope to include at least ten people in this research.

Please read this form carefully and ask any questions you may have before agreeing to take part in this study.

What you will be asked to do: If you agree to be in this study, you will be asked to do the following activities:

1. Participate in a face-to-face or online interview via Zoom, you will be able to choose based on convenience, for 60 minutes.
2. Review interview summary via email for 10 – 15 minutes.
3. You will be asked to recommend other student veterans who meet the study's criteria.

During these activities, you will be asked questions about:

1. Your age, gender, race, disabilities, and mental state.
2. Your experience with transitioning from military life to civilian life.
3. Your experience with stigmas since transitioning from the military and whether it affects your academic experience.

Risk: There is no foreseeable risk associated with this study. You may experience some discomfort with the questions, given the nature of the topic. Should you experience any discomfort, emotionally or mentally, resources will be provided for your support. You can still skip any questions you do not wish to answer, skip any activity, or stop participation at any time.

Benefits: If you participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this research.

Recording: I would like to audio/video record your responses and/or actions with a voice recorder and/or Zoom during the interview. You can ask for the video function of the online meeting platform to be muted at any time.

Confidentiality: I will keep the records of this study private and take reasonable measures to protect the security of all your personal information. In any report I make public, I will not include any information that will make it possible to identify you. I will securely store your data for 3 years. Then, I will delete electronic data and destroy paper data.

Taking part is voluntary: Participation in this study is completely voluntary. You may quit at any time.

If you have any questions: Please ask any questions you have now. If you have questions later, you may contact me at S.Gribkoff1663@ncu.edu or at (404)493-0649.

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) via email at irb@nu.edu.

Statement of Consent: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____ Date _____

Your Name (printed) _____

Appendix B

Recruitment Email/Letter

My name is Sandra Edwards, and I am a doctoral student at National University. I am conducting a research study with the purpose of exploring the experiences of student veterans' mental health stigma coping strategies while attending four-year colleges/universities.

I am recruiting individuals who meet all these criteria:

1. You are aged 18 or older.
2. You identify as a Veteran from an active-duty branch of the United States military.
3. You are currently enrolled in a degree program at a four-year college/university in the state of Georgia.
4. You are no more than 2 years into your academic program.
5. You have been treated, in treatment or self-diagnosed for depression or anxiety.

If you decide to participate in this study, you will be asked to do the following activities:

1. Participate in a face-to-face or online interview via Zoom, you will be able to choose based on convenience, for 60 minutes.
2. Review interview summary via email for 20 – 25 minutes.
3. You will be asked to recommend other student veterans who meet the study's criteria.

During these activities, you will be asked questions about:

1. Your age, gender, race, disabilities, and mental state.
2. Your experience with transitioning from military life to civilian life.
3. Your experience with stigmas since transitioning from military and whether it affects your academic experience.

If you are interested in participating in this study, please contact me at:

S.Gribkoff1663@o365.ncu.edu or 404.493.0649.

Thank you for considering participating in this voluntary research!

Sandra Edwards

Appendix C

Student Veteran Interview Protocol

All interviews will take place in a private, quiet, safe space located in an agreed-upon location, including the Student Veterans campus if requested. The student veteran will also be given the option of conducting the interview online via Zoom. At the beginning of the interview, the researcher will introduce themselves and the study. The participant will be asked to verbally agree to be interviewed, as well as state their name, possible alias, and preferred name.

After the student veteran states their preferred name and agrees to be interviewed, they will be asked a series of open-ended questions, allowing them to openly share their experiences and perceptions of what it means to be a student veteran transitioning from military to higher education. Follow-up questions may be asked to better understand the student veteran and/or guide the interview. The following questions will be asked:

1. Understanding Stigma

- How would you describe your understanding of mental health stigma, particularly within the veteran community?
- Can you share any specific experiences where you felt judged or stigmatized for seeking mental health support?
- How do you think the stigma surrounding mental health impacts veterans' willingness to seek help?

2. Personal Experiences of Stigma

- Have you ever felt reluctant to seek mental health services due to concerns about how others (peers, family, professors) might perceive you?
- In what ways have you encountered mental health stigma in academic or social settings since transitioning from military to student life?
- Can you recall any moments in your college experience where mental health stigma affected your academic performance or personal well-being?

3. Coping Mechanisms

- What strategies or coping mechanisms do you use when faced with mental health stigma on campus or in other social environments?
- Are there any specific resources, organizations, or groups (on or off-campus) that have helped you manage the impact of mental health stigma?
- How do you balance seeking mental health support with concerns about how it may affect your relationships with fellow students, professors, or other veterans?

4. Support Networks and Resources

- What role do peer support networks (e.g., veteran student groups) play in helping you cope with mental health challenges and the stigma surrounding them?
- How effective do you find the mental health services available to student veterans at your institution?
- Do you feel that campus or community-based veteran programs do enough to address mental health stigma? If not, what more could they do?

5. Impact on Identity and Transition

- How has your transition from military to academic life influenced your views on mental health, and how have these views impacted your coping strategies?
- Do you feel that military culture has shaped your perception of mental health and the stigma around it? If so, how has this influenced your coping mechanisms as a student?
- How do you reconcile your identity as both a veteran and a student when addressing mental health concerns?

Appendix D

Recruitment Flier

NATIONAL UNIVERSITY

RECRUITING RESEARCH PARTICIPANTS

STUDY PURPOSE: To explore the lived experiences of student veterans with mental health stigma coping strategies in higher education.

1 CRITERIA FOR PARTICIPATION

1. You are age 18 or older.
2. You identify as a Veteran from an active-duty branch of the United States military.
3. You are currently enrolled in a degree program at a four-year college/university in the state of Georgia.
4. You are a member of the Student Veterans Association, Georgia Chapter.
5. You are no more than 2 years into your academic program.
6. You have been treated, in treatment or self-diagnosed for depression or anxiety

2 PARTICIPANTS WILL...

1. Participate in a face-to-face or virtual interview via Zoom, you will be able to choose based on convenience, for a duration of 60 minutes.
2. Review interview transcript via email for 10 – 20 minutes

3 QUESTIONS WILL COVER...

1. Your experience with transitioning from military life to civilian life.
2. Your experience with stigmas since transitioning from military and whether it affects your academic experience.

To participate in this study, please contact:
SANDRA EDWARDS, Doctoral Student at National University
S.Gribkoff1663@o365.ncu.edu
Note: this is a non-compensated study

Research Towards the Improvement of Veterans Transition