

**Separated Post 9/11 Veteran Experiences Utilizing Resilience Training**

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## **Abstract**

This qualitative phenomenological study examined how post-9/11 veterans utilize resilience training during their transition to civilian life, using the transactional theory of stress as the guiding framework. The research question of this study is what are the individual experiences of post 9/11 veterans in utilizing resilience training after separating from the military and transitioning into civilian life? According to the transactional theory of stress, individuals appraise and respond to stressors based on dynamic interactions between themselves and their environment. Resilience training may enhance coping by strengthening these adaptive responses. Research has shown that increasing resilience can improve the ability to cope. Through an interpretive phenomenological analysis lens, the results were then analyzed to determine themes and subthemes. Participants were post-9/11 veterans who had fully separated from the military and previously completed resilience training. They volunteered for the study and participated in semi-structured interviews focused on their transition experiences. Through semi-structured interviews, the participants answered specific questions regarding their experiences with the training and the transition after separating from the military. Findings revealed that veterans who had positive experiences with resilience training were more likely to apply those skills during their transition and reported stronger coping abilities. Conversely, those with negative training experiences faced greater challenges. These results suggest that enhancing the quality and accessibility of resilience training may support smoother transitions and improved mental health outcomes. Implications include the need for further research with larger and more diverse samples, as well as the integration of resilience-building practices into clinical and transitional support services. The conclusion of this study was that greater emphasis on increasing resilience can improve assessment and coping with stressors. The implications of this study are that future

research is needed to establish similar results in larger population pools. The implications can also impact future practice measures for the need for more resilience building in clinical settings. This study contributes to a growing body of literature emphasizing the importance of tailored resilience interventions in supporting veterans' post-service adjustment.

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## Chapter 1: Introduction

### Introduction

Each branch of the U.S. military has developed its own training programs to enhance resilience for active service members (McInerney et al., 2024). The U.S. military has been utilizing resilience in its training in all branches of service for decades (McInerney et al., 2024). They began using resiliency to implement better psychological recovery for combat veterans returning from combat and struggling with trauma. The training is intended to focus on swifter recovery and less interference for veterans before, during, and after multiple deployments. These trainings introduced preventative measures for mental health struggles that could arise during combat, such as post-traumatic stress disorder (PTSD) and other mental health struggles that increase the chances of suicide among veterans (Yurgil et al., 2021). All branches of the U.S. military have programs designed to train veterans in resilience training. This includes the relatively new (2019) Space Force Branch with its Resilience Training Assistant Course (USSF, 2024). These programs follow veterans through pre-deployment, active deployment, and post-deployment before transitioning into civilian life.

Resilience training focuses on creating and enhancing perseverance for stressors. Resilience is defined as implementing positive and adaptive outlooks and solutions despite significant stressors (Griffith & West, 2013). Resilience training is based on the premise of Dr. Albert Ellis's rational emotive therapy (RET), which examines the irrational beliefs of one's experiences. Research conducted in 2015 showed that while the risk of suicide among post 9/11 veterans of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are lower than the rate of suicide in previous wars, they are still 41% to 61% higher than the civilian population (Kang et al., 2015). In the three years between 2017 and 2020, research concluded

that veteran suicide rate was approximately 1.57 to 1.66 times more frequent than the civilian suicide rate (Morral et al., 2023).

Research has shown resilience to be effective in maintaining the military personnel's stable mental health of military personnel and helping those to recover from trauma (McInerney et al., 2024). Resilience training is developed based on common themes that can help prevent mental health difficulties and help veterans recover from trauma-related events (Sims II & Adler, 2018). This training was developed within each military branch. One example is that the army utilizes programs such as Battlemind, Comprehensive Soldier Fitness (CFS), and Comprehensive Soldier and Family Fitness (CFS2) to provide active-duty military personnel with resources to improve psychological well-being throughout their military career and to help them transition into civilian life once they are separated from service (Umucu et al., 2022). Research has been focused on how effective these programs are at reducing mental health struggles among active military (Flood & Keegan, 2022). During OIF and OEF, more frequent and recurring deployments have made the transition process more difficult for military personnel (Prosek & Burgin, 2020). One research study found that Moving Forward, a resilience training program, reduced distress, improved life satisfaction, and increased resilience in Iraq and Afghanistan War veterans who transitioned into civilian life after being fully separated from the military (Tenhula et al., 2014).

While transitioning to civilian life occurs as part of the deployment cycle, the process of transitioning permanently to civilian life once a post 9/11 veteran is completely separated from the military can be challenging. Separated veterans may feel they no longer have an identity without their military career (Tenhula et al., 2014). Demographic differences such as age at separation, social support, and community resources may affect the transition process as well

(Atuel, 2019). The transition process may also be difficult for separated veterans due to the differences between military and civilian life, with most finding it hard to adjust (Pease et al., 2016). To prevent mental health struggles and prevent suicide, the branches of the military offer resources to assist with the transition process. These include resources for furthering education, employment, and treatment programs to increase the sense of purpose and independence in the separated veteran (Pease et al., 2016). Despite the resources available, many veterans are still struggling with the transition into civilian life. While these resources are beneficial, each experience is unique to that veteran and their family. As such, it is imperative to explore individual experiences to further understand and research how to improve the transition process to civilian life for separated veterans.

Numerous emotional and psychological challenges can affect not only veterans but their families during the transition. Transitioning into civilian life can impact all veterans, not only those who have experienced combat or trauma (Doehring, 2019). The lengthy wars in Iraq and Afghanistan have also had dramatic effects on veteran families. Approximately 55% of veterans are married, and approximately 42% have children (Gil-Rivas et al., 2017). Recurring separation from veterans accompanied by the stress of combat injuries and death can create trauma for families while the veteran is deployed. Transition into civilian life is also a stressful time for veteran families, as secondary trauma can occur in family members who care for returning veterans who are struggling with trauma (Mulholland et al., 2020). Research shows that several factors can influence stressors as well as increase or decrease resiliency. Structured family roles, improved communication, social support, and access to services have been shown to increase resiliency among veterans and their families and provide for a more successful transition into civilian life (O'Neil et al., 2018).

The risk of developing PTSD increases during recurring and lengthy deployments (Doehring, 2019). This also increases the risk of moral injury. Moral injury has long been known to clinicians; however, research is only recently developing treatment options for veterans to alleviate feelings of guilt and shame and allow for posttraumatic growth (Doehring, 2019). Stress management can also become difficult during the transition process. Stress triggers a response in the brain to survive in certain situations (fight, flight, freeze, or fawn) (Gaba, 2020). Stress can also be emotional stress, such as being separated from loved ones or known instability of support networks (Worthen et al., 2015). Stress has been studied with military and veteran populations in various environments (Worthen et al., 2015).

Families who have experienced secondary trauma, such as numerous deployments of a veteran or if a veteran has experienced combat trauma, can increase resiliency through increased communication through a narrative lens by attaching meaning to their experiences (Saltzman et al., 2013). Promoting positive relationships, social support, parenting, and individual needs have been shown to be factors that increase resilience (Criss et al., 2015). The perception of family functioning, identifying roles while a service member is deployed and coping ability all had direct effects on family stress levels and family resilience once a service member has returned and is in the process of transitioning to civilian life (O'Neil et al., 2018).

### **Statement of the Problem**

The problem addressed by this study was the difficulties that separated post 9/11 veterans may experience as they transition to civilian life. Research has shown that major stressors during the transition process into civilian life can have an increased risk of psychological stressors, comorbid diagnosis and even increased risk of self-harm or suicide for separated veterans (Romaniuk et al., 2020). According to Szabo et al. (2022), over the past two decades, PTSD has

been diagnosed in 23% of the veteran population. This percentage only accounts for PTSD and not other mental health struggles that veterans encounter during and after the transition into civilian life once they are separated from the military. Veterans may also struggle in transitioning into society, such as finding and maintaining employment, integrating as a member of society, and developing healthy relationships (Mulholland et al., 2020). Family members can also be affected if the veteran is struggling with mental illness (Mulholland et al., 2020). The lengthy wars in Iraq and Afghanistan have also had dramatic effects on veteran families. Recurring separation from veterans accompanied with the stress of injuries and death can create trauma for families while the veteran is deployed (Mitchell et al., 2023). Transition is also a stressful time for veteran families as secondary trauma can occur in family members who care for returning veterans who are struggling with trauma (Mulholland et al., 2020). Much is still unknown about the individual experiences of separated veterans and whether they have utilized resilience training during the transition process once they are fully separated from the military. This study explored those individual experiences which had not been done previously.

### **Purpose of the Study**

The purpose of this qualitative, interpretive phenomenological study was to explore how post 9/11 veterans utilize previously learned resiliency skills as they transition into civilian life. Research has shown that resilience training has increased post-traumatic growth (Umucu et al., 2022). Resiliency training programs have been shown to increase coping abilities, social interactions, and an optimistic outlook on life compared to those who have not had training (Umucu et al., 2022).

The study explored individual experiences of separated military veterans through semi-structured interview questions. Separated veterans are those who are retired or discharged

from the military and are no longer active or on reserve. Inclusion criteria were veterans who have at least one deployment in OIF or OEF and who have had some type of resilience training while serving in the military. The sample size was 6 separated veterans who qualified for the study and saturation was reached. Utilizing a smaller sample size allowed greater focus and in-depth research of individual experiences (Mathotaarachchi & Thilakarathna, 2021). The sample population was recruited through social media. Requests were made to separated veterans through social media and semi-structured interviews were conducted Zoom virtual meetings. Understanding how resiliency training has been utilized by veterans by exploring their experiences can better add to understanding the clinical implications for veterans who are separated from the military and are now fully integrated into civilian life.

### **Introduction to Theoretical Framework**

The framework utilized was transactional theory, which explores how a person can cope with and adjust to stressors based on the interactions between them and their environment (Lazarus & Folkman, 1984). Transactional theory is part of the larger stress theory model (Flood & Keegan, 2022). The framework guided an understanding of how separated veterans with resilience training utilized and understood their experiences once they have transitioned into civilian life.

A person's level of stress is subjective based on their own perceptions of a situation. The transactional theory posits that interactions with external transactions (interactions) can create internal stress, which is coped with based on individual abilities to manage stress based on the perception of the situation. The model was first proposed by Richard Lazarus and Susan Folkman (1984). Lazarus identified four stages of stress response. The first stage is primal appraisal which assesses the situation and, based on previous experience and one's view of the

world, determines the level of stress of the person associated with the event. The second stage occurs when one determines the stressor is threatening or could cause significant harm. The third stage identifies what factors are needed to cope with what is in one's control to change the situation. The fourth stage is the reappraisal of the situation once the original stressor is determined to be able to be changed (Lazarus & Folkman, 1984). This model continues to be researched and is applicable to the current understanding of stress. One example is a study conducted in 2022 that focused on how people cope with the stress of social media and its influence on society (Wolfers & Utz, 2022). Researchers have also used this framework when studying COVID-19 pandemic stress and coping (Yan et al., 2021).

Lazarus and Folkman theorized that appraisal and response to stress are cognitive functions subjective to the one experiencing the stress. During the 1984 studies, Lazarus and Folkman concluded that psychological stress levels were determined by focusing on the relationship (transaction) between the person and their environment and whether the person's appraisal determined if their well-being was threatened. Therefore, coping is a process that evolves based on individual experiences (Flood & Keegan, 2022). The transactional theory of stress has been explored to identify cognitive processes specifically in military personnel and their experiences (Flood & Keegan, 2022). While non-military personnel may also experience these stressors, the exposure to these stressors can evolve based on transitions throughout the career of a military veteran. Research has shown chronic exposure to stressors in the military can lead to mental health challenges of veterans, such as an increase in diagnoses of PTSD (Flood & Keegan, 2022). Exploring veteran experiences will allow for a greater understanding of how these transactions occur.

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

The study used qualitative interpretive phenomenological analysis (IPA) methodology to explore individual experiences of separated veterans who have transitioned into civilian life. The study explored veteran experiences who have transitioned and have had resilience training in their military career. IPA will allow for these veteran experiences to be explored to understand how their resilience training affected their transition process. Phenomenology, which is incorporated in IPA, is the philosophy of experience and allows participants to provide their own subjective experiences based on how they created meaning of an event (Paley, 2016). IPA design works best for this study to understand how veterans experienced their transition process into civilian life based on how they attached meaning to situations and stressors. While research has been conducted to explore how resilience training can prevent mental health struggles and improve coping, little is known about the experiences of veterans who have already transitioned into civilian life and how they have utilized their resilience training.

## **Research Question**

### ***RQ1***

What are the individual experiences of post 9/11 veterans in utilizing resilience training after separating from the military and transitioning into civilian life?

## **Significance of the Study**

The significance of this study is that it explored veterans' individual experiences during the transition process to better understand how their resilience training affected the transition. The study answered the question of what individual veteran experiences were during the transition process and how their resilience training affected that process. Exploring these experiences allows for a more in-depth understanding of how resilience training is utilized and

how it may be improved and better benefit veterans with the transition process into civilian life once they are fully separated. The study and its conclusions allowed clinicians to better understand the perspective of veterans who have transitioned and be able to modify treatment based on individualized experiences. If clinicians better understand their treatment, they can then be more individualized for the client and their families in this population. Research has shown that several factors can influence stressors as well as increase or decrease resiliency. Structured family roles, improved communication, social support, and access to services have been shown to increase resiliency among veterans and their families and provide for a more successful transition into civilian life (O'Neil et al., 2018).

Clinical recommendations from one study established that little research has been conducted on how personal transition affects the positive and negative duality of the returning veteran (Clark et al., 2018). Increased focus on systemic interventions such as individual family needs, cultural awareness, and social support can increase positive transition processes for not just the returning veteran but their families as well (Elnitsky & Kilmer, 2017). With greater understanding, more emphasis can be placed on areas of growth. Exploring experiences and identifying what aspects of the training had a more profound impact could help to improve resilience training programs and allow for greater ease with the transition process.

## **Definitions of Key Terms**

### ***Separated Veteran***

Any veteran who has been fully discharged or released from service (normally termed “recently separated veteran” if the timeframe is within the first 3 years after discharge (Ecfr, 2024). For this dissertation, the term separated veteran refers to any veteran who served at least one deployment in OIF/OEF who is fully separated from service in the U.S. military.

### ***Transition into Civilian Life***

The process in which a veteran is no longer active in the military and is returning to civilian life in the United States (Pedlar et al., 2019).

#### **Summary**

Transition into civilian life can affect interpersonal relationships, military career, and internal mental health of post-deployed veterans, including their families (Tenhula et al., 2014). Exploring the experiences of separated service members who are transitioning to civilian life can create a greater understanding of how their resiliency training played a role in their transition. The foundation of all resilience programs is to prevent mental health struggles and help veterans recover faster from trauma (Szabo et al., 2022). Exploring these veterans' experiences through a transactional theory lens will allow for more research on how individual stressors affect the mental health of separated service members and how their training in resilience played a role in their transition process into civilian life. Chapter 2 will review existing literature on the theoretical framework that was used in the study, along with literature on resilience and the military population, which were recruited for this study.

## Chapter 2: Literature Review

The purpose of this qualitative, interpretive phenomenological study is to explore how post 9/11 veterans utilize previously learned resiliency skills as they transition into civilian life. The problem to be addressed by this study is the difficulties that separated post 9/11 veterans may experience as they transition into civilian life. The transition for separated veterans into civilian life can create new stressors. The theoretical framework used in the current study is the transactional theory of stress (Lazarus & Folkman, 1984). The literature review provides background information on resilience training in the military and its impact on the transition process for separated veterans.

Recurring deployments and lengthy wars have increased veteran mental health struggles for post 9/11 veterans, which affects their families, thus creating increased stress on the entire family system (Romaniuk et al., 2020). Recurring separation from veterans, accompanied by the stress of combat injuries and death, can create trauma for families while the veteran is deployed. Transitioning is also a stressful time for veteran families as secondary trauma can occur in family members who care for returning veterans who are struggling with trauma (Mulholland et al., 2020). The literature has shown that the transition process is unique to each individual veteran and their family (Clark et al., 2018; Dodge et al., 2018; Elnitsky et al., 2017). Difficulties with this transition can have an increased risk of psychological stressors, comorbid diagnoses, and even increased risk of self-harm/suicide (Romaniuk et al., 2020).

This chapter is composed of five sections. These are the theoretical framework used, resilience, military culture and mental health, transactional stress theory applied to post 9/11 veterans, and transition to civilian life. Within the resilience section, increasing resilience and resilience training in the military are included as subsections. The first section, focusing on the

theoretical framework, will outline the constructs of transactional stress theory, including the etiology of the theory as well as how it is applied to the military population. The second section will focus on the post 9/11 veteran population and how this population is unique from prior generations of veterans. The third section will outline the tenets of resilience with regard to coping with stressors and how to improve overall mental health. The resilience section is broken into two subsections which will explore how resilience can be increased and the specific resilience training programs in the military post 9/11.

To find empirical literature relevant to the subject area, I utilized internet search engines such as Google Scholar, Science Direct, Springer Link, EBSCOhost, PubMed, Wiley Online Library, APA PsychNet and ProQuest. Further research was compiled using interlibrary services and peer-reviewed academic journals. Terminology used in these searches included: *post 9/11 veteran, separation from the military, transition into civilian life after separation of duty, veteran spouse and family adjustment, resilience training programs, veteran mental health and veteran family mental health*. Research publications range from 1984 through 2024. The older research is fundamental to the origins of the theoretical framework used in this study. Searches for the most recent information continued until no new relevant literature was produced.

### **Theoretical Framework**

Transactional theory of stress, developed by Lazarus and Folkman (1984) posits that two main constructs related to mindset can create individual experiences for people when encountering stress. These two constructs are appraisal and coping. A person will encounter an antecedent and then assess, or appraise, the amount of stress the antecedent presents. The person will then determine how to cope with the stress. The researchers determined that the way in which people's mind set assesses and copes with the antecedents are unique to how that person

creates meaning to the situation. Lazarus and Folkman (1984) explained “coping as constantly changing cognitive and behavioral efforts to manage external and/or internal demands that are appraised as taxing or exceeding the resources of a person” (p. 141). The foundation of transactional theory is the relationship or transaction between a person and their environment (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) began their studies identifying theoretical constructs of the theory in 1984. The initial theory posited two types of coping. Meaning-focused coping centered upon the individual using beliefs and existential values to assign a meaning to the stressor in order to expand on current coping strategies. The metatheory of the original study was focusing on the transaction between stressor and the emotion it triggered, how a person processed that emotion and then viewing the emotion as an independent variable. The original studies also explored how assessments and coping strategies differed. One of those studies included 26 caregivers who worked with disabled children. The caregivers were then divided into focus groups and interviewed on their perceptions of stress and coping (Lazarus & Folkman, 1984). Later studies by Lazarus and Folkman in 1987, incorporated what emotions were involved during assessment and coping (Lazarus & Folkman, 1987). While the studies were not longitudinal, they did find that older participants utilized more acceptance based coping skills versus younger participants who utilized more cognitive based changeable coping methods. These results established that the context of the stressor and life experience created different methods of coping. Older participants with more experiences viewed the stressor as easier to cope with than younger participants who have not encountered such stressors before (Lazarus & Folkman, 1987). These results further outline how the relationship between stress and coping is transactional and based on individual experiences. Problem-focused coping assessed if a problem could be corrected and what change the person needed to make in order to reduce or eliminate

the stressor while emotion-focused coping assessed how the individual felt about the stressor, if it could not be changed. A third type of coping was added by Lazarus (1997) to include meaning-focused coping in 1997.

### ***Core Concepts***

**Appraisal.** The terms transactions and relationships will be used interchangeably regarding transactional theory. The stressor or antecedent and how the person perceives it will determine how the person could determine whether a stressor or antecedent can be changed or coped with. The appraisal of a stressor is the first construct of the theory where a person identifies if the stressor needs to or can be changed. During appraisal, the initial or primary appraisal determines if the stress is irrelevant, benign-positive or a stressor. A secondary appraisal is then conducted to determine if the stressors are a harm, a threat, or a challenge. Harm indicates that something negative has already occurred, a threat indicates something negative could happen, and a challenge could mean one has to encounter a negative situation before an appraisal of benign-positives can occur.

**Coping.** The second construct of the theory is coping. After completing the initial and secondary appraisals, a person will then determine how to cope with the stressor. The fact that these two constructs can appear differently to separate people based on perception is identified as the relationship or transaction (Lazarus & Folkman, 1987). Coping is seen as the always changing cognitive and behavioral efforts to manage the stressor. Once a stressor is appraised as unchangeable, a person must then change their perception of the stressor or behavior surrounding the stressor in order to manage the stressor to be able to handle or get through the stressor as best as they can. These coping methods can be internal cognitive interventions or external behavioral interventions. According to transactional theory of stress, these coping mechanisms are not

something that is easily done and take intentional effort to consistently cope with the stressor (Flood & Keegan, 2022).

Appraisal of the stressor is an emotion-focused construct. Research has shown that while a stressor may ultimately need to be accepted as unchangeable, how the individual emotionally appraised the stressor created a difference in how well the individual coped (Buško & Kulenović, 2006). Transactional theory of stress was examined in a 2007 study to explore how perceptions of a stressor increased or decreased anxiety. Four hundred and 49 male basic trainees ages 18-27 were selected to participate. Hierarchical multiple regression analyses identified the variance in the cognitive anxiety component of the study. The results showed that reassessment of the stressor was an effective coping method to reduce anxiety. Other methods, such as dismissal or wishful thinking did not improve anxiety and were found to worsen anxiety among the participants (Buško, 2007).

### ***Current Research***

Transactional theory of stress was examined in a study of 211 hospitality workers during the height of the COVID-19 pandemic. The study aimed at examining how hospitality workers assessed the dangers of working during the pandemic and who developed depressive symptoms (Yan et al., 2021). Yan et al., (2021) felt that transaction theory of stress was an appropriate framework for this study since the theory specifically focuses on how individuals perceive a threat and then determine how to cope with it. The study aimed at looking at how hospitality workers perceived the threat of COVID-19 and then how they coped with the threat in relation to their jobs. The study also considered factors such as job and family satisfaction and their ability to cope more appropriately with the threat and have fewer depressive symptoms. Using online surveys, Yan et al. (2021) collected data from 211 hospitality workers in Peru. The nation was

shown to have one of the highest infection rates in South America. Participants completed the surveys in June of 2020 during the height of Peru's lockdown. The results showed that hospitality workers who had lower job satisfaction or more demands at home such as the number of children felt additional stress. Job satisfaction proved to be a buffer to everyday job related issues. Having more children was identified as a stressor in this study because of the idea that an individual was more psychologically drained from additional responsibilities. The results showed 81% of the hospitality workers reported depressive symptoms. However, the hospitality workers who had higher job satisfaction and less stress at home were found to have fewer depressive symptoms (Yan et al., 2021).

Transactional theory of stress has been applied to research discerning how veterans process stress. Flood and Keegan (2022) explored transactional theory and how it relates to cognitive resilience in the military. Cognitive resilience in the military can increase more positive and adaptable outcomes to stress through the lens of transactional theory. Understanding how one's mind set assesses and copes with adversity is the first step toward training to increase resiliency and create more positive adaptation to stressors if necessary (Flood & Keegan, 2022).

Research identified five areas of psychological stress specific to the military which are isolation, ambiguity, powerlessness, boredom and danger (Flood & Keegan, 2022). These stressors may have originated through specific military obligations and stressors during civilian life. One area that is specific to military life is stress associated with taking a life when necessary. Increased negative emotions such as anger, fear, resentment, and sadness created memory problems as well as less effective executive functioning during times of stress. The relationship between emotional components and cognitive functioning can result in different outcomes based on individual experience, thus establishing that stressors are processed based on

perception of the veteran. The transactional stress theory model is still being utilized with current military personnel (Flood & Keegan, 2022).

## **Resilience**

The American Psychological Association defines “resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress” (American Psychological Association, *The Road to Resilience*, 2014, para. 4). A person’s ability to be resilient when dealing with adversity depends on their environment, interpersonal skills as well as mind set. Resilience in psychology is sometimes confused with resilience in physical science (APA, 2014). Whereas in physical science, resilience means returning to the former shape, in psychology, resilience means learning to adapt to antecedents and be able to grow from negative events in life (Lopez et al., 2021). The process of being resilient can be experienced differently from one person to another and being resilient does not mean people are unaffected by adversity. Psychologically, being resilient means a person is able to view, adapt and grow despite adversity (APA, 2014).

Research on the psychological construct of resilience began 40 years ago. The original theories of resilience focused on individual ability to bounce back from adversity (Luther, 2006). However, as research progressed, modern theories posit that systemic factors play a significant role in one’s ability to be resilient despite adversity. Communities and interpersonal relationships play a key role in resilience (Luther, 2006). This more modern definition eliminates any measure of what level of resilience is best, but that mere ability to have positive adaptation equals having resilience. To identify resilience, two dimensions must be assessed. These two areas are significant adversity and positive adaptation (Luther, 2006).

Masten (2001) explored resilience in children who were growing up in adversity/hardships and found that resilience appeared to be a natural part of humans' ability to adapt. Yates et al. (2003) found that caretakers or community supports who were in a mentor position could foster resilience in children whose environment negatively impacted them. Similarly, Sroufe et al. (2005) also explored fostering resilience in children who were living with adversity. The researchers followed participants of the study from when their mothers were six months pregnant until the participants were 28 in a longitudinal study to explore how positive interventions such as mentoring can increase resilience. Results showed that with interventions that fostered resilience, children were less likely to drop out of school, peer confrontations were handled more appropriately and having positive emotional support allowed participants to create healthier relationships as adults. These interventions include fostering healthy adaptive ways of coping and building competence in children (Masten, 2001).

Resilience includes the ability to regulate emotions in healthy and adaptive ways. Emotional regulation and the inability to regulate appropriately has been tied to mental health diagnosis such as depression, anxiety and PTSD. Research has shown that individuals' ability to better regulate their emotions had greater resilience in times of increased stress or trauma (Brites et al., 2024). Brites et al. (2024) explored why university students showed different reactions to the psychological effect of the COVID-19 pandemic. The participants were 424 university students who were recruited from one public and one private university. The students were assessed on areas of depression, anxiety, PTSD and what strategies they used to regulate their emotions. Anxiety, depression and PTSD were all individually assessed among the participant pool. Resilience was measured based on the Resilience Scale for Adults (RSA). Results in each category established that emotional suppression led to decreased ability to cope with the

antecedent. Emotional expression was found to allow for better coping strategies and the ability to better regulate emotions. Emotional suppression was associated with higher levels of depression, anxiety and PTSD symptoms. A surprising outcome of the study was that cognitive reappraisal of the stressor did not appear to always lower symptoms. Prior research has shown that reappraisal of the stressor with more adaptive coping skills has lowered symptoms. The study found that the most effective way to reduce symptoms and increase resilience was to regulate emotions through expression (Brites et al., 2024).

Transactional theory of stress also outlines how an individual may be more resilient to stressors. A person's ability to assess and cope with a stressor can differ from another's ability even with the same stressor. The ability to assess and cope with a stressor can establish how a person's resilience can improve one's ability to cope with the stressor because they are assessing the stressor as less of a threat or a more manageable threat than someone with lower resilience. A 2024 study surveyed 261 hurricane survivors in North Carolina to research how assessing and coping with hurricane recovery differed based on individual resilience. The findings showed that survivors with higher levels of resilience utilized more adaptive coping strategies to deal with the hurricane related stressors (Littleton et al., 2024). Similarly, another study examining perceived stress regarding the COVID 19 pandemic found that lower stress levels were paired with higher resilience among the participants (Sood & Sharma, 2020). The study examined survey results of 173 Indian students who were pursuing degrees during the COVID 19 pandemic. The survey examined perceived stress and how these students coped by measuring resilience using The Brief Resilience Scale (BRS). The results showed that increased resilience helped the students cope better with the stress of the pandemic (Sood & Sharma, 2020).

### ***Increasing Resilience***

Research has shown that resilience can be improved by exploring how individuals cope with negative experiences in their lives and then taking steps to modify their lives by making healthy changes. These include prioritizing healthy relationships who are supportive. Having supportive family support has also shown to increase resilience among veterans (Clark et al., 2018). People with higher levels of resilience tend to share the same resilience factors which include being able to face fears, be emotionally flexible, have an optimistic but realistic mindset and be able to ask for assistance when needed (Southwick & Charney, 2018).

Emotional regulation was also cited as the main reason for increased resilience in individuals during times of high stress. In a study of 20 nurses who worked during the COVID-19 pandemic research showed that emotional regulation strategies, increased self-care and ability to adapt to changes in policy allowed for nurses to decrease stressors. The nurses all worked in the mental health field in Victoria, Australia during the peak of the pandemic. Through semi-structured interviews, researchers discovered that the nurses, despite extreme stress and heightened emotions, were able to increase resilience by creating emotional regulation strategies and improving stress management skills to cope with the pandemic experiences (Bui, et al., 2023). These results were similar to the results of the Brites (2024) study.

Clark et al. (2018) examined resilience in both deployed service members and their family members. Families had to adjust to separation during deployment, systemic role changes and constant worry about serious injury or death during deployment. Increased communication for the deployed service member greatly increased resiliency and household organization greatly affected resiliency for the non-deployed partner. Both areas increased the resiliency of children as well. Limitations of the studies found that longitudinal findings were lacking (Clark et al.,

2018). Research found that mindfulness techniques do support greater family adjustment during the transition process (Gliske et al., 2019).

Mindfulness techniques were utilized by parents during the reintegration of the veteran parent to allow for readjustment of the children to the family structure with the deployed parent transitioning into civilian life. Communication, increased coping skills, and maintaining a steady routine all increased resilience in children when struggling with readjusting during deployment and the permanent transition into civilian life of the veteran parent (Mulholland et al., 2020). Diminishing feelings of loss when a veteran is deployed can have positive effects and increase resiliency during transition into civilian life. Increased communication and organization/management of household structure reduced stressors during deployment and increased resiliency for the family and the veteran (O'Neal et al., 2018). Identifying key areas for potential dysfunction during the transition process, such as systemic factors and cultural and family support, helped prevent more severe psychological diagnoses from developing. (Romaniuk et al., (2020).

### ***Resilience Training in the Military***

Resilience Training was implemented in all branches of the military during the early 2000s. Numerous studies have identified that resilience training programs which center around positive psychology have shown an increase in resilience post-deployment and during the transition into civilian life as opposed to problem-focused modalities. Positive psychology, which is solution focused rather than problem focused, has been the core tenet in resilience training programs especially regarding mental health stigma (Umucu et al., 2022). Positive psychology posits that interventions with focus on positive traits and strengths of the individual rather than the weaknesses or deficits of a person can improve mental health and allow the

person to better cope with stressors (Umucu et al., 2022). Army soldiers who had received resilience training had increased optimism, adaptability, and positive coping skills during adversity (Harms et al., 2013). Post-deployed soldiers who had received resilience training assimilated into civilian life better than those who did not have training. Failure to assimilate back into civilian life without increased resilience resulted in increased psychological distress (Harms et al., 2013).

Opposing views of resilience training reflect that too much emphasis is focused on positivity and not the problems at hand. Robin May Schott, a Danish researcher, explored literature surrounding U.S. post 9/11 resilience programs and found that the programs were disproportionate to the problems U.S. service members were experiencing. Schott (2022) found that the programs were beneficial to assist servicemembers with exploring their emotions and provided resources. However, he found that the programs did not prevent problems such as PTSD, substance use, and other mental health struggles. Schott (2022) references that prior to World War II, trauma responses were viewed as weakness and therefore created shame for service members struggling with trauma. Schott (2022) concluded that current resilience programs are too focused on only positivity and bring back that concept of trauma as a weakness by teaching service members that they should be able to bounce back from traumatic experiences using their training.

### ***Resilience Training Per Branch***

Each branch of the military has their own resilience training for its service members and their families. The Air Force Master Resilience Trainers provide resilience training for service members. The Air Force Master Resilience Trainer program is provided under the Air Force Wounded Warrior (AFW2) under the Warrior Care Division. The program helps to strengthen

resilience through a holistic approach of focusing on mental, spiritual, and physical aspects of service members (AF.mil, 2024). The U.S. Army developed its resilience training program in 2009. The Comprehensive Soldier and Family Fitness program (CSF2), which is a part of the larger U.S. Army's Ready and Resilient Campaign, was created to increase resilience among soldiers along with their families, and Army civilians (Lampkin, 2019). The CSF2 is broken down into four areas: online assessments, training, research and evaluation. The training portion is known as the Master Resilience Trainer (MRT) course.

Similarly named to the Air Force resiliency program, the Army Master Resilience Trainer course, promotes self-efficacy and emotional regulation through various modules. These modules include an overview of resilience, skill building based on cognitive behavioral techniques, identifying and fostering strengths, and strengthening interpersonal relationships. Trainees are then taught to sustain and enhance these modules to "train-the-trainer" where the skills can be expanded to others (Reivich et al., 2011). The Coast Guard offers resilience programs for service members through three programs; shipmate support peer training, resiliency workshops and marriage retreats (Coast Guard Foundation, 2024). Shipmate support peer training is suicide prevention and intervention program that provides resources for all shipmates and trainings on crisis management and suicide prevention through the ASIST training. Resilience workshops combine physical and mental activities that focus on a holistic approach to improving quality of life for shipmates. The physical activities are accompanied by group work and reflection while the mental activities focus on improving mental health, spirituality and reducing stress and anxiety. Marriage retreats focus on building strong relationships with partners and improving communication (Coast Guard Foundation, 2024).

The Marine Corps offers several resilience training programs under their USMC Human Performance Branch. These trainings focus on mental fitness, social fitness, spiritual fitness and physical fitness. Under the Commandant's Planning Guidance, the Human Performance Office streamlines all their resilience training programs in a "one stop shop" of resilience to offer service members resources on strengthening and maintaining resilience (USMC Human Performance Branch, 2024). The Marine Corps also provides a similar resilience training program that is holistic. The program includes building resilience in four areas of fitness which are spiritual, social, mental and physical fitness (USMC, 2024). The Navy offers sailors resources on how to improve resilience through techniques that strengthen mental, physical, social and spiritual health. However, the Navy doesn't have a specifically named training program (US Navy Medicine, 2024).

### ***Resilience Training for Veteran Families***

The military has established a number of programs that are family-centered that assist in increasing resiliency for couples and families for active-duty members. Programs such as the Army's Comprehensive Soldier Fitness (CFS) resilience training has been expanded to include Comprehensive Soldier and Family Fitness (CSF2) (McInerney et al., 2024). The Resilience Training Assistant Course that is conducted by the Space Force branch of the military offers resilience training to spouses and other civilian supports to Airmen (USSF, 2024). Community groups such as FOCUS also have developed resilience training for spouses and families of the Army, Marine Corps, Navy, Air Force, Space Force, National Guard, and Reserves (Military One Source, 2024).

Recurring separation from veterans accompanied with the stress of potential combat injuries and death can create trauma for families while the veteran is deployed (Mulholland et al.,

2020). Current research shows that several factors can influence stressors as well as increase or decrease resiliency. Structured family roles, improved communication, social support and access to services have been shown to increase resiliency among veterans and their families and provide for a more successful transition into civilian life (O'Neil, et al., 2018).

### **Military Culture and Mental Health**

The United States military has seven branches of an all-volunteer force of 1.3 million people (DOD, 2024). The Army, Navy, Marine Corps, Air Force, Space Force, National Guard and Coast Guard. The Army is the oldest branch in U.S. history. The Army provides the ground troops during military events and combat missions. The Navy and Marine Corp provide amphibious and ground units. The Air Force provides air support to ground troops and engages in combat missions. The Space Force provides training and air support in all matters pertaining to space. The National Guard provides support and protection to the U.S. homeland during times of crisis including natural disasters. The Coast Guard provides maritime safety and law enforcement and support to the Navy (times of war). Each of these branches has its own unique ethos within the overall military culture (DOD, 2024).

With military roles and rules, it has become its own culture that is separate from other parts of society. A service member's ability to put emotions aside to perform duties not only is necessary for their own survival but is necessary for the survival of the unit, however, it can become a complicated matter when asked to explore emotions (Botero et al., 2020). Veterans are trained to protect their unit and proceed with the mission above all else (McInerney et al., 2024). With this comes the need to put emotional distress aside in order to accomplish their goals. Frey (2017) explored the history of mental health programs in the military since World War II and she notes that the military culture creates a "warrior culture" in which the ability to suppress pain,

whether physical or emotional, in order to protect their country and community is seen as honorable. This creates difficulties for veterans to express their emotions once they are not on active missions. Once separated from the military, some veterans struggle with engaging in therapy due to the feeling of being weak at not being able to continue to suppress and regulate their emotions on their own (Frey, 2017).

### ***Post 9/11 Veteran Population***

The wars in Iraq (OIF) and Afghanistan (OEF) are considered the longest wars in U.S. history (Sciarrino et al., 2022). These wars were different from past wars with regard to veteran deployment. Post 9/11 veterans who completed tours in these wars were deployed more and had shorter stays at home than prior generations of veterans. Due to more recurring deployments, families also had to adjust more often. The veteran area of service also differed during these wars. Pre 9/11, the majority of veterans were draftees who were exposed to combat. Post 9/11 veterans were volunteers in units of their military branch who would rotate between combat and or training. Army combat units, marine regimental combat teams and other military infantry were deployed in more recurring tours and experienced a broader range of duties compared with pre 9/11 veterans (Sciarrino et al., 2022).

Post 9/11 veterans refer to anyone who has served in the military after the attacks of September 11, 2001. Over 3.9 million veterans create the post 9/11 veteran population. That is 19% of the entire military population (JEC. 2016). The post 9/11 veteran population is more diversified than the pre 9/11 generation. Roughly 17% are women, 15.3% are black, 12.1% are Hispanic and approximately half are younger than 35 (Holder, 2018). Approximately 75% of post 9/11 veterans have been deployed to at least one tour of duty and were more than twice as likely to be engaged in combat than veterans pre 9/11 during their career. Due to increased

likelihood of experiencing combat and multiple deployments, around half of post 9/11 veterans reported experiencing traumatic experiences (Parker et al., 2019). Approximately 47% reported experiencing extremely stressful experiences or traumatic experiences compared to 25% of pre 9/11 veterans (Igielnik, 2019). Research shows that approximately 91% post 9/11 veterans felt the military trained and prepared them for military life, but approximately 52% reported they were not prepared for the transition into civilian life (Igielnik, 2019).

Studies have also shown PTSD is diagnosed along with other comorbid diagnoses, most commonly depression (Reismen, 2016). Of those diagnosed with mental disorders, 26.3% are adjustment disorders, 16.9% are depression, 13% are alcohol and substance use disorders and 10% are anxiety. Suicide has also increased to surpass civilian rates for post 9/11 veterans. One theory as to why mental health diagnoses rates are higher than pre 9/11 veterans is that with the advancement in military medical care, more service members can reenter active duty despite previous injuries (Collins, 2023). Sustaining numerous injuries over the course of many deployments can increase mental health struggles (Collins, 2023). In 2019, Pease et al. (2019) further explored PTSD and the correlation to suicide among post 9/11 veterans. Using self-reporting questionnaires, the participants were divided into three categories. These were male and female veterans and then both genders who had PTSD. The study found that approximately 50% of the participants had increased suicidal ideation since being diagnosed with PTSD.

Other post 9/11 veterans reported positive experiences from their time in combat. They reported their experiences made them closer to their fellow veterans, allowed them to view themselves as stronger than originally thought and helped them prioritize what was most important in their lives (Holder, 2018). While the majority of post 9/11 veterans reported that

their time in the military provided them with skills that benefited them in finding work and transitioning back into their communities, others reported personal, professional and financial struggles for the first few years after transitioning to civilian life (Holder, 2018; Parker et al., 2019; Sciarrino et al., 2022).

### **Transitioning to Civilian Life**

Transitioning into civilian life for a veteran who may be permanently separating from the military is a different experience than the transition between deployments. The permanent transition process may be different for the veterans returning from Iraq and Afghanistan as these wars have included longer and recurring deployments than previous wars throughout history. Prior wars were much shorter in duration than the wars in Iraq and Afghanistan leading to fewer recurring deployments for veterans. Recurring deployments of active and reserved veterans of the Iraq and Afghan wars required more transitions from military life to civilian life between deployments (Gil-Rivas et al., 2017). Transitioning to civilian life permanently after separating from the military can feel more overwhelming for veterans than the transition to and from civilian life between deployments due to the finality of separating from service (Romaniuk et al., 2020).

While most of the veteran population who permanently separate from the military into civilian life report very little problems with the transition, other veterans report struggling in a number of areas. Of the veterans who reported struggling, it was found that 56% of Iraq and Afghanistan War veterans who sought VA medical services reported significant struggles with the transition process and adjusting to civilian life (Romaniuk, 2020). The areas of struggle identified were marital problems, financial struggles, maintaining friendships and in severe cases, maintaining daily functioning. A cohort study of 3.9 million Iraq War veterans found an

increased rate of suicide risk for veterans after they permanently transitioned into civilian life regardless of the number of deployments they had during their career (Reger et al., 2015).

### ***Transition Stress Between Deployments***

Numerous studies have used transactional theory of stress while studying how post 9/11 veterans assess and cope with stress. A 2015 study examined transactional theory with military soldiers as a part of a larger study identifying causes for predictions in shoot-don't-shoot decision-making. Schribner (2016) compared information processing theory (IPT) and transactional stress theory (TST) in order to better predict cognitive decision-making performance. While IPT focuses less on emotion and more on how an individual processes information of an event, TST focuses on how one copes with the stress of that event. The hypothesis is that individuals use both cognitive and emotional factors when making decisions in high stress situations. Working memory capability also plays a significant role in decision-making. An individual's ability to recall past experiences better helped them cope with the current stress of the event and cognitively make better decisions under pressure. The participants were 12 male army soldiers who met the requirements for the visual acuity and rifle experience needed for the study. The participants were then given questionnaires after the shooting simulation to explore how they assessed and coped with stressors during the simulation. The study outlined how heightened emotional states can impact appraisal and coping of individual soldiers. The qualitative study confirmed previous studies that established individual assessments and coping abilities are different based on experience and rank. These findings correlated rank with different experiences during their military career. Findings were that higher rank resulted in more correct shooting actions and less errors (Scribner, 2016).

Families have to adjust to separation during deployment, systemic role changes and constant worry about serious injury or death during deployment. Increased communication for the deployed service member greatly increased resilience and household organization greatly affected resiliency for the non-deployed partner. Both areas increased the resiliency of children as well (Clark et al., 2018). Based on location and access to services, community support can also be vital to increasing resiliency during transition for veterans and their families (Gil-Rivas et al., 2017).

More recently, the transactional theory of stress was used to determine how military veterans processed the stressors of the COVID-19 Pandemic (Grzesik & Ghosh, 2023). Grzesik and Gosh (2023) determined that veteran military training may have resulted in higher resilience during the pandemic due to military experience allowing service members to be more robust at dealing with crises. However, the researchers also explored how the internal perspectives of stressors affected how they coped with the situation. The study explored how proactive personality, coping styles, hope, and life satisfaction determined how well service members dealt with the pandemic. Grzesik and Ghosh (2023) applied the transactional theory of stress and surveyed 132 military service members. The results showed that veterans with increased hope and a proactive personality had higher levels of life satisfaction regardless of coping strategies. Using transactional theory of stress as the theoretical framework, this study shows that assessment or perception of the stressor can affect one's resilience during the time of the stressor (Gzresik & Ghosh, 2023).

### ***Transition Stress After Permanent Separation***

Post 9/11 veterans who have served in either or both OEF and OIF who have separated from military service can face personal, professional and health care challenges once

transitioning into civilian life. PTSD and depression are common mental health diagnoses among those veterans struggling with mental health (Botero et al., 2020). PTSD has been shown to develop in 17-20% of veterans who have been repeatedly deployed into combat (McInerney et al., 2024). Of those diagnosed, research indicates that nearly half do not seek mental health treatment due to stigma. With these negative beliefs about mental health treatment, more and more post 9/11 veterans with mental health diagnoses are seeking new ways to cope with the transition process. Volunteering and becoming more active in the community have been shown to improve self-esteem, happiness and overall well-being (Matthieu et al., 2017). Matthieu et al. (2017) explored biopsychosocial outcomes of OEF/OIF participating veterans in a national civic service program. The study was performed using an observational cohort design to measure the impact volunteering had on post 9/11 veterans. Participants were veterans of OEF or OIF and had completed at least 20 hours of service for 26 weeks at a non-profit in their community. Results were measured by veterans completing writing exercises centering around autobiographical information, leadership, networking and goal setting. The study concluded that of those veterans diagnosed with PTSD and depression, volunteering significantly improved biopsychosocial outcomes (Matthieu et al., 2017).

**Loss of Identity for the Veteran.** One of the areas veterans struggle with during the transition process after permanent separation is their loss of identity (Verkamp, 2021). A 2021 study found that of those that reported struggling, the areas in which they struggled the most were loss of identity, loss of purpose, loss of military culture and loss of community support. Verkamp (2021) explored data from the Cumulative Index to Nursing and Allied Health Literature (CINAHL) to identify research on how post 9/11 veterans transitioned into civilian life after permanently separating. Results showed that while most were able to transition with the

help of the military and government support as well as falling back on their resilience training, those who struggled felt isolated. Veterans who felt betrayed by the military or fellow veterans were unable to trust military or government resources. Veterans who felt their purpose in the military defined their identities struggled with “what to do now” once they separated. Others who struggled reported feeling a loss of culture and community when they transitioned into civilian life permanently knowing there were no future deployments (Verkamp, 2021).

### ***Transition Stress for Spouses and Family***

The Marshall study (2015) focused on military spouses who struggled with secondary PTSD while living with their veteran spouses who were also diagnosed with PTSD. The results found that spouses perceived VA services to be helpful and necessary for posttraumatic stress disorder treatment (Marshall, 2015). Based on this perception of individual spouses and looking through a transactional theory lens, the study recommended incorporating spouses more in the process of treating veterans with PTSD (Marshall, 2015).

Communication, increased coping skills and maintaining a steady routine all increased resilience in children when struggling with readjusting during deployment and the transition of the deployed parent into civilian life after separation from the military. Increased resiliency when focusing on specific areas of communication, routine and coping skills outlines the importance of consideration of the uniqueness of military families and how interventions and treatment should be tailored for their individual needs (Mulholland et al., 2020). Interventions to diminish feelings of loss when a service member is deployed can have positive effects and increase resiliency during transition. Increased communication and organization/management of household structure reduced stressors during deployment and increased resiliency for the family and the service member during transition (O’Neal et al., 2018). Elnitsky et al. (2017) explored prior research

focusing on how private and public agencies, and community and family, can help improve the transition process and create better health outcomes. Increased social support and individualized strategies can help make the transition more successful. There is a need for more individualized plans as well as increased social support (Elnitsky et al., 2017; Weitzel, 2022).

**Loss of Identity for the Spouse/Partner.** Similarly to service members, spouse/partner roles change dramatically after service members leave the military permanently. During active service years, the spouses and partners of service members create an identity for themselves that is based in military culture. Oftentimes, spouses and partners must take on the majority of the household management while service members are serving and away from home (Spikol et al., 2024). Within the military community, roles are created for spouses and partners that are subject to societal norms of the military culture. While service members are active, their spouses and partners are abiding to their duties to the community and their families while the service members are absent from the home front. After a service member completely separates from the military permanently and transitions into civilian life, the role of the spouse and partner changes as well. Spouses and partners may feel the loss of their own identity as the needs of their roles change (Spikol et al., 2024).

One study found that while most spouses and partners are able to adjust to civilian life during the transition process, those that struggled with the change struggled in three main areas (Spikol et al., 2024). These are military culture and identity, roles of serving and then the loss of that role, and overall loss of identity. The study explored the experiences of 37 spouses/partners of UK veterans who struggled with the transition process after their significant other permanently separated from the military. Many of the participants were female and were spouses/partners with non-commissioned officers (NCO) in the armed forces. The participants

reported feeling like they were only identified as the “spouse/partner of a veteran” instead of having their own identity. Some spouses and partners attempted to revert to roles they were in prior to their service member’s military career. Of those struggling, most reported negative effects to their mental health including low self-esteem and feelings of loneliness. After the servicemember transition into civilian life, some spouses/partners reported feeling isolated and having lack of support in general society (Spikol et al., 2024).

### **Summary**

Permanent separation from the military can create a great deal of transition stress for veterans and their families (Parker et al., 2019). Current research focuses on resilience training for active-duty military and their families. While there are clinical studies regarding how these trainings have benefited veterans and their families, there is a gap in the research about post 9/11 veterans’ individual experiences once they are separated from the military. Overall, post 9/11 veterans are more likely to report positive and negative experiences regarding the military than pre 9/11 veterans. Research has shown that veterans who experienced emotional trauma were less likely to feel optimistic about transitioning to civilian life. Considering that these veterans have faced challenges and experiences different from prior generations, there is a considerable gap in the research that focuses on individual experiences of veterans and how their resilience training affected their transition process into civilian life.

Transactional theory of stress is an appropriate theory to frame the current study because it allows for exploring how individual experiences can vary depending on how the individual assesses and copes with the stressor. Analysis of the research listed throughout this dissertation establishes that recent research has primarily focused on the different experiences of post 9/11 veterans who have transitioned into civilian life from their counterparts of the pre-9/11 era.

However, after an entire generation of service members has lived through the longest wars in U.S. history (OIF and OEF), little is known about their experiences of life after military separation. This study will explore how post 9/11 veterans have assessed and coped with the transition into civilian life after separation. The study will also outline how assessment and coping can create different outcomes from the same population pool, of which the participants are dealing with similar issues. Chapter 3 will review the research methodology of the proposed study.

### **Chapter 3: Research Method**

Transition into civilian life after permanently separating from the military can present challenges that are different from transition between deployments (Verkemp, 2021). Transition after separation can make some veterans feel a loss of identity or purpose. Veterans can also struggle adjusting to their new role in civilian life (Verkemp, 2021). During times of great stress and adjustment, increased resilience can help make the transition easier (Umucu, 2022). Resilience is defined in psychology as being able to adapt well in times of great stress or adversity (APA, 2014). With this in mind, relying on resilience training that was completed by the veteran can be beneficial during the transition process (Umucu, 2022). There is extensive research on how resilience training has affected a veteran's ability to manage the transition process between deployments (Harms et al., 2013; Umucu et al., 2022). However, there is a lack of knowledge about whether service members continue to utilize those resilience skills once they have fully separated from the military and are transitioning into civilian life. The problem to be addressed by this study is the difficulties that separated post 9/11 veterans may experience as they transition to civilian life. The purpose of this qualitative, interpretive phenomenological study was to explore how post 9/11 veterans utilize previously learned resiliency skills as they transition into civilian life.

The following chapter will explain the nature of the study, including method and design, as well as the rationale for selecting qualitative research and a phenomenological design. The chapter will also describe the study population and sample including how the participants were recruited to participate in the study. The specific study methods and procedures are outlined along with the data collection and analysis processes. In addition, all assumptions, limitations,

and delimitations relevant to the study are discussed. The chapter will conclude with a discussion of ethical considerations and a summary of the overall chapter.

### **Research Methodology and Design**

The current study utilized a qualitative approach in order to gain an in-depth understanding of the participants' experiences. Qualitative methods using various techniques allow for understanding of not only the phenomenon but also the experiences of each individual based on environment/context and subjective interpretation by the participant (Stahl & King, 2020). Interpretative phenomenological analysis (IPA) is a qualitative method in which the researcher and the participant collaborate to explore the participants' experiences through participant and researcher's subjective interpretation (Smith & Fieldsend, 2021). The researcher works with the participant to explore their experiences and what meanings they derived from those experiences. The approach relies on the information based on how the participant experienced it and made meaning from it (Smith & Fieldsend, 2021). The method takes an existential view of understanding the participants' experiences from their perspective then understanding how the interactions between the researcher and the participants can change or alter the meaning of the experience thus creating a new narrative (Smith & Fieldsend, 2021). IPA is found to be useful when creating understanding in more emotionally complex situations (Smith & Fieldsend, 2021). The collaborative relationship between the researcher and the participation allows for the participant to explore their own lived experiences and create meaning throughout their narration without any preconceived parameters (Alase, 2017).

#### ***Appropriateness of Design***

A qualitative approach is appropriate for this type of research because it focuses on subjective views and individual experiences. Participants in this study all had different

interpretations of how their experiences made meaning in their lives based on their own subjective experience. IPA was chosen to be the most appropriate for this study due to the nature of the method. IPA became well known in 1996 with Jonathan Smith's publication in *Psychology and Health Journal* (Smith, 1996). Smith and other theorists at the time emphasized that the method allowed for the researcher to become involved in the research which allowed them to develop their own understanding or interpretation which created for more distinctive analysis (Alase, 2017).

This approach is appropriate for smaller participant pools as it focuses on the phenomenon of how individuals can experience similar events or stressors and interpret them differently from one another, which creates different meanings. Critics of IPA express that IPA cannot prevent bias and emotional responses as the nature of the methodology is subjective. However, for this study, individual experiences and interpretation are necessary to understand meaning making (Frearson & Duncan, 2024). Researcher and participant bias was also considered by acknowledging that bias is impossible to eliminate as it is a part of the construct for how a person experiences an event.

The semi-structured interview was deemed appropriate for this study due to the allowance for each interview to be adaptable since the purpose of the study is to understand individual experiences of the participants. Semi-structured interviews allow for exploration through the interview process. While the interview and questions were structured before the interviews begin, the nature of the semi-structured interview process allowed for more discovery than what the initial questions were asking (Magaldi & Berler, 2020).

### *Alternative Methodologies*

While both qualitative and quantitative study methods focus on individual experiences, qualitative methods were found to be more appropriate than quantitative for this study due to qualitative methods being more descriptive in detail (Taylor et al., 2016). Quantitative methods are found to be more data driven where qualitative methods are based on personal narration of events and observed behavior by the researcher(s) (Taylor et al., 2016). Different approaches to qualitative designs were considered before IPA.

Narrative, hermeneutic, and descriptive methods were considered for this study. Narrative methods focus on the stories that are told about an experience. Researchers can then identify themes to individual stories and develop an overarching theme or themes (Stephens, 2011). Narrative methods were not appropriate for this study because narrative methods focus on subjective facts of the experience and how it affects the individual within society and not the deep meaning created by the individual from the experience (Stephens, 2011). Hermeneutic methods allow the researcher and the participants to collaborate and develop reasons or understanding of the events to determine meaning and themes or conclusions about the event (Rennie, 2012). While hermeneutic methods are similar to IPA methods, they differ in the sense that hermeneutics delve deeper into creating meaning out of the experience (Rennie, 2012). IPA methods are more appropriate for this study as it focuses more narrowly on how the participant created meaning out of their experience (Frearson & Duncan, 2024). Descriptive methodology aims at describing the experiences of the participants based on the context of the person's environment without interpretation or assumptions (Doyle et al., 2020). Descriptive methods were not deemed to be appropriate for this study since the goal of the study is to understand and explore individual participants' experiences and how they create meaning from those experiences.

## **Population and Sample**

Post 9/11 veterans are service members who were active military service members for the Afghanistan and Iraq Wars and other missions since September 11, 2001. Approximately 2.7 million Americans are post 9/11 veterans whose average age is now 45 (Vogt et al., 2022). Approximately 60% of Post 9/11 veterans reported some level of difficulty during the transition process to civilian life once fully separated from the military versus approximately 25% of Pre-9/11 veterans (Bond et al., 2022).

The participants who were recruited for the study were veterans who have fully separated from the military and have transitioned into civilian life. The participants were Post 9/11 veterans who have received resilience training during their military career. The target sample size consisted of 6 participants, or until saturation was reached. This sample size was appropriate for IPA methodology (Smith & Fieldsend, 2021). The goal of the study was to explore individual experiences of the participants and to understand meaning making that the participants have created. The smaller sample size gave the study enough data to ensure saturation while still being able to focus on the rich detail of the individual experiences. The participants were recruited through Facebook with an online recruitment flyer. My dissertation committee also posted the recruitment flyer on their social media networks and emailed it to their professional associates. The process of recruitment and information on the data collected was sufficient and succinct enough to be able to replicate for future studies.

## **Materials or Instrumentation**

The semi-structured interviews utilized in the study were created by this researcher (Appendix A). The semi-structured interview was chosen as the instrumentation in order to provide rich, descriptive data from individual experiences that will be discussed during the

interview process. The semi-structured interview contained open-ended questions that specifically inquired about the Post 9/11 veteran's experience of transitioning to civilian life after separating from the military and how they utilized their resilience training during the transition. All interview questions were based on published literature and the theoretical framework of the study.

A demographic survey was included in the semi-structured interview (Appendix B). The survey asked for certain demographics such as gender, ethnicity, age, marital status, education level, current civilian occupation, military branch, rank, length of service. The survey assisted with documentation regarding participant description and tracking diversity as well making it easier for future research to replicate this study.

### **Study Procedures**

After receiving study approval from the National University IRB, participant recruitment began. No part of the study began before IRB approval was granted. The next step involved recruiting participants through Facebook. I had joined Facebook groups such as the Veterans Leadership Program and Mission of Thanks and requested to circulate flyers for study participants. Both of these groups are local to Pittsburgh and are available to the public to join. I received permission from the moderator of these groups. I also received permission from colleagues who are fellow clinicians who work specifically with veterans to circulate the recruitment flyer. Recruitment flyers were distributed by my dissertation committee on their social media networks and with their professional associates. The Facebook post consisted of the Recruitment Request which asked for participants who met the criteria and how to contact the researcher via email and/or phone number. Once the participant pool was gathered, the study consisted of interviewing the participants via Zoom. Participants were screened to ensure they

met the criteria to be interviewed. Interviews took place after participants had reviewed the informed consent form. The informed consent form provided the participant with what information the study was looking for, who will be viewing the data and what will happen to their information once the study is complete. The consent also provided information regarding time commitment, risks, and expected benefits. The interviews were video recorded so that the researcher could review and transcribe the data. The interviews lasted between 30-60 minutes each. The final step was coding and thematic analysis of the data. The study followed the guidelines of qualitative research so that it may be replicated in future studies. Once data was collected, member checking was done to ensure accuracy and credibility of the study. More in-depth information about the last step is provided in the next section.

### **Data Analysis**

I collected all of the data for the study. Data was obtained through semi-structured interviews. The data was transcribed to allow for understanding and knowledge of the experiences and how the participants created meaning through interpretation of exploring the experience during the interview process. I followed the IRB guidelines for safekeeping data. These steps included using pseudonyms to identify participants to protect confidentiality, keeping information on a private secure server, and making sure data is stored for three years and then destroyed.

Thematic analysis was the method used to identify common themes of veterans being interviewed. Interpretive Phenomenological Analysis (IPA) utilizes an inductive coding approach or “bottom up” approach where it allows for themes to emerge without preconceived notions (Guest et al., 2012). The fundamental goal of IPA is to get as close as possible to understanding the lived experiences of the participants. This process includes exploring the details of the

experiences and how the participants view the world. Thematic analysis involves steps such as noticing patterns, developing emerging themes that can be later regrouped into broader themes, and identifying connections between themes (Guest et al., 2012).

I was the sole researcher who analyzed the data. The participant interviews were video recorded. All participants were identified with pseudonyms in order to protect confidentiality. Once all data was collected, I followed the steps of IPA to identify themes. Specifically, IPA lists six steps to follow when analyzing data (Pietkiewicz & Smith, 2012). These steps are 1) reading and re-reading transcripts (or listening to and relistening to recordings), 2) initial noting (observations and thoughts of the researcher), 3) identify emergent themes 4) identify connections/patterns across emerging themes 5) repeat process with the rest of the participant data, and 6) identify themes that emerge from the overall data through research analyzing software (Pietkiewicz & Smith, 2012). After reviewing the transcripts of the interviews and recognizing broad themes, I used NVivo software to analyze the data. NVivo is a coding software created by Lumivero that is used to analyze qualitative data. The fields that NVivo software is used are psychology, anthropology, social sciences, communication, sociology, human geography, and forensics (Lumivero.com). NVivo is known for its performance in analyzing data collected through interviews that are audio/video recorded (Lumivero.com).

### **Assumptions**

There were five assumptions relevant to this study. The first assumption was that transitioning between deployments is a different experience than transitioning into civilian life permanently (Spikol et al., 2024). The second assumption was that participants will be honest about their experiences during transition. The third assumption was that veteran experiences from those who are willing to participate in this study may differ from those who are not. The

fourth assumption was that the outcome will be similar in the sense that the training was beneficial during the transition to civilian life once separated from active military service. The fifth assumption of the study gained understanding of individual experiences through IPA methods.

### **Limitations**

One limitation of this study was that the participants who provided information on their experiences may not represent the majority of the population. Since this study utilized IPA as the methodology, a smaller participant pool was more appropriate for the study (Smith & Fieldsend, 2021). The participant pool was the appropriate number of veterans to allow for saturation to reduce the limitations of having a smaller participant pool. This is an acceptable limitation in qualitative research.

A second limitation was that participants were required to be post- 9/11 veterans who received resilience training and are now separated from the military. The qualifiers offered a wide age range of participants. The average age of Post 9/11 veterans is 45, however some veterans may be younger and older than the average (Vogt et al., 2022). This means that veterans may experience different transition processes due to the phase of life they are currently in.

### **Delimitations**

The participants who were selected were asked to volunteer for the study with the requirements being that they completed resilience training and were Post 9/11 veterans who were now separated from the military. The purpose of restricting the study to Post 9/11 veterans was due to resilience training being utilized in the military post 9/11 (Griffith & West, 2013). Resilience training was not mandatory in the five military branches before 2009 (Griffith &

West, 2013). Research has also shown that Post 9/11 veterans have different experiences from their Pre 9/11 counterparts due to the lengths of Afghanistan and Iraq Wars as well as the number of deployments (Prosek & Burgin, 2020; Sciarrino et al., 2022). The research of this study focused primarily on what experiences these veterans had during their transition process into civilian life and how their resilience training affected their experience.

### **Ethical Assurances**

Participant recruitment and data collection did not begin until IRB approval was obtained and study methods were approved. All veterans who participated in the study were provided with a consent form and the contents of the consent form were discussed to make sure the participants were provided with as much information regarding consent as possible. Participants were made aware of who will have access to the data and what the purpose of collecting the data will be. Participants were given a pseudonym identifier to protect confidentiality. Data was stored on a password protected computer and server and will be stored for three years and then be deleted.

During the interview process, I observed how the interview was affecting the participants. The semi-structured interview process allowed for open-ended questions that were relevant to the theme of the interview. The open-endedness allowed for the participants to explore their own experiences and created meaning from them. The process has the potential to invoke experiences which may have been intense for the participants (Pietkiewicz & Smith, 2012). I provided a list of clinical resources to all participants. As the researcher using IPA, I was a part of the research process. The collaboration between myself and the participant affected the interpretation of the experiences of the veteran. With this knowledge, I was aware that any bias and personnel and professional experience could have influenced the interpretation. To prevent as much of these biases from affecting the research, I was genuine and non-judgmental to the best of my ability by

utilizing reflexive journaling to bracket any potential bias. I also made sure my interview questions were open-ended and not in any way leading to the participant.

### ***Trustworthiness***

Qualitative research, especially IPA, focuses on interpretation or meaning making of the experiences being studied. For the outcomes to be reliable, the researcher will review the data numerous times to remove any initial assumptions to the best of my ability. Re-reading or re-analyzing the data is a key step in thematic analysis. Reflectivity is also a key part of IPA. Reflectivity is the process of the researcher to maintain awareness of how the researcher is a part of the experience for the participant when recounting their own experiences when conducting the interviews (Hadi & Closs, 2016). I will be utilizing the method of reflexive journaling during the data collection process. This means I will be journaling my thoughts and decision-making reasoning as I am analyzing the data (Hadi & Closs, 2016). Transferability allows the study process to be redone for future studies using the same methods. This includes providing detailed descriptions of the study so that other researchers can find applicable methods for their own studies and providing examples of how the results can be relevant to other research studies outside of the main topic of my study. I also used member checking and triangulation during the research process (Hadi & Closs, 2016). Member checking allows me to verify my findings with the participants to ensure accuracy (Stahl & King, 2020). I sent a transcript of each interview to the participant to review and confirm accuracy. I used data triangulation by transcribing the recorded interviews. This allowed me to verify the validity of my research (Hadi & Closs, 2016).

### **Summary**

The purpose of this chapter was to explain the nature of the study, including method and design, as well as the rationale for selecting qualitative research and a phenomenological design. Qualitative research with an interpretive phenomenological analysis was shown to be an appropriate method for understanding the experiences of separated Post 9/11 veterans after they have transitioned to civilian life. The chapter described the study population and sample, including how the participants were recruited to participate in the study. The specific study methods and procedures were outlined, along with the data collection and analysis processes. In addition, all assumptions, limitations, delimitations, and ethical considerations relevant to the study have been discussed. Chapter 4 will review the findings of the study.

## **Chapter 4: Findings**

Transitioning into civilian life after separation from the military can be experienced differently among veterans. The utilization of resiliency skills may influence how veterans navigate that experience. The problem addressed by this study is the difficulties that separated post 9/11 veterans may experience as they transition to civilian life. The purpose of this qualitative, interpretive phenomenological study was to explore how post 9/11 veterans utilize previously learned resiliency skills as they transition into civilian life. The following chapter will present the findings of six participants who were interviewed about their transition experience once fully separated from the military and how resilience training played a role in their experiences. This chapter will discuss the analysis conducted and how it was consistent with interpretive phenomenological analysis methodology. This chapter will also include participant demographics and show how transcripts from the six individual semi structured interviews were analyzed and coded to identify themes.

### **Trustworthiness of the Data**

#### ***Credibility***

Credibility is defined as the extent of trustworthiness the study has established in order to achieve the results (Ahmed, 2024). Each participant reviewed the informed consent and completed the demographic survey prior to answering the interview questions. The participants were screened to make sure they fit the interview criteria. All participants were separated veterans who served post 9/11 and had formal resilience training through the branch of the military they were previously active in. All six participants received the transcripts to their interview for feedback and any clarification through a process called member checking. The participants did not reply requesting any changes to the transcripts.

**Data Triangulation.** Data triangulation is the process of examining multiple perspectives of a topic. Triangulation is used to allow for multiple views and perspectives to be understood (Ahmed, 2024). The phenomenon that was studied in this research was analyzed using multiple interviews from participants that were asked the same research question. Each participant was asked about their individual experiences regarding the use of resilience training during their transition process into civilian life upon separating from the military.

### ***Transferability***

Transferability is defined as the extent to which the results of a study can be applied to future studies (Ahmed, 2024). All of the participants were Caucasian who ranged in age from 40s-50s. Of the six participants, one was female. Three were enlisted and three were officers when they served in the military. The commonality between all six was that they were active in the military prior to the mandatory resilience training in 2009 and after when it became mandatory for all branches to have resilience training programs.

### ***Dependability***

Dependability is defined as the ability of the research finding to convey similar results throughout an extensive period (Ahmed, 2024). The interview questions I created were based on the theoretical framework and methodology described in Chapter 3. These questions were designed to assess and understand experiences participants encountered when transitioning. These questions focused on the experience of each participant. The goal of the questions was to see how or if they utilized the resilience training they received during their transition into civilian life. The questions also allowed an understanding of their overall experience in the military, what support system they had and how they reflect on their experience transitioning to civilian life.

The questions also gauged if and how the participants utilized resilience training techniques during this transition.

### ***Confirmability***

Confirmability is defined as the extent to which the results were found with objectivity and without bias by the researcher (Ahmed, 2024). To mitigate any researcher bias, I asked the same questions to each participant that were specifically developed for this research. Follow up questions were asked when needed in context to what the responses were in the interviews. Reflexive journaling was also used by the researcher. Reflexive journaling is a technique that allows for self-reflection to understand how I interpreted the information from the interviews. Personal information about myself was not provided to the participants. The only information provided was after the interview if participants asked more information about my dissertation/doctoral program.

### **Results**

This qualitative phenomenological study was completed using semi-structured interviews of research participants who met the criteria appropriate for the study. The study aimed at understanding the experiences of post 9/11 veterans who are separated from the military and transitioned into civilian life, and what their experience was using the resilience training they received during the transition.

The participants were recruited through social media (Facebook). The recruitment flyers were posted on my personal account and through two community veteran organizations that allowed me to provide the recruitment information. The recruitment flyer was also circulated on the social media pages of my dissertation committee. Once participants agreed to participate in

the study, they were vetted to make sure they met the criteria of the study. Each participant was provided with the informed consent information prior to agreeing to begin the interview. Once the participant agreed and met the criteria, each participant was provided with a list of veteran resources in case the interview triggered any mental health concerns.

Participants communicated with me through email and agreed to complete the interview via Zoom. At the start of each interview the informed consent information was reviewed. The participants were given pseudonyms to protect anonymity. Once interviews were completed, I transcribed the interviews through a software called Notta and each participant received a copy of their transcript for any clarification or feedback. This process, called member checking, allowed for validity and credibility of the interview process and reduced any inadvertent bias from myself during the transcription process. Only spelling and grammar errors that were not corrected from the transcription software were edited by the researcher.

Once member checking was completed, data analysis began. With the assistance of NVivo software, I coded themes that arose from the interviews. Three main themes were identified along with sub themes that aligned with the broader themes. These themes and subthemes are directly related to the focus of the research question.

### **Research Question**

What are the individual experiences of post 9/11 veterans in utilizing resilience training after separating from the military and transitioning into civilian life?

### **Table 1**

#### *Participant Demographic Data*

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<u>Participant Pseudonym</u>	<u>Age</u>	<u>Gender</u>	<u>Race</u>	<u>Military Branch</u>	<u>Military Rank</u>	<u>Length of Service</u>
Bill	35-44	Male	White	Army	Enlisted	5-10 years
John	45-54	Male	White	Army National Guard	Enlisted	5-10 years
Jack	45-54	Male	White	Army	Enlisted	15-20 years
Casey	55-64	Female	White	Army	Officer	15-20 years
Don	35-44	Male	White	Army National Guard	Enlisted	15-20 years
Danny	55-64	Male	White	Army	Officer	21+ years

**Table 2***Themes & Subthemes*

<u>Theme</u>	<u>Coded for</u>	<u>Subtheme</u>
1 Experience with Resilience Training	Experience of participating in resilience training throughout the course of their military career.	a) Mental Assessment b) Coping
2. Transition to Civilian Life using Resilience	Experience of transitioning into civilian life once fully separated from the military and how/if resilience training played a role.	a) Creating Identity
3. Interpersonal Relationships Development	Experience of creating and maintaining interpersonal relationships once transitioned into civilian life and how/if resilience training played a role.	a) Identifying Support Systems

*Data Analysis Process*

Data was analyzed manually and with NVivo software. Interpretive Phenomenological Analysis (IPA) was used for the manual analysis. IPA analysis involves the researcher reading and rereading the interviews. The researcher will then look for patterns where themes can emerge based on similarities in the interviews. As a part of identifying these themes, the researcher then interprets what deeper themes have emerged across the span of the research (Charlick et al., 2016). Themes were created by the researcher through interpretation of the data and then organized with the software. Three main themes were identified. Subthemes were also identified that are categorized under the broader main theme.

**Data Cleaning.** I transcribed the recordings of each interview with Notta, a software used to transcribe videos and separate the conversation amongst the number of speakers. I reviewed each transcript and corrected any grammatical errors that were misinterpreted by the software. I then sent each transcript to the participants for their review. This was to establish accuracy of the interview and transcript also known as member checking.

**Coding.** Once all the transcripts were finalized, I used the software, NVivo, to organize and code recurring themes. Using the research question as a guide, codes were established based on common words, phrases and subject matter that were recurring throughout the interview transcripts from all of the participants.

**Themes.** The themes identified were resilience training experience, transition to civilian life experience using resilience and interpersonal relationship development experience after transition. Subthemes were also identified. The theme of resilience training experience has subthemes of mental assessment and coping of stress. Transition experience has a subtheme of creating identity in a new civilian role. Interpersonal relationship experience has subthemes of identifying support systems. All the themes and subthemes are analyzed through the lens of

interpretive phenomenological analysis. IPA is a research approach that focuses on individual lived experiences of research participants. This framework focuses on the unique experiences and not presumptions that society has conceived for people in various groups or cultures (Smith, 2015).

### **Theme 1: Experiences with Resilience Training**

The first theme outlined in the findings is the participants' experience with resilience training. Each participant was asked what their individual experiences were. The goal of these questions was to identify the mental state of the participant during their training and if they used their training to assess and cope with stressors during the transitional period after separating from the military. The perspective about resilience training was split down the middle. Three of the participants found the training useful and utilized it during transition into civilian life while the other three did not find it helpful and did not utilize it during transition. Bill reported that he did not use any of his resilience training and went straight to the VA once he separated from the military.

Well, I went to the VA hospital up in Oakland. So when I got out, I put my claim in, through the VA. And I said, I just started, I started getting service connected from the VA.

Similarly, John viewed his resilience training as a step that needed to be taken but didn't fully utilize it. John reported:

Um, it might've been like a total of a week-long process for us because we had it after.

Um, our Iraq deployment, which was 18 months long and they were just a couple of classes. Uh, where they, they just tried to make sure that no one was losing their mind.

Don also had a negative view of his experience with training. Don discussed how he went through the training program twice and did not find it beneficial beyond surface level information. Don reported:

It's weird because I've been through it like twice through my own training. And like the first time you just want to get out of there, get it over with because like, why do I need this? So I never paid attention. Honestly, I'm just like, check the box, you know, check the box. So that way you just get out of it, get done and get home or do whatever. And then the other time you, I sat and kind of listened through it. A lot of it's pretty generic. You know what I mean? They don't give you really good examples. And then when you sit down, it feels like they're checking the box now. Like, Hey, we gave them resiliency. Like don't kick your dog. Don't beat your wife. You know, there's numbers to call, but, uh, it's all a lot. It's common sense, you know, I mean, kind of think, but, um, some people it might help, it really didn't do much honestly.

However, the other three participants had more positive experiences with their resilience training. These three participants reported utilizing it not only between deployments but also when they permanently separated and transitioned into civilian life. Jack reported:

We had a lot more [resilience training] towards the end [2014], especially at that point, I was already a non-commissioned officer, and definitely had a lot more resilience training. I think they had learned a lot. So when I came in, I joined in 1995. We didn't do any of that, and mental health wasn't even a thing they thought about. You definitely saw it. We had high suicide rates. I was with the 82nd Airborne. We had high suicide rates, high alcoholism rates, a lot of different issues. And then people just crashed out. That's the young folks that end up getting out of the military after four years and kind of being a

disaster...When I graduated college was when I got deployed to Iraq the first time I got to go as an infantry guy. I got to see the ground, got to work with the people. We had limited resiliency training at that point [2004]...So the 2008, 2009 timeframe, they really started talking about that, training your people.

Danny and Casey were the participants that utilized specific aspects of their resilience training that they felt helpful once they fully separated. Danny reported:

I think about the resilience training and to put it in perspective is, you know, they had a couple one hour sessions that they tried to cart us all in, as we're still doing combat operations to kind of talk about some of the things you're going to experience when you get home. I mean, the one piece that stuck out that was best was how to deal with your younger children. My kids at the time were five and three, I believe, and what to expect when, and how to interact with them knowing that, you know, they've been without you for 18 months. So I thought that was good.

Similarly Casey reported utilizing her training when encountering challenges in her civilian life once she was separated from the military.

So yeah, that training has always stuck with me. And so, you know, whenever I think or contemplate about, you know, the next big thing or any big thing in my life, I just try to evaluate it against what else is going on or what else is going to happen in the future that I know, like someone graduating from high school or college and then kind of pace, pace those changes.

***Subtheme a: Mental Assessment.*** The participants each described how they assessed the stressors of transitioning to civilian life. The participants explained how these stressors were

different from their experience in the military and even different from returning home between deployments. The participants shared if and how they used their resilience training when assessing stressors.

Bill reported struggling with PTSD not only between deployments but also after separating from the military. Bill reported he did not use any of the resilience training and instead immediately sought help at the VA upon separation. Bill reported: “Well, after coming back from my two deployments to Iraq, it was rough, it was rough. As I said, right now I currently have 70% disability for PTSD.”

Similarly, Don sought mental health treatment when he first transitioned. Don reported:

“I was in a really bad head space, you know what I mean? And, uh, I talked to an army therapist for a short time.”

John discussed how mentally, he was able to handle transitioning into civil work and daily routines, but would be caught off guard by stimuli that was triggering. John reported:

“Oh, well, it was more just coming home from battle. So loud noises and stuff like that were more of a factor for me than going to work and just living.”

Other participants reported how they incorporated their resilience training while assessing stressors during the transition process. Jack reported:

And that's where the resilience training comes in a bit more helpful because you have space to use it, you have space to do it. And like I said, for us, we needed it because I didn't get to, the army wasn't my only thing. Like I have to go back to a job. And actually when I came back from Afghanistan, I actually had to find a job because the job I had

went away. So really, employing resilience training and to keep calm, find new ways, find ways to articulate what I've done, what I'm capable of, leverage skills to get a job and then adapt and succeed in that job. So resilience really played a part in that transition.

Casey also reported using her resilience training when assessing life stressors that occurred after she was separated from the military. Casey reported being able to assess when she was feeling more vulnerable. Casey reported:

...if you were going through a divorce, a deployment, a job change. Or, you know, a kid graduated from college. If you were going through all of those things at the same time, your resiliency was at risk... [Events being more spaced out] you had more resilience, but they were crammed into a short period of time. You might have less resilience because it was, you know, you were just spiking on the scale. And I thought that was really interesting because it really helped put things in perspective about when you feel fragile and you're like, why am I feeling fragile? Oh, because all these things are kind of coming together at the same time.

Danny reported struggling mentally with how fast he felt his transition was after separating from the military. Danny reported:

Um, the other stuff they didn't really prepare you for was really kind of identifying, you know, triggers or things that kind of put you a little bit outside of what you were before you left. And I think that was it, but it's hard to know. And kind of wrapping that up is just simple for me, it was three days. I was in active combat and three days later, I was home with my family. So it's a little concerning. Yeah, always concerning.

***Subtheme b: Coping.*** The participants also described how they coped with the stressors of transitioning into civilian life. Some of these coping strategies were not healthy while others focused on positivity and making meaning of their lives currently. Those that focused on coping skills that allowed them to create positive meaning associated it with what they learned in resilience training.

Bill discussed how he went to the VA as soon as he returned home as that was his only support system. Bill reported:

Pretty much when I got out, I was pretty much on my own. So it's one of those things where if you have, if you're having problems or whatnot, they say, oh, you can go up to the VA and that's what I did.

John reported he did not cope well with the transition process and used alcohol to cope.

John discussed how he did not use his resilience training John reported:

No, no [I did not use my resilience training]. Honestly [I used], um, an outrageous amount of alcohol, uh, for a really long time. And yeah, and then now I see a therapist and I quit drinking. So it's good, but yeah, for like 15 years, it was, I'll just drink a lot of alcohol.

Jack, however, took a different approach. Jack saw how others could get stuck with an inability to cope and used that to motivate him to cope in more positive ways. Jack reported:

And then just focusing on that, instead of you know, some guys never come back. One person I deployed with in 2004. He still has this picture from the deployment in 04. It's like his profile picture on Facebook, like he's made zero progress. And that's where you know, back at that point, they didn't give us the resilience training. And I also think because he ended up getting out medically, like he just sort of got stuck. They never, they

never helped him to like progress beyond. So for him, that was that's, and it's easy because of the way the world talks about it. He talks about the military, they're like, oh, going to war must be so terrible. It must be this hard, super arduous thing. And they really will allow a veteran to just sit in there and make that their identity. And what I learned by staying in and you know, going on another deployment, changing my job and doing these things, is that you know me and what I did on that deployment was a thing. But I still went and did another deployment. And then I went to Afghanistan. And then you know, I went back to doing stateside work with the military and I just kept moving forward.

Similarly, Casey chose to use her past experience in between deployments to cope with the stressors of transitioning upon separation. Casey reported:

So the first deployment, when I returned from that deployment, I went into depression. And that was the first time that I went into a depression where I recognized, like, that I knew, like I had had babies, so I'd already gone through post, probably gone through postpartum and didn't realize it was depression. But after the first deployment, it was clear it was depression and I got medication and I got help from it for it.

Don found coping through hobbies to help him during the transition upon separation. Don reported:

Uh, that kind of ties into me painting miniatures, believe it or not. Okay. Uh, when I came back from my first appointments, uh, I was in a really bad head space, you know what I mean? And, uh, I talked to an army therapist long for short. Um, I paint miniatures and I zone out, you know, it takes all the stress away. It's like, you just sit there and you just

lose yourself painting models and may listen like music in the background. And that's usually how I deal with stressors. Honestly, just painting miniatures.

Danny reported he delayed coping when he first separated due to other family struggles but then realized he needed to address his personal issues regarding the transition. Danny reported:

...I delayed maybe going after and addressing my PTSD and things of that nature to kind of address that earlier to kind of get it under control because I you know for lack of a better term, a stubborn person saying 'oh fine'. You know, my wife and I were seeing a couple's counseling, which was great. Because my daughter's had some challenges. I won't go into all that stuff, but then the counselor looked at me and said, 'have you ever thought about getting some help for yourself', which I take it back and like, what, but yeah, so I've done that and, you know, at post military and it's been great, I mean, being able to kind of work through some of my anxieties and, uh, experiences that allowed me to kind of move forward.

## **Theme 2: Transition to Civilian Life**

The second theme outlined in the findings is the participants' experience with transitioning to civilian life once fully separating from the military and how or if they utilize their resilience training when transitioning.

*Subtheme a: Creating Identity.* All of the participants described creating an identity and finding purpose once their military career ended. Some described how they struggled to find that identity and still feel they are enmeshed in their military life. Others described how they were able to find purpose in their civilian lives and jobs.

Bill reported that after transitioning to civilian life, he was unable to separate himself from his military role. Bill decided to incorporate his military life into his civilian life where he still feels like he serves other veterans in his American Legion. Bill reported he did not use any of his resilience training. Bill reported:

So I pretty much, I serve, I still take care of old veterans. My second in command is 94 years old. Most of my officers are in their eighties. The two youngest officers are my dad who is 68 and Jimmy who's 47.

John realized the transition into civilian life was different from transitioning between deployments and felt that motivated him to create an identity in civilian life. John reported:

Um, it probably like, I probably worked a lot harder after leaving the military. Um, it gave me a lot more drive.

Jack decided that he needed his role in civilian life to be as important as it was in the military. Jack reported he wanted to find a job that was important and made a difference like he had in his military role. Jack relied on his resilience training to help create an identity that meant something to him. Jack reported:

Even at my job now, it is very high risk, you know, I'm a director of cybersecurity, I'm managing teams, but there are still days where say, I don't know, I'm doing a spreadsheet so that maybe three months will get budget, huh? So one of the most important things from the resilience training was really just staying focused in the now like in the moment. Like, I'm talking to you. Talking to you is important, because it's a human interaction. It's a thing that we're going to do. And who knows where it goes. But at the moment, this is what I'm doing. So I'm going to put all my energy into it. I think the difference between myself and some of my friends who haven't successfully transitioned, or had very rough

transitions, was kind of getting into that mindset of what I did there was important, but what I'm doing here is important. And this is what I have to do today.

Casey felt like when she separated from the military, she lost her identity. Casey struggled with feeling lost. Casey reported:

And I moved into inactive status, and then I retired through out of inactive status. So as a result, I didn't get any, like, ceremony, you know, like I had just disappeared and faded. I faded, you know, I faded into oblivion. You spend 24 years in the military, and then you just fade away without any marker to the end of it. I don't think, that's not a good thing.

Similarly, Don also discussed feeling lost when he first transitioned to civilian life. Don discussed how time between deployments felt different than when he was separated. Don reported:

...for deployments, it's a whole different kettle of fish because you're there every day doing it. And then you're out of it and you're like, oh, what do I do for a month, for at least a month? [Separating] You feel like you're really kind of lost and you start partying or doing whatever, like trying to fill your time, kind of.

Danny discussed feeling ready to transition into civilian life. He felt he was losing his compassion for what he was doing in the military at the time. Danny reported:

Yeah, it's the permanence when you retire. For me, I was ready. It was one of those things where I was finishing my time as an instructor. There comes a little component where you have to have some compassion. And I was getting to the point where I thought I was being the crusty old man, right?

### **Theme 3: Interpersonal Relationships**

The third theme outlined in the findings is the participants' experience with interpersonal relationships once they transitioned into civilian life. The goal of these questions were to identify how the participants identified support systems and reintegrated into society and if they utilized their resilience training.

***Subtheme a: Identifying Support System.*** The participants were able to identify if they had a support system during their transition period. The participants who did not have a support system described how they utilized VA resources and even local community American Legions for support. The participants who had family and friends as a support group were able to describe how their support played a role in their transition into civilian life.

Bill described how struggling with PTSD interfered with civilian relationships so he relied on other veterans as his support system.

I mean, my PTSD is bad. I mean, I don't, I don't date. I don't go out. I don't, I don't eat in restaurants because if it's too crowded or if there's loud noises... so I don't go out.

...I would say just rely on your battle buddies, talk to them, make sure, you know, even if you break service to still keep in contact with your guys, because if you don't, then you're totally alone and doing things alone sucks.

John discussed having his family as his support system as well as relying on other veterans in the legion as his support system. John reported:

Family 100%. Yeah. But then you meet up with a guy or two that you were in with. And you always keep in contact with a handful, at least I mean, I did. So if one of us is going through something crazy, then we all band up together and help each other out.

Jack felt as though he could create stronger support systems because he wasn't leaving between deployments. Jack reported:

Yeah, because when you transition out, it changes like who I talk to on a regular basis because I'm not leaving every month. So I got to be closer with my kids. I got to spend more time with my wife. So deep in my relationships at home, and my career went much better because I wasn't constantly leaving and also my bosses, whether conscious or unconscious, started promoting them more because they also knew like you're not going anywhere. It's hard to put somebody in a critical position, if you know they might disappear for 2 years. And so, it definitely helped in a lot of ways as far as stabilizing things. And so, a lot of deepening commitments around that.

Casey felt that her family, especially her husband, was her largest support system once she transitioned into civilian life. Casey reported:

Um, family relationships are really strong. But when I returned, you know, my husband was really, really good. He wanted me to re-bond quickly [with my children]. When I deployed the first time, my youngest was eight months old, so I had to wean him, you know, quickly. And then I went overseas, and then I came back, and my husband basically said for the next month, at least, you're going to feed him every single meal.

Don felt he was losing his support system when he separated from the military. Don reported:

You leave a lot of friends behind, like especially military friends, because like you'll see them on Facebook or Messenger or wherever you'll talk to them on the phone once in a while, but you're not seeing them all the time or every month, you know what I mean? So like you leave a lot of friends behind and relationships.

Danny described how his wife was his biggest support but he also stayed in touch with other veterans he served with who he still felt were his support system. Danny reported:

Yeah, you know, primarily my wife [is a support]. I did stay in touch with a lot of my various buddies. I work with some. But when we get together, it's like we pick up right where we left off. And if someone's having trouble or needs some help, they just reach out to each other and we tend to just help each other out the best we can.

### **Evaluation of the Findings**

The following chapter will critically evaluate the themes that have emerged from the data collection. The results of this study aligned with the theoretical framework outlined in Chapter 1. The transactional theory of stress, developed by Richard Lazarus and Susan Folkman in the 1980s, posited that a person's subjective perceptions of stress caused internal stress which was coped with differently by each person (Lazarus & Folkman, 1984). This study also aligns with current research of transactional theory of stress. For example, a 2022 study by Flood & Keegan found that veterans' subjective perspective of a stressor determined the outcome of how they coped and those who had a more resilient perspective had more adaptive coping strategies. Another example of the study aligning with current research is how the participants emotionally assessed the stressors. The Buško and Kulenović 2006 study found that emotional appraisal affected how well the individual coped. This study established that the participants who felt negatively about the resilience training, did not use it during the transition and did not cope as well as other participants who had a more positive view of the training. It should be noted that participants that had positive experiences know each other through work collaborations and those who had negative experiences are from the same VA. This could mean the possibility of shared opinions regarding resilience training.

## Summary

The purpose of this phenomenological qualitative study was to examine the experiences of post 9/11 veterans who are fully separated from the military and what their experience was utilizing their resilience training when transitioning into civilian life. All participants reported positive and negative experiences with resilience training. The participants provided examples of the stressors and how they coped during their transition period. The participants also referenced whether they utilized their resilience training and how it affected their transition. The participant data provided in this chapter were analyzed with the assistance of NVivo software to create themes that were derived from the participant interviews. The themes that emerged were their experiences with resilience training, experience using the resilience training during the transition process, and how utilizing or not utilizing their resilience training affected interpersonal relationships once they transitioned into civilian life. Subthemes were also outlined in this chapter. Mental assessment and coping is a subtheme of resilience training experience. Creating identity is a subtheme of transitioning into civilian life, and identifying support systems is a subtheme of interpersonal relationships. Chapter 5 will provide the implications, recommendations, and conclusions of this research study.

## **Chapter 5: Implications, Recommendations, and Conclusions**

The problem addressed by this study is the difficulties that separated post 9/11 veterans may have experienced as they transitioned to civilian life. The purpose of this qualitative, interpretive phenomenological study was to explore how post 9/11 veterans utilized previously learned resiliency skills as they transitioned into civilian life. IPA involves the researcher and the participant collaborating to explore the participants' experiences through the participant's and the researcher's subjective interpretation (Smith & Fieldsend, 2021). The results allowed for themes and subthemes to emerge. The first theme was the participants' experience with resilience training. Within this main theme, a subtheme of mental assessment and coping emerged. The next main theme to emerge was the transition to civilian life using resilience. This theme also had a sub theme of creating identity. The final main theme was interpersonal relationship development with the sub theme of identifying a support system. The participants from this study who had negative experiences with resilience training are a part of the same American Legion. The participants who had positive experiences all know each other from work collaborations. While they served separately and had resilience training separately, their current opinions could be influenced by other's experiences. The following chapter will review the implications of the study, recommendations for future practice and research, and conclusions to the study.

### **Implications**

This study aligns with current research in regard to establishing how individuals can have different experiences based on how they assess and cope with stress. Research has shown that increasing resilience can have a positive effect on individuals when faced with stressors. The studies in Chapter 2 have outlined how research on various stressors such as COVID 19 (Littleton et al., 2024), military transitions (Flood & Keegan, 2022), and natural disasters (Yan et

al., 2021) have been assessed and coped with and how individuals with increased resilience have had more positive outcomes. This study suggests that greater focus on individuals is needed to support increasing resilience as each participant has reported unique experiences. There is a gap in the research regarding more individualized training.

### ***Research Question***

What are the individual experiences of post 9/11 veterans in utilizing resilience training after separating from the military and transitioning into civilian life?

### **Theme 1: Experience with Resilience Training**

After reviewing the data through an interpretive lens, it appears that the participants who found resilience training to be helpful, used that training when they transitioned into civilian life. Those participants who found even some of the training helpful used those pieces to expand their treatment when they transitioned home by seeking mental health therapy. The participants who found the resilience training unhelpful, did not use it during transition and had more struggles during the transition process. This could indicate that as a whole the resilience training was viewed as overused and just something to check off. The participants who found it unhelpful indicated that they used none of their training when they transitioned.

The participants who were able to mentally assess the stressors of transitioning into civilian life more objectively were found to have a more positive experience with their resilience training. Those who had a more positive experience reported using those skills more often after separating from the military. The participants who had more negative experiences with resilience training reported not using those skills and those participants had greater negative mental assessment of the stressors during transition.

The participants who had positive experiences with resilience training also reported coping in more healthy ways during transition. For example, those with positive training experiences sought mental health therapy or were able to identify new purposes once they retired. Danny reported using his resilience training to identify triggers which led him to begin therapy. Those participants who had more negative training experiences reported coping in unhealthy ways. To illustrate, participants with negative training experiences reported excessive drinking, isolation, and more severe mental health issues. Bill, John and Don reported they never used any of their resilience training when they transitioned and all reported using unhealthy coping mechanisms when they felt overwhelmed. Both having negative experiences with resilience training, they did not use any of the training when struggling with transition.

## **Theme 2: Transition to Civilian Life Using Resilience**

The participants who utilized their resilience training expressed more positive experiences when transitioning into civilian life after separating from the military. Those who did not have positive experiences reported more stressful and negative experiences during transition. These patterns also correspond to current research findings. Flood and Keegan (2022) reported similar findings showing that veterans who used resilience training were able to cope better with stressors that they encountered during transition. The participants with positive experiences reported using their training to identify a purpose for their work, how to lean on support systems, and how to reframe situations that were out of their control. The participants who had negative experiences all reported they never used their training once they transitioned. These participants all struggled with interpersonal relationships, healthy coping strategies and finding purpose in the next stage of their lives.

The participants in this study who utilized their resilience training were able to create an identity that was outside of their military life and establish meaning from their experiences. This can be seen with their relationship with their family as well as career choices they made after transition. Those participants who did not utilize their training expressed difficulty in creating an identity once they entered civilian life. One participant even discussed remaining in his role in the VA and living as though he had never retired. Bill discussed how he still views himself in a role where he is still active in the military and treats his position in the American Legion as his unit. Bill also reported he is unable to function in civilian society.

Creating meaning from experience can allow people to build upon their experiences. This means that focusing on how individuals can create meaning can help increase resilience. The participants who were able to use their training created meaning in various parts of their lives. From this information, it can be seen that while training as a whole can be seen as beneficial, more focus needs to be on individual needs. The gap in training to implementation is that each person who had positive experiences used pieces of the training. Those who had negative experiences in this study used none of it. This could mean that training can sometimes be seen as all or nothing. It can be seen as a standard model for veterans to use. However, it can be more beneficial to highlight how the training can be molded to fit individual needs. Training that is developed based on individual needs or stages of life may be more impactful and feel more useful to the veterans.

### **Theme 3: Interpersonal Relationships Development**

Congruent with current research (Flood & Keegan, 2022), participants in this study showed greater interpersonal development when utilizing their resilience training. The participants who had positive training experiences discussed how they were able to reestablish

roles in their family and friends. Casey discussed how she and her husband were able to come up with a plan for her to rebond with her children once she was retired. Casey also reported that reestablishing those connections helped with her transition process. Those participants who did not have positive experiences reported feeling isolated and struggled to develop relationships outside of the military.

Participants of this study reported utilizing their resilience training when they needed to identify support systems. These participants discussed leaning on family and friends when needing extra support. They also identified mental health support they were able to seek out. The participants who did not have positive training experiences reported struggling more with their mental health or needing more intensive interventions.

### **Theoretical Framework**

These themes and subthemes were identified through the transactional theory of stress. The results establish that individuals can have similar experiences but assess and cope with them differently, creating different outcomes. For example, there were parts of resilience training that all of the participants weren't beneficial but those who had greater success transitioning were able to utilize parts of their training where other participants didn't use any of it. Assessment and coping is a cognitive, emotional and meaning-making process that is specific to the individual (Lazarus & Folkman, 1997). The results of this study support the idea that the transition into civilian life was experienced differently based on how the participants assessed and coped with transition stressors.

### **Recommendations for Practice**

The implications of this study affirm the following recommendations for practice. The first recommendation is for clinicians to continue to focus on resilience as a part of mental health treatment with veterans who are transitioning into civilian life. This should include clinicians focusing on how they can emphasize meaning making with clients. Creating meaning in a situation will allow the clients to better accept their experiences. Once the meaning can be created, the clinicians can focus on how to cultivate a growth mindset to help clients find purpose and identity.

Transitions between deployments can have different stressors from the final transition after separation. These transitions include the end of their military career, seeking a sense of purpose and identity, and adjusting to their new role in their family lives (Umucu et al., 2022). The current study outlines that the more resilience an individual has, the greater the person's ability to assess and cope with stressors in adaptive ways. For example, the Littleton et al., study in 2024 showed that victims of a hurricane who had higher resilience were able to cope more positively and be more adaptive when facing stressors caused by a hurricane. This study and other studies point to the need for increasing resilience in the clinical setting. While resilience training in the military has been proven effective for increasing resilience, veterans could benefit from treatment programs that are individualized to their needs once they transition into civilian life.

Recommendations for future practice involve increasing resilience. Research has shown that individuals who can learn to regulate their emotions and are more self-aware of their emotions are better able to cope with stressors (McInerny et al., 2024). This establishes that increasing resilience will better allow people to assess and cope with stressors that present throughout a lifetime. Increasing emotional regulation was found to be a key factor in increasing

resilience (Bui et al., 2023). Current practice does involve focusing on resilience but future recommendations for practice will need to focus on revamping the current interventions. Many of the participants in the study commented that they feel the training is overused. This includes taking a collaborative approach between the clinician and clients to understand individual experience and then focus on building resilience by assisting the client to create meaning from their experiences while also focusing on strengths-based treatment. From this study and other research, it is known that people in a similar situation can experience vastly different emotions and interpretations of the experience. Future practice recommendations should focus on how to individualize treatment to increase resilience. Instead of a standard set of interventions, treatment should involve a collaborative, client-based focus so that it tailors to the exact needs of the individual. For instance, clinicians working with veterans after their separation from the military, can focus on their individual experiences in the military and during their transitions to outline if they have used any parts of their resilience training. If so, they can build upon the parts of their resilience training that resonated with the client the most. This will allow the client to utilize parts of their training they found beneficial. Regarding the current study, those participants who had more positive experiences with resilience training utilized certain aspects of their training to better help them transition. For those who had negative experiences with resilience training, clinical focus on how individualized treatment is tailored to the client's specific needs versus being a group training program these veterans felt did not resonate with them.

### **Recommendations for Future Research**

Recommendations for future research include the following areas where each of these recommendations will be discussed further, to remain congruent, these recommendations will be considered through the framework of the transactional theory of stress. The first recommendation

is to focus on how individual perspective can affect the outcome of how a person handles stressors. The transitional theory of stress focuses on how individuals can have different perceptions of a stressor and therefore cope with the same stressor differently (Lazarus & Folkman, 1984). Future research would benefit from continuing to identify how increasing resilience can improve a person's ability to cope with stressors in more adaptive ways that lead to better emotional regulation and problem-solving skills as well as focusing on individual needs.

Future research could build upon this study by expanding the participant pool to larger populations of the military. Some of the limitations of this study were due to demographic factors. These factors include expanding research to have a greater age, gender, and ethnic range. Future research could also include a focus on how their experiences were influenced systemically. It could also include longitudinal studies that follow veterans once they have transitioned into civilian life and have been living that life for years to see how their resilience training has affected them long term.

## **Conclusions**

The purpose of this qualitative, interpretive phenomenological study was to explore how post 9/11 veterans utilized previously learned resiliency skills as they transitioned into civilian life. This study established that the participants who utilized their resilience training had more adaptive coping strategies when faced with the challenges of transitioning to civilian life. These participants were all post 9/11 veterans. Post 9/11 veterans are a population that has faced the challenges of numerous deployments during the longest wars in American history. The Iraq and Afghanistan Wars were unprecedented in their length and type of warfare. Due to the lengths of these wars and the numerous deployments, post 9/11 veterans faced transitioning to civilian life that was vastly different from past generations (Umucu et al., 2022).

Future studies, including larger and more diverse sample populations, are necessary to expand on the themes found in this study. This study achieved its goal of answering the research question based on the study results. This study also highlights the importance of resilience and the ability to increase resilience to improve mental health, which can have future clinical implications. Increased resilience and understanding resilience can provide smoother transitions to civilian life as well as improved mental health for veterans.

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## Appendix A

### Interview Questions

Question	Desired Information	Rationale
<p>1. Can you tell me something about yourself?</p> <p>a. Any hobbies or interests?</p>	<p>General sense of participant and degree of openness.</p>	<p>Warm up and build rapport after introducing study.</p>
<p>2. Can you describe your overall experience in the military?</p>	<p>Gathering information about overall experience.</p>	<p>Provides perspective on if military experience was positive or negative.</p>
<p>3. What was your experience being trained in resilience?</p> <p>a. Did you have the opportunity to use your training during your service?</p>	<p>Gathering information about resilience training experience.</p>	<p>Answers part of RQ1; How the participants viewed training will correlate to how it was utilized during transition into civilian life.</p>
<p>4. What was it like to permanently separate from military service?</p> <p>a. What was positive about leaving service?</p> <p>b. What was difficult about leaving service?</p> <p>c. What were the stressors?</p> <p>d. How did you manage those difficulties (i.e., coping strategies)?</p> <p>e. What was your support system?</p>	<p>Gathering information on the social support, and lived experiences, as well as individual strengths that may have contributed to resilience.</p>	<p>Answer RQ1; Understanding individual experiences during transition to civilian life.</p>
<p>a. Have you used any aspects of the resilience training during the transition into civilian life after permanently separating from the military.</p>	<p>Retrospective information about separation experiences, including participant reactions to re-telling memories</p>	<p>Partially answers RQ1; Understanding individual experience of training based on perception during the training and then during transition.</p>
<p>5. In your opinion, how has permanent separation from the military and transition into civilian life affected or informed your relationships?</p> <p>a. With family members/siblings</p> <p>b. extended family</p> <p>c. partner</p> <p>d. friends</p> <p>e. your own children?</p>	<p>Understand the meaning attributed to the end of military career and permanent transition to civilian life experiences, both positive, negative, and mixed or unknown.</p>	<p>Answers RQ1; Understanding systemic view of the individual during the transition.</p>

<p>6. How do you think your experiences with permanent separation from the military and transition into civilian life have affected you as a person?</p> <p>7. What would you tell a veteran about to transition into civilian life?</p> <p>8. Is there anything you wish I had asked but I didn't? Anything else you'd like to share before we end?</p>	<p>Uncover the meaning making process of lived experiences and perhaps helpful considerations for clinical intervention and support for these families.</p>	<p>Answers RQ1; Understanding the individual perception of transitioning into civilian life.</p>
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**Appendix B**  
**Demographic Survey**

**1. What is your gender identity?**

- A. Cisgender Female
- B. Cisgender Male
- C. Transgender
- D. Nonbinary
- E. Self Describe: \_\_\_\_\_
- F. Prefer not to say

**2. How old are you?**

- A. Under 18
- B. 18-24 years old
- C. 25-34 years old
- D. 35-44 years old
- E. 45-54 years old
- F. 55-64 years old
- G. 65+ years old

**3. What is your ethnic background?**

- A. White/Caucasian
- B. Asian
- C. Native Hawaiian or Pacific Islander
- D. Hispanic or Latino
- E. African American
- F. Native American
- G. Two or more
- H. Other (please specify)
- I. Unknown
- J. Prefer not to say

**5. What is your highest level of education?**

- A. Less than High School
- B. High school (including GED)

- C. Some college (no degree)
- D. Technical certification
- E. Associate degree (2-year)
- F. Bachelor's degree (4-year)
- G. Master's degree
- H. Doctoral degree
- I. Professional degree (JD, MD)
- J. Prefer not to say

**6. What is your relationship status?**

- A. Married
- B. Long term relationship
- C. Widowed
- D. Divorced
- E. Separated
- F. Single
- G. Prefer not to say

**7. What is your current civilian occupation status?**

- A. Full-time
- B. Part-time
- C. Contract or temporary
- D. Retired
- E. Unemployed
- F. Unable to work
- G. Other (please specify)
- H. Prefer not to say

**8. What branch of the military did you serve in?**

- A. Army
- B. Navy
- C. Air Force
- D. Marines
- E. Coast Guard
- F. Army National Guard
- G. Air National Guard
- H. Space Force

**9. What was your rank during your service?**

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**10. How long did you serve?**

- A. 1-5 years
- B. 5-10 years
- C. 15-20 years
- D. 21+ years