Understanding Combat Veterans and Their Social Supporters' Experiences Related to Trauma and Combat Veteran Suicide: A Qualitative Case Study

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

The purpose of this qualitative case study was to understand combat veterans and their social supporters' experiences related to trauma and mitigating combat veteran suicide. The research questions were: What are combat veterans and their social supporters' understandings and experiences related to trauma? What do combat veterans and their social supporters identify as significant aspects of support in mitigating suicidal ideation and suicide? The theories guiding this study were interpersonal-psychological theory of suicide and the psychache theory as these theories address the connections between suicidal thought processes and the trauma that contributes to them. This multiple case study consisted of open-ended interviews with combat veterans and their social supporters. Thematic coding was utilized to analyze collected data. Findings consisted of six themes: emotions, traumatic experiences, behavioral changes or transitions, support, and suicide. The discussion highlighted veteran marital complications, military maltreatment, perceptions of support, and what was deemed useful for helping combat veterans cope with trauma and reduce suicide ideation. The main recommendations from this research are to increase peer support and further research into stigmas experienced by combat veterans.

Keywords: combat veteran, veteran suicide, trauma, support, civilian-inflicted trauma

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Dedication

Overall, this research study is dedicated to the military community, including all veterans, their families, and all of the military members we have lost. John 15:13, King James Version of the Bible stated, “greater love hath no man than this, that a man lay down his life for his friends.” In the military, we are called to serve and sacrifice, and numerous combat veterans have paid the ultimate price by not making it home. I am thankful to every military member and combat veteran who has served our nation. I am also grateful to the families of military members. Thank you for all that you do. I especially want to highlight those who have suffered or are suffering from any form of trauma. I pray that you get the help you need. Please stay strong. There are many resources available to assist you. You matter, so please seek help. You are not alone.

I pray that I have represented the military community well. I honor and respect all of the participants who chose to be vulnerable in this study. I deeply appreciate you sharing your personal truths and letting the civilian world get a glimpse into your life and struggles. I know that it was not easy. May God bless you and keep you. Thank you for your time, and ultimately, thank you for your service.

Acknowledgement

I would like to acknowledge the Most High God. Thank you for being with me every step of the way. You were my strength throughout this process. None of this would have been possible without You. I appreciate all the resources that have been provided. Thank you for your mercy and grace. You and You alone are my everything.

I would also personally like to acknowledge the company Dissertation by Design, with special appreciation to Veronica M. Richard. Thank you so much for guiding me and helping me understand the dissertation process. I also would like to thank my committee chair Daria White and my committee member Erik Schmitt. Thank you both for your time, guidance, and help throughout this dissertation process. Blessings to all of you.

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List of Abbreviations

CDC	Centers for Disease Control and Prevention
OEF	Operation enduring freedom
OIF	Operation Iraqi Freedom
PTSD	Posttraumatic stress disorder
TAPS	Transitional assistance program
TBI	Traumatic brain injury
VA Hospital	Veterans Affairs Medical Center
WHO	World Health Organization

Chapter One: Introduction

Overview

In its history, the United States has engaged in numerous wars with both positive and negative outcomes. Due to recent wars in Korea, Vietnam, Iraq, and Afghanistan (Operation Iraqi Freedom [OIF] and Operation Enduring Freedom [OEF], respectively), many of the combat veterans experienced physical and mental strain during the wars and after returning. The effects of wartime experiences have also extended to the combat veterans' families, friends, and social groups. Strains on personal relationships combined with the results of substance abuse and complex trauma have resulted in many combat veterans experiencing suicidal ideations and in others committing suicide (Raines et al., 2017). Questions about why these phenomena persist in the context of existing veteran support systems remain unanswered (e.g., Centers for Disease Control and Prevention 2019; U.S. Department of Veterans Affairs, 2019; National Institute of Mental Health, 2019). Limited research existed on how support systems provided by family, friends, and social groups can reduce suicide ideation among combat veterans. Therefore, the purpose of this qualitative case study was to understand combat veterans and their social supporters' experiences related to mitigating combat veteran suicide.

Background

Combat veterans experience a multitude of stressful, negative, and traumatic situations. In combat, military members deploy to perilous locations (Tsai et al., 2014) where safety is not always guaranteed. Combat military members can experience daily exposure to life-threatening violence, destruction, and high-stress situations (Owen & Combs, 2017). During post-deployment, combat military members can struggle with numerous mental and physical health issues (Britton et al., 2012; Laws et al., 2017; U.S. Department of Veterans Affairs, 2019).

Many veterans struggle with mental health issues due to military life and combat deployments (Brickell et al., 2018; Laws et al., 2017). Awareness and knowledge derived from this study could impact existing protocols and programs designed to assist veterans as they transition into civilian life. Research has shown that many veterans struggle to reintegrate into civilian life (Brickell et al., 2018; Laws et al., 2017) Within 3 years of leaving military service, many combat veterans commit suicide (U.S. Department of Veterans Affairs, 2019). Reintegrating into civilian life and work presents challenges, but veterans also struggle to reintegrate into life with family, friends, and social groups (Owen & Combs, 2017; Spelman et al., 2012). Family members and veterans oftentimes become estranged due to the internal turmoil that veterans experience (Devaney & Dolan, 2017; Laws et al., 2017; Oleszczuk, 2012).

As traumatizing as combat can be for veterans, it can be equally devastating for their families. Deployment, specifically predeployment, can have countless undesirable consequences on the military member's familial unit. Along with fear for safety and concern over deployment duration, familial structure shifts completely during this time (Owen & Combs, 2017). New roles emerge within the family unit, coupled with additional stress, intense emotions, and the increased responsibility associated with filling the military members shoes. Combat deployments also directly impact the family unit in ways depending on length of deployment, exposure to combat, and the inability to disclose the deployment location (Burrell et al., 2006; Owen & Combs, 2017; Spelman et al., 2012). Fear and separation anxiety can distress each member of the family, changing the dynamics within the family unit as a whole (Paley et al., 2013; Owen & Combs, 2017). Postdeployment also directly challenges the family structure, spousal relationships, friend relationships, and participation in social groups.

Suicidal Ideations and Suicide

By definition, suicidal ideation occurs when an individual has thoughts of suicide (National Institute of Mental Health 2019). Suicidal ideations and suicide represent chief issues with which many military veterans struggle. “In 2005, an average of 86.6 American adults died by suicide each day. In 2017, an average of 124.4 Americans died by suicide each day” (mentalhealth.va.gov 2019, p. 9). In addition, veteran suicide rates have climbed compared to the civilian rates within the last decade (mentalhealth.va.gov, 2019). Due to this increase, the U.S. Department of Veterans Affairs organization has implemented more screenings and has taken more preventative measures regarding veteran suicide (mentalhealth.va.gov, 2019). However, suicide rates have not lessened in any significant amount.

Coping Strategies

When combat veterans do not find adequate individual and social support, they often turn to substance abuse (Teeters et al., 2017), experience homelessness (Tsai et al., 2019), commit crimes and become incarcerated (Schinka et al., 2017), and experience suicide ideation or commit suicide (McKinney et al., 2017). Failure to alleviate and avoid forms of pain brought on by combat experiences can lead to undesirable consequences for veterans and their social supporters.

Many combat veterans contend with substance abuse (Teeters et al., 2017). Researchers have discovered that veterans have higher rates of substance abuse illnesses that civilians (Krisberg, 2017; Teeters et al., 2017; Thomas et al., 2010). Homelessness represents another negative outcome that many veterans face in the absence of appropriate support. As of 2019, more than 37,000 veterans reported homelessness in the United States, and females comprised 90% of this population (endhomesslessness.org, 2019, hud.gov., 2019). Mental health issues

along with substance abuse directly correlate with homelessness in the veteran population (Greenberg & Rosenheck, 2009; Tsai et al., 2014, 2019).

Incarceration represents another outcome with major ramifications for returning veterans (Wortzel et al., 2009). Upon returning stateside, some veterans contend with unresolved mental health traumas along with substance issues, both of which can result in adverse penalties such as incarceration. Many researchers have shown that veterans who are or have been incarcerated have an increased risk of suicide (Frisman & Griffin-Fennell, 2009; Wortzel et al., 2009).

Support Systems

To allay these issues, combat veterans require immediate and strong support systems. Within the last 10 years, numerous researchers have emphasized the need for assistance and support for combat veterans and their families, friends, and social groups (Ahern et al., 2015, Carter, 2017). This assistance includes mental health counseling, financial resources, and other medical and social services (U.S. Department of Veterans Affairs, 2019). Many researchers have shown that the difficulty with reintegrating into civilian life involves declines in familial and friend relationship (Laws et al., 2017; Renshaw et al., 2008; Sherman et al., 2015). Highlighting these difficulties, Sayer et al., (2010), studied over 100,000 combat veterans and discovered they face marital and professional complications along with issues with reintegration into society (Sayer et al., 2010).

Recent research on the alarming rates of suicide has shown that lack of support leads combat veterans to revert to other coping strategies and experience various negative outcomes (Krisberg, 2017; Teeters et al., 2017). Past and current researchers have proven that a major need persists to assist veterans and their personal supporters to prevent suicide ideation and suicide (Ahern et al., 2015, Carter, 2017).

Situation to Self

When engaging in qualitative research, researchers' ontology, epistemology, and axiology represent driving forces in research decisions (Creswell & Poth, 2018). My ontology includes the idea that multiple realities exist in our world depending upon our experiences—especially realities based in traumatic experiences such as military combat. An individual's epistemology refers to what counts as knowledge (Creswell & Poth, 2018). In this study, I believed the participants' recollections, their stories, and their current situations and advice counted as evidence that informed the study findings and conclusions. Axiological assumptions relate to values. As the researcher, I shared the participants' positionality as combat veterans and their personal biases regarding combat experiences, the trauma related to those experiences, and the support received and needed. Above all else, I valued the participants' individual and collective voices, their experiences, and their vulnerability when recounting difficult situations and experiences. By valuing the participants' ways of being and knowing, I honored the positive and negative aspects of their stories and brought awareness to the readers of maltreatment and misconceptions about military life.

Taken together, these assumptions aligned with the research paradigm of a transformative framework. According to Creswell and Poth (2018), a transformative framework reflects social and power-based relationships within society and within a specific context, such as military service. Researchers working within a transformation framework seek to support people and improve social experiences and society as a whole (Creswell & Poth, 2018). When participants are marginalized as military personnel can be, researchers must expose these situations and advocate for change through the participants' voices. In alignment with a transformative

framework, my research goal was to rely primarily on the participants' views to provide an authentic source of beliefs, knowledge, and values.

Problem Statement

Within the United States, military veterans of all ages have and continue to commit suicide at increasingly high rates (Raines et al., 2017; Wadsworth, 2019). According to the 2019 National Veteran Suicide Prevention Report shared by the U.S. Department of Veterans Affairs, the numbers continue to escalate. This perennial issue speaks to the need for more support and resources addressing this issue (U.S. Department of Veterans Affairs, 2019; Wadsworth, 2019). Military personnel and their social supporters (e.g., family members, spouse, friends, and social groups) need assistance to help mitigate this issue.

However, combat veterans and their social supporters lack systems of support for reintegrating into civilian life (Brickell et al., 2018; Laws et al., 2017; Renshaw et al., 2008; Yambo et al, 2016). This lack of support leads veterans to use other coping strategies (Carter, 2017) that may lead to homelessness or incarceration (Tsai et al., 2014). The coping strategies include social isolation (Laws et al., 2017; Renshaw et al., 2008; Sherman et al., 2015), substance abuse (Seal et al., 2011; Teeters et al., 2017), suicidal ideation (Teeters et al., 2017), and ultimately, suicide (Interian et al., 2016; mentalhealth.va.gov, 2019).

Researchers who have studied veteran suicides have noted various dynamics regarding veterans' reasoning for suicidal ideations and suicide (Bell et al., 2018; Dobscha et al., 2014). Researchers have shown that numerous factors such as trauma, mental illness, branch of service, age, and gender contribute to suicidal ideations and suicidal behavior (Centers for Disease Control and Prevention, 2019; National Institute of Mental Health, 2019; U.S. Department of

Veterans Affairs, 2019). The research conducted has shown that, ultimately, suicidal ideations along with the final act of suicide depends on the individual and their personal circumstances.

Although many researchers have studied veteran suicides, much more must be learned about this reoccurring phenomenon. Countless researchers have shown the correlation between certain illnesses such as posttraumatic stress disorder (PTSD), traumatic brain injuries (TBI), and other mental health disorders and suicidal ideation and suicide (e.g., Brenner et al., 2019; Parikh et al., 2015). However, information was lacking about why veteran suicide still occurs when a specific support system exists. Researchers also have studied the families of combat veterans (Baptist et al., 2011; Hicken et al., 2017); however, the impact of the social supporters on the combat veteran and vice versa has remained unknown. Researchers must discover what forms of support are valued by both the combat veteran and their social supporters to move forward.

Significance of the Study

The significance of this research was to explore the experiences of combat veterans and their social supporters (i.e., family, spouse, friends, and social groups) to understand their support system needs. More information about combat veterans and their supporters' experiences could inform veteran services, healthcare services, and community groups and the needs of veterans and their supporters. This awareness can impact combat veteran suicide prevention program development. Direct insight from the veterans and their social supporters on what causes suicidal ideations and what can help to prevent the ultimate act of suicide could provide veterans with a stronger chance to receive the support they need. This research could help locally and nationally by providing in-depth insight collected directly from combat veterans. Also, a new perspective was gained for those whom are closest to them. Professionally, knowledge

attained from this study could provide healthcare professionals with a more intimate understanding of combat veterans' feelings and needs.

Purpose Statement

The purpose of this qualitative case study was to understand combat veterans and their social supporters' experiences related to mitigating combat veteran suicide. For this research, combat veterans were defined as those veterans who had deployed to combat locations and served during OIF and OEF. Social supporters consisted of a combat veterans' families, spouses, friends, and social group members. Knowledge attained from this study could also help healthcare professionals to provide more appropriate services and supports.

Research Questions

The following research questions guided this study:

RQ1 What are combat veterans and their social supporters' understandings and experiences related to trauma?

RQ2 What do combat veterans and their social supporters identify as significant aspects of support in mitigating suicidal ideation and suicide?

Definition of Key Terms

This research study utilized multiple terms and definitions. Some of the stated verbiage may have meaning specific to military community and life. The following terminology was used frequently throughout this study.

1. *Civilians* - Civilians are individuals in society who have not participated with or served time in the U.S. Armed Forces (Hoerster et al., 2012).

2. *Deployment* - Deployment refers to a time when military personnel travel away from their primary military base station to serve in a different location (militaryonesource.mil, 2019).
3. *Disconnect* - When a veteran is said to disconnect, they separate themselves from others. The term also refers to a lack of understanding relating to military members and their experiences (Garamone, 2019; defense.gov, 2020).
4. *Reintegration* - Reintegration is a period in which veterans reconnect and reestablish relationships with family and friends; it is also a time of merging back into civilian society (militaryonesource.mil, 2019).
5. *Suicidal ideations* - Suicidal ideations are the intentions or thoughts an individual may have about committing the act of suicide (Mittal et al., 2013).
6. *Support systems* - Support systems include individuals, organizations, and resources designed to provide care and various forms of assistance, guidance, help, and aid (e.g., family, friends; acf.hhs.gov, 2018; Le Menestrel & Kizer, 2019).

Theoretical and Conceptual Framework

The application of the interpersonal-psychological theory of suicide (Joiner, 2005) and the psychache theory (Shneidman, 1993) helped to elucidate the internal emotions that combat veterans faced when dealing with suicidal ideations. The combination of these theories clarified understanding of the combat veterans' mindsets when confronting suicidal ideation.

Joiner (2005) formulated the interpersonal-psychological theory of suicidal behavior. In this theory, Joiner stated that feeling a sense of burdensomeness along with social isolation can create a desire for suicide (Joiner, 2009). Joiner (2005) explained how perceived burdensomeness and social isolation intertwine and lead to the desire to commit suicide.

The components of interpersonal-psychological theory connected to the current study in the following ways. The main problem addressed by this study was that some combat veterans experience a desire to commit suicide in the absence of appropriate support systems (Carter, 2017), feel they present a burden to loved ones (Bell et al., 2018), and see no solution to their problems (Renshaw et al., 2008). Another connection between the theory and the current study was that I sought to address the loneliness and social alienation combat veterans experience when lacking appropriate support after exposure to constant combat, including extreme violence and death (Spelman et al., 2012). The final connection between the theory and the current study involved the fact combat veterans' defense training in hand-to-hand combat, weaponry, and marksmanship gives them the access, ability, and skillset needed to commit suicide (army.mil, 2019).

Psychache theory provided another suicide-related theory that directly correlated with this research study (Olson, 2020). Edwin Shneidman (1993) formulated psychache theory, describing it as the "hurt, anguish, soreness, and aching psychological pain in the mind" (p. 51). Shneidman postulated that "suicide is not necessarily the wish to die but is rather a means to ending the psychological pain" (p. 51). Theorists using psychache theory focus on an individual's unfulfilled personal needs. The four areas and components that Shneidman believed individuals suffer from include: "thwarted love, acceptance or belonging; excessive helplessness or the feeling that one has no control; damaged self-image that invokes feelings of avoidance, shame, defeat, and humiliation; and damaged relationships, accompanied by subsequent feelings of grief" (Olson, 2020, p. 1). Shneidman argued that each individual experienced some form of one of the negative feelings or components before they tried to commit suicide, and each person's internal threshold differed (Olson, 2020).

The overlay of both theories in the research provided a crucial means of understanding combat veterans' suicidal ideations. I used the psychache theory to explain the internalized emotional pain that combat veterans suffer from after military trauma and life experiences. Use of the interpersonal-psychological theory of suicidal behavior illuminated the interactions between internal feelings of burdensomeness accompanied by a social factor (i.e., social isolation) and the need for others and a sense of belonging (Joiner, 2009). Together, these theories provided insight into the reasoning and desire behind an individual's thoughts of suicide. They also addressed the topic of suicide in two levels—personal and social.

A number of researchers have critiqued both the interpersonal-psychological theory of suicidal behavior and psychache and have come to various conclusions. Ma et al. (2016) asserted more extensive research is needed on the interpersonal-psychological theory of suicidal behavior. These researchers emphasized a need to accurately measure suicidal data related to such topics as risk factors pertaining to suicidal behaviors. Wolfe-Clark and Bryan, (2017) explained that the interpersonal-psychological theory of suicidal behavior "primarily aimed at explaining who may die by suicide, but not when" (p. 1). Hall et al. (2020) conducted a study using over 262 surveys to analyze suicide and spirituality. Hall et al. examined the direct correlation of spirituality and suicide with self-forgiveness and psychache. They concluded that psychache and the psychache measurement scale are essential for measuring suicidal emotions.

Researchers examining suicide among combat veterans have presented several theories. Castro (2016) used the military transition theory in conjunction with the interpersonal-psychological theory of suicidal behavior to explain military members and veterans' suicides. Using military transition theory, Castro elucidated that "the military culture to the civilian culture, producing changes in relationships, assumptions, work context, and personal and social

identity" (p. 4). Castro assessed both theories to focus on the mental and social progression that combat service members go through as they exit the military life and commit suicide. This combination of theories was not appropriate for this study, however, because the combat veterans observed here had already transitioned into civilian life, and the method did not emphasize the combat veteran's family unit.

Rationale for Methodology

A qualitative case study was completed regarding combat veterans and their social supporters' understandings and experiences related to combat veteran suicide, trauma, and the support systems designed to mitigate suicide. A multiple case study was conducted for this research study. The following elements constituted a case:

- Participants: A combat veteran and their social supporter
- Topic: Combat veterans and their social supporters' experiences related to mitigating combat veteran suicide
- Time frame: December 2020 to January 2021
- Location: United States

Four combat veterans and four social supporters participated in this study. I included eight participants to keep the study intimate and controllable. I used a purposive sample to make sure the participants could address the phenomenon under investigation. The data method applied within this research included interviews utilizing open-ended questions. The open-ended format gave the participants a chance to express their views and opinions on the subject matter without the restrictions of structured questions and predesignated response items.

I conducted two interviews with each participant. The length of time of each interview consisted of 45 to 60 min per session. The purpose of the first interview was to address the open-

ended questions regarding combat veteran suicide. The purpose of the second interview was to gain detailed experiences along with any added information that the participants wanted to address regarding the subject matter. I then transcribed and analyzed the data.

Summary

The subject of combat veteran suicides has been addressed. Chapter One presented an in-depth background along with research questions that led to further investigation of the combat veterans and their support systems. I used a theoretical framework linking two theories to note the intensity of a combat veteran's experience with suicidal ideations. Existing research findings showed a drastic need for this research study.

In the following chapters, in-depth information about the background and methodology of the research study was conducted. The background provided a clear understanding of the current research on combat veterans, their families, military life, and the need for support systems. The methodology also provided clear explanations as to why the methodology was chosen and how the research study was conducted.

Chapter Two: Literature Review

Over the past 50 years, the United States has engaged in several wars, including OIF and OEF. After serving during wartime, many veterans return home with combat ailments that include ailments related to mental and physical traumatic. Upon returning to the United States, many combat veterans have committed suicide, and many suffer with suicidal ideations. Veteran suicide has been and is currently a major issue in the United States, and this unresolved epidemic has prevailed for the last 10 years (U.S. Department of Veterans Affairs, 2019).

The primary goals of this literature review were to present the research on why many veterans commit suicide to show the value of support systems and showcase how various systems can help reduce veteran suicide and suicide ideation. The chapter begins with a description of the search strategy used to locate relevant research followed by a definition and description of the armed forces and veterans along with the history of veteran suicide in the United States. Next, a section on military life provides a description of the daily tasks of the military along with stressors prevalent in the military community. The following section details the common reasons that combat veterans tend to commit suicide and the existing research on shared experiences that result in suicidal ideations and suicide. Stigmas that prevent veterans from seeking support area also addressed. This section includes a review of the research conducted on the mutual fears of combat veterans and gives a detailed explanation of why these feelings are shared within the military community. Finally, the lack of support systems available to the veteran community are discussed. This section highlights the need for support systems, emphasizing the negative outcomes that many veterans have endured such as homelessness, incarceration, and ultimately suicide. The literature review concludes with an overall discussion

of the previous sections along with a discussion of the presented theoretical frameworks that were applied to the research study.

Search Strategy

The search for this literature began with a thorough outline of the literature review and keywords searched in numerous databases. Keywords included *veterans*, *suicide*, *support*, *combat*, *trauma*, *depression*, *service*, and *mental health*. For this research, I thoroughly searched domains such as SAGE, ProQuest, EBSCOHOST, Google Scholar, Liberty University Library, University of Cincinnati Library, and various government agencies (e.g., Centers for Disease Control and Prevention [CDC], National Institute of Mental Health, U.S. Department of Veterans Affairs). The search produced over 100 reliable resources published within the last 10 years. This research included only peer reviewed articles, scholarly journals, dissertations, thesis publications, and government documents.

Armed Forces Defined

The United States has five branches of the Armed Forces: the U.S. Army, U.S. Air Force, U.S. Navy, U.S. Marines, and the U.S. Coast Guard. Each branch takes responsibility for a specific aspect of protecting the United States from both foreign and domestic harm. Within these five branches, military members serve time divided into categories such as active, reservist, and guard duty. Members serving in active duty serve 24 hr per day 7 days per week. Reservists and Guard members partake in military service one weekend per month. However, these members can activate and become active duty when needed. The next sections detail the basic history and primary functions of each branch of the U.S. Armed Forces.

The U.S. Army

The U.S. Army, the oldest branch of the armed forces, was founded June 14, 1775 (army.mil, 2011). The Army serves as the land warfare branch of service (army.mil, 2011). The U.S. Army (2011) described that the task of the Army is

> to deploy, fight and win our nation's wars by providing ready, prompt and sustained land dominance by Army forces across the full spectrum of conflict as part of the joint force. The Army mission is vital to the nation because it is the service capable of defeating enemy ground forces and indefinitely seizing and controlling those things an adversary prizes most – its land, its resources and its population. (p. 6)

According to the U.S. Army (2011), over 1 million soldiers currently serve in its ranks and over 400,000 contracted employees and civilians dedicate themselves to this branch of service. Worldwide, the organization reported that it has 158 military bases and owns over 15 million acres of land across the United States.

The U.S. Air Force

The U.S. Air Force, previously a division of the U.S. Army since 1907, was established independently in 1947 (U.S. Air Force, 2019). The U.S. Air Force currently has 81 military bases within the United States (military.com, 2020) and 18 international Air Force instillations (military.com, 2020). The U.S. Air Force (2019) explained: "The mission of the U.S. Air Force is to fly, fight, and win—in air, space, and cyberspace" (p. 1).

The U.S. Navy

The U.S. Navy, currently the largest naval force in the world, was established in 1775 (navy.mil, 2019). Out of all five of the military branches, the U.S. Navy is the third largest branch (navy.mil, 2019). The mission of the U.S. Navy is "to recruit, train, equip, and organize

to deliver combat ready Naval forces to win conflicts and wars while maintaining security and deterrence through sustained forward presence" (navy.mil, 2019, p. 1).

The U.S. Marine Corps

The U.S. Marine Corps was established in year 1775 (marines.mil, 2019). The U.S. Marine Corps works with both the U.S. Air Force and the U.S. Navy (marines.mil, 2019). The U.S. Marine Corps motto is "semper fidelis" and is often pronounced as "semper fi," which means "always faithful" in Latin (marines.mil, 2019, p. 1). The mission of the U.S. Marine Corps is "to win our Nation's battles swiftly and aggressively in times of crisis" (marines.mil, 2019, p. 1). The U.S. Marine Corps is a versatile branch and fights on all fronts to defend the United States (marines.mil, 2019).

The U.S. Coast Guard

The U.S. Coast Guard was established in year 1790 (uscg.mil, 2019). The motto of the U.S. Coast Guard is "Semper Peritus" meaning "always ready" (uscg.mil, 2019, p. 1). The operative use of the U.S. Coast Guard is to be "an agile and adaptive problem solver, with a bias for action, and ever vigilant in order to prevent the next maritime disaster and respond when we are needed" (uscg.mil, 2019, p. 1).

Veterans Defined

Title 38 of the Code of Federal Regulations defines *veteran* as "a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable" (Veterans Authority, 2019, p. 1). However, at the time of this study, updates were in progress for any member who had served and still received a dishonorable discharge (Veterans Authority, 2019). In 2017, there were over 20 million veterans in the United States, making up almost 10% of the U.S. population (U.S. Department of Veterans Affairs,

2019). Over 11 million veterans are 65 years of age or older, which accounts for more than 61% of the veteran population (bls.gov, 2014). Presently, the Gulf War veterans comprise the largest population of veterans in the United States (Bialik, 2017). The top three states with the highest veteran populations are California, Texas, and Florida, and each of these states has over 1 million veterans within their population (Harrington, 2019).

Combat Veterans

Combat veterans are those individuals who served in the military during wartime. There are many wartime veterans presently in the United States, including World War II veterans, Korean War veterans, Vietnam War veterans, Gulf War veterans, Iraq War veterans, and Afghanistan War veterans (Sisk, 2019). Sisk (2019) asserted more combat veterans live in the United States than peacetime veterans. The author added that combat veterans make up more than 77% of the veteran population. On the other hand, peacetime veterans make up 23% of the veteran population. Combat veterans have often experienced psychological and oftentimes physical hardships due to wartime traumatic experiences (Spelman et al., 2012).

Understanding Military Life

Military life contrasts civilian life in numerous ways. Military life is very structured and requires constant discipline and sacrifice. Oftentimes, upon completing basic military and specialty training, personnel relocate to different states and sometimes different countries. On average, military members and their families relocate every 2 to 3 years (Burrell et al., 2006). Relocation can be a constant stressor for military members and their families (Owen & Combs, 2017). In 2016, Burrell et al. (2006) explored military spouses residing overseas. More than 326 questionnaires were used to examine the military life and the well-being of the military family unit. These researchers highlighted the current hardships faced and the internal stress pervading

military family units due to the constant distance and relocations. It was apparent that continually shifting, disconnecting, and reconnecting challenges many military members and their families.

Predeployment Issues

Deployments represent a primary issue that military members and their families face. Research has shown that "deployment may result not only in immediate impacts on health, but also increase risk for chronic disease, contributing to a growing public health burden" (Spelman et al., 2012, p. 4). Preparing to deploy and actually deploying can create a myriad of issues for loved ones left behind. Family members and military members must prepare mentally and emotionally for the separation and deal with the separation and reconnection postdeployment, which can add more difficulties (Spelman et al., 2012). Each individual may react differently to deployment.

Different factors can drastically increase worry and fear within the family unit (Owen & Combs, 2017). The length of the deployments can cause stress for the military member and their family, and deployments range from 6 months to a full year. This length of time depends on the military member's specific assignment. The location of the deployment can also intensify fear for military members as well as their families. When an individual deploys to a location they may not be able to speak about, the family knows the chance for combat and danger is higher, causing increased worry and fear for all involved (Owen & Combs, 2017).

Many spouses have a difficult time thinking about their spouse being deployed and preparing for their spouse's deployment, which involves coping with the impending separation and taking on increased responsibilities and mental stress (Paley et al., 2013). Owen and Combs (2017) contended tensions can arise in a marriage due to the stress, fear, and added pressures of taking on the absent military members' responsibilities. The authors added that extreme worry

and fearful thoughts can constantly occur and can be traumatizing for the spouse who is left behind. In Fort Hood Texas, Faulk et al. (2011) used survey research to explore 367 spouses' emotional states during their partners' deployments. The OIF spouses along with the OEF spouses reported suffering from depression during their spouses' deployment. Ziff (2017) conducted a narrative study with 33 female spouses of military members and revealed they experienced internal issues and frustrations with their partners' deployments. Ziff not only highlighted the struggles of deployments but also provided newfound insights on the term *sacrifice*. Through this research, Ziff highlighted various emotional factors that military spouses contend with during deployments. As noted from the research, new perspectives were gained on emotional hardships for military spouses.

Children are very sensitive and may process deployment differently from their parents. Owen and Combs (2017) explained children may withdraw from the deploying parent or become sad, and behavioral issues can result from the knowledge of deployment. The authors added this can put increased stress on the parent who is left behind with the children. In their quantitative study conducted in 2010, Lester et al. (2010) cross examined parents along with children of deployed military members. The researchers directly correlated the combat deployment with military children's behavioral and emotional issues. Lester et al. projected amplified child depression symptoms along with externalizing symptoms and forthcoming adverse outcomes, for both parent and child. As research has shown, separation and deployments directly impact children, just as they do adults, but the behaviors may vary from child to adult.

Postdeployment Issues

The return of a loved one from deployment can be a joyous occasion. Reconnection can go smoothly for some families; however, it can also be difficult, especially if trauma the military

member has experienced trauma. Both individuals will have to work together to reconnect and find a way to reconnect with one another The returning spouse will also have to find and reintegrate into their previous role as a parent (Owen & Combs, 2017). Reconnecting and communication are critical during this time period (Paley et al., 2013).

Gajic (2016) asserted it can be difficult for children to reconnect with their parent postdeployment as both parent and child struggle to rekindle the relationship. Gajic claimed this is especially prevalent when military members have mental health issues such as posttraumatic stress disorder. Children may often internalize and pick up on their parents' pain and suffering (Devaney & Dolan, 2017). Military members' mental health issues can impact the child and their relationship with their parents for years (Sherman et al., 2015). In 2019, Cramm et al., conducted a mixed methods research study to investigate the mental health quality of children whose parents serve in the military. Using over 86 scholarly articles along with other procedures to measure military children over a span of their childhood, Cramm et al. demonstrated that military life has lasting negative effects on children's mental health development. The authors added that military children also suffer from more mental health problems in life. Overall, Cramm et al. concluded that constant parental deployment along with constant family relocations represented fundamental causes of developmental trauma. The examination of different studies showed that overall, military life challenges the family unit and has lasting repercussions on both the combat veterans and their family members.

Suicide

As defined by the National Institute of Mental Health "suicide is when people direct violence at themselves with the intent to end their lives, and they die because of their actions" (National Institute of Mental Health 2019, p. 1). A suicide attempt is when an individual tries to

take their life however the process is not completed (National Institute of Mental Health, 2019). The CDC explained that gender is a major factor in suicide and suicide attempts. Although women are less likely to die from suicide than men, women attempt suicide more often than men and are prone to attempt suicide by methods such as poisoning (CDC, 2019; National Institute of Mental Health, 2019). Men, on the other hand, tend to utilize fatal methods, including suffocation and firearms (CDC, 2019; National Institute of Mental Health, 2019).

It can be difficult to pinpoint the exact cause of suicide because numerous risk factors can exist for the individual (Van Orden et al., 2010; Weir, 2019). Weir (2019) explained:

> Risk factors include health factors (such as depression, substance use problems, serious mental illness and serious physical health conditions including pain), environmental factors (such as access to lethal means and stressful life events including divorce, unemployment, relationship problems or financial crisis) and historical factors (including previous suicide attempts, a family history of suicide and a history of childhood abuse or trauma). (p. 24)

Importantly, an individual who displays risk factors for suicide is not certain to commit or attempt suicide (National Institute of Mental Health, 2019).

Suicide Worldwide

According to the World Health Organization ([WHO], 2019) over 1,000,000 people die annually by suicide. This means that globally, one suicide occurs every 40 seconds. In the year 2020, the WHO expected the suicide mortality rate to increase to one suicide every 20 seconds. Weir (2019) showed that suicide rates have decreased in many areas around the world. This includes countries such as Russia, Japan, China, and many parts of Western Europe. Weir

attributed this to better living conditions while acknowledging this is not the case in the United States.

Suicide in the United States

Weir (2019) explained that in the United States, suicide rates have continued to climb. The author added: "Suicide ranks as the fourth leading cause of death for people ages 35 to 54, and the second for 10- to 34-year-olds. It remains the 10th leading cause of death overall" (p. 24). According to the CDC (2019) and National Institute of Mental Health (2019), U.S. demographics reveal a concerning factor, where some subgroups have an increased risk of suicide. Hispanic individuals have the lowest suicide rate, and Alaska Native and American Indian middle-aged individuals and youths have the highest rates in the nation. The authors noted that age group represents a major exception. African American youth under 12 years of age have a higher rate of suicide than children who are White. Teenagers have a lower suicide rate than preteens, and preteens' suicide rates in the U.S. are constantly climbing.

Military Suicide

Upon returning from deployment, some military members have committed or attempted suicide (Interian et al., 2016). Many military members have also returned from combat deployments with increased suicidal ideations (Interian et al., 2016). Military members who return from deployment with numerous mental health issues have a higher risk of suicide (McAndrew et al., 2016). An increased risk of suicide also exists for military members who have returned from deployment with physical health issues or with chronic pain (Bell et al., 2018). Some military members do not want to burden their family members and feel as if suicide is the only option (Bell et al., 2018).

Veteran Suicide Epidemic

A suicidal epidemic exists among U.S. military veterans (Raines et al., 2017). Due to trauma and stressors within the military, veterans have a higher suicide rate than civilians (McKinney et al., 2017). According to the U.S. Department of Veterans Affairs (2017), veterans have a higher risk of dying by suicide than any other cause given in the military. The department reported veteran suicide rates increase drastically 3 years after leaving the military.

Currently, researchers have conducted countless therapeutic studies designed to identify military members and veterans who may be suicidal (U.S. Department of Veterans Affairs, 2017). Various forms of research have also been conducted to help end this epidemic and recognize risk factors (Raines et al., 2017). From the research that has been gathered thus far, the U.S. Department of Veterans Affairs (2017) has put forth many preventative measures, increasing awareness and information on the subject (Raines et al., 2017). Even though suicide is still an issue for veterans, many resources and therapies exist that are being studied to identify suicide risk patterns and help those with suicidal ideations (U.S. Department of Veterans Affairs, 2017). In a retrospective case study of more than 269 deceased veteran records across 11 states, Dobscha et al. (2014) reported that veterans who received help from the Veterans Affairs Medical Center (i.e., the VA Hospital) had a higher rate of suicide due to a lack of in-depth mental health screening and lack of appropriate help. Based on this study, it appears as a lack of knowledge existed on how to properly support those with suicidal tendencies. The discoveries of Dobscha et al. highlighted that there is more to understand about what the combat veteran population needs.

Bossarte et al. (2010) asserted that a veteran's gender is very important when researching veteran suicide because female veterans have a lower risk of committing suicide than their male counterparts. In 2017, the U.S. Department of Veterans Affairs counted approximately 16.5

million male veterans and 1.6 million female veterans in the United States. Historically, the U.S. military has employed more men than women due to societal norms that were set up for women. Although there has been an increase in the number of women who join the service, the department reported men still substantially outnumber women. According to the U.S. Department of Veterans Affairs (2017), male veteran suicide rates are 3 times higher than that of females, but this difference relates to the fact that the ratio of males to females in the service is very uneven. Although gender plays no role in how an individual reacts to traumatic experiences, both men and women experience the same high risk of returning from combat with PTSD and other illnesses. Sisk (2019) asserted that firearms are the primary method of suicide for both male and female veterans. Out of both genders, more than 43% of female veterans who committed suicide did so using firearms, compared to 70 % of male veterans who committed suicide.

Research on Reasons Veterans Commit Suicide

There are many reasons why veterans experience suicidal ideation or commit suicide. It can be difficult to pinpoint the exact reason for each individual suicide because each individual's life and circumstances differ. However, the many veterans who have spoken of suicidal ideations have noted some common factors, including difficulty with reintegration into the family unit, reintegration into civilian life, and experiences of trauma.

Difficulty Reintegrating Into the Family

After deployment, military family members must contend with numerous issues. Families experience many emotions when reconnecting with one another postdeployment. Some families may notice that the military member has changed radically (Laws et al., 2017). This may be due

to what they have experienced and the trauma they have endured during their military service (Laws et al., 2017).

Difficulty With Veteran–Spouse Relationships

Postdeployment, veterans and their families experience a variety of emotions and stressors (Laws et al., 2017). When veterans return from war, issues can exist. To account for these issues, veterans and their families experience an adjustment period. Everyone in the familial unit must readjust and reconnect with the returned veteran. Combat veterans, especially those who were in the wars in Afghanistan and Iraq, have a high divorce rate (Oleszczuk, 2012). Many family members of the veteran notice their returned veteran has changed drastically (Laws et al., 2017). Many returning combat veterans have issues with intimacy in their marriage, causing tension (Renshaw et al., 2008; Yambo et al., 2016). This tension can lead to cases of domestic abuse, especially for those combat veterans who suffer from PTSD (Gajic, 2016; Laws et al., 2017; Sherman et al., 2006). In a qualitative study addressing the emotional disconnect between OIF and OEF combat veterans and their spouses, Baptist et al. (2011) used more than 9,536 military family members from two Army bases. The researchers recounted how eager the spouses were for their partners to return and the closeness they thought they would share. Instead, they experienced extreme difficulty with communication, and the couples found themselves at a greater distance. Both individuals within the marriage felt emotional distance and disconnect as an end result.

Roles can change drastically for veterans and their spouses, especially those who have been physically injured. Many spouses become the caregiver for their loved one (Brickell et al., 2018), which Brickell et al. (2018) described as very difficult and stressful for the individual

doing the caregiving. The authors noted that caregivers often end up stressed, and this takes a toll on their mental health. Being a spouse's caregiver can be stressful and challenging at times for the caregiver (Hicken et al., 2017). The health of the caregiver can deteriorate as well (Eaton et al., 2008). In certain circumstances, the spouses pick up the pain of their loved one and may suffer emotionally as well (Eaton et al., 2008). A common factor in veteran marriages and familial relationships is the diminishing quality of the relationships.

Difficulty With Veteran–Child Relationships

Veterans often struggle to rekindle their relationships with their children, especially if they return with an issue such as PTSD (Gajic, 2016). The children of veterans can sometimes suffer if the veteran has difficulty (Devaney & Dolan, 2017). Children of combat veterans suffering from PTSD often struggle with other mental health issues later in life, and combat veterans can sometimes project their negative feelings onto their children without meaning to do so (Dekel & Goldblatt, 2008). Research has shown that PTSD can transfer to the child from the parent (Croft, 2014). This intergenerational transfer of trauma is called secondary PTSD and can impact the child in the same way it impacts the adult (Croft, 2014). Combat veterans may also face relationship issues with their children (Sherman et al., 2015). Their children often internalize their parents' pain and may suffer for years afterward (Lester et al., 2010). In a 2015 mixed-methods study, Sherman et al. (2015) explored the communication between combat veterans who suffered from PTSD and their children. This study included 19 combat veteran parents from the Veterans Affairs Center and their children. The study exhibited how challenging the interactions were and how the parents were reluctant to share their PTSD diagnosis with their child. Ultimately, there were negative outcomes for both the children and the parents, and a distance emerged between the two. The authors highlighted how the children withdrew from

their parent. The combat veteran and child relationship can be challenging; however, adding in factors such as mental health can make the relationship even more strained. Research has shown the negative outcomes for both parent and child, and this trauma can follow the children into adulthood. This type of trauma can be extremely alarming for both parent and child and could create distance along with tensions for years to come between the two individuals, making the combat veteran feel rejected by their child. This could lead them toward negative internal feelings about themselves as a parent.

Difficulty With Veteran–Parent Relationships

Parents of military members are also impacted when their child has been hurt physically (DeVoe et al., 2018). Oftentimes, if the military member is single, parents will step in to be the caregiver for their injured adult child (Griffin et al., 2017). In 2012, Worthen et al. (2012) conducted a qualitative research study in California using OIF and OEF veterans who resided with their parents after returning from combat. There were benefits and disadvantages to this arrangement. In some cases, the parents understood their veteran child's struggle and provided support and reassurance. However, there were other instances where a rift grew between the parties, and the relationships resulted in tension and distance. Whether they must cope with the results of physical or mental trauma, providing care for an adult child can challenge military parents (Griffin et al., 2017). This can cause stress for both individuals and can create discord within the relationship. The rift often does not go unnoticed, and many veterans have tried to commit suicide to avoid burdening their loved ones (Bell et al., 2018).

Trauma

Military members who have deployed to combat situations may have to cope with the trauma they faced during deployment. Trauma can impact the veteran in myriad ways, and it can result from both physically and mentally traumatic experiences.

Many combat military members must contend with the physical trauma that occurred in a combat setting. Some physical traumas can result in loss of limbs. Some physical traumas can be life-threatening, and some veterans may need physical assistance for the rest of their lives. According to Dougherty, 2001, amputations commonly result from war.

Mental health trauma is a primary concern for many military members, especially those who have been to combat. Military members may return from deployments with mental health issues (McAndrew et al., 2016). In a quantitative survey, McAndrew et al. (2016) discovered that PTSD, TBIs, anxiety, and depression are some of the common mental health issues experienced by returning combat members. It is important that the family of the military member understand these specific mental health issues and that the returning veteran also is knowledgeable and receives help.

Failure to seek help can further strain marital relationships and may even cause divorce (Negrusa & Negrusa, 2014). This can also create other issues in the long run and may lead to the military member finding different or more harmful ways to cope with internal pain (e.g., engaging in substance abuse). Veterans who struggle with mental health issues are more likely to have suicidal ideations and commit suicide (Britton et al., 2012).

Substance Use and Abuse

Teeters et al. (2017) asserted that substance abuse is a common issue for many military veterans. Deleterious outcomes are associated with substance abuse. The authors contended that although numerous supports and services have been provided to decrease substance abuse,

numbers continue to increase. Stressors from military life have been directly associated with the development of substance abuse disorders (Seal et al., 2011; Teeters et al., 2017). Situations including combat, deployments, and reintegration into civilian life have all directly correlated with substance abuse (Seal et al., 2011; Teeters et al., 2017).

The beginning of substance abuse disorders often arises secondarily due to the presence of other mental health struggles (Polusny et al., 2011). Teeters et al. (2017) asserted: "Substance use disorders are associated with substantial negative correlates, including medical problems, other psychiatric disorders (e.g., depression and anxiety), interpersonal and vocational impairment, and increased rates of suicidal ideation and attempts" (p. 70). Veterans who have PTSD have a higher risk of substance abuse disorders (Wisco et al., 2014).

Additionally, military personnel who have experienced interpersonal trauma (e.g., history of sexual or physical abuse as a child) have a higher risk of developing a substance abuse disorder (Blosnich et al., 2014; Guina et al., 2016). Individuals who fall into this category may have joined the military to escape their traumatic atmospheres at home (Blosnich et al., 2014; Guina et al., 2016). According to Teeters et al. (2017), age and gender are significant predictors of substance abuse disorders, with younger veterans having higher rates of substance abuse disorders. The authors claimed female veterans' substance abuse disorder rates have also increased by 81% in the last 10 years. According to Krisberg (2017), veterans who suffer from any type of substance abuse have an increased risk of suicide. According to Chapman and Wu (2013), women veterans who struggled with substance issues had a much higher rate of completed suicides than male veterans. The authors showed many veterans do not seek or receive help for their substance abuse issues. Participation in substance abuse programs drastically declined suicide rates for both male and female veterans.

Religion

Religion serves as a very important focal point in many individuals' lives. Trauma can hinder and alter a veteran's religious and personal belief systems (Currier et al., 2015). Using quantitative methods with 52 combat veterans who struggled with both PTSD and substance abuse, Raines et al. (2017) determined that feelings of inadequacy and shame regarding religion can increase suicidal ideations. The researchers concluded that veterans who have suffered from PTSD and have lost hope in their spirituality have a higher suicide risk.

Many veterans may experience guilt due to the defilement of their faith (LeVee, 2016). This can occur if a veteran has taken another individual's life during wartime. Certain aspects of spirituality and religion can increase risk of suicidal ideations and suicidal behavior (Park & Slattery, 2013). When veterans struggle spiritually, this can increase suicidal behaviors (Pompili et al., 2013).

After experiencing trauma, combat veterans may need to restore their faith in something. Religion can be an emotional safe haven for some. In many areas of the combat veteran's life where they may have had difficulty, it seems as if religion can not only help the veteran atone but may provide hope, which may fill an internal void for the individual (Raines et al. 2017). However, if the combat veteran feels that all hope is lost, they lose themselves, and they have nothing to believe in (LeVee, 2016). As the research has presented, this could drastically increase suicidal ideations for that individual (Pompili et al., 2013).

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Veteran Chronic Pain Issues

Some veterans must contend with chronic pain (Baldwin et al., 2017). In a quantitative study, Baldwin et al. (2017) highlighted the importance of addressing chronic pain in combat

veterans. These researchers ascertained that chronic pain contributes to some veterans' desire to commit suicide. The agonizing chronic pain proved to be unbearable for many veterans, especially for those who suffered severe physical trauma. According to Miller et al. (2014), one-third of veterans who suffer from chronic pain have suicidal ideations. Those who suffer from pain tend to think differently because of the constant agony, and this increases suicidal behaviors. Chronic pain also causes many veterans to turn to medication and develop substance abuse disorders (Caro, 2015).

Lack of Resources

Many veterans have committed suicide due to lack of assistance, resources, and support (Carter,2017). The timeliness of support is critical in preventing veteran suicide (Carter, 2017). Carter (2017) asserted that some veterans who have sought help from the Veterans Affairs Hospital and were not taken seriously or were not reached quickly enough ended their lives through suicide. In 2016 and 2017, (Leonard, 2017) showed that many veterans contacted the Veteran's Affairs Suicide Hotline and were not helped or assisted at all. This lack of assistance and attention caused a national investigation and highlighted the need for increased and better assistance for combat veterans.

The common reasons that combat veterans commit suicide include the following: difficulty reintegrating into the family; difficulty with spouse, children, and parent relationships; trauma; substance abuse; religious issues; chronic pain; and lack of resources. The existing research showed the combat veteran's mindset and their struggles with suicidal ideations. When struggling to rekindle relationships with loved ones, veterans can develop negative internal feelings that add to the internal traumas of combat. As stated previously, numerous reasons exist

for why combat veterans commit suicide, so it can be difficult to pinpoint just one reason. However, the results of this literature review cite the most common.

Stigmas That Deter Veterans From Seeking and Receiving Support

It is evident that combat veterans need support along with resources to help them through difficult times. However, common stigmas can prevent combat veterans from seeking help. These include shame or fear, gender, and religious beliefs. Stana et al. (2017) contended shame and fear hinder many veterans who should ask for help. The authors attribute a military culture that encourages individuals to deal with emotional difficulties privately with a tendency for veterans to push through or ignore their trauma. The authors stated many veterans also do not want to appear weak and be accused of malingering. According to Currier et al. (2015), some veterans also turn to a higher power than themselves when dealing with their trauma. The authors added that a veteran's religious beliefs can stop them from seeking help, especially if they feel as if their religious beliefs will heal them spiritually, making any outside source of help irrelevant.

Gender can also factor into a veteran's decision to seek help. Williston et al. (2019) stated: "Mental health stigma is multidimensional, and it includes mechanisms such as anticipated, internalized, and experienced stigma. Mental health stigma can also be broken down into stigma related to mental health problems and stigma related to treatment seeking" (p. 144). Male and female veterans face different stigmas related to asking for and receiving assistance. Williston et al. asserted that although female veterans comprise a vastly smaller portion of the veteran population than males, they still experience stigma in asking for assistance. The authors showed women experience fear of misunderstanding along with a lack of empathy and compassion toward female needs and personal issues (Williston et al., 2019).

Overall, it is important to understand why some veterans refuse to seek help. It is equally important to recognize the fears that many combat veterans internalize. Acknowledging and comprehending this information can provide a better understanding of the combat veteran and how to reduce the common fears that prevent them from seeking medical attention.

Lack of Support Consequences

Many veterans face homelessness after returning from combat. In 2019, more than 30,000 homeless veterans resided in the United States (U.S. Department of Veterans Affairs, 2019). Researchers have associated various negative outcomes with homelessness. Homeless veterans who had issues with religion, family, employment, and substance abuse have shown a higher risk of suicide than homeless veterans who did not (Benda, 2003). Homeless female veterans showed a greater risk of suicidal ideations due to past trauma such as sexual abuse and childhood trauma (Benda, 2005). Schinka et al. (2017) indicated that homeless veterans had shorter life spans and that alcoholism, other substance abuse, and demographics contribute to veteran homelessness. The authors added that minority veterans have a higher risk of homelessness.

In 2017, Cusack and Montgomery conducted a quantitative research study stressing the direct connection between veteran homelessness and veteran incarceration. The authors examined more than 1,060 combat veterans and showed how this connection exists not only within the military community but in civilian life as well. Cusack and Montgomery also examined the need for increased support for veterans and the need for veteran housing.

Incarceration also plays a major role in the lives of combat veterans. This has been such an issue for returning veterans that the Veterans Affairs Hospital has begun to address this issue by creating programs to prevent homelessness and incarceration for returning combat veterans

(Tsai et al., 2014). Combat veterans who suffer from posttraumatic stress disorder have higher rates of incarceration (Tsai et al., 2014), so programs are now available to support those who have mental illness and have been incarcerated (U.S. Department of Veterans Affairs, 2017). According to Brown (2011), combat veterans who suffer from substance abuse issues and PTSD have more issues with law enforcement. Brown studied 162 OIF and OEF combat veterans in a 15-month trial. This research study expanded across 16 states. The authors concluded that those struggling with substance abuse issues and PTSD experienced a higher risk of incarceration. Although programs have been created to help combat veterans, a risk still exists for those not receiving immediate help. Incarceration is not a solution; however, this is what happens to many combat veterans, which reinforces the need for social support systems for combat veterans.

Benefits of Support Systems

Due to the veteran suicide epidemic, more forms of support and resources have become available for veterans and their families. More knowledge has been acquired on this subject primarily due to the drastic number of deaths, and the media has also brought national attention to this subject. The veteran's family represents a strong form of support. The Veterans Affairs Hospital also offers many programs for veterans as well as services for their family members (U.S. Department of Veterans Affairs, 2019).

Social support systems are essential for combat veterans and their families (Oh & Rufener, 2017). Numerous studies have shown the astounding benefits of having a support system (Jain et al., 2016; Oh & Rufener, 2017). Researchers have emphasized the vast improvement of combat veterans when they benefit from support (MacEachron & Gustavsson, 2012; Oh & Rufener, 2017). This improvement is specifically evident in regard to veteran peer groups (MacEachron & Gustavsson, 2012).

Research has also shown that veterans who have participated in veteran peer support groups do a better job in treatment (Jain et al., 2016). Combat veteran peer groups have been proven to benefit returning veterans seeking to integrate into civilian life (Oh & Rufener, 2017). In a quantitative study, MacEachron and Gustavsson (2012) explored the importance of peer support and correlated this support to reduced PTSD symptoms. After conducting a study with more than 216 OIF and OEF veterans, MacEachron and Gustavsson concluded that not only did the combat veterans' PTSD symptoms subside, but they displayed increased self-efficiency. Combat veteran peers have proven to be one of the most effective in helping returning veterans because they share experiences, and they can relate to the combat veteran's trauma (Oh & Rufener, 2017). This kind of support can also alleviate feelings of loneliness (Oh & Rufener, 2017). Effective communication has been proven to help combat veterans with suicidal ideations (Langford et al., 2013). Although other forms of support are valuable, peer support can best help combat veterans who have just returned home. When around others who have shared their experiences, trauma may seem less complex. Identifying with others and knowing that, in time, they can get to a better place has helped combat veterans overcome (MacEachron and Gustavsson (2012).

Overall Findings and Gaps in the Research

The existing research showed that combat veterans and their families need support to mitigate suicidal ideation. The research highlighted many of the reasons that combat veterans struggle with suicidal ideations and why many have committed suicide. The research also revealed some commonalities. For instance, many of the research studies were quantitative. This could be because quantitative research enables the exploration of existing data or survey data involving large numbers of combat veterans and their families. Interviews may not be as suitable

for this group because many may suffer from various forms of trauma; it also may be challenging to ask such intense questions on sensitive topics.

Few gaps existed in the research on combat veteran suicide. The reasoning behind this could be that the suicide epidemic has been going on for more than 10 years. Countless researchers have explored (a) the trauma that veterans have endured and the resulting suicide or suicidal ideation, (b) the impact of mental illness and the direct correlation to veterans' suicide, and (c) the impact of returning veterans on their family unit. Researchers have also explored deceased veterans who have committed suicide and discovered the highest rates occurred among certain branches. Research on veteran children and veteran incarceration was also plentiful.

Despite the large quantity of existing data, few researchers have explored the experiences of younger combat veterans and the location of combat veterans' deployment. For instance, Burrell et al. (2006) noted limitations of connecting to younger military spouses, those who had been married less than 10 years, which directly impacted the results limiting the understanding gained to a small range of spouses. Due to this limitation, Burrell et al. called for more research addressing military families and marriages stateside and overseas. Baptist et al. (2011) also noted limitations within their research study. The authors described the difficulty of conducting research when the military member was deployed, limiting their communication with their spouses and bringing the research to a standstill. The men began to internalize their emotions, and the emotional distance between them and their wives became larger. Some men disclosed that limiting communication was their way of protecting their wives. However, the deployment distance highlighted a limitation on communication and a need for balance within the marriages of members who deploy.

According to Freytes et al. (2017), the researchers had to change participants because they wanted to work only with combat veterans who experienced PTSD and TBIs. However, when unable to identify potential participants with both ailments, they focused predominantly on participants with PTSD. The researchers also expressed how they did not review all branches of the armed forces and how their findings may not represent the veteran community as a whole. For this reason, I broadened the participant pool to include combat veterans who had experienced just one of several ailments.

Gaps in the existing research include information garnered from the viewpoint of the combat veteran and their supporters, including spouses and other social supporters. What makes this research study unique is the use of qualitative research. Past researchers have relied on quantitative research. The researchers conducting qualitative studies have not used the narrative perspective. Of the research presented, no one has explored the needs of both combat veterans and their social supporters in military life. Understanding the needs of both the combat veteran and the members of their support system addressed a major gap in the literature.

Most of the research on combat veteran suicide included spouses, parents, children, and deceased veterans. However, none of the researchers had explored (a) friends or other social supporters and (b) who combat veterans viewed as their support system related to suicidal ideation. Because some combat veterans may be estranged from their families, I hoped broadening the supporters to include others might provide more insight into the support combat veterans and their supporters need. It was also imperative to understand the role, dynamics, and relationship of the social supporter and how they mitigated combat veterans' thoughts about committing suicide.

Various Theories Presented Within the Research

A search of more than 150 peer-reviewed articles revealed that some research theories repeatedly appeared in the studies regarding combat veteran suicide. One theoretical framework that appeared often was military transition theory (Kintzle & Castro, 2018). Researchers use this theory to explain the difficulty military members experience when exiting the military and the negative situations they encounter when attempting to reintegrate into civilian life (Kintzle & Castro, 2018). Another common theoretical framework was Joiner's (2005) interpersonal theory of suicide, which I utilized in Chapter One as one component of the theoretical framework for this study. Two other repeating theories that appeared in numerous conceptual frameworks were homecoming theory (Ahern et al., 2015) and hopelessness theory (Beck, 1974). Ahern et al. (2015) explained: "Homecoming theory posits that a traveler such as a military service member is separated from home by space and time" (p. 17). The authors stated that this theory highlights the issues with disconnecting from the military member's family and the issues faced when it is time to reconnect. Beck et al. (1974) believed that an individual's feelings of hopelessness were actually a stronger indicator of suicide than depression. Beck et al. (19744) highlighted that the actual feeling of being hopeless was the key factor pushing an individual to commit the act of suicide.

An alternative theory that appeared often in the literature on combat veterans' relationships with family members was the theory of differentiation of the self (Worthen et al., 2012). With this theory, Worthen et al. (2012) explained an individual's transition to independence from their parents, accentuating how the military individual reestablished themselves.

Many of the suicide cases lacked a theoretical framework. This was especially prevalent in many cases that utilized death records as the primary research source. In those cases, researchers analyzed demographics and the previous common factors annotated before death.

The theoretical frameworks presented in the military cases shared many commonalities and were based upon deployment, the transition back into society, and the emotional disconnects that military members face. Researchers used each theory to explore and expose the negative outcomes associated with the hardships of military life, which had been common denominators throughout the research. This had been a dominating factor in military suicides, familial relationships, and efforts to restart and move forward with life.

Why This Research Was Needed

A strong need existed for this research study to illuminate what veterans and their supporters perceived would benefit them. Many medical professionals have assessed what veterans may need and what they may think is best for this community. However, the combat veterans and their social supporters lacked a voice in the existing research. This gap could have been contributing to the continued large number of suicides. It was apparent that veterans' needs had not been met. As long as this continued to occur, the suicides would also continue on a large scale, as they had for a decade.

An individual's family and support system can serve as a driving force for many individuals. Family and support systems enable many individuals to overcome hardships and survive. It was imperative to understand the power of these relationships and the other support system dynamics to help veterans survive hardship and thrive.

Summary

In conclusion, extensive research existed to explain military life. The research presented in this chapter emphasized the various struggles experienced by veterans and their families. The chapter also identified common factors that contribute to combat veteran suicide. This research study can give one a clearer understanding of the difficulties that many military members are faced with when transitioning into civilian life. The following chapter provides an in-depth description of the methodology for the research study and the procedures used to conduct the study.

Chapter Three: Methodology

The primary purpose of this chapter is to explain the research methodology and methods utilized to understand the existing veteran suicide phenomena for combat veterans and their supporters. This qualitative study was conducted to explore the various factors that may contribute to veteran suicide ideation and suicide. The chapter provides a detailed discussion of the methodological decisions made to illuminate combat veterans and their supporters' needs related to suicide ideation. The chapter begins with an overview of the problem, purpose, and research questions. A description of the chosen methodology and the research design follows. Next, the research design, data collection and analysis methods, and the procedures are explained and justified. The final sections include the steps taken to maximize trustworthiness and the ethical considerations important for this inquiry.

Problem and Purpose of the Proposed Study

The current problem involved the persistence of veteran suicides within the United States (Raines et al., 2017; Wadsworth, 2019). This ongoing epidemic has continued in the United States for more than a decade, with an increase in veteran suicides occurring over the years (mentalhealth.va.gov, 2019). Part of the issues leading to suicide ideation stems from the difficulty many veterans have with reintegrating back into civilian life; this reintegration presents a particular difficulty for combat veterans. Researchers have reported that the failure to adapt and use proper coping skills has resulted in negative outcomes for many combat veterans (Carter, 2017). These negative outcomes include substance abuse (Seal et al., 2011; Teeters et al., 2017), suicidal ideations (Teeters et al., 2017), and suicide (Interian et al., 2016; mentalhealth.va.gov, 2019). Multiple researchers have also highlighted the increased need for support systems and resources for those supporting combat veterans (Renshaw et al., 2008; Yambo et al., 2016).

The purpose of this qualitative case study was to understand combat veterans and their social supporters' experiences related to mitigating combat veteran suicide. For this research, combat veterans were defined as those veterans who had deployed to combat locations and served during wartime, specifically those from OIF and OEF. Social supporters will consist of a combat veteran's family, spouse, friends, and social group members. Knowledge attained from this study can also help healthcare professionals better serve this population.

Research Questions

The following research questions guided this study:

RQ1 What are combat veterans and their social supporters' understandings and experiences related to trauma?

RQ2 What do combat veterans and their social supporters identify as significant aspects of support in mitigating suicidal ideation and suicide?

Methodology

I deemed the qualitative approach most appropriate for exploring the perspectives of combat veterans and their supporters to learn more about the reoccurring phenomenon of combat veteran suicide and the support veterans receive. Hammarberg et al. (2016) asserted that the purpose of qualitative research is to gain insight into and understanding of a phenomenon based on individuals' experiences and perspectives. By utilizing a qualitative approach, researchers gain a more in-depth and intimate perspective on the phenomenon. The intention of a qualitative research study is to understand a phenomenon in its natural state and the value that human beings bring to it (McLeod, 2019). Due to the goal of this research, which was to examine the experiences that cause veterans to commit suicide and to learn more about their support systems, I deemed the qualitative approach advantageous.

During this research study, both combat veterans and their supporters described their experiences and viewpoints, which represents a primary characteristic of qualitative research, which focuses on multiple participant perspectives and meanings (Creswell & Poth, 2018). Deeper understandings were gained from this dual perspective, including what is needed within the veteran community in relation to support systems and ways to prevent suicide within this community. New qualitative information and insight are especially needed within combat veteran research to supplement the current reliance on quantitative methods in the field (Baldwin et al., 2017; Lester et al., 2010; McAndrew et al., 2016). By collecting different interpretations in a qualitative manner, I could analyze the various individual needs, create a more holistic account, and provide future direction regarding this phenomenon (Creswell & Poth, 2018).

Research Design

A case study research design was used to conduct this research study. The case study design was initially applied in the clinical medical field (McLeod, 2019). Researchers who utilize case studies practice various techniques to conduct their research (McLeod, 2019). Case study designs are very versatile, and an extensive history of case study research exists across countless disciplines (Creswell & Poth, 2018). Case study research is used when a researcher wants to explore "a contemporary phenomenon in depth and within its real-world context especially when the boundaries between phenomenon and context may not be clearly evident" (Yin, 2018, p. 15). The purpose of the case study design is to gain extensive insight into individuals, communities, or events within a specific context or contextualized experience (Creswell & Poth, 2018; McLeod, 2019; Yin, 2018). Combat veterans and their experiences are contextualized in various ways compared to traditional civilian life or educational and occupational settings. This unique context includes the structured and intense life events and the

constant physical and mental challenges combat veterans face. Many military members and their families deal with increased stressors, resulting in trauma for the military family unit and for many individual military members.

A key feature of case study research is boundedness, which refers to how the researcher clarifies and defines the case with certain parameters, such as topic, timeframe, location, and participants (Creswell & Poth, 2018; Yin, 2018). For this study, the case was bounded by topic (i.e., combat veteran suicide ideation), time of data collection (i.e., December 2020 to February 2021), and location (i.e., United States). Each case was also bound by participants, who consisted of one combat veteran and one supporter (e.g., spouse, family member, peer, or close friend). For this study, I identified a total of four cases: a) to understand different individuals' perspectives and contextual situations, and b) to keep the study manageable in relation to data management and analysis (Creswell & Poth, 2018).

By exploring the viewpoints of both the combat veteran and the social supporters through case study design, I addressed three large areas: (a) the combat veteran's need for support systems, (b) the viewpoints of the combat veteran's social supporters and their needs, and (c) what combat veterans need to alleviate their suicidal ideations. The specific case study approach that worked best with this research study was the multiple case study (Yin, 2018). I chose this approach to gain a more diverse and in-depth understanding of the combat veteran and their social supporters, which provided insight into the different contextual conditions for each veteran and their supporter (Yin, 2018). Creswell and Poth (2018) and Yin (2018) argued that the focus on context is of particular importance in case study research. Contextual conditions specific for veterans included their combat experiences, their deployment location, and number of times they

had deployed. Other contextual conditions consisted of familial makeup, partnership, and social relationships.

Although there are various methodologies to choose from when conducting research, most others were incompatible with the aim of this research study. I dismissed a grounded theory approach as unsuitable because my intent was not to create a theory from the research data (Creswell & Poth, 2018). I also deemed an ethnographic research design inappropriate because this type of research focuses on the cultural and communal patterns of a group (Creswell & Poth, 2018). Within this research study, other researchers had noted the suicide pattern; however, gaps still existed on the topic, highlighting the need for more insight from multiple perspectives and in multiple contexts.

Positionality

I am a female who has served in the U.S. Air Force as a military police officer. I hold a bachelor's degree in both psychology and sociology. I have also obtained a master's degree in psychology. I am an OIF combat veteran. I have deployed multiple times while I served in the military.

This research topic is important to me because I have seen many combat veterans struggle and have watched many families fall apart. I have also witnessed the direct impact of suicide within the veteran community. Throughout the years, I have used veteran services that have been offered. I have seen how many resources and medical professionals are ineffective and out of touch with what combat veterans truly need. I have witnessed and experienced what is available for veterans, and I have noticed a need for more help and change within this community. Many professionals offer their viewpoints on veterans; however, they do not ask the

veterans what they need most. I believe those seeking solutions must go to the source to see what is needed. This approach can bring needed change to this community, and I hope that this research can be the beginning of that change.

Understanding both the military atmosphere and the challenges experienced by combat veterans provides me with a unique asset. I was more than capable of carrying out this study because I have a clear understanding of combat veterans and because I am one. I have been trained, and I am skilled in both ethics and evaluating assessments. I share many of the experiences, frustrations, and life situations of military and combat veterans. I also am acutely aware of the veteran community's vulnerability. With prior knowledge of the issues that veterans face, I ensured sensitivity to each veteran's circumstances and needs. I sought to convey the participants' unique and shared experiences by displaying professionalism in a personal and ethical way to uphold the quality of the research.

Study Participants

The sample of participants in this study included combat veterans and their social supporters. I asked eight individuals to participate in this study. This number included four combat veterans along with four individuals who each veteran identified as their supporter. This number of people was essential to gain a more in-depth understanding of the participants' experiences and needs related to suicide. Although this sample size was small, it was perfect for attaining the data required for this research study. The social supporters included immediate family members, spouses, and peers. The combat veterans could have chosen to ask more than one supporter; however, they only asked one. The sampling methods for this research study consisted of convenience sampling. Convenience sampling is defined as "a type of

nonprobability sampling in which people are sampled simply because they are ‘convenient’ sources of data for researchers” (Lavrakas, 2008, p. 149). I called the combat veterans I knew because we had a bond, and I asked them to participate in the research study.

The combat veteran participant selection included four main criteria. The combat veteran must

- have been out of the military for no longer than 15 years;
- have been deployed to a combat location for longer than 90 days;
- have been deployed during OIF or OEF; and
- have one of the following ailments: anxiety, depression, PTSD, substance abuse disorder, a TBI, or experience with suicidal ideations.

The reasoning behind the final criterion was that individuals who had suffered from the previous ailments may have an increased risk of suicidal ideations. The study was not gender specific, so each combat veteran could have been male or female. The study was also not military branch specific.

The social supporters were required to meet the following criteria:

- be over the age of 18;
- have known the combat veteran before, during, and after a deployment to a combat location; and
- have a close relationship with the combat veteran—the closeness of this relationship was defined by the combat veteran and their supporter.

All participants were required to be able to speak and comprehend the English language. The justification for the overall sampling was that combat veterans who had served in OIF or OEF had a simpler time recalling information, emotions, and experiences related to these most

recent combat situations. The supporters also recalled information that the combat veteran had shared with them in the given time frame. The supporters could also address behavioral changes potentially unknown to the combat veteran. Also, both individuals could have similar or dissimilar emotions about or accounts of the same events. By hearing different perspectives, I hope to gain a deeper understanding of the situation.

Participant Recruitment

This section outlines the recruitment of participants. Before any research could be conducted the researcher had to ensure approval from the Institutional Review Board at Liberty University (see Appendix A). Prior to collecting any documentation, both verbal and written consent was required for all participants. The researcher presented this information in two main steps.

Step 1

The researcher called personal acquaintances who met the combat veteran participant criteria. Specifically, acquaintances were fellow veterans who served in OIF or OEF. In this call, I explained what the research study was about and what the participants would be required to do. I discussed each step as much as needed to ensure each participant had a clear understanding of what the study entailed. I used a calling script to make sure I covered all necessary information (see Appendix B). I made specific mention that declining to participate would not cause negative feelings or repercussions to the relationship between the researcher and the veteran. I completed the first step by asking the OIF and OEF veterans if they would like to participate in the research study. If the combat veteran responded “no,” the researcher thanked them for their time. When the combat veteran responded “yes,” the researcher sent the participant a consent form (see Appendix C) via their personal email.

Step 2

Once a veteran returned the consent form, I contacted them via phone at an agreed-upon time. In the second phone call, I arranged a time, place, and mode of interview that aligned with COVID-19 restrictions (i.e., Zoom, or phone) for the first interview, and I asked the participant if they would contact a social support person or persons who might be willing to participate in the research study and who met the criteria. I asked the combat veteran to contact their supporter and provide them with the researcher's email and phone information so they could contact me if they were interested. After being contacted by the supporter, I arranged a date and time to meet with them directly to explain the research study and answer any questions they had. I asked key questions to ensure that the social supporter met all of the criteria to participate (see Appendix B). After I determined the supporter met all criteria, I asked them to participate in the research study. If the combat veteran supporter responded "no," I thanked them for their time. If the combat veteran supporter responded "yes," I sent them a consent form (see Appendix C) via their personal email.

Data Collection

I utilized numerous methods and instrumentation to collect data for this research study. Interviews consisted of open-ended questions designed to gain an in-depth understanding of all participants' perspectives (see Appendices D, E, F, and G). The interviews began with open-ended questions through which I sought to elicit participants' views on the military suicide epidemic and their specific experiences. Following this, I asked more focused open-ended questions on the subject of support. The interview concluded with my asking for any additional feelings and thoughts that the interviewee wanted to share on the subject. The second interview

addressed any emerging questions from the initial interview and gave the participants a chance to share any advice they deemed beneficial.

Table 3.1

Study Instruments

Study instruments
• Phone recruitment script • Interview 1 & Interview 2 protocol • Zoom app invitation or phone invitation

I conducted a total of two interviews per person. Each interview took less than 45 min. If the veteran or their supporter wanted to spend extra time or add any additional information, they were permitted to do so. I showed care and sensitivity to the needs of individuals who had suffered mental health trauma by keeping a close constraint on the time. Possible stressors could have caused the participants to shut down or produce other negative outcomes. In the event a participant experienced stress or overwhelming feelings, I planned to stop the interview, provide a break, and ask if they would like to stop and reschedule. I was also prepared to provide them with an appropriate VA medical professional's contact information (see Appendix H). I would also have asked if the participant wanted to continue in the research or withdraw. In order to ensure anonymity, I asked participants for a pseudonym and used it for all of their data and in all reports.

Each interviewee had the option to participate in the interview over Zoom or by phone. If COVID-19 restrictions had been lifted, the interviews would have taken place in the participants' personal residences or other private areas where they would feel comfortable. These options maximized a sense of privacy and intimacy. Each interview within the research process occurred at the best available time for the participants. I understood participants may have had children

and other family members residing in their residence. Participants also had work schedules to negotiate. I showed my consideration for their needs by finding a time that worked best for all participants.

I used the Toboom audio recorder to record all subjects' answers. I also used the online platform Zoom with those interviewees who felt comfortable with it. For those who expressed discomfort with Zoom, I conducted a telephone interview and used an audio recorder. Recording the interviews guaranteed I captured every detail without taking anything out of context. I used memos to document questions or concerns that arose while I conducted the interviews. High-speed internet and telephone connectivity were essential for me in this study. Avoiding technological issues prevented the interviewee from being too nervous or anxious to share their experiences.

Chapter Three Interview Questions

In this section, I present the open-ended interview questions that I asked during the interviews. Each interview consisted of multiple questions, including icebreaker questions, questions about the subject matter, and concluding questions through which I sought advice the participants would like to share. I interviewed each participant twice. The first set of interview questions directly addressed the time before and during deployment. The second set of questions addressed the postdeployment time period along with any additional information the participants were willing to share. The interview questions can be found in Appendix D.

Reasoning For Questions

With each interview, I used icebreakers to ease into the subject matter. Icebreakers are general basic questions about the participants (Miller & Mandryk, 2021). The purpose of icebreakers is to gain rapport and establish a comfortable environment. Finally, the icebreaker

questions enabled me to gain initial insight into the participants' experiences related to combat deployment and postdeployment.

I used the general combat experience questions and suicide questions for combat veterans to encourage them to share their personal combat experiences—those that were memorable and some that were traumatic. These questions gave the combat veterans an opportunity to share their personal stories. Through these questions, I also provided the space for the participants to share intimate details about their relationships and psyche if they chose. By asking these specific questions, I gained a better understanding of their thought processes along with their explanations of their internal, trauma-endured pain. I believed it was imperative to understand what factors the combat veterans believed contributed to their suicidal ideation. The experience and suicide sections of the interview protocols aligned with the research questions.

I used the support questions for both sets of participants (i.e., combat veterans and social supporters). The purpose of enquiring about support was to perceive what support meant to each participant. Support can take many forms. It was crucial to comprehend what the participants deemed as valuable support. These questions helped me to understand the needs of all of the participants. The questioning also helped me to answer the research question that guided the study.

Data Analysis

After collecting all interview data, I stored the data in a password-protected file on my personal computer. I immediately transcribed the data using Temi.com, a confidential transcription resource. I then listened to the recordings and reviewed the transcripts several times to become familiar with the data and maximize its accuracy (Creswell & Poth, 2018).

Next, I followed three main coding steps outlined by Miles et al. (2014). First, I completed an initial round of inductive coding on each of the initial interviews in order to identify initial meanings conveyed by the participants. During inductive coding, the researcher explores detailed themes throughout unfiltered data (Thomas, 2003). According to Miles et al., descriptive coding—summarizing a word or passage with a meaningful label or phrase—is appropriate to construct a narrative describing the phenomenon under exploration. This initial coding allowed me to identify any emerging questions to ask in the second interview. After completing the second interview, I completed an initial round of coding on the new data. Once I completed this initial coding, I conducted a second round of coding with all data to group like codes into fewer potential themes (Miles et al., 2014). In this round of coding, I specifically identified patterns within the data. The third and final step consisted of naming and defining each theme.

Ethical Concerns

I went to great lengths to certify that this study followed all ethical guidelines. It was imperative to thoroughly implement the methods and follow the design structure. Doing so yielded valid and ethical results to ensure I did not harm or take advantage of any persons.

I informed all participants of the value and importance of their consent and privacy. Consent was required of all participants. I ensured that they understood the consent form prior to participation. Gossman et al. (2019) explained that “U.S. federal regulations require a full, detailed explanation of the study and its potential risks” (p. 1). The letter of informed consent appears in Appendix C. In order to obtain lawful informed consent, three main fundamentals are required (Gossman et al., 2019). The three fundamentals are as follows: “disclosure of

information, competency of the patient (or surrogate) to make a decision, and voluntary nature of the decision" (Gossman et al., 2019, p. 1).

Nominal risk existed for all participants in this research study. All of the subjects were over the age of 18 and of sound mind. In addition, all of the documented information that was provided will be destroyed after 6 months, according to the endorsement of the research committee. Deleting participant information drastically reduces the chance of compromising the participants' confidentiality.

Trustworthiness

Connelly (2016) defined trustworthiness as the degree of research and data quality in a study, explaining that it ensures that the data collected is of quality and is reliable. The components of trustworthiness Connelly identified are credibility, confirmability, dependability, and transferability. Trustworthiness was maximized and implemented in this research study by maintaining professionalism and confidentiality. All research was annotated and structures throughout the research process, including dates, times, participant pseudonyms, and researcher notes. An audit trail was also completed (see Appendix H).

Table 3.2

Trustworthiness and Connection to the Study

Criteria	Definition	How I met criteria
Credibility	Ensuring that the research is authentic and true Triangulation Multiple participants Member check Thick, rich description	Using multiple participants Conducting multiple interviews Member checking (phone or zoom) Detailed description and representation of data
Confirmability	The ability to maintain an objective approach throughout the research process. Admission of researcher's assumptions and bias Audit trail	Researcher's positionality Audit trail via a research journal Tracking decisions in data collection and analysis Tracking researcher thoughts
Dependability	The steadiness and constancy of the research study Researcher's journal Notes of data collection and analysis processes Note reflexive thoughts and ideas while collecting and analyzing data	Researcher's journal Taking notes while conducting interviews Annotate similarities, thought patterns, or triggers that may occur Researcher reflexivity
Transferability	How the research study can be transported into a different atmosphere Thick description of participants and settings Rich description of the findings	Through thick, rich description, readers can determine relevancy to their lives Make connections between past research and the new discoveries in the proposed research

Note. Information adapted from Creswell, J. W., & Poth, C. N., (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications; Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation.* Sage Publications, Inc.

Summary

The general purpose of Chapter Three was to provide detailed insight into the methodology utilized during this study and to explain exactly how the study was performed. I also shared information about the specific pool of participants and their value for the study. A dialogue of the exact methods, collection of facts, and specific parameters; and why the researcher was best suited to execute the study. A qualitative methodology was used with a case study format to further explain the theory and the importance of support systems in reducing veteran suicide. Research participants provided insight into the research topic by providing their perspectives pertaining to veteran suicide. The purpose of Chapter Four is to explain the direct outcomes of the research implemented.

Chapter Four: Results and Findings

The primary purpose of this chapter is to discuss the research findings on the topic of combat veteran suicide by analyzing the information gathered through participant interviews. The research results arose from the experiences and opinions of the combat veterans and their social supporters. In this chapter, I provide the participants' descriptions, experiences, and insights. To begin, I provide an overview of the study. I then present the findings according to each individual case. I present the experiences of the combat veterans and their social supporters according to themes and subthemes. The chapter concludes with a cross-case analysis.

Problem Statement

Veteran suicides continue to present a critical problem in the United States (Raines et al., 2017; Wadsworth, 2019), with the issue remaining an epidemic. Instead of decreasing in recent years, veteran suicides have increased (mentalhealth.va.gov, 2019). Part of the problem is that the struggles that lead to suicide ideation (i.e., depression, substance abuse) stem from the difficulty many veterans have with reintegrating back into civilian life. This reintegration is especially difficult for combat veterans. Recent researchers have reported that the failure to adapt and acquire proper coping skills results in negative outcomes for many combat veterans (Carter, 2017). These negative outcomes include substance abuse (Seal et al., 2011; Teeters et al., 2017), suicidal ideations (Teeters et al., 2017), and suicide (Interian et al., 2016; mentalhealth.va.gov, 2019). Multiple researchers have also highlighted the increased need for support systems and resources for combat veteran supporters (Renshaw et al., 2008; Yambo et al., 2016).

Purpose Statement

The purpose of this qualitative multiple case study was to understand combat veterans and their social supporters' experiences related to mitigating combat veteran suicide. A total of four cases (i.e., four sets of one veteran and their social supporter) were included. I defined combat veterans as those veterans who had deployed to combat locations and served during OIF and OEF. A social supporter consisted of a member of the combat veteran's family or their spouse.

Research Questions

The following research questions guided this study:

RQ1 What are combat veterans and their social supporters' understandings and experiences related to trauma?

RQ2 What do combat veterans and their social supporters identify as significant aspects of support in mitigating suicidal ideation and suicide?

Site and Participants

Due to Covid-19 restrictions, I collected the data for this study via landline in the participants' homes and the researcher's home. I distributed all consent forms via email. Due to the combat veterans' mental health conditions, I provided breaks during data collection and offered mental health resources. I identified each case (i.e., combat veteran and social supporter pair) by a pseudonym chosen by the combat veteran to ensure the confidentiality of both the combat veteran and the social supporter.

To accommodate the combat veteran's preferences, two cases (Bill and Flo) included individual interviews; that is, I interviewed the veteran and their supporter separately. The other

two cases (Warrior and Rocky) involved interviews with the combat veteran and the social supporter together. I conducted the combined interviews due to the mental health of both Rocky and Warrior, who felt more comfortable and less anxious with their wives present. The combined interview for Rocky also assisted with a language barrier. The wife spoke English; however, it was challenging at times to convey questions to her because English was her second language. Her husband and I explained the questions differently to help her understand. Table 4.1 provides a visual representation of the combat veterans and their social supporters' relevant demographics.

Table 4.1

Participant Demographics

Combat veteran cases	Sex	Branch of service	Deployment location (Times deployed)	Social supporter	Years known
Warrior	Male	Air Force (medically discharged)	Afghanistan	Wife	14
Bill	Male	Air Force (retired)	Iraq (3)	Wife	18
Rocky	Male	Army (medically retired)	Iraq (2)	Wife	18
Flo	Female	Air Force	Iraq (2)	Brother	Life

Data Collection Procedure

I completed the following data collection procedures for this research study. Open-ended interviews represented the only form of data collection. Interview questions were specific to either the combat veteran or the social supporter. I designed both interview protocols to gain insight into the participants' views and experiences related to their military experiences and the

military suicide epidemic. I concluded the interviews by asking for additional feelings and thoughts that each interviewee or couple wanted to share on the subject.

A total of two interviews were conducted per person. Each interview lasted approximately 45 min. I offered the combat veterans and their social supporters extra time to report any additional information they deemed relevant to the subject. To ensure the participants' confidentiality, I utilized pseudonyms. Although the combat veterans and their social supporters did well emotionally during the interviews, the researcher still offered the Veteran's Affairs Hospital medical professionals' contact information.

Data Analysis

All data were stored in a password-protected file on the researcher's personal computer. I transcribed the research data using Temi.com, a confidential transcription source. To check for accuracy and gain familiarity with the data, I listened to the recordings several times while reviewing the transcripts (Creswell & Poth, 2018). I then followed three main coding steps developed by Miles et al. (2014). I completed an initial round of inductive coding with each transcript to identify initial meanings conveyed by the participants by assigning codes related to the research questions. Second, I grouped like-meaning codes together (Miles et al., 2014) to identify patterns within the data. The third and final step included naming and defining each theme.

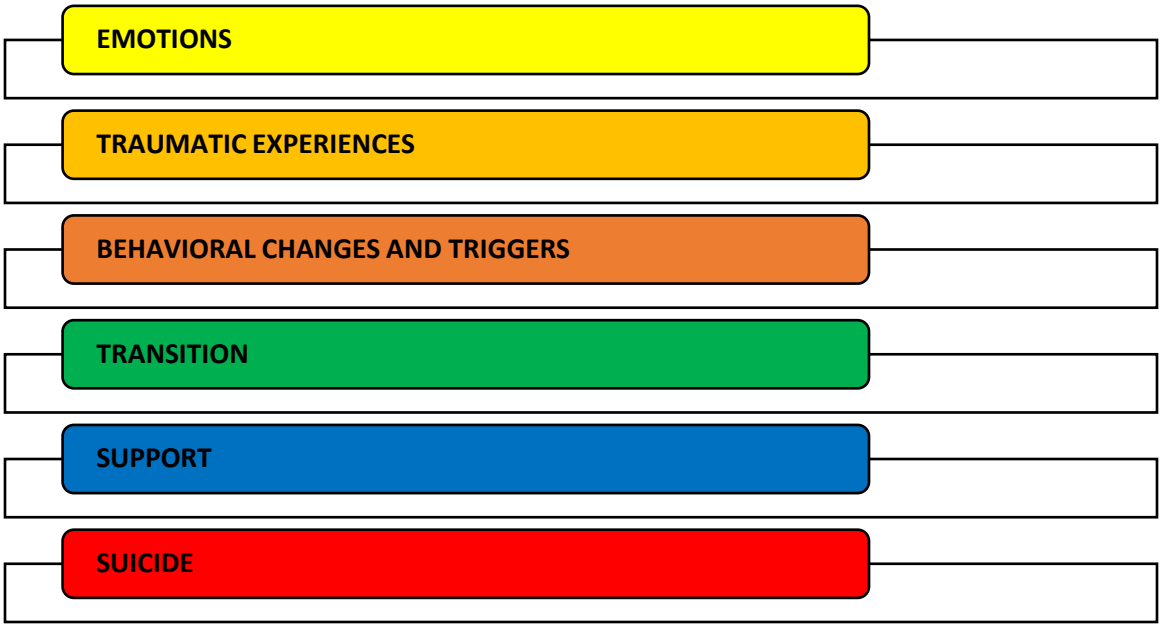
Findings

In this section, I present the themes and corresponding data. Because this study was a multiple case study, each set of participants (i.e., cases) is displayed separately to capture their unique situations, understandings, and experiences related to trauma and suicidal ideation. I begin the case presentation with an overall contextual description to set the stage for

understanding the combat veterans' experiences. Then, each case is depicted, including participant descriptions and the data aligning with the following six themes: emotions, traumatic experiences, behavioral changes and triggers, transition, support, and suicide (Figure 4.1). In the cases, I use the term *civilian-inflicted trauma* to connote trauma (i.e., emotional, verbal abuse, physical abuse) that has been inflicted upon combat veterans by civilians. This trauma can be inflicted intentionally or unintentionally by those who have never been in the military or experienced combat. Although each of the cases includes the six themes, each case is unique in how much data emerged according to the themes.

Figure 4.1.

Visual of Themes



Contextual Background

The following description sets the scene for when the participants initially deployed to a new country and took on new roles and responsibilities. The experiences shared covered three main areas: (a) expectation of entering the combat zone, (b) the preparedness the combat veteran

felt prior to entering a dangerous combat location, and (c) the culture shock endured upon arrival. The purpose of this contextual background is to provide the participants' unique descriptions of the atmosphere they experienced. Comprehending the life, environmental factors, stressors, and duties of the combat veteran is critical to understanding their initial perceptions and any connections with their deployment, future reintegration, and experiences with suicide ideations or suicide. The contextual descriptions also reveal the internal emotions of the combat veteran and the social supporter's emotions related to knowing their loved one would remain in a hostile environment. Participants' quotes sometimes include utterances such as "um," "and," or "uh" to convey the difficulties the participants experienced during and after the combat veterans' deployment.

Warrior did not recount much of his initial Afghanistan expectations. However, he did express the following sentiment upon arriving in Afghanistan. Warrior's overall summation of his experience in Afghanistan was: "Terrible! Oh, every single day was terrible! I can't lie about that."

Bill, Rocky, and Flo all described a sense of shock from their new environment. Bill expressed feeling an immediate culture shock upon entering the combat zone. What Bill encountered in combat appeared to be unexpected. Bill described his reaction to arriving at his combat location in Iraq:

> It was different as far as you're in a new world. Being in the U.S., we're used to peace. We're used to not being in war and used to not having to worry about a lot of things. Once you're in that type of environment, you never really know what to expect on a day-to-day basis. What you see on the news, what you expect, but then when you get there, it's something totally different. As far as, you know, nights where you thought you were

> going to sleep through the night, but you didn't because there was something going on [at] the base going or outside the base. It was just a totally different environment than what we are used to.

Although combat training is always provided prior to combat deployments, Rocky expressed a lack of preparedness for life at his combat location. He also addressed his initial shock upon entering the combat atmosphere:

> Eye-opening. They do "training," but there's no training to really prepare you for what you see overseas. You can do all the training in the world, but nothing's going to get you really prepared for what you see there. While I was there, I saw things I thought I'd never seen in my life, but they were, you know. I'm not without getting in too much detail.

Numerous factors can contribute to culture shock. Being in a completely different atmosphere, along with unexpected environmental factors can generate shock. Flo recounted her initial cultural experiences and her military roles:

> It's almost like it becomes robotic your day-to-day, you know, what you're expected to do, you do the same thing, usually, give or take an attack here or there, which actually happened a lot more now than I realized it was happening back then. You feel everything. You feel nervous. You feel excited. It's just a different world. I don't even know how to fully explain it. It's, like I said, robotic. When we were getting attacked, um, it sucked [laugh]. . . . The living conditions were pretty crappy. That would be the one thing that I would say is that the living conditions were absolutely horrific. The showers, the trailers, everything was just absolutely horrific. I think about the crappy parts of the combat location, you know, not just the attacks that we are under, but the environment, the heat, the sandstorm. When it rained, and the rainy months, it poured, wrecked, sandbags

> outside of the [living quarters] after it would flood, and they would all fall down. It was just not getting any sleep, or getting woken up in the middle of the night to do a recall, or something happened, and they needed extra people [to work]. We had to go out, and if there weren't enough people, they would wake us up, and we'd have to go out and, you know, investigate or help search the base. It was something else.
>
> I hope to always remember how blessed I am every day, seeing how other men and women in third-world countries live. And I guess a better word for that would be survive, um, because that's what they do over there. They don't live; they just survive. I'm very blessed to live in a country where I don't have to worry about some of the things that they have to worry about on a day-to-day basis.

Overall, the initial arrival at their combat location appeared to be one of shock for each of the combat veterans—not just a shock due to the atmosphere, but also a shock due to the expectations and duties that needed to be performed. The combat veterans' perceptions and experiences related to the context and environment that they were subjected to was critical to gaining insight into the trauma they endured.

Case #1: Warrior and Warrior's Wife

Warrior is a combat veteran who served active duty in the U.S. Air Force. He joined the Air Force because a relative of his had joined. He served for 6 years and had a combat deployment to Afghanistan. Warrior was medically discharged from the U.S. Air Force due to physical medical conditions and depression.

Warrior's wife met Warrior in high school. The two were teenagers working at a local fast-food chain when they met. Years later, the two became engaged and, after having two children, decided to get married. Warrior's first child was born while he was deployed in Afghanistan.

Warrior's wife knew him prior to enlisting in the U.S. Air Force and encouraged his efforts to join the military. Warrior qualified for this research study because he had experienced depression, anxiety, and PTSD.

Emotions

Warrior and his wife expressed a myriad of emotions and shared perceptions of the combat military experiences that Warrior endured. Warrior's primary emotion was fear upon his knowledge that he would deploy to Afghanistan: "I felt scared, anxious, sad. I did not want to leave the United States." Although Warrior's primary emotion was fear, both he and his wife shared sadness. Warrior's wife expressed the following memory regarding the time after Warrior deployed to Afghanistan:

> I felt like I lost a best friend. I remember when we had rolled up there to drop him off. I remember us having our last meal. I remember our last meal was Sonic, and when we dropped him off, the moment he got outta that car, I remember I kept looking at the window because I didn't want to drive away. And that was sad. I just felt like I lost someone that I got to see every single day. When he left, it was the end of it. It was going to be the end of it. I remember he told me to stay close to his mom, keep in contact, and I did that.

Warrior's wife also shared how she lived her life on standby while Warrior was deployed. Warrior's wife described the emotions of living in constant fear, stress, and worry:

> If there would be a serious attack to where I won't be able to contact him or I remember [there] was times I had to wait on the phone call. I couldn't even call out to him. I remember one time I had missed his Skype and I, I just, I don't know. I was just worrying about a lot.

> Stressful. I remember [when he] was worried when couldn't get me, or the time when there was a moment when he Skype[d] me and it was glitching, and it hung up, and then he called me and just said, I guess it was a bomb threat. So, he had like a rocket attack. He had to disconnect the phone. And then I remember, oh, this is sad. When he was almost finished at boot camp, I remember the day he cried; he just felt so discouraged and disappointed in himself. That he can't make the time to pass graduation and he had to go another week. That was, I think that was a sad, sad time for him.

The deployment appeared to take an emotional toll on Warrior and his wife, so leaving Afghanistan was a relief to him. Warrior expressed complete joy upon his return to the United States. He recalled:

> As a feeling, I was happy. I was so happy to like see trees and to see grass and just see the states again. I didn't ever want to go back to Afghanistan. It was terrible. I even, when I got here, I laid down and kissed the ground.

Warrior was ecstatic to exit the combat zone and return to the United States. His experience in Afghanistan appeared to create a newfound appreciation for the United States.

Traumatic Experiences

During combat, many veterans endure hardships that impose lifelong trauma. These hardships can cause negative emotions, behavioral changes, and triggers. Warrior expressed the following traumatic experiences while he was in Afghanistan:

> Being in Afghanistan. Um, it was, it was hard for me. It was hard in the sense of hearing bombs all the time, hearing, gunshots. . . . One time, it was a chow hall that I was at, and about 15 min later that chow hall, basically it was a car bomb right next to that chow hall minutes after that. So that, scared me like, if I would've stayed there, 15 min hungry, I

> could have possibly gotten hurt. [I will never forget] the sound of bombs going off, the sound of the rockets, and the sound of gunfire.

Behavioral Changes and Triggers

Although Warrior was excited to be back from his deployment in Afghanistan, he was not prepared or aware of the trauma he endured and how it would impact his relationship and the rest of his life. Of his wife, he said: "She couldn't make loud noises, until I got help, like I had to go get help or she said, "I'm leaving." Warrior's wife noted drastic changes in Warrior's behavior after he returned home. These behavioral changes were so extreme that she threatened to leave him. Warrior's wife cautiously answered questions, but she noted the following behavioral changes in her husband:

> [The most prominent change in Warrior] I want to say impatience, because it's like, you never know [what to expect]. . . . Sometimes mental issues, easily being triggered, like firework[s] or knock[ing] or closing the door. He would always jump when he heard me put on the TV or me even just tapping him. . . . [Warrior was] usually, easily triggered. . . . He did not like large crowds. We would go to a gathering, and he would position himself and stand alone. He would be a stand-alone person. He would observe the whole entire room. He wasn't looking crazy or anything. It's just the way he observed his surroundings. It's like in the moment going down, he was just [un]comfortable. . . . And I used to find that weird. I used to wonder, why you look pissed when we go around, you know, your doctor, friends, and they have, you know, gatherings and get-togethers. He just always either sat at a table or be so very weird off, like in the corner, like the room would be centered, but he would be like on the, outside of the box.

Warrior's wife noted various negative behavioral changes. She expressed Warrior's triggers and his reactions in a civilian atmosphere. The following section addresses the transition and struggle that both Warrior and his wife endured.

Transition

Transitioning can be difficult for combat veterans and those closest to them. Warrior expressed how the return from his deployment put a strain on his relationship with his wife:

> My relationship? It was kind of hard on the relationship. I first came back; my wife was basically scared of me because she had been waking me up. . . . I couldn't pinpoint one rough patch [in the relationship] because everything was fine, you know, until after I came back.

Support

Warrior and his wife both expressed the importance of support during his transition. Warrior shared that it was his wife who supported him postdeployment and pushed him to seek professional help:

> She told me to go get help, or she would leave. That was enough help for me. Like she let me know, okay, that something is wrong; go and talk to somebody. . . . [Afterwards] I just sought counsel[ing] when I got back from Afghanistan.

Although Warrior recounts that he needed support upon his return, Warrior's wife expressed her support during his deployment and how she lived her life on standby and tried to be readily available for any contact from Warrior: "I guess trying my best to stay close to my phone in case he called, I remember there was a time where I didn't have a laptop, and I couldn't Skype him. So, I remember I bought one."

Warrior's wife also addressed feelings of helplessness when Warrior returned. She noted behavioral changes and her efforts to offer Warrior support:

> I was completely lost. I didn't even know the support he would, you know, needed. There have been times where if he wanted to go out, I would say, are you sure? Or I would stand there by him, or I would always ask are you okay? You need anything? You wanna step outside for some air? Or when he would go step outside for some air, I would always be like right there with him.

Even though Warrior's wife tried her best to support Warrior during his transition, Warrior still felt as if he needed something more:

> I needed somebody who basically could understand me. I know I can talk to my wife, but she hasn't been through that experience, so she didn't know what was going through my head. She didn't know mentally what was going on with me, so I just needed somebody that [had] been through that experience, and that I could share my experiences with.

Warrior's wife felt as if more support would benefit Warrior and other combat veterans returning from deployment. She addressed what she needed for support for herself and shared her opinion on what could be useful for other social supporters:

> I feel like there should be some kind of therapy or someone who will listen to [them]; I don't know, to understand what they went through, or any other veterans went through while they have served. I feel like there's not enough support in that, in that way. [Information is needed on] how to get back to being a civilian, where to seek therapy or not just therapy, but like a website to where you can read up on things and how to deal with stress, how to maintain stress, [when he's] irritated or easily irritable, some coping skills. How to just do, I don't know, try exercises about that or with that.

Warrior wanted to share advice that would be useful for combat veterans returning from deployment:

> The advice I would give to them is basically to try to relate to combat veterans. Um, especially if you haven't been through that type of situation before, because most people will write veterans off like, oh, he's okay. He's fine. But you really don't know what that veteran is going through. He could have the suicidal thoughts, but you're writing him off.

Warrior's wife offered the following advice to other social supporters helping combat veterans transition to postdeployment:

> Just always be patient. Minimize, I guess what could trigger them, and just always be their main support. Cause this is what they need most. I think a listening ear, even if you don't understand, just if they can express themselves, if they don't wanna talk about what they went through. Just, I don't know, sit there and just be a listening ear and just, I [would] just look up things on how to [deal] with combat veterans just prepare.

Warriors wife also shared insight on things she believed could benefit returning combat veterans and resources she thought would be useful:

> I would like to help by, I want to say finding them a safe place to live, like the area, because I want to say that could be a trigger, too, if they live like in an area where there's always gun violence or sirens or just anything noisy allowed. I would like to find resources of one area it's like most quiet to live in.

Suicide

Warrior explained that he never had any suicidal ideations during his deployment to Afghanistan. When asked if he had combat experience that led him to contemplate suicide, Warrior replied: "None." Warrior shared that he had the following emotions after hearing that a

fellow veteran had committed suicide: “It is sad. Cause I know I was in that person’s shoes before, so it’s just sad.” Warrior expressed that he never thought about committing suicide postdeployment, and his reason for not having suicidal ideations was: “My wife [and] my two boys.” Warrior wanted civilians to know the following about combat veterans and suicide: “It’s very real. That’s, that’s what I want people to know about combat veterans’ suicide. Very real, veterans commit suicide every day, and we heal badly. We need support, help. We need guidance.”

Warrior and Warrior’s Wife Within Case Analysis

Overall, Warrior and his wife both shared negative emotions throughout the deployment process. They both noted how their relationship changed and was impacted. Both shared insights about negative experiences and feelings and expressed a strong need for help. Table 4.2 provides a within-case comparison to demonstrate their similarities and differences.

Table 4.2

Warrior and Warrior's Wife Within Case Analysis

Comparison	Contrast
Both felt intense fear and sadness due to knowledge of Warrior's Afghanistan deployment.	Warrior's wife noticed a drastic change in Warrior immediately postdeployment.
Both shared negative emotions throughout his deployment.	Warrior did not notice his behavioral changes initially.
Both noticed the changes within their relationship due to Warrior's behavioral change.	Even though Warrior was physically back, his wife still lived in a place of fear (she was afraid of him).
Both agreed that counseling was beneficial for Warrior in helping him postdeployment.	Warrior's wife noticed that he needed counseling help immediately.
Both felt as if the transition into a civilian life was difficult for Warrior.	Warrior's wife noticed how difficult it was for him in the civilian atmosphere, and she constantly observed him and "stayed close by."
Both noticed Warrior had no patience postdeployment.	Warrior's wife felt as if more information was needed to help social supporters with returning combat veterans.
Both felt as if there was a strong need for suicide awareness for combat veterans.	Warrior was more reserved and quieter with his answers.
Both felt as if counseling would benefit returning combat veterans.	Warrior's wife shared information freely.

Warrior's wife more freely shared details of her pain and suffering than Warrior. She showed that she also suffered trauma from Warrior's deployment. Warrior's wife emphasized the need for help for social supporters as well. From the data presented, Warrior and his wife both endured hardships due to Warrior's drastic behavioral change after he returned from Afghanistan. Both Warrior and his wife experienced hardship not just during deployment but postdeployment. Warrior's wife expressed how her life was put on hold and how she remained in a constant state of fear due to his deployment.

Both Warrior and his wife expressed how Warrior's trauma directly impacted their relationship and their family life. They explained how his trauma continued to affect their relationship. Warrior and his wife believed that professional assistance would benefit all combat veterans and their supporters.

Case# 2: Bill and His Wife

Bill served three combat tours in Iraq with the U.S. Air Force. He served on active duty for 20 years and is now retired. Bill's occupation in the Air Force was in security forces. At the time of the study, Bill worked for the U.S. Postal Service and hoped to start college courses soon. Bill met his wife when he was in college. The two married quickly and, shortly after, had two children. One of which was born while Bill served in Iraq. Bill met the study criteria because he had experienced anxiety and PTSD.

Emotions

Bill described his initial emotions about his deployment to Iraq, expressing how he felt a sense of duty and how he accepted that combat deployment was a part of his duty responsibilities. He said: "[I was] a little nervous, uh, but at the same time I knew it was part of the job. So, my thing was, 'okay, let's go ahead and just do it and let's just get it over with.'" Although Bill clung to his sense of duty, his wife experienced various emotions upon learning of his deployment. She addressed how Bill's deployment impacted her life and how major milestones were missed:

> [When Bill was notified of deployment, I was] sad and angry. Those were my two primary feelings. There was the missed birth of my first child, of our first child. Okay. So that's something major that was impacted. Yes. Um, [I was worried and scared] every single day with every deployment.

Behavioral Changes and Triggers

Bill felt uncomfortable during the interview and was reluctant to share a traumatic experience that he endured while deployed to Iraq three times. However, Bill did share a traumatic trigger when he returned to the United States:

> One experience would be I was actually lying in bed one night, and my shade on the windows actually snapped. When it went up and made a loud noise, I literally thought, you know, although I was in the States, and I was in my home, I thought I was back at my deployment. It took me a minute to actually wake up and realize, you know, where I was because the noise was so loud, and it was like a boom. I'm like, "Okay, we must have [been] getting attacked [or] something. So that was probably one experience, um, that stuck, that sticks out to me, you know, postdeployment."

Civilian Trauma

Bill described the trauma he experienced through his treatment by civilians in the United States. He expressed that due to their lack of knowledge about his traumatic experiences, civilians became a source of irritation that led him to isolate himself.

> Um, it's not easy. Some people think you're in the military, you make a lot of money, and you don't do anything. You know? But it's really not easy because there's so many little things that go on that you just can't even explain to them, or they wouldn't even understand. As far as relationships go, you know, it would just upset me when people would think they knew about the military, and they never served a day in the military. They didn't know what you were going through. That would upset me a little bit and kind of make me not want to be around them, you know? Because it, it led me to further believe that they had no clue what I experienced and what I went through.

Bill's wife noted immediate behavioral changes within Bill. She also noted that he had become more withdrawn:

> [Postdeployment Bill became] more short-tempered, um, kind of staring off sometimes. There's like a certain look that comes over his face when he's in deep thought and more overthinking and overanalyzing certain situations, always scanning the room. . . . [It was] just some of the things that may have been happening that he really wasn't opening up about.

Bill's wife wanted to share the following advice to help fellow social supporters with their returning combat veterans:

> They have a hard time opening up about whatever is going on when they are deployed, and I can't speak for everyone else, but Bill specifically, um, talks about what he wants you to know about the deployment.

Transition

Bill addressed the following issues with transitioning back into a civilian atmosphere:

> [It was difficult] getting acclimated, you know, to be a noncombat veteran. Getting to the point where you have kind of decompressed, you know, from the area you were in. Trying to get used to not wearing a uniform every day and wearing regular clothes. I mean it's a big change, you know, we were so used to wearing the uniform because you become comfortable in it. You know, if you wear the uniform all the time, uh, you got weapons with you all the time, so just try to understand, okay. We're in the states; we're in peacetime environment. We don't have to be as; I don't have to be as uptight as I was before. So that was an adjustment that needed to be made.

Bill's wife addressed the issues she noticed with Bill and the stressors she endured while Bill transitioned to postdeployment:

> The first deployment, there were really no stressors. Um, at that time, we were just dating, and then [the]second one was the birth of our first child. Uh, I was a little nervous just for him, just readjusting and coming home to a newborn baby. I kind of expected him to just fall right into my routine that I had with the baby, but I was just excited more than anything. And after that one[deployment], there was another deployment, and leading up to the deployment, there was just a lot of arguing back and forth. So, when he did come home and I found out that he was coming home, there was a lot of anxiety because it was just like, okay. You know, to continue. Um, so that was my main feelings, over the course of those three deployments.

Support and Coping Mechanisms

Bill expressed his personal way of decompressing postdeployment: "[I was] relaxing and you know not being in a combat environment or combat zone. I took some leave, and so that helped a lot." Bill shared his personal coping mechanism and how it kept him motivated:

> Well, I would say Number 1, my faith in God, you know, and then Number 2, you know, knowing that, you know, God would bring me through it and if, you know, His will, you know, it would be done. And if it was His will for me to, you know die, then that's what it was. And then the other thing was knowing that I had a family and keeping in contact with them, and trying to be strong for them was a major part of it.

Apart from his self-coping skills, Bill shared how his wife supported him during deployment while she was pregnant and postdeployment:

> During the deployment to Iraq where she was pregnant. And so that was hard, you know, you're over there trying to handle business again. You're wondering what's going on here? Is she okay? Does she need anything? And so, you know, with that, I try to keep in contact with her every day or as much as possible. Um, but she really, I mean, just dealt with it on her own and didn't try to stress me out, you know? She kept me, you know, informed on what was going on with her and the baby but really didn't put a lot of pressure on me. So, I think that was, uh, that was one time [she supported me during my deployment].
>
> When I couldn't sleep at night because there is a time difference. What we would start doing was I would only like get in the bed or lay in the bed when it was nighttime or when I was about to go to sleep. So, you know, sometimes I would want to be alone, just watch TV. And of course, you know, you sit in the bed, and you watch TV, so she would remind me, let's not do that. Let's go to the living room, watch TV. And then when you get ready to go to bed, and that was to help me get my sleep cycle together. And because I was up like all night, all the time, some nights and then there would be different times of the day where I would sleep like 2 hr and be up all day or 2 hr and be up all night. But that was something that she did, you know, which was, you know, helped me to get my sleep cycle back together. That was kind of rough.

Bill wanted to share the following advice with social supporters who had combat veterans returning to them:

> I would say don't force them to talk or don't be there for them, but don't force them to talk or to open up. When they are ready, they will do it. At least provide them with avenues that they need to talk and to get help. Usually, you know, like for me, I know

> there were some things I didn't want to talk to anybody about except for the guys that I was over there with, and the guys that experienced the same thing. So that would be my advice, you know, uh, don't force them to talk, but be there for them. Give them some avenues or some things, some ways to express it to the people that were there with them so that they can kind of help each other.

Bill's wife shared her personal support that she offered Bill postdeployment. Bill's wife expressed how Bill was and still is reluctant to speak about the trauma he endured: "As much as I could, as much as he would allow me to. Just being a listening ear, but like I said, he really didn't talk much about any negative incidents that there may have been." She added:

> Like I said, just being a listening ear. He really didn't open up much about any, anything and still doesn't. So, there's really not like, you know what I mean, like one specific situation that may have occur where I'm saying, hey, okay, this is what has happened. Um, let's try to, you know, cope by doing A, B, C, X, Y, Z. [I was] just trying to listen, um, as much as I could. Like I said, he still doesn't open up much about anything, so just trying to listen as much as I could. Um, I don't think I've never suggested counseling because that seems like a trigger situation. So, I've never suggested that just in general conversation, if that does come up, it doesn't seem like it would be a good fit.

Bill's wife wanted to share the following advice to help social supporters with their returning combat veterans: "I mean, obviously there are a lot of different programs out there, but the combat veteran has to be the one to take the initiative to actually follow through. Just be patient." Feeling as if she needed information postdeployment, Bill's wife recounted:

> I would've wanted more information on different coping skills and different coping strategies, maybe like some sort of a safety plan. Um, not like, like a physical safety plan,

but like a safety plan for the combat veteran. Something that I have, and I carry daily with me at work is a safety plan, and it just helps me calm down when I'm in stressful situations. I carry it on my lanyard. So maybe something like that.

Suicide

Bill shared that he did not experience suicidal ideations during his combat deployments to Iraq. Instead, he had the following thought processes:

I don't think I've had any [suicidal thoughts] that made me want to, you know, end my life. I had some [thoughts] that made me, you know, not want to be in the military anymore. You know, it made me want to give it up.

Bill described his thought process in the instances when he has learned of a fellow veteran who committed suicide:

The first thing that goes through my mind is did they reach out for help? If it's someone that I know or someone that's close to me, I will ask myself, did I miss something or was there something that I should have done, you know? Did I miss a clue? Was there something that I didn't see or something I overlooked? That's the hard part. But you know, I hear about veterans committing suicide. Uh, you know, it's my first question. Did they reach out for help? Did they try to get someone to say, "Hey, you know, I'm reaching out to you cause I trust you enough, you know, to help me get through whatever they're going through."

Bill specified that he did not have any suicidal ideations postdeployment; however, other negative thoughts came to mind: "No, I didn't. I didn't think about ending my life or anything like that, but I thought about hurting people, [laugh] but I never thought about ending my life."

Bill and His Wife Within Case Analysis

Bill and his wife both hesitated to provide information regarding Bill's deployment and postdeployment experiences. Bill's wife became more forthcoming, expressing that her reluctance and lack of knowledge arose from Bill's secrecy about his deployment experiences.

Bill was more forthcoming with information when it pertained to other combat veterans and not his personal experiences. Bill's wife noted that Bill had immediate behavioral changes postdeployment. Bill shared that his wife helped him to get back on track with his sleeping schedule postdeployment. Bill also noted that his transition postdeployment was challenging. He expressed trying to adjust to civilian life in peacetime and said it was difficult because he was accustomed to having a deployment "routine." Bill's wife explained that when she encouraged Bill to seek professional help, it created tension and marital discord. Bill's wife clarified that her mentioning help was a trigger for Bill.

Bill and his wife shared their insights on the help that combat veterans need. Both believed that professional counseling would benefit combat veterans. Both also put the responsibility of seeking treatment and accepting treatment on the combat veteran.

Table 4.3

Bill and His Wife Within Case Analysis

Comparison	Contrast
Both Bill and his wife were reserved at times during their interview. Both used caution while speaking, and it appeared as if they did not want to say too much.	Bill's wife stated that she was more reserved and not forthcoming because Bill did not share information with her. Bill's wife expressed how he would not talk to her about his combat experiences.
Both Bill and his wife expressed initial fear about Bill's deployment.	Bill felt excited to return home. Bill's wife was initially excited for his return from his first deployment. However, as she noticed his behavioral changes, she became nervous and cautious about his homecomings.
Both experienced stress and worry during Bill's deployment. Bill expressed concern about his wife's pregnancy; Bill's wife expressed concern about his safety in Iraq.	Bill's wife noticed a change in Bill immediately postdeployment. Bill did not initially notice any changes within himself.
Both believed that it was important for the combat veterans to want to receive help before any help or assistance can be given.	Bill's wife noticed that he needed professional counseling.
Both noticed behavioral changes in Bill over time.	Bill did not agree with his wife's assessment of his need for counseling, and conversations related to counseling became an issue for the couple and a trigger for Bill.
Both noticed the changes in their marital relationship due to Bill's three deployments to Iraq.	Bill had difficulty adjusting to a peacetime environment postdeployment. Bill missed the deployment "routine."
Both noticed Bill's difficulty with insomnia and disrupted circadian rhythm. Both worked cohesively to get Bill back on track.	Bill's wife noted that Bill had difficulty falling into the family routine she created with the newborn baby.

Case # 3: Rocky and Rocky's Wife

Rocky was a combat veteran who served active duty in the U.S. Army. He served 12 years and was medically retired. Rocky met his wife while he was doing a tour in the Philippines. The two married shortly after. The couple had two children. Rocky's wife was a nurse, and due to Rocky's mental health status, he no longer worked. Rocky's wife's second language was English, and she was the caretaker for Rocky and their two children. Rocky met the criteria for the research study because he had experienced PTSD, anxiety, TBI, suicidal ideation, and depression

Emotions

Combat veterans shared various emotions about learning of their impending deployment. However, Rocky expressed how he really did not have time to process emotions about deployment because he was informed at the last minute:

> Well, the way that we were deployed was kind of messed up because I mean, honestly, they didn't give us enough time to really have any feelings. I mean, it was one of those deals where they had told us we weren't actually deploying until the very next year. And then out of the blue, we actually got some more orders saying that we got to go. So, it was one of those deals where yeah, I was scared, but at the same time, I knew what I signed up for. I think my wife had more of a problem with it than I did because we had just had my youngest son at the time.

Rocky's wife's primary emotions about his deployment were fear and sadness. She also addressed the struggles she experienced related to her husband's deployment that resulted from her language barrier:

> It was sad. You know, because he's going [to Iraq] and we [are] gonna suffer for a year, you know, like that. . . . Before it's hard when he [was] still in the Army, it's hard because, you know, under the two kids, you know, sometimes it's hard to me because I need to [set] the appointment[s] for the kids. It's hard. And sometimes I cannot understand the English things, you know, but now I'm okay. You know, it's hard to me, but this moment I'm happy because he's retired. It's helping me for the kids. You know, when they have an appointment, you know, we always have a give-and-take, you know what I mean? And I'm happy, [he's] always home. You know, always with me, support me with the kids.

Traumatic Experiences

Rocky recounted a trauma that occurred while he was stationed in Iraq that continues to haunt him:

> The biggest event that'll always be with me was I actually had spoken to a friend of mine, basically 3 hr before he committed suicide out there. It was really, really hard. You know, survivor's guilt kind of get you no matter what. So, I think out of everything that happened out there; I think that's where it's going to stay with me the most. Just because you kind of always replay that, that same looping track, you know, even though you're starting to miss a few things later on in life. It's been over 10 years now, and I still look back on it. It's one of those deals where, you know, I'll never forget that.

Behavioral Changes and Triggers

Rocky described the behavioral changes and triggers he noticed postdeployment that eventually led him to seek help:

.Uh, so it was about a week or two after my son's last brain surgery. I was laying in bed, and my wife was in his room, and I had laid down, laid my head down, and the stress of everything. From what I understand, this is what the doctor told me basically was the stress of everything.

It all boiled to a head. I had just closed my eyes, and it literally sounded like somebody squeezed off a 9-mm round in my ear. Okay. And it scared me half to death. I woke up; we weren't in the greatest part of town event. Uh, I mean, we weren't in the worst part of the town or anything like that, but we weren't in the greatest part of town. So, first thing I did when I got up was, I started looking around trying to figure out where, you know, where this gunshot came from, what have you. And I went in; I went in there and they had actually already fall asleep. And my wife was like, "Are you OK?" I was like, "no, are you OK? You didn't just hear that." "No, I didn't hear anything. What what'd you hear?"

I said, it sounded like a gunshot went off in the room. And she said, "I didn't hear anything. Maybe it was a wind." I went outside, you know, there's a bunch of wind storms. So, I went outside dead, just straight, dead, not even a, not even a breeze. So, I was like, okay. I started going through my head and this is when I started realizing all this stuff that just happened. Wasn't real. And I sat there, and it was like, it was like an aha moment, you know? So, I came back in the house. I was in like, kinda like, [it] felt like I was almost like a daydream. And I came to the room that my wife would stay asleep with my son at. And I told her, I said, "I gotta go, I'm sick." She goes, "Are you okay?" I said, "No." She's like, "Do you need me to come with you?" I said, "No, you need to stay here

with our son, but there's something wrong, and I need to go fix it." And so that was my aha moment that I had PTSD, and it was not gonna go away without help.

Rocky's wife noticed drastic behavioral changes in her husband postdeployment:

I think he's okay[now]. Only just bad things. When he came back, he changed. He currently, you know? Like he changed a lot when he come back from Iraq Yes. I think when, when he, [to Rocky] "You did well, you still have messed up, changed ways, no? You still okay? Right?" I think because he focuses [on] the job, you know, like that only, just when you come back. Yeah. A hard time. Okay. . . . Yeah, [I mean] the stressful things like [he] cannot do nothing all day. [He] only, just sit on the couch so depress[ed], but at the time I can't understand. You know? And [he would be] yelling at me. And when [he] have a dream, one night he bite me. [He] have a nightmare that night, and it's scary because you know, uh, your husband's changing, you know, it's stressful. When, you know, before you do a lot of stuff [together], you go to [the]mall, and when [he] come back, he do not do nothing. Like [he] wanna stay home. [He] wanna stay on the couch, do nothing, or you just eat and go do information finding, that's it and come home. You know? That's like stressful to me that moment when you come back.

Transition

Rocky described that transitioning postdeployment was eye-opening and cultivated self-awareness:

Returning the biggest thing that stood out to me when I first returned home was how little I knew about myself. The moment I realized that was, it was a week after my son's, uh, brain surgery. I was laying down; my wife was laying down, was my, my youngest son. And, I just, you know, I hadn't even really dealt with the PTSD because I really didn't

> even know I even had it. . . . The biggest thing is not the moving around. It's the change of deployment soldier to citizen-soldier; I guess you could say; I know how, you know, what I'm about back home, home, I guess you could say. So [the] biggest thing I could say is the impact of that for relationships is humongous. Especially whenever it's coming home from being deployed. If you're a home-based soldier, pretty much throughout, you may run into a couple little hiccups here and there because of not deployment, but PCS-ing [permanent change station-relocating] and stuff like that. But the biggest, I think the biggest impact, um, is the soldier coming home, trying to get that. I want people to understand that getting yourself out of Iraq is a lot harder than just coming off that plane.

Rocky expressed that he wanted to share the following information with civilians to help them understand what it is like for combat veterans transitioning to civilian life:

> Civilians don't understand the fact that you come off the plane, but you're not completely off the plane. You know? You're still thinking of certain things that you shouldn't be. I mean, you should be loving the fact that you're home and, and you're with family and you, you get to see everybody, and you're safe, but you always got that, that nagging thought in the back of your head, you know, this is what happened while I was there. And it's almost like you're still there. You know, you're still fighting that battle. You're still in that moment. For me, it was, I came home during Christmas. . . . The only thing I could think of wasn't that, "Hey, I'm home with my family." You know, it was, "I'm able to come home for Christmas, but the soldier that passed away, his family's burying him during this time." And so, I guess that in, in itself is the biggest impact. . . . I think this needs to really be talked about more a lot of people don't realize it. That we're not home when we come home. We're not home, not, not right away.

Support and Coping Mechanisms

Rocky expressed how his wife served as his support system during his deployment and kept him grounded during a difficult time:

> It was shortly after my soldier died, and I was feeling real, real bad. This was, of course, after my fleeting thoughts and stuff like that. She basically you know, prayed for me and would just constantly talk to me and tell me and just encouraged to stay, you know, keep my head up and just have more faith spiritually. She was telling me that everybody there, you know, everybody here was praying for us and praying for the evening, you know, the coming home safe and stuff like that. So, it was, really, helpful in that situation whenever you, like, when I said, you feel alone, but then you hear encouraging words like that, that kind of brings you back to ground.

Rocky highlighted his initial support that was given by the military postdeployment:

> Although they tell you all, you know, they give you the, the classes and stuff like that. When you get back, they o try to "reintegrate you into society," but it's impossible. . . . It's only like a 2-day class anyway. So, it's like, you're not going to, you know? You're not going to be thinking about this when you get home; you're thinking about home. You're not thinking about, I need to go to this class and really, really sit down and listen. So, you're in those classes, but you're basically thinking about, you know, I can't wait till I get home. You know, I got 5 more min in this class. You're not really paying attention to all these speakers and stuff like that, talking about, you know, suicide and stuff like that.

Rocky expressed that when he returned, he utilized counseling and that counseling is strongly needed for combat veterans. He also emphasized that postdeployment counseling at the wrong time was ineffective:

> When we got home, we talked to a counselor for a total of, I think, 5 min, and everybody tells the next person up. Just tell ‘em you’re okay. So, you can go home, and you will tell them that because you really want to get home. You know, you’re not wanting to have to waste your day sitting, talking to a counselor, but when a counselor hears that, instead of saying, “okay,” they need to sit down and go, "okay, you want to, you wanna go home? I get that. But let me make some things clearer before you go home. If this is what you’re planning on doing.”
>
> Counseling is like gonna be the biggest thing. And the hardest part is, is getting the soldier or airmen, you know, whoever it is, getting that person to take it seriously and sit down and go, “okay, look, there’s gonna be thoughts that come into your head that you don’t know anything about right now, because you got that honeymoon phase going on in your brain. This is what’s really gonna happen when everything starts quieting down. But when things start quieting down, that’s whenever all these other thoughts are gonna be flushing through your head and you are not gonna be able to, sometimes you’re not gonna be able to, put everything in order and, you know, and that way, at least it, would be a seed in their brain.” So, they would know whenever it was happening, they can go, “well, I do need to go to counseling.” So that’s, what I think out of everything. I think that’s the biggest support that we can get is, is more counseling and not just, “Hey, how are you feeling?” And fine. “Okay. If you have any questions here, call this

number." It should be a lot more than that, you know? I mean, a lot of people think it's not a necessity and it's huge.

Rocky shared how his wife would support him when he returned back from Iraq and how she still supports their family:

Uh, whenever I was having issues with my, um, uh, real bad temper and stuff like that, she basically would, you know, um, try to keep me calm. And if, if there was no keeping me, she would basically kind of leave me alone for a little bit and let me come back. And she would be my support as far as taking me to all my appointments [and] stuff like that. I mean, she was always there. She made sure that the kids were taken care of no matter what. When I first got back, I wasn't the, the greatest dad in the world or husband. I was, you know, uh, distancing myself, isolating, and having issues with that. But she was always [there]no matter what, always understanding, um, not maybe not at first, but then when she started realizing that I was [not] myself, she kind of started, kind of still taking the reins of the family and kind of making sure everything was still running smoothly. You know, she had to do that while I was gone. And for the first, uh, I would say year to 2 years, I came home. She kind of had to pick up the reins and, and do it again, you know, um, cause in a way I wasn't here, I was still in Iraq.

Rocky felt as if it were imperative to share his advice for social supporters and what they can do to help their returning combat veterans:

Have patience. You're not gonna understand anything that's going on with your soldier or airman or whatever. Um, your significant other, you're just not gonna, unless you were there. You're not going to understand what he's going through.

> And you need to have patience. The biggest thing is just come with him to his appointments. So, you can understand what he's going through. You may not understand what he's going through, but whenever you're sitting there saying, you know, you tell your doctor, Hey, look, you know, I know he's forgetting stuff, but it just seems convenient to me, convenient to him that he's forgetting this, that, and the other, and the doctor goes, "no, he's forgetting, you know, he's having issues," you know, or, you know if he has focus issues, if he has this, he's gonna have problems. If he has, you know, if he's [not], sleeping well at night, he's gonna have memory issues. If he's, you know, um, we don't know if he has TBI, we need to go in and look at this, that, and the other, and then it would take that person back and go, oh, it'll make him [social supporter] step back and go, wow. Okay. You know, even if it's just one appointment, just one appointment with a doctor, and I think it would make a world of difference for the social support.

Rocky's wife stated that she tried her best to be there for Rocky during his transition postdeployment:

> I tried, you know, like [to] encourage him, support [him] and pray [for him], I think that's it. And I always, I always behind him, you know, to support him, you know, every moment he has a bad day, I always encourage him always, you know, because he have a bad memory sometimes, you know, you need to always remind him, but if it's a bad time, but like, it's really bad, I need to leave him alone. And then I, I come back and, we talk, you know, like that. Okay.

Rocky's wife offered the following support advice and shared techniques she used to help her husband postdeployment:

> You need to have patience with them, you know, and understand. . . . [You] need to always be there, when they need you. You need to always be there, you know, and try to snap them, you know, [back into reality]. [I would tell him] "Hey, this is not right. You know, you here now; you know, it's not happened here. It's done already." . . . I think, we good only, just when [he]come back, the first time I cannot understand what's going on [with] him until he explained to me the PTSD, you know? Like, God, and then what we do? We go to therapy, both of us, you know? They explain to me too, why, you know, if your husband has a PTSD or something going on a mental, you need to support him. [Go to] therapy, too. And you need to find out what's going on. And then they gonna explain to you and, you know, they gonna teach you what you are gonna do? You know, what [you are going to] deal [with] you know, helping him, you know, like that. . . . Encourage him and snap [him back into reality], you know, like that thing. That's all the support [they need] and [take] time[to] encourage [them] and pray, you know, you always be with them.

Rocky's wife also shared her specific views on the support needed to help returning combat veterans:

> I know the [issues with his] memory, you know, sometimes they forgot, what the doctor[says], and I think you need to [seek] support. If, the wife, she have time, go to the doctor appointment with him and listen [to] what the doctor said. And I think [you should] encourage that because sometimes the soldier, he not say everything to, the doctor what's going on, but you're [his] wife, you know, the partner, [you] know what going on in the house. I think I need to tell to the wife, you know, support [going to] the doctor appointment. And you need to talk about it. So, the doctor [knows] what's going

> on inside of the house, because you are the one what's going on. Because sometimes the, the soldier didn't say everything [at] the doctor or [at] the therapy. The number one [way] to support [combat veterans is to] go to the doctor appointment. . . . [With] PTSD, they need understanding and knowledge about that. How [they are] gonna deal with it, you know? I think only just the encouragement, you know, learning about that, how you gonna deal that PTSD when you, when they come back.

Rocky's wife also shared what support she deemed valuable for social supporters to help combat veterans:

> I think only just be patient [and] encourag[ing], you know, understanding and support everything of what they deal with over there, you know, like that. And always, if you have a time, always come to the appointment, because that is very important because the doctor [can help medically explain things] because the PTSD they have is bad.

Suicide

Rocky shared that during his deployment in Iraq, he experienced hardships and negative emotions that resulted in suicidal ideations:

> I think the biggest thing was in Iraq. I think it was the loss of a soldier and then the loneliness. Sometimes when you're alone with your own thoughts, especially in Iraq, you're away from your family; you're away from the things, and then bad things happen and you have to learn, and that's where the compartmentalization comes in because if you don't know how to compartmentalize, it's easy to go down dark paths. And so, for me, it was that the loss of the soldier and being away from everybody, and at the time and just finding out that my youngest child was having seizures. So, I think it was just a lot of bad stuff that was happening at the time. On top of just the constant fear of could the next

> mortar have my number on it type [of] thing. Um, I think it was just, that was the only time that it really had the fleeting thoughts, you know?

Rocky said he has the following thoughts when he hears that a fellow veteran has committed suicide:

> That's a real easy question because I've had six friends commit suicide when I came home. The first thing that pops into my mind was I just lost another brother, um, sister, and it makes you really pay attention to your other friends around you and your family members. And you start looking for signs where sometimes there aren't any, but you start looking. You just want to pay more attention to the things around you.

Rocky shared that he wants people to know the following about combat veterans and suicide:

> The biggest thing with soldiers [is] always look around, always pay attention to your surroundings, and pay attention to the signs. Because sometimes they're not as they make it out to be in the training and all that other stuff. So sometimes it's very, very subtle and you can miss it. So, whenever you're speaking to somebody and they look down or whatever, that's whenever you need to really, really start paying attention to the different types of suicide. . . . When a soldier says he's down, it's not just depression. If a soldier says he's down, it could be, he's wanting to take his last breath that night. It's not about it being a combat soldier, I would want people to know about combat veterans and suicides[are] different than the civilian because depression can kill a soldier. Depression can kill a civilian, but it can do more to a soldier cause of the things that are going on in his head that you don't see; it's the invisible things that, that people don't see. The fight

that he's going through in his head, that nobody can see. You just keep an eye on him. And just keep paying attention to the way that he acts, the way that he says things.

Rocky and Rocky's Wife Within Case Analysis

Initially, Rocky and his wife both experienced different emotions after learning of Rocky's deployment. Rocky did not have time to process his emotions. On the other hand, his wife's felt immediately upset because Rocky was blindsided by his deployment to Iraq. After both participants accepted that Rocky was deploying, they both shared fear for Rocky.

Both participants described feeling negative emotions throughout Rocky's deployment. Still, Rocky's wife tried her best to support Rocky through his difficult times. Rocky expressed that his wife's support throughout his deployment helped with the suicidal ideations he experienced during his deployment and other challenging times.

Overall, Rocky and his wife primarily shared the same viewpoints regarding Rocky's transition to civilian life. Rocky's wife noticed Rocky's behavioral changes immediately, and in time, Rocky noticed he changed and immediately sought professional help. Rocky's wife attended medical appointments with him, which appeared to give both participants a better understanding of what was happening. This medical understanding gave both participants the information they needed to maintain their relationship.

Table 4.4

Rocky and Rocky's Wife Within Case Analysis

Comparison	Contrast
Both felt sad and lonely while Rocky was deployed.	Rocky was not mentally prepared for deployment due to being told at the last minute.
Both felt happy when Rocky returned home.	Rocky's wife was very upset about Rocky's deployment
Both believe that support systems and education benefit combat veterans.	Rocky did not initially know that he needed help.
Both expressed how having both of them at Rocky's doctor's appointments gave them insight into Rocky's struggles.	Rocky's wife did not initially think he needed professional help; she thought he was "lazy" when he came home.
Both felt as if Rocky's mental health issues impacted their familial relationship in a negative way.	Rocky's wife noticed drastic behavioral changes in him immediately after he returned home.
Both felt as if it was important for social supporters to go to appointments with combat veterans to better understand them.	Rocky did not immediately notice he needed help. He noticed later, then immediately sought professional counseling.

Case 4: Flo and Flo's Brother

Flo is a female combat veteran who served in the U.S. Air Force. Her job specialty was security forces. Flo served 6 years as an active-duty U.S. Air Force member and 2 years in the U.S. Air National Guard. Flo's joined the Air Force because her father previously served in that branch of service. Flo served two deployments in Iraq and deployed to multiple combat locations for missions. Flo had one child and, at the time of the study, worked in the construction field. Flo's brother was a self-employed consultant, and he and his sister were close. Flo met the criteria for this research study because she had experienced PTSD, anxiety, substance abuse, depression, and suicidal ideation.

Emotions

Knowledge of impending deployment to a combat location can provoke a variety of emotions in military members. Flo shared her initial emotions upon learning of her combat

deployment: “I was nervous. I was very nervous but also excited at the same time. It’s kind of hard to explain because you don’t know what to expect.” Most military members and their social supporters viewed being deployed to a combat location as a dangerous and negative event. Flo’s brother viewed Flo’s combat deployment as an exciting endeavor and an opportunity for his sister:

> I was just happy. I thought it would be a great opportunity for her, you know, coming back to what I just said. Being able to see the world and travel like that, you know, that’s great. I mean, I’ve never left, you know, United States, so she’s been all over the place. So, I thought it was just a great, great thing for her. I was really happy for her. She was excited; you know, she was excited to go. But it wasn’t really until she got over there, and she stood so long away from everybody that it kind of sunk in cuz you know, when she was stateside, she was only a couple hours away; you know, now she’s thousands of miles away. So that was, um, I think it’s a little tough on her at times.

Traumatic Experiences

Flo shared the following traumatic experiences regarding her arrival to and exit from Iraq:

> I remember the first night I got to Iraq, I went to the latrine, and this was shortly after I think the first Fort Hood incident where that man shot up Fort Hood and killed some people. It may have been Fort Hood. It may have been an another base. I can’t remember. I was just getting outta the latrine, and I was lucky enough to have a mirror and, uh, the shower/latrine and I was standing in a mirror. I had heard a gunshot and it sounded like it was right next to my ear and the locals outside the base would shoot off celebratory rounds into the air.

And a lot of times, we know what comes up, must come back down and that celebratory round came through the roof of the latrine and through the floor about a foot up to the right of where I was standing. Um, and at first, I didn't know what was happening. And, uh, I was, I did not have a weapon on me at the time, and I was terrified. I didn't know if there were, uh, locals on the base, uh, or if somebody else had, you know, was shooting up the place. I had no idea. Um, and so I remember being utterly terrified of that going throughout the following 7 months, um, not knowing if I was gonna be standing in the wrong place and my life was just gonna be over just by standing there, whether I was on flight duty, or if I was, uh, during law and order on the base, it, it was complete uncertainty all the time.

There were other people who were not so lucky who did get struck by celebratory rounds. People who had a less not to disparage others jobs, but people who had a less, I guess, demanding job and security forces, there was a medical captain, uh, sitting in his desk at the, in his office. And a celebratory round came in through his room and got him in the back of the head. He survived luckily. But it was, it was that kind of thing, not just when we were getting mortared, but just walking around when there was actually calm and not knowing what was going to happen. Um, so definitely, uh, the environment was uncertain; the living conditions and the environment were terrible. . . . It was definitely my most memorable experience and we had a very, very bad border attack probably a couple weeks before I was able to come lucky enough to come back home. That was, uh, terrifying for me. There were mortars exploding, literally overhead all over the base and it was, uh, it was pretty scary.

Postdeployment, Flo noticed that she had an aversion to civilians and attributed this to civilian trauma. Flo also noted that civilian trauma not only impacted the combat veteran but also the family members of returning combat veterans:

> I would want [civilians] to realize that hateful comments, comments that are disparaging towards military members they need to realize the ramifications that has on returning members from overseas, um, negative and disparaging comments from the general public. I feel [civilians] have an extremely large impact on the suicide rates amongst veterans because we come back feeling like, okay, we made a difference. We did good. Then we come back here [to] civilians saying, oh, you're nothing. You're not brave. You don't matter, um, this, that, and the other.
>
> When you go over there and then you come back and that's what you come back to, and that's what you hear, and you are already, an emotional wreck to begin with because you went through combat, you know, you see things that, that these people who are making these comments, don't see, and you think you're gonna come back and let me just break here. No, we don't. Like I personally, it makes me feel awkward when people take me for my service of that kinda language. And those disparaging remarks really need to cease and dismiss. And regardless of the feelings that a civilian may have for a military member, they need to keep those to themselves. It doesn't need to be broadcast on social media. It doesn't need to be broadcast on the actual, um, they really need to take into account that those remarks and people who have made them do have some responsibility and are culpable for the suicide rate amongst combat veterans. That may seem harsh, but it is true; words do hurt, especially those types of hateful words, that hateful rhetoric that

> comes from some civilian sports military members, um, it hurts in ways that they could never imagine.
>
> Not only does it hurt that member, it hurts the family that military member who came back because that family has to deal with the repercussions of what that military member fears and sees, and is subjected to those comments by the general public. So, um, I guess the general rule of, for civilians would be, if you don't have anything nice to say about military, don't say anything at all.

Behavioral Changes and Triggers

Flo noted that her trauma continues to influence her life. She acknowledged that her trauma changed her behavior, and she still contends with triggers.

> Almost getting shot, that still messes with me to this day. Um, I still have a lot of anxiety whenever I hear loud, uh, abrupt noise outta nowhere. You know I worked in construction, so they definitely don't go hand and hand in there. [laugh] Probably not the best, uh, [laugh] career choice for me, but that's okay. Uh, I've learned to deal with it. . . . I hope to never forget really anything about the time that when I was at were there, because that helped shape me, who I am today, damaged or not. That's who I am. And I wouldn't be that who I am today. I wouldn't be as strong as I am. I wouldn't be as resilient as I am without any of the experiences I had over there.

Flo's brother observed drastic behavioral changes in Flo postdeployment. These changes left her brother and other family members in a state of confusion. Flo's brother explained:

> She's a much more rigid individual now. Um, she's always been kind of an orderly person, but being in the military like really ramped it up a notch for her. Um, everything has very well planned and executed, you know, and, and it wasn't always that way. So,

> uh, she is a lot more, like I say, rigid, uh, more meticulous. Um, uh, she's definitely, um, uh, just more conscious about her health I think now than she was before she went in, obviously 'cause you know, [physical training] and stuff, that she has to do. Um, but yeah, I think the biggest takeaway is that she was just a, more of happy than rigid individual. So, she, she was a little bit tougher, uh, as a result of being in the military and having all those experiences.
>
> I was never really concerned for her mental health. Well, I don't know. I mean, I guess sometimes that she would call. She would sound pretty distressed. So, I guess she could correlate that with, um, perhaps some sort of mental health issue going on there; you know, you're over there, you can't leave. . . . She would have, let's see . . . you're her friend [laugh], so I need to watch what I say. She had a much shorter fuse when she came back stateside. She would get, everybody gets upset over certain things that happened, but she would go over the top. One time in particular, she, um, literally was inflicting physical harm upon herself by like slamming her head into a freaking door. I can't even remember why that even happened, but it did. So, I mean, she just was a little bit more prone, after coming home I guess, [to] lashing out, you know, and we didn't really understand.

Transition

Upon returning stateside, Flo shared the emotionality she encountered while transitioning into a peacetime atmosphere. Once at home, Flo experienced PTSD and struggled to reintegrate with her friends and a civilian life that lacked a formal structure. She said:

> I felt happy being home and seeing my family again. But I also did feel, uh, initially I was happy to be away from the combat area. I was happy to be away from, I don't wanna

sound, uh, I wanna sound that way, that part of the world, it was almost refreshing. It's like you get your freedom back when you come back, and I felt happy. I felt sad. Um, very shortly after I came back, because I, you get in such a routine over there. Um, you get to where you actually feel, uh, saddened by the fact that you no longer have that routine.

I honestly think the biggest experience that it stands out to me when I got back. My first night going out, seeing all my friends at a bar, that experience was, was very, tumultuous. I didn't know it at the time, but I did have some pretty, uh, extensive PTSD, at the time you're not aware of, um, and I was not. I think integrating with that many civilians on that level, as soon as I did, did not have a favorable outcome for me. And it took quite a while for me to reacclimate to civilians and the United States life. Compared to what it was like what environment I lived in for, you know, those 7 plus months, um, coming back from my first combat deployment. . . . Um, that [military] routine becomes a way of life. It becomes your life. And so, when I came back, it was almost like I was, I was shocked to try and figure out how to function, um, in a "normal society" or the society that I was raised in. So, I guess in, in summation, sad and, uh, I also felt, uh, irritated at the general public.

Flo's brother recounted Flo's transition postdeployment and upon her exit from the military:

Well, she went through happiness and then she went through regret, you know, so it was like, she was happy that she was home. She was happy that she was out, but then she regretted it at times because you know, being in the military obviously affords one, um, certain, comforts, you know, as far as like finances go, you know, it's a guaranteed job

> you're in, you know, for a certain period of time; it's I guess, pretty hard to get fired or whatever. Maybe not, I don't know. Well, I've made it, I don't know. I tend to get, uh, trouble, but, um, yeah, you know, so that, that's really what I noticed for her most was she would go through—"I'm so happy to be back and out," and then it would go from that to "why did I get out? It was stupid mistake I should have stayed in, could have stayed in into 14 more years and then I could retire," you know, that sort of thing. Uh, so that's really the biggest takeaway I noticed from her, aside from the fact that, you know, she was just much more of a rigid, uh, driven person, uh, after, after getting out.

Flo mentioned that in her transition, she was unaware of personal changes. Flo also shared her thoughts on support:

> Well, I don't really know what kind of support I needed upon returning home, because at the time, you don't really feel like you need support. Um, I'm not sure if that makes sense or not. Uh, it's so fresh and it's so new, you know, when, when, uh, like I said, when I came back, I didn't really even realize what I've been through.

Flo offered the following advice to help combat veterans who are transitioning into civilian life:

> The biggest critique I have as far as combat vets and transitioning from the military to the civilian life, um, after their contract is up, is you push for transitional assistance. Don't ever let you[r] superiors, whether it be enlisted and officers, telling you, no you can't. Cuz I was denied the ability to go to TAPS [transitional assistance program]. Um, I was not allowed to go to TAPS. I had no idea how many resources were out in the civilian world. For me, not only for my mental health, but just to help me transition into a job, um, in the world. And that took a toll on me. I lived for years without knowing how many

resources there were out [there]; only in the last 6 months have I figured out and I've been out [of the military] for 8 years, out of active duty for 8 years. And the last 6 months I've learned how many resources are out there for me.

You push [for assistance]. I would tell anybody, transitioning to push and do not let anybody push back on giving you those resources. Go to transition assistance; push for all the information you can get again for mental health and just anything that will help you on the outside world. Because without that I felt like I was really left just kind of a sheep being fed the wolves because I had no idea what was going [on], what I was going to [do], how I was gonna feel and what I was going into in the civilian world, because I had been so institutionalized by the military and had no idea what to expect. I had no idea what I was gonna be feeling, working as a civilian. TAPS is, is a transit assistance program. Um, for separation it's supposed to be a 2-week long program for all active-duty military who are separating and it is congressionally mandated that everybody go to TAPS.

However, I was denied that because of circumstances I don't wanna go into here, but it was, nothing I did wrong except for the fact that, um, how do I put this? Um, basically my superiors were not happy with me getting out [of the military]. They didn't want me to separate when my contract was up and because of that, they made it very difficult on me. My last 6-week active duty and [when] I was supposed to go to TAPS, I was denied. So, I didn't' how to write a resume? I had no idea! Again, about the VA [Hospital]; I didn't know about any claims I could make. Also combat veterans and this is something else that they should explain to you in TAPS, but they should explain also when you're in a combat environment. One thing that sticks out for me when [you]

redeploy [as] they call it, redeployment [is] when you go back home from a deployed location, a combat location, [and] they have you fill out a medical form, you know, where you [were]; did you experience any trauma? Were you injured?

You, we, were threatened. I remember being threatened and coerced by, you know, master sergeants and commanders. Anybody saying that if I put anything on the form that said, "Yes, I stood next to a burn pit for 14 hours a day", or "Yes, I was almost shot" or "Yes, I have some trauma from, uh, mortars," or anything on the form. I was told that I would get put on admin[istrative] hold. And all of us were told "that we would not be able to go home with the rest of our, our squad." So, um, people on active duty need to know that that's a load of [expletive], and you can rephrase that into a load of crap, and that they should be able to document whatever they went through, and don't let any higher ups or anybody in their chain of command tell them that they're gonna put [them] on admin hold and not get to go home from a combat environment. And if they just want to document what they went through in that combat environment, because it's a way of them trying to not get you qualified for a claim when you get out. Which a lot of combat veterans I know have suffered, I have talked to quite a few and the VA and they have acknowledged the fact that they were denied the right or coerced into not putting down or writing down or documenting what they went through in a combat environment. And 'cause of that, it is hard for them to verify a claim, for compensation, whether it's PTSD or even an injury they sustained, unless they were actually hospitalized. And I'm not sure if that's changed now and they have, but if it hasn't, it needs to.

Support and Coping Mechanisms

Flo explained that during her deployments, she did not receive much emotional support. This stemmed from not being able to contact her family:

> Unfortunately, during deployment, I didn't get to speak a lot to my family. Apparently, it isn't like it wasn't then, like it is now, apparently now they have a lot of free time. I had 30 min every 3 days. That was once a week, we could get on, uh, the computers there it was a nice part. I was the base that had computers and it was like, I, I called it wanky town. I called it wanky town because it's where all the officers lived. Um, and we could go there once a week for 30 min, 20, 30 min and, and call home. I didn't really get to speak to my brother or my family that much and post, I wouldn't even say he was, um, really much of a support predeployment 'cause he didn't know what to say, but postdeployment, like I said, he has, he has talked to me a lot.

Flo expressed that the support she needed varied and was based upon her emotional needs in a given moment:

> It was so fresh, I guess, looking back on it, if I could say anything, um, just having people around when I wanted them around. Uh, there were times where I just wanted to sit silence and be alone. Um, and when I came back, I didn't really have that. Um, I was flooded by a lot of visitors. I was flooded by a lot of people. Um, and I remember there were times where I felt like, uh, really being overwhelmed. And I remember when it was nighttime and I would be in bed and I would be in bed alone, lying there in silence, not somebody sleeping, nobody's sleeping 4 ft away from me. Um, or even, you know, closer. Uh, it, it was almost like a sigh relief. Um, just knowing that I could be in silence by myself, um, without having somebody right by me basically.

> [I] turn[ed] to religion and then [I]sought help, um, [I] reach[ed] out to my friends, mostly, friends that I served with. Um, I either reach out to, uh, the VA [Hospital] who I haven't, I just recently started going to in the last 6 months. I did not reach out to the VA for the first 8 years, because of all the horror stories that I'd heard. I reached out to the VA [Hospital], and I reached out to friends. [Whom] I serve[d] with who know what I went through. Um, and I have, I had talked to them about some things that, that I went through.

Flo also shared her advice on support regarding relationships postdeployment:

> I don't know anybody who has a regular relationship anyway, like a healthy relationship, but when you come back from an environment like that, being through what we have been through seeing what we've seen, dealing with what we've dealt with over there. Um, none of us will ever have a "normal" ever. I don't like the word normal, but none of us will have a "average relationship." Um, if a civilian is in a relationship with a military member, they need to realize that patience is key and that if they just stick it out, stay supportive. That military member has come back from a bad environment, you know; please be supportive; have patience; reach out to them; uh, support them enough to make sure that they know that they need to go to therapy. Go to therapy with them; if they want you to go with them, offer that, just do everything that you can, even if it means being silent. . . . Even silence sometimes can be a big support as long as you're just there and willing, to be that shoulder to lean on. Um, I guess, relationships in, in general, coming back from that, uh, I would say a [laugh], I would say [expletive] a relationship.

Flo also shared how being a combat veteran herself, she also had to learn how to support combat veterans:

> I guess knowing when and when not to share combat stories. I've been guilty of it before. I've encountered young men, women who have come back from a combat zone, and I've approached them, you know, wanting to let them know that there's help out there after I found it. Um, and I could tell by the look on their face, right when I did that, they were not ready for that. So, knowing when and when to not approach a veteran, sometimes it's not somebody who's fresh out of combat zone. Um, they might not necessarily want to be approached, and they might not want to talk about the military. They might not want to talk about anything over there. They might not even want, want somebody to give them a card saying, hey, call me if you need anything. Um, I guess that would be my, my best advice and also, not everybody's experience is the same, and it's not a competition.
>
> I've had people come up to me, uh, and, and make, try to make their, their stories almost, almost like they're trying to compete with me about who went through the more hardcore. Um, and every time that's happened to me, I pretty much just got up and walked away. Cause there's no room for that amongst veterans. Okay. Doesn't matter what you went through. We all went through some [expletive] and it doesn't matter on what scale cause we all got affected in one way or another. It doesn't matter who saw what, how many times or did what, how many times matters is that we were all affected and we're all kind, but we're all, we're all family because of that. It's not a competition.

Flo expressed how lack of information on available resources prevented her from receiving available support postdeployment:

> A little bit more support at the time would've been sufficient, knowing that there were more recent sources available, not just at the VA, but there are a lot of private sector resources that do not have affiliations with the VA. And they're also completely

anonymous, just hailing where to have looked. Um, and I did find one, uh, way after the fact, um, just, just knowing that even Googling or, you know, that there's those private resources out there, cause the VA [Hospital] is not for everybody.

Flo shared how her brother displayed his support once she returned postdeployment:

Full honesty, he kept me from getting arrested the night when I came back from my, uh, first combat deployment. Um, he talked to me, he has talked to me, uh, numerous times over the last couple years. I've had long conversations with him in regards to what I've went through. Um, how I feel in the general public. He knows that I have issues, you know, being in crowds and things like that. Um, he knows, [I'm] always more on edge than I used to be. Me and my brother are very close. We're pretty much all we have. We really support each other, through sarcasm. Anybody who's really in the military knows that sarcasm is really the language of affection and how we relate to one another. The fact that me and my brother can relate to each other through sarcasm. And that's how he relates to me.

A lot of times, it really kind of brings me out and makes me feel comfortable. And he knows that, that really is what helps me through things. I mean, he always diverts me into something funny, or we talk about something funny, or he brings up something stupid that he saw or that I've done or that he's [done], or like I said, anything in the sarcastic code about what we see or the situation we're in. Um, we're just, you know, nitpicking at one, one another. I mean, that's really how he supports me, and he's done that pretty much ever since I've really been in the military. And, and after my first deployment, I mean, we really that's how he's always supported me pretty much there just being there and, and listening to me when I need to vent and, um, diverting me.

Flo's brother shared the support strategies he utilized to help Flo during her deployments:

> I would just tell her to try not to count days so much until she could come home and just, uh, make the best of everything while she was over there, you know. Taking the fact that she was making money, you know, she would talk about this, per diem or whatever. She really liked the fact that she was making more money while she was deployed. Um, so I tried to keep her on, on that, you know. It helped to keep her in a positive mindset cause you know, if you're, if you were me, I wouldn't wanna just compensate every day. You know, I got 84 days left. I wouldn't wanna do that. Um, and I wouldn't do that. So, um, at least until the very end. So that's kind of what I tried to do for her whenever she'd call. Just tell her to hang in there and she'd be back and before she knew it.

Flo's brother described that he shared support in a different way when Flo was upset or emotional during her phone calls during deployments. He also shared that this insight would assist combat veterans during their deployments:

> Listen to 'em if they're upset, you know, wanna come home, uh, just like I said earlier, um, don't count the days down. That's gonna make it seem way longer than it is. Just reaffirm how much you care about them and how proud you are of them, and, you know, do whatever you can to keep their spirits high, you know, cause it's a messed-up place over there. Um, and there's full of bad scenes and bad people and you know, they need that. So that's, that's kind of all I really have to say about, uh, about that is just try to keep 'em in a positive frame of mind.

Flo's brother shared the following insights and advice to help returning combat veterans, postdeployment:

> I mean, obviously if they're depressed when they come back, I mean, how do you treat that? I am not a doctor, but I would say don't throw a bunch of pills at them. Try other, avenues maybe, you know, let's see, what kind of outreach could you do? I mean, there's, you know, you could get them together with other vets arrange some sort of events or something they can all partake in, kind of take their mind off of anything horrible that they may have seen over there. You know, that would be one thing; try to use the health, I guess if that makes sense.

Suicide

Flo shared that although she has had suicidal ideations, they were not related to her combat experiences in Iraq: "I don't think I've had any combat that has led me to contemplate ending my life, but there have been other experiences in the military that have caused me to think about that." Flo described the following reactions she has had after learning of a fellow veteran committing suicide:

> One of the guys I served with, actually, he just recently committed suicide and took his life in April of this year. Uh, I'm not quite sure how he did it, but I did serve with him and, the first thing that I wanna do and how it makes me feel when I heard about that is I reached out and other people did that served with him as well. We all felt the need to reach out to each other and make sure that everybody was okay. Um, I heard from people and reached out to people that I hadn't reached out to in years when that happened. So, I guess, like I said, the, the feeling to reach out and reconnect and make sure that my brothers and sisters are still [okay], [and they know] that I'm here for them, if they need anything [or] vice versa, you know?

Flo articulated that she wanted to share the following sentiments with combat veterans:

I guess just letting them know. I have felt, uh, a lot of times a, a level of inadequacy, and a lack of purpose for many years when I got out. It was related to my deployments and, uh, that feeling of not feeling what I'm doing in the civilian world is important or that I'm making a difference. Like I felt like I did when I was in the moment, whether I was in Iraq or Afghanistan or where it was. I just, I looked back at it for a long time, and I thought I had a purpose. I was doing what I had to do. And when I got in my lowest points in life and I was suicidal and I did have suicidal ideation, um, there was some connection there between the two, I want the other veterans to know that whatever, regardless of what they're doing on the outside, in the civilian world, you're still making a difference, whether you're how helping your, your boss with something or you're helping your family or your family is helping you, you mean something to someone or whether it be your family, your friends, your business, you still have a purpose, and you still feel you, you are never inadequate.

You're never inadequate, no matter how much you feel like you are. Um, and never compare the two because being in a combat zone and being active military, [and] being [a] civilian are two different worlds. Comparing them will only makes you feel worse and don't ever feel like you're your life is worth taking, cause it's not. There's always somebody out there who depends on you and relies on you and needs you. And you should never feel alone and always reach out to your friends. Always reach out to your family. Always find resources as anywhere you can to get you through and to help keep you from taking in your own life because you, you mean something to the world.

I guess [suicide] it's probably even more prevalent than, uh, it's made out to be. I know that the stats are, you know, 22 veterans a day. I honestly believe in my soul that,

> unfortunately even if 22 veterans take their lives, or try to take their lives every day, I feel like it's probably more than that. Um, and that, every single person who's ever served, if they were in a combat [location] and didn't see combat, they're still important, they still did something just as important as, you know, somebody who lives on the front lines. They all sacrifice something and they still hurt. And even those who didn't necessarily see combat right in front of their eyes, even if they were sitting in an office, they're still affected by what they see or what they hear over there, what they sacrificed over there. Um, and their lives are at risk too. So, I guess never downplay, a veteran's decline in their mental state after a deploy[ment] based off of their job, whatever it may be. That would be my biggest, piece of advice for really civilians and veterans.

Flo and Flo's Brother Within Case Analysis

Flo and Flo's brother both shared enthusiasm and joy after learning Flo would deploy to Iraq. Both viewed the deployment as a positive opportunity. Although Flo's outlook changed upon arrival to her deployed location, her brother maintained a positive outlook and tried his best to encourage Flo throughout her deployments. Flo and her brother both believed that professional help is strongly needed to assist returning combat veterans. Flo and her brother also shared that more help is needed to aide combat veterans, and they shared their appreciation for the sacrifices made by combat veterans.

Postdeployment Flo's brother noticed a drastic change in his sister. Flo did not notice her change immediately. Flo's brother supported her in various ways postdeployment. Flo and Flo's brother shared different viewpoints; however, they both felt as if more assistance is needed to help combat veterans. They also asserted that combat veteran suicide is still a prevalent issue that requires attention.

Table 4.5

Flo and Flo's Brother Within Case Analysis

Comparison	Contrast
Both Flo and her brother viewed Flo's combat deployment as a positive endeavor. Both were excited.	Flo's brother first noticed Flo's loneliness and how the distance impacted her during her deployment.
Both believed that support would be beneficial and needed for military members.	Flo's brother noticed her immediate behavioral change postdeployment.
Both had a strong appreciation for military members and veterans.	Flo initially thought she was fine and didn't notice any change in herself.
Both noted the long-lasting negative effects of Flo's military experience on Flo.	Flo's brother and other family "didn't understand" Flo's behavioral changes.
Both felt as if more assistance was needed to help returning combat veterans.	Flo shared negative emotions toward civilians "as a whole."
Both believed that suicide is still a very prominent issue plaguing the veteran community.	Flo's brother believed that varied types of support were essential to assisting veterans instead of just "throwing medication" at them.

Cross-Case Analysis

Based on the cross-case analysis, all of the participants experienced trauma. Each cross-case analysis compared and contrasted the combat veterans' perspectives with those of their social supporters. All of the combat veterans in each case were compared. The same occurred with the social supporters. This presentation will help to illustrate the similarities and differences between the veterans and their supporters in each theme.

Emotions

During their interviews, Warrior and Bill were less forthcoming in their responses. Rocky and Flo, however, were very forthcoming, openly sharing their thoughts and feelings. The combat veterans experienced varied emotions upon learning of their deployment. Bill, Rocky, and Flo all deployed to Iraq, and Warrior deployed to Afghanistan. According to the responses,

all of the combat veterans except for Flo shared negative emotions experienced after learning of their deployment. Warrior, Bill, and Rocky all expressed feeling fear. Bill and Rocky felt a strong sense of duty because they believed this was what they had signed up for.

Not knowing what to expect, all of the combat veterans experienced culture shock upon arriving at their location. Warrior was the only participant who described his location as "terrible" and "miserable." Bill and Rocky used religion to comfort them during their emotional despair. Although Flo experienced joy after learning of her deployment, her excitement immediately dissipated after she arrived in Iraq (see Figure 4.2).

Figure 4.2

Emotions Theme for Veterans Across the Cases

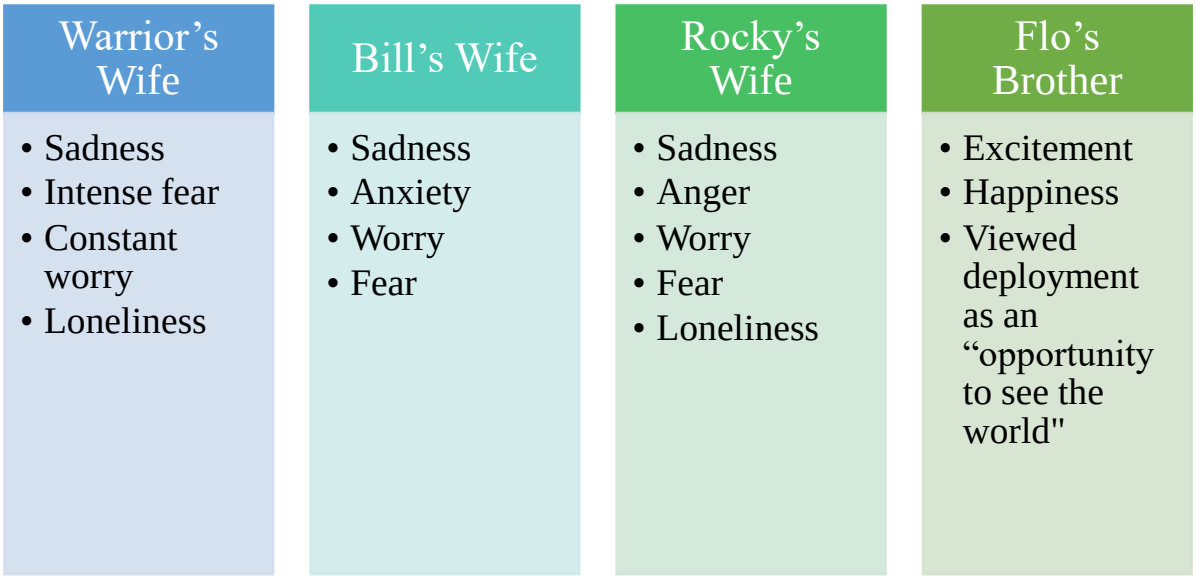
Warrior	Bill	Rocky	Flo
• Straight to the point • "Anxious, sad" "didn't want to leave the United States" • "Scared" Fear • [Afghanistan was] ("terrible") • Miserable • Culture shock upon arrival • Happy to return to U.S. 'kissed the ground'	• Less revealing/ straight to the point • Sense of duty ("it's what I signed up for") • Fear • Religious beliefs comforted during times of fear • Culture shock upon arrival	• Did not have time to process emotions- blind sighted by Army • Sense of duty • Fear • Religious beliefs comforted during times of fear • Culture shock upon arrival • Loneliness- (Internal & External)	• Excitement, anticipating deployment experience • Not knowing what to expect • Culture shock upon arrival

All of the combat vets' wives experienced fear and worry for their husbands when they learned of the deployment. Warrior and Bill's wives were more afraid; Rocky's wife expressed

anger because she felt he had been blindsided. This caused immediate distress, panic, and frustration for Rocky's wife. All of the combat veterans' wives also endured intense negative emotions before and during their husbands' deployments. Warrior and Rocky's wives both described feeling loneliness during the separation from their husbands. Flo's brother's emotions contrasted those of the other participants. Flo's brother shared his sister's excitement and viewed the deployment as an opportunity for her.

Figure 4.3

Social Supporters' Emotions Across the Cases



Traumatic Experiences

I asked each combat veteran to share one traumatic experience. All of the participants had endured traumatic experiences while deployed to combat locations. Although Bill didn't feel comfortable enough to disclose a traumatic experience, he and his wife explained that he endured trauma throughout his three Iraq deployments. Flo and Warrior both expressed how gunfire was a traumatizing constant in their environments. Although the experiences varied with each combat veteran, it was apparent that more than one traumatic incident occurred across all of the cases. It

was also evident that all of the traumatic experiences endured still impacted the combat veterans (see Figure 4.4).

Figure 4.4

Combat Veteran Traumatic Experiences Across the Cases

Warrior	Bill	Rocky	Flo
• Chow Hall blew up, 15 minutes after he departed location • *"Sound of bombs going off, oh, the sound of the rockets, and the sound of gunfire"*	• Uncomfortable, did not share any experiences	• Fellow soldier he spoke to committed suicide an hour later	• Celebratory Round almost hits her while in latrine-first night in Iraq • Upon exiting Iraq- base attack /invasion • Gunfire

Civilian-Inflicted Trauma

I did not formally address civilian-inflicted trauma during any of the interviews. However, three out of the four participants brought up the topic, saying they endured this type of trauma postdeployment. After this occurrence, the researcher decided to address the subject.

Bill, Rocky, and Flo all expressed negative emotions (e.g., anger and irritation) regarding civilians postdeployment. All three shared their dislike of civilians' lack of knowledge and assumptions regarding combat and military life. Both Bill and Flo got so upset they had to leave a civilian's presence "immediately" to prevent further altercations. Bill stated that he wanted to physically hurt civilians, and Flo tried to physically fight civilians on her first night back in the United States. Flo's resentment was more blatant; she described feeling angry with all civilians.

Flo's case differed because she directly correlated civilian maltreatment to combat veteran suicide (see Figure 4.5).

Figure 4.5

Civilian-Inflicted Trauma Across the Cases

Warrior	Bill	Rocky	Flo
• N/A • Did not mention civilian trauma at all	• Angry / irritated by civilians' assumptions of military life • Wants to "hurt them" (civilians) • Removes himself immediately	• Dislikes civilians' assumptions and lack of knowledge in regards to combat veterans	• Irritated with civilians "as a whole" • Furious about misconceptions, treatment • Contributes civilian mal-treatment as a primary factor in combat veteran suicide • Leave's civilain presence

Behavioral Changes and Triggers

All of the combat veterans shared that they experienced behavioral changes and triggers postdeployment. They also described feeling negative emotions such as impatience, irritability, anger, and a quick temper. Warrior, Bill, and Rocky recounted sleep issues, and Rocky and Flo described their depression. Each combat veteran also explained that loud or unexpected noises had become a trigger. Rocky addressed nightmares and how they triggered a hallucination when he was awake. Rocky and Flo expressed the need to isolate and be alone. Although each of the combat veteran's emotions varied in minute ways, one major commonality the participants shared was that none of them initially noticed their change or thought they had a problem (see Figure 4.6).

Figure 4.6

Combat Veterans' Behavioral Changes or Triggers Across the Cases

Warrior	Bill	Rocky	Flo
• Impatient • Irritable • Moody • Angry • Quick tempered • Loud noises are a trigger • Touching him when he is unaware or asleep is a trigger and upsetting • Sleep Issues • Did not initially notice behavioral changes within himself	• Sleep Issues • Circadian Rhythm disrupted • Insomnia • Angry sometimes • Quick tempered • Impatient • Loud and unexpected sounds trigger • Irritable • Did not initially notice behavioral changes within himself	• Impatient • Irritable • Depressed • Angry • Frustrated • Needed alone time/ Isolated more • Triggers are his nightmares, and loud sounds. • Sleep Issues • Quick tempered • Did not initially notice behavioral changes within himself	• Impatient • Irritable • Moody • Depressed • Angry • Violent • Loud sounds trigger • Quick tempered • Need alone time • Did not initially notice behavioral changes within herself

Postdeployment, each of the social supporters immediately noticed a drastic change in their combat veterans. The behavioral changes came as a shock to all of the social supporters. Flo's brother expressed that "he couldn't understand why she was acting out." Irritability, impatience, and anger emerged as common emotions observed by the social supporters. Bill and Warrior's wives both gave birth during their husbands' deployments. The two social supporters also noted how their babies' crying triggered their husbands. Bill and Rocky's wives also noticed how their husbands disconnected from reality and went into a trance while they were awake. Both spouses also addressed their husbands' anger and noted marital discord. Warrior and Bill's wives also described their husbands as paranoid. In contrast, Flo's brother shared her self-harm along with how she became violent toward others, especially civilians. Rocky's wife noted his

violent nightmares, one of which prompted him to bite her, and she recounted her struggles to "snap" Rocky back into reality. Similarly, Warrior's wife described his social difficulties and her struggles to comfort him in public

The immediate changes observed in the returning combat veterans illuminated the immediate need for assistance for both the veterans and their social supporters. The social supporters explained that the new version of their combat veterans now had triggers. Warrior's wife shared how loud unexpected noises would produce fear and anxiety in Warrior (see Figure 4.7).

Figure 4.7

Social Supporters Behavioral Changes or Triggers Across the Cases

Warrior's Wife	Bill's Wife	Rocky's Wife	Flo's Brother
• (She was afraid of Warrior postdeployment) • (She was walking on egg shells) • She noted: he was hypervigilant • Cautious • Paranoid • Impatient • Angry • Irritable • Dislike large crowds. • Social gatherings became difficult • Isolate himself from others in public • Loud noises are a trigger: baby crying, fireworks, loud talking, unexpected sounds, turning on the television, waking him up • Noticed behavioral changes immediately	• She noted Bill was: easily upset • Irritable • Angry • Overanalyzing situations • Paranoid • Impatient • Isolating • Secretive • Go into a trance/ haze • Bill is triggered by his wife mentioning counseling to him "I try not to bring that up, it seems like that's a trigger for him" • The baby crying was a trigger • Noticed behavioral changes immediately	• She noticed: Rocky lost interest in activities (does not want to do anything) • Depressed • Go into a trance/haze • Angry (yelling at her) • Forgetful • Irritable • Impatient • Nightmares • Violent Nightmares (he bit her when they were sleep) • Hallucinations (she has to remind him of present times and help him to understand that he's here [U.S] and safe • Isolation needed -needs to isolate from time to time • Noticed behavioral changes immediately	• Noticed that Flo: • Is more rigid • More orderly • Health conscious • Angry/ rage • Irritable • Impatient • Quick tempered • Depressed • Self -harm • (Banging/smashed her head in car window) • Violent • Noticed behavioral changes immediately

Transition

The transition period varied for each combat veteran. Bill and Warrior described this as a difficult time. Warrior noticed that his wife was afraid of him and attributed his difficult transition to the deployment. Despite knowing he had a solid relationship with his wife prior to his deployment. Bill remained on guard during his transition. Both Bill and Flo shared that reacclimating to civilian life was challenging. Bill expressed difficulty being in a peacetime environment, and Flo expressed that "trying to figure out how to function in a normal society" became challenging. Both Bill and Flo described acclimating to the routine while deployed and struggling to function without it after returning home. On the other hand, Rocky clarified that transition represented a time of reflection and self-discovery. The combat veterans' experiences were mixed, and each faced diverse experiences during their transition (see Figure 4.8).

Figure 4.8

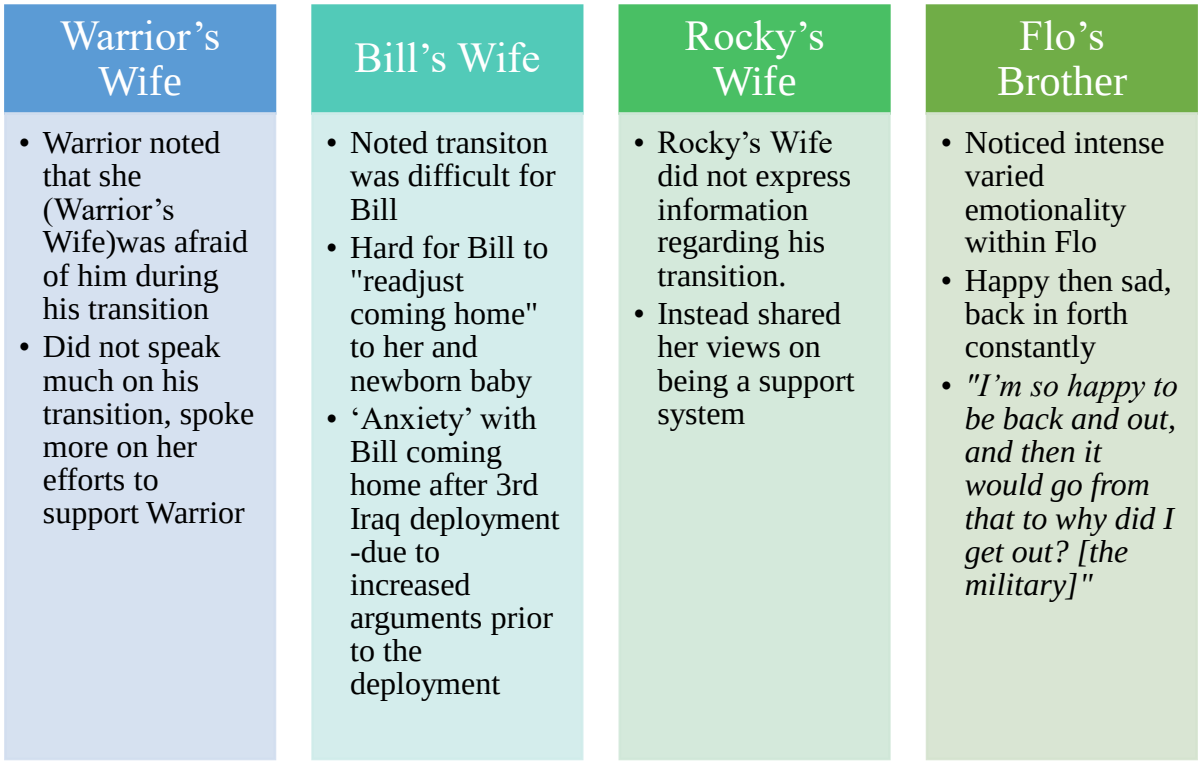
Combat Veteran Transition Across the Cases

Warrior	Bill	Rocky	Flo
•Transition was difficult for him •Noticed that his wife was afraid of him •Contributes combat deployment to issues faced postdeployment (life and relationship) • Expressed that "everything was fine" before he deployed	•It was difficult for him to get "reacclimated" to civilian life •Hard time readjusting to "peacetime" atmoshpere •Got into routine of "combat military life" (i.e wearing uniform, carrying weapons,) •Stayed "on gaurd/alert"	•Transition was a reflective time for him •Transtion helped Rocky to realize " how little I knew about myself" •Self-discovery •Recounted that he had not"*dealt with the PTSD because I really didn't even know I even had it"* during transition	•Emotions Varied- Happy to be home- Sad due to lack of "routine" •"Tumultuous" experiences •Reflective time •Unaware of PTSD initially •Reacclimation to " civilians and U. S life" difficult •"Shocked" "trying to figure out how to function in a normal society" after culture shock •Irritation with the "general public"

Warrior and Rocky's wives did not speak much about their husbands' transition; however, both expressed their feelings regarding their husbands and the value of supporting them. Bill's wife noted how challenging the transition was for her husband. Bill's wife even expressed her anxiety about her husband returning due to their previous marital challenges. in contrast, Flo's brother described his sister's constant emotionality. He said Flo constantly went from one extreme to another (e.g., joy to sadness or regret; see Figure 4.9).

Figure 4.9

Social Supporters Transition Across the Cases



Support and Coping

The term support had different meanings for each combat veteran. Warrior, Bill, and Flo all explained that they wanted support from those who understood them and shared the same experiences. Bill, Rocky, and Flo all leaned on religion as a source of support during trying

times. They relied on both others' prayers and their personal faith to help them through difficult times.

The combat veterans shared that familial support benefited them during and after deployment. Warrior shared that his wife gave him an ultimatum, which gave Warrior the push he needed to seek professional mental healthcare. Bill noted that his wife helped to get Bill's sleep schedule on track when he returned to the United States. Rocky explained that his wife shared encouraging words and utilized community prayers during his moments of suicidal ideation. Flo expressed that her brother used sarcasm to help her through challenging times. Each social supporter relied on unique techniques to support their returning combat veterans.

The combat veterans explained that professional mental health counseling was essential. Warrior, Rocky, and Flo all shared that they attended professional mental health counseling. All of the combat veterans expressed a strong need for support, and they all called for more support for returning combat veterans. Although styles of support varied among the combat veterans, the need for support existed in all of the cases (see Figure 4.10).

Figure 4.10

Combat Veteran Support Across the Cases

Warrior	Bill	Rocky	Flo
•Warrior's Wife gave him an ultimatim - stating that she would leave him •This (tough love)support gave him the push to seek professional help •Wants support from those who have experienced the same trauma and experiences as him (someone he can relate to and share with) •Wants those who can relate to veterans to help them	• Self-support -take leave of abscence • Religious support (faith) helped him through difficult times • Familial support- help him through trying times • Expressed how wife not adding to his stress while being deployed displayed support • Wife would assist with getting his sleep schedule back on track • Wants vets to receive space and not be forced to speak-let them open up ready • Wants support from those who shared same experiences • Wants people to "be there" for vets • Wants avanues of peer support for vets	• Wife used religious support to help him-prayer and encouraging words • Knowing that "everybody" back home was praying for him • Expressed how military support was given at wrong time- militarymembers wanted to go home • Believes that counsleing is strongly needed for support • Having patience -a form of support • Go to medical appointments with veteran-form of support	•Wanted more familial & emotional support during deployment •Support varied postdeployment based on emotions within the moment •Wanted space and people "around when she wanted them around" •Utlized religious support •Used peer support form those whom she served with- those who could relate and know what she "went through" •"Reached out to the Veterans Affairs Hospital " •Patience-form of support •Show vets support by-reaching out, offer therapy, go with them if wanted •Silence is support - be there, be a "shoulder to lean on" •Know when to "approach" combat veterans-support •More knowledge on resources avaible to veterans -support

The social supporters described using numerous methods to help their returning combat veterans. The form of support varied based on the combat veteran's needs. The social supporters also highlighted a need for more help for combat veterans and their social supporters (see Figure 4.11).

Figure 4.11

Social Supporters Support Theme Across the Cases

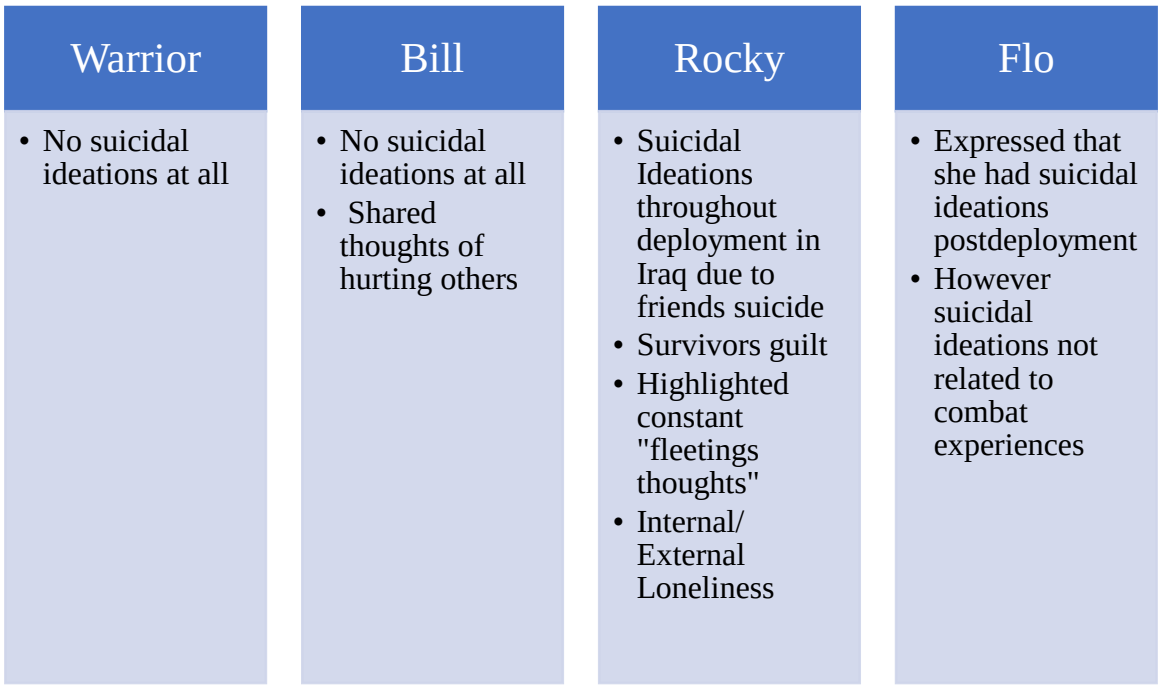
Warrior's Wife	Bill's Wife	Rocky's Wife	Flo's Brother
•Lived her life on standby during his deployment- in case he called •Bought laptop- just so Warrior could Skype during his deployment •Felt lost trying to initially support him did not know what he "needed" •Observant-kept a watchful eye on his behaviors and would try her best to make him feel comfortable •Felt as if she needed support •Believes therapy is essential for combat veterans •Feels vets need someone who understands 'them' and what they "went through" •Wants more support on helping vets :transition into civilian life, "where to seek therapy, websites, dealing with and maintaining stress", moods, "coping skills" •Listen, "always be there"-support •Find a safe quiet place for vets to live	•Listening Ear •Combat Veterans should "take initiative and follow through" with help •Recommends "different programs" to help combat veterans •Patience-form or support •"More information on different coping strategies- safety plan" needed to help combat veterans social supporters	•Encouragement during deployment-support •Encourage daily postdeployment-support •Knows when to leave Rocky "alone" and come back "later" to talk •Patience-support •Understanding-support •"Always be there" for combat veteran •"Snap" Rocky back into reality during hallucinations, convinces him that his truama is not currently happening •Go to therapy/doctor's appointments with combat veteran to gain insight and understanding on what they are going through •Pray for them-religious support	•Communication-support •Helped Flo focus on positive aspects during her deployment financial "per diem" •Tried to keep Flo in "positive mindset" •Listen to combat veterans- when they are "upset" •" Reaffirm care" and " proud of them you are"- Encouragement •"Keep their spirits high" •"Don't throw medication at combat veterans; try other avenues" •Wants comabt veterans to be brought together and have "events" to help alleviate truama endured during war •Wants more "health" healing aspects for combat veterans

Suicide

Regarding the theme of suicide, all of the veterans provided more restrained answers. Bill and Warrior both shared that they never had suicidal ideations, and Rocky and Flo both expressed that they had these kinds of thoughts. Flo shared that her suicidal ideations were not linked to her combat experiences. Rocky directly correlated his suicidal ideations with his combat experiences, and he shared how the direct support from his wife helped to alleviate his "fleeting thoughts." The combat veterans appeared to be more comfortable addressing the subject of suicide as it pertained to the combat veteran suicide epidemic as a whole rather than addressing their personal experience (see Figure 4.12).

Figure 4.12

Combat Veterans Suicide Theme Across the Cases



Military Comradery

While conducting the interviews, I noted that three out of the four participants discussed comradery. I did not directly raise this topic in any of the interview questions. However, this subject appeared important to the participants, who described it as a form of support that helped alleviate loneliness and hardships.

Bill shared that the one optimistic aspect of his deployments was the comradery he experienced: “One positive thing would be, the comradery that I had with some of the people that I was there with. You know, I’ve been lifelong friends, and that’s something that, uh, you know, can’t replace.”

Rocky articulated that he missed the closeness and comradery that he experienced when he was in Iraq:

> Without getting in too much detail. Some of it was real bad, and some of it was actually okay you know, some of the parts of Iraq. I know it sounds crazy, but I actually miss the comradery. Constantly being around friends that have your back, if that makes sense. It’s like a weird hate, love situation. I hated being there because I was away from my kids and family. On the flip side, it was a different feeling from being actually in the States and, [you] know everybody’s for themselves in the States and everything. . . . It is just more of a comradery feeling. You were really tight over there when you probably weren’t in the States. I missed certain aspects of Iraq, but unless you were there, you don’t know what that means. It’s not like I missed all the stuff, all the bad stuff that happened over there. I just missed that feeling, you know, kind of like whenever at the end of basic training, after everybody is just done hating each other and everybody starts working

together, you know what I mean? That feeling that you don't get in the regular workforce in the military.

Flo voiced the importance of comradery to her and how it had molded her:

Well, when you're there, it seems in my personal experience, when I think about that location, I think about the people that I worked with, um, the, the camaraderie in the brotherhood that, that is there, that you don't even realize is there, it's hard to explain. It's the people that you work with, the brothers and sisters that you have next to you really make a difference in a combat location. I'll tell you that much. That's the first thing that comes to mind. They give you a lot of peace of mind there. There's a lot of uncertainty as well. You know, I was lucky enough that I stayed on the interior base the entire time. So, I didn't see any hand-to-hand combat, but we did receive mortar attacks and things like that. Some pretty bad ones, a lot of times. It was scary, at the time, you're not even scared. You're more worried about the other people around you and how they're doing in a combat location.

The best thing, that positive note about being deployed in a combat location with those brothers and sisters that you make and that you keep for life, uh, and you come out of that, that deployment with . . . I also hope to never forget, the bond that I had with my brothers and sisters that I served with. And in that particular instance in deployments only, I fully believe that in my core. Uh, and I hope to never forget that. I hope to never forget really anything about the time that when I was there, because that helped shape me, who I am today, damaged or not. That's who I am. And I wouldn't be who I am today. I wouldn't be as strong as I am. I wouldn't be as resilient as I am without any of the experiences I had over there.

> I'd love the comradery over in a combat zone or even in the military in general, but in a combat zone, that camaraderie is completely different, but you're also never, ever alone. . . .You always have somebody with you. It is rare that you're ever alone in a combat zone, or you're not accompanied with, uh, one of your brothers or sisters around you.

Summary

This chapter presented the results and findings of the participant interviews in all four case studies. Backgrounds of the participants were provided, along with a contextual background demonstrating the atmosphere experienced by the combat veterans. I described each theme to guide and explain the research presented. The participants provided insight into their thought processes and the trauma they endured. The social supporters reported also suffering through the direct and indirect trauma they experienced. The participants within and across the cases demonstrated both combat veterans and social supporters need assistance.

The major similarities shared across the combat veteran cases included the shared belief by all of the participants that combat veterans need professional assistance postdeployment. The combat veterans all noticed behavioral changes within themselves after their deployments. They also shared strong emotions regarding combat veteran suicide. The differences in the combat veterans' cases were minute. They all shared trauma; however, each combat veteran's traumatic experiences differed.

The main similarities between the social supporters' cases involved the willingness of all of them to share information more freely than their combat veterans. All of the social supporters noted drastic changes in their combat veterans, but it took the combat veterans more time to

realize changes within themselves. The social supporters also noticed more behavioral changes in their combat veterans than the combat veterans noticed within themselves.

Each case presented varying participant viewpoints, and the within-case and cross-case analyses demonstrated the similarities along with differences among the cases. However, the resulting cross-case analysis compared all cases (i.e., combat veterans and social supporters) across the cases. Figures followed both sets of cross-case analyses to illustrate the findings. I further address in-depth explanations and perceptions in Chapter Five where I answer the research questions and discuss the implications and recommendations of the study.

Chapter Five: Discussion and Conclusion

Introduction

The purpose of this chapter is to discuss the conclusions drawn from the findings presented in Chapter Four. After a brief overview of the study, I provide answers to each of the research questions. Then, I connect each answer to prior research. Implications of the research are addressed along with recommendations for future research. A presentation of the study limitations and my final thoughts conclude this study.

Problem Statement

The current problem involves a continuance of veteran suicides within the United States (Raines et al., 2017; Wadsworth, 2019). This issue has persisted at epidemic levels within the United States for more than a decade. Instead of decreasing in recent years, veteran suicides have increased (mentalhealth.va.gov, 2019). The issues leading to suicide ideation partly stem from the difficulty many veterans have reintegrating into civilian life; this reintegration is especially difficult for combat veterans. Researchers have reported that the failure to adopt proper coping skills has resulted in negative outcomes for many combat veterans (Carter, 2017). These negative outcomes include substance abuse (Seal et al., 2011; Teeters et al., 2017), suicidal ideations (Teeters et al., 2017), and suicide (Interian et al., 2016; mentalhealth.va.gov, 2019). Multiple researchers have also highlighted the increased need for support systems and resources for veterans' social supporters (Renshaw et al., 2008; Yambo et al., 2016).

Purpose of the Study

The purpose of this qualitative multiple case study was to understand combat veterans and their social supporters' experiences related to trauma and mitigating combat veteran suicide. I included a total of four cases (i.e., four sets of one veteran and their social supporter). I defined

combat veterans as those veterans who had deployed to combat locations and served during wartime, specifically during OIF and OEF. Social supporters consisted of a member of the combat veteran's family or their spouse.

Research Questions

The following research questions guided this study:

RQ1 What are combat veterans and their social supporters' understandings and experiences related to trauma?

RQ2 What do combat veterans and their social supporters identify as significant aspects of support in mitigating suicidal ideation and suicide?

Overview of Methodology

The qualitative case study consisted of a total of four cases with two participants each, totaling eight participants. One combat veteran and their social supporter made up one case. A holistic multiple case approach was chosen (Yin, 2018). The exploration of the viewpoints of both the combat veteran and the social supporters addressed three large areas: (a) the combat veteran's need for support systems, (b) the viewpoints of the combat veterans' social supporters and their needs, and (c) what is needed for combat veterans to alleviate suicidal ideations. Using a multiple case study enabled me to gain a more diverse and in-depth understanding of the combat veterans and their social supporters' unique experiences, which provided insight into their different contextual conditions (Yin, 2018). As Creswell and Poth (2018) and Yin (2018) stated, the focus on context is of particular importance in case study research.

I used a convenience, purposeful sample that included combat veterans who were personal contacts of mine. The fact that the participants knew me facilitated trust and a sense of

common ground because the participants knew I had also experienced combat. Each combat veteran had been:

- out of the military for no longer than 15 years,
- deployed to a combat location for longer than 90 days,
- deployed during Operation Iraqi Freedom or Operation Enduring Freedom
- experienced one of the following conditions: anxiety, depression, PTSD, substance abuse disorder, a TBI, or suicidal ideation.

The study was not gender-specific, so each combat veteran could be male or female. The participants could also be from any military branch. The following criteria represented the specific requirements for the social supporters:

- be over the age of 18,
- knew the combat veteran before, during, and after a deployment to a combat location, and
- had a close relationship with the combat veteran—the closeness of this relationship was defined by the combat veteran and their supporter.

Data collection included interviews with each participant, which equaled four interviews per case. Member checking occurred during the second interview for each participant. The protocols for each interview consisted of 10 questions. The interview questions moved from general experiences to specific experiences about deployment, reintegration into civilian life, and suicidal ideation. The data analysis consisted of four steps for each case. First, the information from the interviews was transcribed and checked for accuracy. Second, I conducted an initial round of coding to identify the meaning each participant had conveyed. The third step included organizing the initial codes into groups based on similar meanings. The fourth step focused on

naming and defining the groups of data utilizing a thematic process. After performing each of these four steps, I conducted a within-case analysis for each case. This process helped me explore similarities and differences between the participants (i.e., combat veteran and social supporter) within each case. Once I completed the within-case analysis, I compared all of the cases, themes, and associated data across the cases. For this method, I divided combat veterans and social supporters into two separate groups to showcase comparisons across the cases.

Summary of Findings

Six themes emerged from the data analysis: emotions, traumatic experiences, behavioral changes or triggers, transition, support, and suicide. Each theme was addressed within a case (i.e., combat veteran and their social supporter). The following section provides a brief review of the within-case analysis and ends with the cross-case analysis.

Within-Case Analysis

The theme of emotions for Warrior and his wife primarily included sadness, fear, and worry. Warrior shared one traumatic experience during his deployment when a chow hall that he had recently occupied exploded. Warrior experienced behavioral changes and triggers resulting in impatience, agitation, increased alertness, hypervigilance, and a quick temper. These changes led Warrior's wife to make an ultimatum concerning their relationship. During Warrior's transition, he struggled to reacclimate into civilian life. Warrior's wife expressed how this struggle presented them with a challenging time, and she wished she had more resources to better understand Warrior during this process. She explained that Warrior wanted peer support from those who "understand him and what he went through." Warrior also shared how his wife and professional counseling played a critical role in helping him postdeployment. Warrior's wife identified various strategies to support her husband. Warrior understood that suicide "is real" and

veterans need more help even though he never had any suicidal ideations himself. His family served as his driving force and as a form of suicide prevention.

Bill experienced nervousness when he learned of his deployment, and his wife expressed anger and fear. Bill did not feel comfortable sharing his traumatic experiences. However, Bill did describe the civilian trauma he endured postdeployment. Bill's behavioral changes included changes in his sleep schedule, hypervigilance, and a struggle to get out of the robotic deployment schedule. Bill's wife explained she noticed his behavior changes even when he did not. She still felt as if Bill needed professional help. Both Bill and his wife agreed he experienced difficulty during his transition, especially with their newborn child. Bill relied on his religious beliefs and his wife for support. Bill's wife believed that her support occurred through her silent patience and her listening ear. Despite this belief, Bill would not talk to her about his experiences. Bill reported never having any suicidal ideations. In relation to suicide prevention, both Bill and his wife expressed the need for professional help for combat veterans. They also both believed that it was up to the veteran to "want to get help." Overall, Bill and his wife shared varied viewpoints when discussing Bill and his experiences; however, the two agreed about the need to mitigate combat veteran suicide.

Rocky and his wife experienced sadness, anger, and fear. Regarding traumatic experiences, Rocky shared how his close friend committed suicide while he was in Iraq. Postdeployment, Rocky exhibited drastic behavioral changes and endured civilian trauma postdeployment. Rocky's wife noticed differences within Rocky. Both Rocky and his wife commented on his wife's support throughout his transition. Rocky credited his wife and professional counseling with being his primary sources of support. Rocky also experienced suicidal ideations. His wife provided emotional and religious support, and the encouragement

from his community prevented him from acting on his suicidal ideations. Six of Rocky's friends committed suicide once he returned to civilian life, and he shared in-depth insights on suicide. Rocky and his wife both valued professional counseling along with spousal support in helping returning combat veterans cope.

Both Flo and her brother described feeling joy when they learned of Flo's deployment. Flo shared that she was almost hit with a celebratory round while in the restroom on her very first night in Iraq. She also experienced other combat attacks and trauma while in Iraq. Upon Flo's return, her brother immediately noted drastic behavioral changes. He described her rage and aggression. Flo acknowledged her anger and the civilian trauma she endured. Flo did not initially notice any changes within herself; however, she later became aware of them. Flo and her Brother explained how the transition challenged her. Feelings of worthlessness and efforts to find purpose outside of the military were difficult. Flo described her brother as her primary support system. He explained that he utilized sarcasm to help Flo cope with trauma. Flo did have suicidal ideation; however, it did not pertain to her combat experiences. Flo expressed strong opinions on how military leadership punished the combat veterans for telling the truth about their combat experiences. Flo also spoke in-depth about civilian trauma and the repercussions it has on veterans. Flo and her brother shared that veterans require more assistance. According to Flo's brother, medication should not be the first resource used to assist combat veterans.

Cross-Case Analysis

All of the combat veterans experienced varied emotions in this theme, with veterans reporting predominantly negative emotions after learning of their deployment. The exception to this was Flo, who was excited to be deployed but changed her mind after arriving in the country. With the exception of Bill, who was reticent to share details, all of the combat veterans shared a

traumatic experience. The combat veterans noted they had triggers and, over time, noticed behavioral changes within themselves postdeployment. All of the combat veterans except Warrior mentioned experiencing civilian trauma and described their struggles with these types of altercations. Transition and reintegration appeared to challenge all of the combat veterans. The combat veterans all shared the importance of peer comradery and professional and familial support. Rocky was the only combat veteran who shared insights into suicidal ideation and what he utilized to help prevent his troubling thoughts from recurring. The combat veterans also expressed that more resources are needed to combat the suicide epidemic.

Regarding social supporters in the theme of emotions, the majority of the group experienced negative emotions upon learning of their combat veteran's deployment. Flo's brother alone expressed excitement. All of the social supporters explained that the transition back to civilian life had proved difficult and shared their negative experiences in this regard. The social supporters emphasized a need for more support for the combat veterans and themselves. They also shared personal techniques they deemed valuable in assisting their returning combat veterans. All of the social supporters highlighted that more support and resources are needed to help alleviate suicide among combat veterans. The social supporters also requested more help and education for themselves.

Research Question 1: What are Combat Veterans and Their Social Supporters' Understandings and Experiences Related To Trauma?

The combat veterans and their social supporters' understandings and experiences related to trauma showed that combat deployments and a lack of resources created negative outcomes for the combat veterans and their social supporters. Trauma presented itself to the participants during three different timeframes: predeployment, during deployment, and postdeployment. The

trauma was explained according to these three timeframes was because the veterans experienced trauma differently during each timeframe.

Predeployment trauma addressed the initial trauma experienced by the combat veteran and their family (Owen & Combs, 2017). Upon learning of deployment, the combat veterans and supporters fell immediately into disarray. The majority of the participants expressed negative emotions characterized by fear and worry. The two case exceptions for this were Flo and her brother and Rocky and his wife. Flo and her brother viewed deployments as a traveling opportunity. Their joy subsided after they both observed the immediate negative toll this took on Flo. Rocky's deployment negatively impacted his family because of how he and his wife were blindsided, which left the couple not only fearful but ill-prepared. Rocky shared his wife's anger about the situation. The other social supporters expressed fear, loneliness, dread, and worry about the deployment. The social supporters experienced a direct shift in familial roles, with those left behind having to take on more responsibilities. Rocky's wife expressed how difficult it would be for her to discipline their sons and handle certain household responsibilities in Rocky's absence.

Owen and Combs (2017) addressed the fear that many combat veteran families endure upon learning of an impending deployment. Paley et al. (2013) and Spelman et al. (2012) shared that preparation can cause strain within the combat veteran family unit. This research study illuminated the emotions and stress endured by the social supporters. The perspective and emotions of the combat veterans were also addressed, including military factors such as being blindsided. The results of this study align with the research (Owen & Combs, 2017; Paley et al., 2013; Spelman et al., 2012). The primary difference between the previous research and the current study is that the past researchers primarily asked questions of either the combat veterans

or their spouses. In contrast, this research included both parties, allowing each to share their personal experiences and perspectives. By investigating dual viewpoints, I was able to understand the situation more clearly and recommend solutions for both groups based on the study conclusions. I also witnessed the connections within, between, and across the groups to understand why the combat veterans and social supporters had certain feelings. This more complex perspective is essential for gaining a more complete overview of trauma and suicidal ideation.

Deployment represents a common primary factor in a veteran's trauma due to the possibility of damaging life-threatening experiences (Tsai et al., 2014). All of the combat veterans reported enduring trauma during their deployment. They all reported feeling traumatized, negative emotions stemming from a hostile and devastating atmosphere and culture shock as soon as they arrived at their deployment locations. This time also proved challenging for the social supporters because they were in a constant state of fear and left to live their life on standby while waiting for their loved ones to return. The social supporters tried various ways to keep their combat veterans mentally encouraged during deployment. Flo's brother applied sarcasm, whereas Rocky's wife utilized religious support to keep her husband encouraged. Faulk et al. (2012) highlighted how spouses suffered from depression when their husbands were deployed. Similarly, Ziff (2017) asserted that spouses underwent internal emotional issues and frustrations when their partners deployed. Both research studies illuminated the stressors of deployment on the family unit. Differing this research addressed what was beneficial in alleviating internal pain for both combat veterans and their social supporters. This is critical because not only are the perspectives of both parties identified, but this study shows the varying ways the relationships between the combat veterans and their social supporters were impacted.

In this study, the social supporters all noticed how their combat veterans' behavioral issues changed, even when the combat veterans were unaware of these changes. This behavioral change created friction between the pairs. To have their loved ones notice changes and problems that the combat veterans themselves could not see led to an immediate disconnect and frustration for both parties. This disconnect left both people feeling misunderstood and alienated. After reuniting and reconnecting during postdeployment, the combat veterans and their supporters felt emotionally disconnected, so a time of joy quickly turned to a time of sorrow. This phenomenon could explain so many of the domestic violence incidents along with the high divorce rates that plague combat veterans' relationships (Negrusa & Negrusa, 2014). The feelings of being misunderstood might also lead to negative emotions and isolation, which in turn could create suicidal ideation (Britton et al., 2012).

Reintegrating into civilian life has proven traumatic for the combat veterans and their social supporters (Laws et al., 2017). This trauma impacted the participating combat veterans and social supporters in varying ways. The combat veterans described the loneliness and difficulty they faced trying to reacclimate into a peacetime atmosphere. They explained the experienced negative effects on their mental health and highlighted the mental disconnect they felt when integrating into civilian life. Rocky described his "ghost" mentality, where he was physically present in the United States but felt his mind was still in Iraq, demonstrating the difficulty of mentally returning home. McAndrew et al. (2016) showed that returning combat veterans struggle with a myriad of mental health issues. Knowledge of mental health trauma is essential in combating mental illness in combat veterans. However, this research showed that many combat veterans are unaware of their own emotional struggles and can become mentally trapped in their pain. Many researchers have demonstrated that combat veterans experience mental health

difficulties postdeployment (McAndrew et al., 2016). On the other hand, they do not immediately seek help after returning home because they do not see themselves as needing help.

The social supporters described feeling trauma and stress upon encountering the "new version" of their combat veteran. Instead of a culture shock, they experienced a sort of person shock. Their loved ones appeared drastically different and exhibited debilitating behaviors. This change created tension within the relationships, along with a feeling of helplessness regarding how to aid the returning combat veteran. As a result, the combat veteran and social supporter experienced high levels of stress. All of the social supporters stated their confusion and their struggles related to providing assistance to their loved ones. This discovery resembled the discovery of Laws et al. (2017) regarding extreme changes in military members postdeployment. Brickell et al. (2018) also reported a switch in familial roles, making the social supporter's primary caregivers for their combat veterans. This research study aligns with these previous findings. These discoveries differ in that I delved deeper into the impact on the family unit and how the combat veterans reacted to familial and environmental factors, their traumatic experiences, and how they ultimately overcame them.

RQ 2: What do Combat Veterans and Their Social Supporters Identify as Significant Aspects of Support in Mitigating Suicidal Ideation and Suicide?

The significant aspects of support that emerged to mitigate suicidal ideation and suicide included professional mental healthcare, familial support, peer support, community support, education, and religious support.

Professional Mental Healthcare

All of the combat veterans and social supporters agreed that professional mental healthcare should be the first recommendation for mitigating suicide. Both combat veterans and social supporters expressed a strong need for professional mental healthcare assistance. Although

this was not the most utilized form of support by the participants, all of them believed this was the most effective means of suicide prevention. The participants perceived three approaches to preventing suicide as detrimental: medication as the only form of professional aid, timing of help, and stigmas perpetuated by the military. Flo's brother recommended that more varied forms of assistance should be used to alleviate combat veterans' internal pain rather than medication. He said: "Don't throw a bunch of pills at them. Try other avenues, try to use the health." Rocky shared that timing of resources being provided should also be considered.

> When you get back, they try to "reintegrate you into society," but it's impossible. It's only like a 2-day class anyway. So, you're in those classes, but you're basically thinking about, you know, I can't wait till I get home.

When combat veterans return to the United States, they have often not seen their families for 6 months to a year. They want to immediately see and spend time with their families, not sit in a class or with a counselor.

The final issue that was addressed involved stigmas within the military community regarding the need to seek help. Military members are conditioned to "shut up and color," referring to the idea of not asking for help. Flo specifically mentioned how the combat veterans would be reprimanded for telling the truth, leading to other negative repercussions, including tactics to silence them. Flo shared that military members who told the truth about hazardous conditions or injuries acquired during deployment were threatened and would not be able to return to the United States with their deployment team, even if they had been there for over 6 months. Instead, they could be placed on administrative hold. She also expressed:

> I was denied the ability to go to TAPS; it's congressionally mandated. I had no idea how many resources were out in the civilian world not only for my mental health, but just to help me transition into a job, um, in the world. And that took a toll on me.

Flo emphasized that threatening and denying combat veterans the ability to tell the truth when they left the military also prevented them from receiving medical benefits and resources they were entitled to.

Familial Support

Although participants mentioned professional mental healthcare most often in discussions of how to mitigate suicide, this research study illustrated the power and direct use of familial support. Familial support represented the most utilized and primary source of support for the combat veterans in this study. All of the supporters appeared aloof in ways to aid their returning combat veterans, but their presence, patience, and unconditional love, along with their willingness to implement a variety of coping techniques, assisted the combat veterans during their transitions. Familial support also proved a preventative measure for suicidal ideation. Warrior said his family prevented him from having suicidal ideations. He explained: "My wife [and] my two boys" are my reason for living. Techniques for familial support varied based on each of the combat veteran's immediate and individual needs. The coping techniques utilized were based upon the ideas of the social supporter.

Peer Support

Peer support represented a dual form of support that was both requested and utilized by the combat veterans. The first form of peer support requested by combat veterans was the traditional form of peer support. The combat veterans wanted and needed those who could directly relate to their trauma experiences to assist them. Warrior expressed: "I needed somebody

that basically could understand me. I know I can talk to my wife, but she hasn't been through that experience; I just needed somebody that been through that experience and that I could share my experiences with." Bill also shared: "I didn't want to talk to anybody except for the guys that I was over there with, and the guys that experienced the same thing."

Another form of peer support that the combat veterans directly utilized during combat was comradery. Comradery appeared to help the combat veterans focus on something other than themselves or their personal hardships and to focus instead on others in the combat location with them. This helped alleviate their loneliness and assisted them in feeling a part of something larger than themselves; it created a familial feeling for the military members. Rocky missed the comradery. He said: "Constantly being around friends that have your back. I hated being there because I was away from my kids and family. On the flip side, you were really tight over there when you probably weren't in the [United] States." Flo expressed:

> The best thing about being deployed in a combat location is those brothers and sisters that you make and that you keep for life. . . . You're more worried about the other people around you and how they're doing in a combat location.

Comradery provided a distraction that helped veterans focus on others instead of themselves.

Education

All of the social supporters expressed a need for education. The social supporters shared that they did not know how to aid their returning combat veterans. Warrior's wife stated: "I was completely lost. I didn't even know the support he would, you know, need." Bill's wife shared that a combat veteran safety plan with coping skills would help to de-escalate traumatic situations with the combat veteran. Rocky and his wife shared that the best display of educational support was his wife attending medical appointments with him. The couple shared how essential

this was for helping her understand what was happening to him. By attending the appointments with her husband, it displayed direct physical support for the combat veteran. Knowledge of educational resources also proved a factor. Without knowledge of available resources and without knowing how to access them, supporters were left to figure out how to help on their own. This lack of knowledge caused many veterans to suffer needlessly. Flo shared:

> I felt like I was really . . . a sheep being fed [to] the wolves because I had no idea what was going [on], what I was going to [do], how I was gonna feel, and what I was going into in the civilian world, because I had been so institutionalized by the military and had no idea what to expect.

Religious Support

The participants relied on religious support in more than one way. Bill employed his spirituality to keep him in a positive mindset and to keep him motivated. Bill's faith gave him a sense of acceptance and peace. He explained: "I would say Number 1, my faith in God, and then Number 2, knowing that God would bring me through it. If [it is] His will, it would be done. If it was His will for me to, you know, die, then that's what it was." Rocky's wife differed in her use of religious support. She applied this type of support to refocus her husband, keep him encouraged, and limit his suicidal ideations. Rocky explained: "She basically, you know, prayed for me and would just constantly talk to me and tell me and just encouraged [me] to stay, you know, [to] keep my head up and just have more faith spiritually."

Community Support

Community support can be essential in helping to alleviate loneliness. Rocky shared that when he was having suicidal thoughts, the support from his wife and community helped him. He said: "She was telling me that everybody here was praying for us. So, it was, really, helpful in

that situation when you feel alone, but then you hear encouraging words like that, that kind of brings you back to ground." A sense of community can help to alleviate feelings of isolation by providing encouragement and making a person feel they have a purpose. On the other hand, Flo shared that being attacked by the community can lead to suicide:

> [Civilians] really need to take into account those remarks. People who have made them do have some responsibility and are culpable for the suicide rate amongst combat veterans. That may seem harsh, but it is true; words do hurt, especially those types of hateful words, that hateful rhetoric that comes from some civilians. It hurts in ways that they could never imagine.

Connection to the Theoretical Frameworks

Psychache theory (Shneidman, 1993) and interpersonal-psychological theory of suicide (Joiner, 2005) served as the study's theoretical framework and helped to explicate the internal emotions of the combat veterans regarding suicidal ideations. Psychache theory (Olson, 2020) directly correlated with the current study. The term *psychache* refers to the "hurt, anguish, soreness, and aching psychological pain in the mind" (Shneidman, 1993, p. 51). Shneidman (1993) postulated that suicide is a means of ending psychological pain rather than a desire to die. The interpersonal-psychological theory of suicidal behavior comes into play when a person feels an emotional sense of being burdensome along with being socially isolated. These feelings can lead to a desire for suicide (Joiner, 2009). Joiner (2005) contended that perceived burdensomeness and social isolation become intertwined and lead to suicidal ideation.

The interpersonal-psychological theory of suicide directly connects with the data presented in Flo's case. Flo shared how social isolation and condemnation, along with rejection from civilians, led to her suicidal ideations. Flo's perception of civilian-inflicted trauma (e.g.,

society rejecting and degrading veterans in civilian social spaces) directly correlates with social isolation and social rejection. Rocky, however, illustrated both the interpersonal-psychological theory of suicide and psychache theory. Rocky shared that during his suicidal ideations, he wanted to stop his internal pain from losing his combat friend. Rocky also expressed survivors' guilt and how that burden weighed upon him. His feelings of guilt, coupled with internal and external loneliness, led to his suicidal ideations.

Assumptions, Limitations, & Delimitations

Assumptions of some nature always underlie a researcher's processes. During this study, I assumed all of the participants answered the interview questions honestly. This case study research was based on interviews with combat veterans and their supporters, so I needed all individuals to participate with integrity. Another assumption was that combat veterans struggle with suicide ideation, and their supporters struggle to help them. In addition, veteran programs have fallen short in their efforts to meet the needs of veterans and their supporters.

The primary limitation of this research was the combat veterans' needs. When interacting with those who suffer from mental health trauma, such as combat veterans, researchers must be sensitive to their needs and be patient. Therefore, I allotted 30–45 min for the combat veteran interviews to prevent frustration and stress for the combat veteran. I also offered breaks; however, they were not required. I made it a priority to ensure I did not overload the veteran or make them feel uncomfortable. To ensure the participants' safety, I also provided a list of three medical professionals with contact information from the U.S. Department of Veterans Affairs (see Appendix H).

Another limitation was the time frame of the data collection. COVID-19 and Memorial Day represented two impediments to data collection. COVID-19 presented many issues, and

many individuals were in more of a fragile place due to pandemic-related stressors. COVID-19 restrictions prevented personal face-to-face interviews, so I suggested interviewing on the online platform, Zoom. However, the participants felt more comfortable participating in phone interviews because they wanted to get it over with quickly. The occurrence of Memorial Day, which is a day to honor deceased military members, also affected many combat veterans in a negative way. When this day came, many of the participants fell out of the research and no longer wanted to partake because of heightened emotions, especially regarding the subject of suicide. As a result of Memorial Day, many participants opted out or completely canceled their interviews and no longer wanted to participate in this research study.

The delimitations of research involve the confines put in place by the researcher to ensure the best results for the participants and the research study. One delimitation of this study was the choice to interview eight participants (i.e., four combat veterans and four social supporters). This small sample kept the study manageable and gave me more time with each individual. Case study research requires going deeper into a phenomenon, which is only manageable with small samples. Interviewing only four combat veterans and four social supporters enabled me to provide rich descriptions that captured the participants' voices. This process honored the participants and their situations instead of overlooking or dismissing them. However, with a total of eight participants, the findings cannot be generalized in a statistical manner.

Social Desirability

Social desirability was present in this research study. The combat veterans spoke very cautiously. The exceptions to this were Rocky, Rocky's wife, and Flo. These three participants spoke freely. Before conducting the interviews, Warrior's wife expressed hesitation about speaking the truth regarding Warrior's behaviors postdeployment. She stated that she "didn't

want to say too much or make Warrior look bad." Flo's brother also hesitated to share too much private information, and in Chapter Four, he expressed how he had to watch what he said because he knew that I was her friend. As the researcher, I believed the participants told the truth to the best of their ability. However, I had no prior knowledge of the participants' true feelings, and I had no control over what or how much the participants would share. It was evident throughout the interviews that the participants did not want to make themselves vulnerable.

Explanation of Limited Suicide Information

This study produced limited information pertaining to the subject of suicide. Only two of the combat veterans, Rocky and Flo, had experienced suicidal ideation. Although Rocky shared his suicidal ideations in great detail, Flo did not feel comfortable sharing her experiences. Flo also noted that her suicidal ideation did not pertain to her combat experiences. Initially, I aimed to have three sets of participants in this research study. However, due to the sensitive subject matter, many combat veterans declined to participate, which resulted in only four cases and too little information about suicide.

All of the combat veterans shared freely when the subject of suicide pertained to others. The combat veterans had much to share regarding their viewpoints on helping and assisting other combat veterans. However, regarding themselves, they hesitated to speak, but this silence spoke volumes. I quickly understood that no answer is also an answer. The silence and reluctance highlighted the difficulty of addressing the subject of suicide. This occurred twice during the interviews. When I asked the combat veterans if they had suicidal ideations and when I asked about their feelings about a fellow combat veteran's suicide, they all took a long pause. I could tell that the question impacted them in a negative way. When they did talk, you could hear the pain in their voices. The exception to this was Rocky. Rocky had lost six of his friends to

suicide since returning to the United States. When responding to this question, he sounded as if he had acclimated to the topic. His nonchalant responses made suicide sound like a normal occurrence, which was deeply troubling.

Implications

Combat veterans expressed a desire for support from peers who had the same experiences as them, so hiring more combat veterans who can provide mental healthcare from the perspective of a peer is critical. When a combat veteran feels as if another individual cannot relate to their experiences, they may withhold information and do not seek help or receive help. This simple fix could alleviate loneliness for the combat veteran while also providing more jobs to veterans.

All of the social supporters were unprepared for the return of their combat veteran. They did not know what to expect or how to handle the new version of their loved ones. These individuals would benefit from receiving information and resources before their combat veteran returns home. This information would help minimize the initial shock and hardship within relationships. It would also educate the social supporters to help them refrain from imposing additional trauma on the veterans and themselves.

Suicidal symptoms must be presented to social supporters. In the research study, Flo's brother articulated how he witnessed Flo causing physical harm to herself by "repeatedly smashing her head into a car window." However, he strongly believed that she was not a suicidal person. Flo did express that she had suicidal ideation. Education on warning signs of suicide could possibly alert social supporters and may save some combat veterans' lives.

Combat veterans would also benefit from a deactivation period in which they can reacclimate before transitioning into society. One cannot take an untamed lion from the jungle and set it in a domesticated environment. The failure to provide time to deactivate could be why

combat veterans have high domestic violence, divorce, substance abuse, and suicide rates. It is unreasonable to place someone in an environment where they must kill and fight for their life every second of every day for up to a year, then bring them home and expect them to acclimate to peacetime without support. Many veterans remain mentally overseas, causing them to behave in ways that are hurtful to those closest to them.

Contribution of This Research

This research provided in-depth insight into the combat veteran community. The research illustrates varying ways that combat deployments directly affect the combat veteran family unit. By utilizing the viewpoints of both a combat veteran and their social supporter, this research shows how the trauma endured by four combat veterans strained the family unit in a way that could have broken it in several ways. By revealing these strains, this research shows why the combat veterans and social supporters requested more support and resources. Most importantly, the participants in this study valued peer support. Having peer supporters with similar combat experiences proved vital for these participants, enabling them to feel comfortable enough to make themselves vulnerable to their loved ones by sharing traumas and difficulties with coping. Another key contribution of this study relates to the stigmas and maltreatment these veterans experienced. Due to the stigma associated with asking for help after experiencing military combat, this group of military members failed to seek and receive timely support. The threat of malingering or not being able to return stateside compounds the trauma experienced.

Recommendations for Future Research

Participants had to have at least one social supporter to partake in this research, so the outcomes highlight the need for support and focus on the ways supporters assisted those returning combat veterans. However, many combat veterans do not have a family to come home

to. Some are single and have no support system. Future researchers should explore ways to help those veterans cope with traumas and reintegration. I suspect that with increased loneliness and no familial support or backing, these individuals may have a greater risk of suicidal ideation.

A need also exists for more insight into the circumstances and struggles of incarcerated combat veterans. Very little research existed on this subject, so any insight would be informative. Many combat veterans return from war harboring unresolved traumas and exhibiting numerous negative behaviors, so it is imperative to try to help these veterans and prevent incarceration.

Combat veteran return groups could be useful for the combat veteran family. If groups of veterans can provide physical and emotional support to other returning combat veterans, this support could alleviate the intense feelings of loneliness and disconnect they experience at home. Peer support of this type could be provided to those who want it. Giving returning veterans a sense of purpose by enabling them to help their peers could facilitate the healing process in four ways: (a) reducing isolation through peer support, (b) providing social supporters with peer support and knowledge on how to help, (c) helping stateside combat veterans feel a part of something larger than themselves, and (d) continuing the comradery and overall sense of belongingness the combat veteran benefitted from during deployment.

Another recommendation for research would be to delve deeper into the stigmas that persist in the military community related to help-seeking to determine why they have proven difficult to unseat. In the research, Flo expressed how she was punished for telling the truth. She also reported that military members were threatened prior to leaving their deployments when they were instructed to omit the truth about their medical circumstances and injuries. This misrepresentation led to a reduction in many medical resources at later dates. These stigmas are

very challenging and common issues with the Veterans Affairs Hospital. Many veterans have died in the process of fighting for compensation and medical resources that they needed.

Final Thoughts

As a combat veteran myself, I found this research study to be emotionally draining and difficult to complete. At times, I found myself saddened because I could directly relate to the emotions of the combat veterans. I served in Iraq with one of the participants. The experiences shared brought back many negative and invasive memories of the things we encountered while deployed. This research study gave me many sleepless nights, but I truly believe that it was worth it.

This research was also eye-opening for me. The social supporters gave direct insight into their struggles, which was something I hadn't previously understood. I could only see and understand the pain of my brothers and sisters in arms. After all, our families did not go to war; we did. I wondered; how could they have suffered? Now, I understand their perspectives. Families suffered in many ways due to the combat veteran's behavioral changes. This study illustrated the stress and the direct pain experienced by those closest to combat veterans. As a combat veteran, I have heard how many combat veterans feel betrayed and misunderstood by those closest to them. They feel attacked by their families when they have interventions, and feel as if everyone is against them. When the truth is, they are really trying to help the combat veteran. In the moment, unfortunately, it does not seem that way. Bill's wife expressed that when she brought up counseling with Bill, it triggered him. It is very difficult for an individual to receive help when they feel as if they do not need it. It takes time for a person to see themselves, especially when they are mentally incarcerated and not present. Sometimes, a combat veteran's

mind gets trapped in their pain as they constantly relive traumatic situations. This makes many combat veterans ghosts who are physically present but mentally absent.

Within this research, I chose to utilize and present raw data within the cases. Some researchers would have summarized the data and put it into their own words. However, I felt as if it were essential to let the combat veterans and the social supporters speak for themselves. In the military, we were often told to shut up and color, which left us unable to express ourselves. Oftentimes in research, researchers who investigate veterans and their families minimalize our trauma and try to speak for us by summarizing our trauma, while inadvertently imposing their perspectives. I wanted to honor the combat veterans by letting them speak their truths without adding my interpretation. I wanted the readers of this study to understand our internal and external pain and its causes. Understanding the thought processes along with the emotions that combat veterans and their families endure is imperative to finding real solutions to the current suicide epidemic.

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Appendix A

IRB Approval

IRB #: IRB-FY20-21-564 Title: Understanding Combat Veterans and Their Social Supporters' Experiences Related to Combat Veteran Suicide: A Qualitative Case Study Creation

Date: 1-31-2021 End Date:

Status: Approved Principal Investigator: Martisa Bullock

Review Board: Research Ethics Office

Appendix B

Recruitment Phone Script

Dear Combat Veterans and Social Supporters:

As a graduate student in the School of Counseling and Community Care at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to understand combat veterans and their social supporters' experiences related to combat veteran suicide and I am writing to invite eligible participants to join my study.

Participants must be either Combat Veterans or their Social Supporters

Combat veterans must also meet the following criteria:

- been out of the military for no longer than 15 years;
- been deployed to a combat location for longer than 90 days; and
- have experienced one or more of the following ailments: anxiety, depression, posttraumatic stress disorder (PTSD), substance abuse disorder, a traumatic brain injury (TBI), or suicidal ideation; and
- recommend at least one social supporter

Social supporters must meet the following criteria:

- The social support person or people are over the age of 18,
- The social support person or people knew the combat veteran before, during, and after a deployment to a combat location,
- The social support person or people has a close relationship to the combat veteran - the closeness of this relationship will be defined by the perspective of the combat veteran and their supporter, and a personal acquaintance (e.g., spouse, family member, friend)

Participants, if willing, will be asked to participate in two interviews with the researcher. Each interview will take approximately 45 to 60 minutes to complete the procedures listed.

Participation will be completely confidential. Names and other identifying information will be requested as part of this study, but the information will remain confidential through the use of pseudonyms and general descriptors. Only the researcher will know of your identity.

In order to participate, please contact me for more information.

A consent document will be given to you at the time of the first interview. The consent document contains additional information about my research. If you choose to participate, please sign the consent document and return it to me at the time of the interview.

Sincerely,

Martisa Bullock
Doctoral Candidate, Liberty University, School of Counseling and Community Care

Appendix C

Consent Form

Title of the Project: Understanding Combat Veterans and Their Social Supporters' Experiences Related to Combat Veteran Suicide: A Qualitative Case Study
Principal Investigator: Martisa Bullock, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

Combat Veteran:
You are invited to participate in a research study. In order to participate, you must be a combat veteran who served in Operation Iraqi Freedom or Operation Enduring Freedom. You must also meet the following criteria:

- Have been out of the military for no longer than 15 years;
- Have been deployed to a combat location for longer than 90 days; and
- Self-identified as having experienced one or more of the following ailments: anxiety, depression, posttraumatic stress disorder (PTSD), substance abuse disorder, a traumatic brain injury (TBI), or suicidal ideation.
- Can recommend at least one social supporter who will also participate in the study

Social Supporter:
You are invited to participate in a research study. In order to participate, you must be 18 years of age or older. You must also meet the following criteria:

- You knew the combat veteran *before*, *during*, and *after* a deployment to a combat location,
- As self-identified by the combat veteran, you have a relationship with the combat veteran.
- You are a spouse, family member, friend, or personal acquaintance.

Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of this study is to understand combat veterans' and their social supporters' experiences related to combat veteran suicide. The reason this study is being done is to gain insight and perspectives from combat veterans and social supporters in order to highlight their needs related to combat veteran suicide. The study also will provide recommendations for reducing combat veteran suicide.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:
Combat Veteran and Social Supporter

1. Participate in two (2) separate individual interviews with me.

a. The interviews will last between 45 to 60 minutes each and will be audio-recorded.
b. You may choose whether to be interviewed over the phone or via a virtual Zoom online meeting (in which you can choose to have the video on or off).

2. Review your interview transcripts and the initial findings from the study
    a. The transcripts will be emailed to you via the researcher's school email.
    b. Then the researcher will call you at a time that is convenient to you to ask if your transcripts are accurate and if you agree or have additions or changes to the initial findings.
    c. Total time will be approximately 5 – 10 minutes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

By participating in this study, you will be helping civilians and medical professionals (including the VA Hospitals) gain understandings and insights into combat veterans' and supporters' experiences and suicide-related needs.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

It is unforeseen if you might experience psychological stress or anxiety from sharing your experiences relevant to this study. If psychological stress or anxiety triggers occur during the data collection, I will stop the data collection immediately, check on your well-being, provide a list of appropriate health care professionals, and ask if you would like to continue or stop the session.

At any time, you may withdraw from the study with no negative consequences to you or to your relationship with me.

Injury or Illness: Liberty University will not provide medical treatment or financial compensation if you are injured or become ill as a result of participating in this research project. This does not waive any of your legal rights nor release any claim you might have based on negligence.

How will personal information be protected?

The records of this study will be kept private. No information that would compromise your privacy or confidentiality will be included in published reports. Digital data and records will be stored securely on the researcher's personal password-protected computer, and only the researcher will have access to the data and records.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.

- All digital data (i.e., audio files, digital transcripts, digital consent forms) will be stored in a password-locked personal computer; only the researcher will have access to the data.
- All physical data (i.e., researcher's journal) will be stored in a personal locked cabinet. Only the researcher will have access to the data.
- Data may be used in future presentations. After three years, all electronic or physical records will be deleted permanently or shredded.
- Interviews will be audio-recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased permanently. Only the researcher will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting any relationship between you and the researcher.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address or phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Martisa Bullock. You may ask any questions you have now. If you have questions later, you are encouraged to contact the researcher.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact Martisa or the Liberty Institutional Review Board using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____
Printed Combat Veteran Name

_____
Signature & Date

_____
Printed Social Supporter Name

_____
Signature & Date

Appendix D

Combat Veteran Interview 1

Icebreakers & Basic service information

Using your pseudonym, tell me a little bit about yourself.

What branch of the military did you serve in?

Why did you choose that branch?

How long did you serve?

What was your occupation?

General Combat Experiences

What were some of your feelings when you found out that you were *being deployed* to a combat location?

Interesting, tell me more about _____

What was is like *being deployed* to a combat location?

What is one thing you will never forget about your *combat experiences*?

Combat and Suicide

What combat experiences, if any, have led you to contemplate ending your life?

Interesting. Can you tell me more about _____?

IF NO EXPERIENCES

What have you done (what steps have you taken) to avoid feelings of ending your life?

What goes through your mind when you hear that a fellow veteran has committed suicide?

Suicide Support and Resources for Combat Veterans

Who is your supporter? How long have you known one another?

Why did you choose this person as your social supporter?

a) Tell me a little about your relationship?
b) How has _____ supported you over the years in relation to your well-being
c) Tell me about a time when _____ help you through rough patch *pre or during deployment*

Is there anything you wish to add to anything we discussed today?

Thank you for your time and sharing your experiences!!

Appendix E

Combat Veteran Interview 2

Icebreaker

What is one positive thing from your combat experiences that you hope to always remember?

Why did you decide to leave the military?

Combat Experiences

Tell me about an experience that stands out to you *when you returned home*.

Please describe the feelings that you encountered, *returning stateside post combat deployment*?

a) Interesting…tell me more about _____

What would you want people to understand about the military life and how it has impacted your relationships *after returning home*?

Combat Veteran and Suicide

After returning home, did you ever think about ending your life?

If you can, tell me the circumstances.

What type of support would have helped you manage this circumstance?

IF NO

What do you think helped you avoid these thoughts?

Support & Advice

Tell me about a time when _____ (supporter) helped you through a rough patch *after returning home*.

What support did you need the most upon *returning home*?

What advice would you give to social supporters about supporting their combat veterans *coming home*?

Is there anything else you would want people to know about combat veterans and suicide?

Thank you so much for your time and valuable insights!

Appendix F

Social Supporters Interview 1

Icebreakers & Basic Information

Using your pseudonym, tell me a little bit about yourself.

How long have you known _____?

How would you classify your relationship? Tell me more about _____ (how your friendship developed).

Thinking back to the service time of your combat veteran, what is one of your most joyous or fond experiences together?

Supporter and Combat Veteran's Experiences

How do you think the combat deployments impacted _____ (combat veteran's) life?

Looking back, how did you feel when you found out your combat veteran *was being deployed*?

In what ways have your relationship been impacted by the military life of your combat veteran?

Supporter and Suicide

Were their times *during your combat veteran's deployment*, that you were concerned for their wellbeing or mental health?

- What concerned you?
- Were you able to support them through this time?
  - How did you support _____ through this time?
  - Did you feel prepared to support them through this time?
- IF THE SUPPORTER SAYS THEY CANNOT THINK OF A TIME:
  - What are some things (coping mechanisms) that your CV used to handle stress, depression, etc.?

Is there anything you wish to add about what we discussed today?

Appendix G

Social Supporters Interview 2

Ice-breaker

Think back to when you found out _____ would be returning home. What were your thoughts?

Tell me about a stressful or difficult time you and _____ experienced after he/she returned home.

Supporter and Combat Veteran's Experiences

What have you learned about combat veterans from witnessing your combat veteran return to you?

What changes, if any, have you noticed about _____ (combat veteran) upon returning home?

Supporter and Suicide

Think back to after _____'s return. Was there ever a time that you were concerned for their wellbeing or mental health?

If yes: What happened?

How did you support them through this time?

If your role was to help returning combat veterans and provide sources of support for them, what would you do to address suicides?

Supporter and Support

If you could have received some guidance or information on supporting your combat veteran with suicidal thoughts, what would you have wanted guidance or information on?

What advice would you share with others who have a combat veteran returning to them?

Is there anything you wish to add about what we discussed today?

Thank you so much for your help and sharing your insights!

Appendix H

Contact Numbers for Professional Help

1) **National Suicide Prevention Lifeline**

1-800-273-8255 or 911

2) **Veterans Crisis Line**

Call 1-800-273-8255 and Press 1.

Text to 838255.

3) **War Vet Call Center**

Call 1-877-WAR-VETS (1-877-927-8387)

Appendix I

Audit Trail

Proposal Plan and Decisions	During Research Decisions
Recruitment ➢ Reached out to personal contacts who matched the research criteria o 6 people (3 CV + 3 SS) ➢ Explained the study and participation requirements	Revisions ➢ Made contacts o Eight participants. (4 CV + 4 SS) ➢ Added another case (CV and SS) because not enough data emerging about suicide
Interview Setting Options ➢ Interviews were to consist of in home (face to face) ➢ Zoom App Interviews ➢ Phone Interviews	Revisions ➢ Due to Covid 19in home interviews were not an option ➢ CV and SS did not want to do Zoom Interviews ➢ All Participants made the choice of phone interviews (more convenient for them)
Conducting Interviews ➢ Each set of interviews were to be conducted individually by the participants	Revisions ➢ Two couples (Warrior and Rocky) both conducted interviews with their spouses. ➢ One due to medical issues (anxiety) and the other due to their spouse's language barrier ➢ Both Warrior and Rocky felt more comfortable with their spouses present