

Experiential Interrelationships of Learned Helplessness, Military Culture,
and Chronic Veteran Homelessness

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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

This hermeneutic phenomenological qualitative research study examined psychological resiliency factors. The theories that guided this research study were Peterson et al. (1993) Learned Helplessness (LH) Theory, military, cultural conditioning, and Seligman's (2018) PERMA psychological resiliency model, which is rooted in Positive Psychology. The purpose of this qualitative research study was to describe the lived experiences of veterans who had experienced homelessness for at least 90 consecutive days and who were currently living in a therapeutic housing shelter in the northeastern United States. I investigated veterans' military-to-civilian transitional experiences, social support transitions, cultural norm differences, and routine engagement experiences. The data collection methodology included purposeful sampling and two individual interviews, a member-checking focus interview, and a demographic questionnaire. I collected audio information from the individual and focus interview respondents and then coded it utilizing Miles and Huberman (2020) to break the information into chunks and to identify unifying themes. The significant results of the study indicated substance misuse as a dissociative factor, the importance of vocational opportunities, and the security associated with systems that institutionalized systems. Additionally, the study suggested a synergistic correlative factor of the PERMA + HC model and limitations of questionnaires compared against open-ended questioning. Due to difficulty controlling extraneous recruitment variables, this study was considered exploratory in nature.

Keywords: learned helplessness, military culture, homelessness, veterans, control

Dedication

To my wonderful wife, Lize-Mari, and to our two zealous boys, Aedan and Logan, whose understanding, support, and sacrifice helped pave the way toward the end of this academic journey. To my childhood Kenpo Karate instructors, Keith and Kenneth Krzeminski, who taught me resiliency, leadership, and humility, and whose lasting influence has helped propel me from childhood through decades, enabling me to find my own way.

Acknowledgments

The process of reaching the end of my academic adventure would not have been possible without the influence of my professors and clients. These individuals gave me the experiential, educational, and spiritual resolve to accomplish my goals. I would also like to acknowledge my Chairperson, Dr. Albert Sarno, whose steadfast investment in his students beyond reproach. I would also like to thank my dissertation reader, Dr. Fred Volk, for his guidance, and Liberty University for assisting me toward my continued academic and research excellence. Lastly, I would like to thank all the veterans in the Armed Forces who protect our Constitution and the freedoms we enjoy. The purpose of this research was not to critique the vital training and conditioning of our Armed Forces service members but to offer potential solutions for how to support service members during their transition back to civilian life.

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List of Abbreviations

Comprehensive Soldier Fitness (CSF)

Department of Defense (DoD)

High Magnitude Stressors (HMS)

Institutional Review Board (IRB)

Learned Helplessness (LH)

Positive emotions, Engagement, Relationships, Meaning, Accomplishment (PERMA)

Post-Traumatic Growth (PTG)

Post-Traumatic Stress Disorder (PTSD)

Transitional Assistance Program (TAP)

United States Department of Housing and Urban Development (HUD)

Values in Action (VIA) Inventory

Veterans Affairs (VA)

Yellow Ribbon Program (YRP)

Chapter One: Introduction

Overview

Veteran homelessness remains an ongoing problem in the United States. In January 2020, the U.S. Department of Housing and Urban Development (HUD) estimated that over 37,000 veterans were experiencing chronic homelessness in the United States (HUD, 2020). Despite there being a great deal of governmental research associated with developing effective soldiers (Steenkamp et al., 2013), there remains little applicable research on the skillsets and conditioning necessary for soldiers to be successful civilians once reintroduced into society (Elnitsky et al., 2017). In this chapter, I explored these essential skillsets and psychological training possibilities by discussing the origins of psychological resiliency via the etiology of learned helplessness (LH) of veterans experiencing chronic homelessness.

This dissertation will then begin attempting to expand on this history surrounding LH, psychological resiliency, and chronic veteran homelessness with the end goal of exploring the following research questions by the end of the dissertation: RQ1: How do veterans describe the experience of transitioning from military to civilian life and how might that have contributed to their homelessness? Sub-RQ1: How do veterans describe their social support (e.g., family, friends, and peers) when transitioning from military to civilian life and how might that have contributed to their homelessness? Sub-RQ2: How do veterans describe their experiences with the norm differences between military and civilian expectations when transitioning from military to civilian life and how might that have contributed to their homelessness? Sub-RQ3: How do veterans describe their use of their “free time” after transitioning from military to civilian life and how might that have contributed to their homelessness?

Background

Despite the extensive training, conditioning, and auxiliary effects of the development of an essential member of the armed services, this preparedness is often incongruent with the skillsets necessary for civilian reintegration. According to the Transitional Assistance Program (TAP), roughly 200,000 service members annually leave military service to return to their civilian lives (Veterans' Employment and Training Service [VETS], 2021). These service members are offered a one-day employment preparation workshop that is mandatory for all transitioning active-duty service members and a two-day optional workshop for career exploration, technical career preparation, and general employment preparation for active-duty service members. For National Guard and Reserve forces, the Department of Defense (DoD) offers a Yellow Ribbon Program that provides more extensive transitional mental health, vocational, educational, and resource assistance, depending on the service member's reservist or active-duty status (Scherrer et al., 2014). Despite these more recent, noncomprehensive, and partially successful attempts at soldier reintegration, the implementation of and access to such programs remains inconsistent for the rest of the Armed Forces and the aging veteran populations. Furthermore, nonacademic efforts do not even remotely attempt to counterbalance the months of basic and advanced military training that many veterans received. This training is valued by the U.S. Army (Kimmons, 2018) as being between \$55,000 to \$74,000, dependent on the recruit. For many other military branches that may invest more in their sailors or airmen, it is unlikely that a single day or a week's worth of potential classroom instruction or systemic resources can counterbalance the chronic conditioning, experience, and training that military members receive.

These workshops are often inadequate and fail to address the necessary transitional services needed. Part of these transitional resources includes proper mental health screening and treatment for post-traumatic stress disorder (PTSD) exposure veterans may have sustained during their combat tours (Tolin et al., 2015). Often, these symptoms cooccur with substance use or poorly developed social networks (Blair et al., 2020). This combination of psychopathology and maladaptive behaviors may inherently decrease a service member's successful transition back into civilian life. Consequently, these transition resources are insufficient to address the psychological needs of members of the Armed Forces who have experienced several years, and in some cases decades, of military culture and conditioning.

This military conditioning may correlate with U.S. veterans' high homeless rates. Veterans constitute a mere 6% of the U.S. population yet comprise up to 8% of unhoused persons overall (HUD, 2020). This data represents a disproportionate rate of homelessness associated with people with military backgrounds compared to civilian populations. HUD has indicated that between 2016 and 2020, chronic veteran homelessness rose consistently in the United States, suggesting a recent negative upward trend. Regarding this upward trend, scholars have reported that only 4.2% of homeless veterans utilize veteran affairs homeless services (Tsai et al., 2021). This data suggests a low usage of governmental veteran resources.

Unfortunately, veteran resource usage is majorly responsible for the problem of chronic veteran homelessness, perhaps signifying an underrepresentation of this phenomenon. The 2016 National Health and Resilience in Veterans Study of 1,533 veterans indicated that 8.5% of veterans experienced homelessness during their adult life, with an average rate of homelessness lasting nearly two (1.9) years and only 17.2% utilizing Veterans' Administration (VA) homeless or social services during their time of homelessness (Tsai et al., 2016). This underutilization is

substantial, considering that the federal VA possesses 171 medical centers and 1,113 outpatient sites around the United States with doctors that can make appropriate resource referrals (Veterans Affairs, 2022). This research suggests the potential that veteran homelessness is underreported due to low VA service utilization and consequent data reporting. However, these rates fail to indicate a cause or clear etiology surrounding the reasons behind veteran homelessness.

Researchers have attempted to determine what factors may contribute to service members not accessing these vital resources. These factors that may relate to such high rates of veteran homelessness include exposure to high-magnitude stressors (HMS) and post-traumatic distress events and resulting symptoms, which scholars have inadequately addressed in the research to date (Carlson et al., 2013). This may potentially explain the psychopathological influences that lead to veteran chronic homelessness. Thompson-Hollands et al. (2017) argued that *peritraumatic dissociation*, or the transient dissociative experience that occurs around the time of a traumatic event (American Psychological Association [APA], 2015), may be a vital component that reduces overall psychological resiliency factors, thus directly correlating with Learned Helplessness Theory. This dissociation may lead to the potentiation of the respondent developing negative beliefs about the self that constitute a mediating role towards additional PTSD symptomatology.

Evolution of Trauma

Definitions of trauma have evolved over the years. This evolution also includes trauma identifications that once included terms such as nostalgia, shell shock, combat fatigue, war neurosis, railway spine, and hysteria (Moore & Penk, 2019). However, these previous classifications were severely limited to comparing the similarities and differences between

traditional (shock) trauma exposure and the relatively recent complex PTSD (CPTSD) diagnosis. The World Health Organization (WHO) adopted this term in 2019 (ICD-11; WHO, 2019). CPTSD features include re-experiencing traumatic memories, avoidance, and hypervigilance coupled with three self-organization symptoms: interpersonal difficulties, emotional dysregulation, and negative self-concept (Jowett et al., 2020). CPTSD symptom categories may include intrusive/avoidance symptoms, cognitions and mood alterations, and arousal and physiological reactivity. As our definition of trauma continues to evolve due to a growing level of research, so too do its subsequent solutions, which we must reconsider and refine.

Part of this reclassification includes exacerbated aptitudes of comorbid diagnoses. As an example, shock and developmental trauma can be potentially synergistic (Favaretto et al., 2022). This synergism may encompass underlying themes of insecure attachments, developmental trauma exposure, mood disorders, and substance misuse that have the propensity to cloud a provider's ability to determine which trauma treatment to initiate (De Jongh et al., 2016). Consequently, this reality requires a systemic identification of trauma-reinforcing variables. However, attributing symptoms to external critical incidents would likely not treat the veteran effectively since human pathology usually has systemic origins (He et al., 2022). As a concise example, belief-based psychological responses to critical incidents have the potential to designate whether the incident was traumatic (Wilcoxon et al., 2021). Consequently, a clinician will likely need to address the underlying psychological deficiencies at the root of the service member's response to an external incident to assess their psychological resiliency deficiencies that can be identified with LH theory.

LH theory originally did not focus on PTSD. Instead, the theory was initially used to circumnavigate the belief-based constructs of persistent pessimism most associated with

depressive episodes (Seligman, 2018). LH is “a reaction to the loss of control that involves cognitive, motivational, and emotional deficits following the expectation that responses and outcomes are independent of each other” (Raps et al., 1982, p. 1036). Scholars further refined this definition after extensive research surrounding LH. For instance, research on the dorsal raphe nucleus, which is a significant source and supplier of neuromodulators, suggested that LH is more associated with a natural state of being that is mitigated or silenced by perceived control, and not one activated by a lack of control (Maier & Seligman, 2016). This evidence suggests that individuals already have a biological predisposition to LH, which diminishes dependent on an individual’s perspective surrounding critical incidents.

Perspective is paramount, considering that we all have the propensity to develop LH. Seligman (2006) argued that reality likely reinforces this state of being, as we begin life in a state of helplessness and this necessitates an innate baseline LH response as we come into this world needing a caregiver’s continuous support. This support can transform into a secure attachment style, where children learn how to regulate their emotions. Later in life, LH becomes more intermittent, as people experience bouts of transient helplessness experienced when they fail at an associated task (Seligman, 2002). Ironically, research associated with LH and pessimistic or depressed test groups has indicated that a “realistic” mindset associated with life challenges decreases their overall perceived influence (Seligman, 2006), suggesting that a baseline naiveté is required for chronic optimism. However, the question remains about the conditions necessary to achieve such a healthy state of naiveté.

Several barriers may obstruct the achievement of this naiveté or skewed belief. This conditioning can be further exacerbated by unstable peer support networks most associated with peritraumatic dissociation and attachment patterns related to the Circle of Security Intervention

(Powell et al., 2014). According to this model, insecure attachment patterns become prevalent in situations where the two psychosocial and emotional needs of a secure base and room for exploration are not routinely met, and this may consequently lead to traumatic experiences that may progress toward dissociative features related to LH. This mindset is reinforced and associated with the transferability of helplessness across differing situations, an exclusive trait for humans that has yet to be identified in mice with LH (Landgraf et al., 2015). This characteristic suggests that an advanced learning component of LH can be mitigated through psychological conditions supported by Positive Psychology.

Psychological Resiliency Advancements

This mitigation is directly related to one's psychological resiliency. Seligman's (2002) pioneering work in Positive Psychology is most identifiable with LH, which defines how a critical incident can become "traumatic" based on a person's lack of resiliency factors or tools. This perspective is significant because it suggests that all personality types do not necessarily experience LH. The "early roots" of the Positive Psychology movement can be traced back to a life-changing interaction Seligman (2018) reported having with their granddaughter when they were gardening, where they stated, "If I can stop whining, you can stop being such a grouch" (p. 4). However, such a simplified etiology of Positive Psychology possesses deeper foundations.

Frequently these deeper foundations have some surprising origins. LH research truly began when the behavioral sciences experienced a psychological paradigm shift in the 1950s due in part to a study conducted by Dr. Richard Solomon (Seligman's fellowship supporter) on the characteristic response of aversive stimulation of dog experimentation in which the researcher indicated, "I think the dogs in my lab are helpless, and I don't know why" (Seligman, 2018, p. 57). This concern for test subjects likely led to an increased scientific curiosity surrounding the

LH phenomenon. Later in the 1960s, Maier and their colleagues (Overmier & Seligman, 1967) administered a series of electric shocks or loud noises to mice, dogs, and humans to see when the animals would surrender to the noxious stimuli. These experiments continued until 1982, when they were discontinued (Visintainer et al., 1982). Significantly, the comparable experiments on dogs and mice had nearly identical outcomes; roughly 30% of subjects never became helpless and were identified as resilient, pointing toward biological and environmental resiliency factors (Seligman, 2011). Conversely, this research highlighted psychological resiliency markers and that their absence was a possible precursor to LH.

Consequently, these characteristics led to LH classifications. Successive research investigated possible etiologies surrounding LH, including but not limited to: pessimism associated with depression (Seligman, 2018), habitual self-fulfilling prophecies (Seligman, 2006), and the external locus of control beliefs surrounding the pervasiveness and permanence of current setbacks (Seligman, 2002). This data aided the scientific community greatly in identifying the associated markers of LH theory. Behaviorally, these attributes may be developed through the perceived passivity of individuals, which leads to a lack of control and altered cognitive beliefs (Seligman, 1993). This cognitive distortion further reinforces the importance of an individual's point of reference, given their explanatory style.

Due to there being a learning component associated with the reinforcement of LH, it is essential to investigate explanatory styles with LH further. Seligman (2006) identified a person's explanatory style to be the primary modulator of LH. This finding encouraged the scholar to search for the building blocks of individual resiliency, leading to the fundamental tenets of Positive Psychology research. Seligman (2011) encapsulated the essence of psychological resiliency best by noting that, "the takeaway lesson from Positive Psychology is that positive

mental health is not just the absence of mental illness... or to [simply] curtail misery” (p. 183). Seligman (2011) theorized that a person also needs a buffer of a positive explanatory style or beliefs. However, in early LH research, there was not yet a categorical definition of what this explanatory model would include.

This categorical definition eventually came to fruition at the turn of the new millennium. At that time, Peterson and Seligman (2004) created the Values in Action (VIA) Inventory, which identifies 24 vital character strengths that predict individual psychological resiliency. This new and extensive cultural repository began consolidating universal personality attributes researchers could draw upon. Using this categorical data, Seligman (2011) further refined the idea of psychological resiliency by developing the initial PERMA model of Positive emotions, Engagement, Relationships, Meaning, and Accomplishment. This model was neither revolutionary nor compelling since many of these components were already being individually theorized in various popular models.

The associated models have a long history of empirical validation and professional implementation. The models included Choice Theory’s basic needs (Glasser, 1998), Adlerian Counseling’s social interest (Sweeney, 1989), Flow Theory’s engagement activities (Csikszentmihalyi, 2008), and Existentialism’s meaning-making (Frankl, 1962/2006). This professional implementation was most fundamental to popular psychotherapy, but this did not suggest their academic or professional universal acceptance.

In 2018, Seligman conducted an objective, critical assessment of the PERMA model and suggested that it should be refined to potentially reduce the significance of the *accomplishment* component, due to people not always being fulfilled through accomplishments alone, as well as to consider the possibility of including *health* and *control*, which are most associated with LH

(Seligman, 2018). Verberg (2015) explained part of this lack of fulfillment, suggesting that motivation and excess can be synergistic unstable realities if rules and constraints are not properly placed to mitigate the potential for greed and pride. Contrastingly, there are rhetorical benefits of an individual's health and perception of control to psychological resiliency. Unfortunately, measuring health and control in active-duty populations presented some unique challenges.

One of these challenges includes national security interests that limit the publication of more specific resiliency research data. Despite this barrier, the most notable active-duty service member research was initiated in 1987, when Seligman (2006) conducted research associated with extremely high "Plebe" (newly formed cadets) dropout rates at West Point Academy, which were later directly correlated with elevated cadet pessimism levels. This data helped shift military recruitment practices and training procedures. More recently, the Comprehensive Soldier Fitness (CSF) program, which includes psychological fitness, assessment, self-improvement courses, and resiliency training, was initiated in large part by General George Casey and Dr. Seligman, whose contract was eventually given to the University of Pennsylvania due to the revolutionary nature of Dr. Seligman's psychological resiliency research (Seligman, 2011, 2018). Despite these two great Positive Psychology efforts at establishing psychological resiliency among military populations, a more comprehensive study must be accessible to the non-profit and private organizations that treat these transitioning warriors.

Situation to Self

In this section, I discuss my motivations for conducting this research study. I further identify the philosophical assumptions that I brought to the research, detailing my ontological, epistemological, rhetorical, and axiological assumptions. Some researchers have indicated that

having preliminary assumptions may “distort” qualitative research findings (Kornuta & Garmain, 2019). However, considering the reality that researchers and counselors “cannot *not* influence our clients [and research subjects]” (Guterman, 2013, p. 25), ignoring the values, beliefs, and culture that drive us towards interacting with our participants is perhaps more dangerous than simply being aware of having them. This section ends with an overview of the paradigm that I used to assist this research.

Philosophical Assumptions

It is easy to assume that students who select a thesis or dissertation topic have done so based on philosophical assumptions. Creswell and Poth (2018) argued that the qualitative researcher’s assumptions are vital since they direct the development of the research problem and associated questions. Related assumptions and beliefs are consequently the cornerstones of a person’s personality. However, a researcher’s quest for knowledge is guided by their philosophical stance and ethnocentric geographical influences that further influence how they ask and direct their research questions and subjects (Kornuta & Garmain, 2019). These can never be wholly silenced, which requires the researcher’s transparency for the reader to adjudicate subjectively, and not simply a denial of a bias’s very existence. In this section, I identify my ontological, epistemological, rhetorical, and axiological assumptions associated with LH in order to clarify my assumptions further for this research study.

Learned helplessness is not something I have experienced personally. However, I was a U.S. Navy submarine combat veteran and have been through similar critical incidents as the respondents in this study. I was also exposed to the culture of the U.S. Armed Forces. Ethnocentric culture is paramount to all research studies (Keith, 2019). Concerning further ethnocentric exposure, I spent almost two years at an undisclosed government veteran facility

during my Master's-level practicum and internship experiences at their immediate care facility, concluding my work there in 2015. However, no interview subjects for this research study were former clients of mine from my internship or practicum experiences, nor was this research study authorized by a previous department administration that may have influenced my researcher bias (Flamez et al., 2018). I introduced these safeguards to ensure the credibility of the present research study and the accuracy of what I was measuring.

I also believed that measurable differences exist between imminent and literal homelessness that are systematically related. These differences include shared relational, financial, or environmental support that skews both the severities of symptom identification and homelessness reporting factors (Tsai, 2018). As an example of this premise, if a veteran has no income but receives financial, housing, and resource assistance from family members, then the veteran will likely not seek assistance from government and nonprofit programs that report veteran progress and homelessness rates, consequently skewing the reported data through such information omission (Hirst, 2021). This mindset drew on my military support and Navy veteran experiences that informed the hermeneutical nature of this qualitative phenomenological research study.

I could not delineate many of my Navy experiences further in this research due to both the national security interests of the United States and to the need to uphold my previous security clearance issued by the Naval Criminal Investigative Service (NCIS). However, these training, environmental, and ethnocultural experiences helped me find parallels across my previous and current veteran populations, assisted me in developing my qualitative inquiries, and inspired my initial interest in Seligman's (Peterson et al., 1993) influence with LH theory. Part of this inspiration led me to become a guest speaker on Wesleyan University's Mind Matters radio

show, providing a half-hour interview on veterans, LH, and Positive Psychology (Evrard, 2015). From my experience, I believe that all military branches have traditions, mindsets, and rites of passage that formulate an extensive array of value systems and incentives.

One incentive included partially funding my educational trajectory through either state or federal programs associated with veteran service. I received an honorable discharge from the U.S. Military and took the same Oath of Enlistment (United States Government Publishing Office, 2011) all of the interviewed participants in this study also received. Furthermore, my worldview changed once I left active-duty service from being highly dichotomous, as evidenced in the ethnocentric culture of police and military personnel (Grimell, 2020), towards a more multidimensional and eclectic reality. This mindset change was likely counter-conditioned through my graduate-level counseling training and clinical experiences. Consequently, my understanding of concepts of right and wrong broadened and contributed to my work as an active psychotherapist at Change Talk, LLC.

Indicative of my professional experience working at Change Talk, LLC, and to avoid philosophical assumptions bias (Van Seggelen-Damen et al., 2017), in the present study I used open-ended Socratic questioning for research purposes. The research participants were selected randomly by the undisclosed location's staff members, at my "meet and greet" appearance on site, or by choosing respondents to advertising posters I posted at the facility (Appendix E). I assumed that my previous exposure to military culture would bolster participants' belief in my research credibility and trustworthiness and generate empathy toward me as a researcher. This cultural identification could lead to more accurate and expansive responses to research questions (Van Manen, 2016). Conversely, I also needed to explore respondent cultural barriers inside the associated research to investigate any bias against the researcher.

Potential Barriers

Further potential cultural facilitators and barriers included gender and age discrepancies between myself and the response subjects. While working at an immediate care facility for veterans in 2015, most of the populations I served identified exclusively as male and were mainly Vietnam or Korean War veterans. Creswell and Creswell (2020) suggested that age, disability, gender, and other variables may create noise and bias toward research procedures. Furthermore, research has indicated that gender differences may influence gender practices and beliefs (Burn & Pratt-Adams, 2015). Consequently, I prepared myself for deficits of female veteran populations due to insufficient clinical and experiential experiences as, at the time of my submarine service, submarines were a male-only rating or career. Unfortunately, no participants inside of this research study identified as being female. Additionally, these deficits could have extended to unknown generational boundaries surrounding respondent age and/or war campaign exposures that I had yet to determine.

Problem Statement

Much of our Armed Forces conditioning is necessary for soldiers to defend our nation, and it is restricted due to national security considerations. However, just like the systemic and encompassing nature of Seligman's (2018) PERMA model, which leads to more significant psychological resiliency factors that mitigate against LH (Jimenez et al., 2021), there are also multisystemic, etiological factors that form or enhance LH (Gomez et al., 2015). To indicate that LH is solely a trauma, depression, culture, or attachment-based phenomenon will offer an incomplete picture of what LH is in totality (Seligman, 2006). Consequently, we must examine LH through systemic and cultural lenses.

These systemic and cultural lenses focus on aspects of military conditioning to establish a possible link with LH. Research has confirmed that military conditioning generates specific cultural values in cadets, such as attention to detail, geographic distance from support networks in place of new comrades, and an environment where basic needs are met unequivocally (Paparone, 2017). This is in a political atmosphere where Armed Forces members are trained to preserve democracy via a class system (e.g., arrangement in social and economic groups, etc.) via a collectivistic environment (Moore & Penk, 2019). Unfortunately, these class and collectivistic environments are likely incongruent with civilian democratic culture. However, researchers have yet to thoroughly investigate the long-term influences of these collectivistic and class system conditioning environments.

For this research study, I examined these cultural characteristics that influence LH outcomes. However, the questions remained how these factors influence a service member once they leave active-duty service, why some veterans fail to thrive in society after their active service, and what we can do to further facilitate the successful transition from active-duty service to civilian life. Despite admirable programs such as Comprehensive Soldier Fitness (CSF; Seligman, 2019), which attempts to identify mental health pathologies and instill resiliency tools for active-duty service members, post-service national programs that measure the sufficient longitudinal validity and reliability of presented data have yet to be initiated. Moore and Penk (2019) indicated a “stifling” (p. 4) trend of older psychotherapies and pharmacological approaches still being utilized rather than other opportunities investigated. These opportunities may be harder for researchers to identify and quantify, requiring detailed accounts from respondents for pattern recognition. Consequently, there is a multitude of biopsychosocial variables that have yet to be thoroughly examined against the LH paradigm.

Examining these biopsychosocial variables starts with the admission requirements of the U.S. Military, where 71% of applicant ineligibility outcomes are associated with extensive biological, psychological, and national security disqualifiers/standards that inhibit military service opportunities (Snow, 2017). Consequently, any possible respondent incongruence with previous active-duty respondent medical records should be examined critically and scrutinized for errors, although this was beyond the scope of this study. For instance, inaccurate medical records may be influenced by quota-driven military recruiter practices or associated fears of judicial reprisal for inaccurately reported data (Frieson & Eddie, 2019). These possible correlations may skew associated research responses toward discharged veteran populations that are no longer active in the U.S. Military. As a result of these research deficiencies, the CSF program ultimately does not offer a specific explanation for variables associated with LH phenomena that affect homeless veteran populations and their overall inability to thrive post-military service.

Purpose Statement

To increase one's breadth of knowledge about a phenomenon, a researcher must first attempt to identify a clear and concise purpose of their study. The purpose of this hermeneutical phenomenological research study was to describe the lived experiences of veterans who have experienced homelessness for at least 90 consecutive days and who currently live in a therapeutic housing shelter in the northeastern United States. My methodology included systematic in-depth interviews, member-checking focus interviews, and data analysis (Creswell & Poth, 2018). Focusing on a veteran's lack of housing opportunities for this research study could indicate a person's overall propensity toward psychological wellness. It could also limit a person's protective PERMA (Seligman, 2011) psychological resiliency factors. Examining LH factors of

veterans who are homeless can better exemplify: 1) how veterans experiencing homelessness have been conditioned toward LH through military culture, 2) how peritraumatic dissociative factors might have exacerbated LH, and 3) whether military-to-civilian transitional programs and associated cultural counter-conditioning efforts are effective.

Significance of the Study

Scholars have made apparent attempts to building resiliency factors in active-duty service members through the CSF and similar programs. These associated programs have attempted to provide counterconditioning to combat-related trauma exposure (Seligman, 2018). However, the reality remains that removing the immediate support network (Moore & Penk, 2019) and conditioned way of life of a soldier, sailor, specialist, or airman may make the significant paradigm shift towards a civilian lifestyle difficult for some. Unfortunately, due to the astronomical funding differences between the larger budget of the Armed Forces of the U.S. Military (DoD, 2022) and those of local, state, and federal veteran housing programs, it is not surprising that research on the correlation between military culture, LH, and chronic homelessness has not been satisfactory investigated. Consequently, there is a need to investigate the associated deficiencies in previous research thoroughly.

In this research study, I explored the research gap surrounding psychological resiliency factors that may have been inadequately investigated due to fiscal and political limitations. Furthermore, I attempted to bypass research barriers such as imminent homelessness obscurity (Tsai, 2018), government-funded researcher bias (Forchuk & Csiernik, 2021), and respondent dissimulation (Rogers & Bender, 2018), which may have made existing self-reported soldier data less accurate than previously conceptualized (Andrews & Caron, 2020). I countered these discrepancies through interviews, a respondent validation focus interview, and by considering a

previous service member's investigator/researcher more objective role that is not directly connected to a federal or state-funded program.

This research may further assist local, state, federal, and nonprofit agencies in understanding the multifaceted and convoluted factors that lead to veteran homelessness and inspire future research practices. Despite more recent attempts at becoming more proactive towards health and case-management services of the federal VA, the current backlog of 100,000 claims is not expected to be eliminated until the year 2024 (Lett, 2021). Consequently, due to budget and personnel constraints, accurate identification of those veterans at risk of housing instability has been historically reactive and problematic (Byrne et al., 2019). My research highlighted identification factors such as LH that will further assist the development of screening tools and transitional programs that may prevent veteran homelessness.

Research Questions

In this section I outline the research questions that guided this study. In this study, I had a central research question (RQ) and three sub-research questions (Sub-RQs). Following each question, I present a brief discussion to support the focus and application.

RQ1: How Do Veterans Describe the Experience of Transitioning from Military to Civilian Life and How Might That Have Contributed to Their Homelessness?

The focus of this question was to ascertain the effect that exposure to military culture has on LH outcomes and how it may predict rates of chronic veteran homelessness. I derived the research question from this study's research problem and purpose statements (Creswell & Poth, 2018). Research suggests that military training, conditioning, environment, and ethnocentric values may increase rates of permeance and the prevalence of psychological pathology service members experience (Seligman, 2002). As brief examples of these constructs, military and

prison populations have a similar stature, rights, and socioeconomic status that may inhibit their well-being factors (Inwood et al., 2020). Consequently, establishing a link between culture and psychopathology may be beneficial toward a better understanding of chronic veteran homelessness.

Sub-RQ1: How Do Veterans Describe Their Social Support (e.g., Family, Friends, Peers) When Transitioning from Military to Civilian Life and How Might That Have Contributed to Their Homelessness?

The critical incidents that occur throughout a person's life can be numerous. However, what establishes these experiences as traumatic has to do with many factors. Peritraumatic dissociation inside armed forces around the world was recently acknowledged by a landmark study conducted by the Israel Defense Forces Corps Mental Health Department, which reported some of the lowest rates of PTSD cases in the world (Levi et al., 2018). This research indicated that such low incidences of PTSD are likely correlated with Israel's 2-year military service requirement and posited that such cultural exposure greatly heightened an Israeli soldier's peer support network. Thus, it can be argued that between training and deployments, friendships and family relationships can be strained at best and that a U.S. service member quickly adapts to build solid relationships with their similarly transient comrades (Moore & Penk, 2019). Consequently, this study explored the link between relationships, healthy attachment, and any associated maladaptive behaviors.

Sub-RQ2: How Do Veterans Describe Their Experiences with the Norm Differences Between Military and Civilian Expectations When Transitioning from Military to Civilian Life and How Might That Have Contributed to Their Homelessness?

Identifying dysfunctional relational, vocational, and psychological patterns is vital to a systemic understanding of LH. Maladaptive behaviors may be identified through heightened rates of veteran ingestion of nicotine and heavy consumption of alcohol that may contribute to higher rates of intimate partner violence compared to civilian populations (Cancio, 2020). However, this data may be underreported given the nature of post-military careers that require security clearances and service weapon declarations (e.g., law enforcement agencies, weapon manufacturers, etc.). Additionally, reliance on government assistance programs for sustenance, housing, and mental health services may correlate with maladaptive functioning and social ostracism (Tsai, 2018). This study further explored the associated mental, environmental, and chemical influences toward chronic veteran homelessness.

Sub-RQ3: How Do Veterans Describe Their Use of Their “Free Time” After Transitioning from Military to Civilian Life and How Might That Have Contributed to Their Homelessness?

A person’s free time is more than just leisurely activities and often assists in an individual’s overall psychological coping. Parmer (2019) suggested that having a series of coping skills and activities can increase both leadership and team membership success, leading to increased problem identification and resolution. In addition, outdoor recreational programs among military veterans have been shown to contribute to short-term psychological improvements in veterans’ PTSD, depression, general stress, and overall quality of life (Greer & Vin-Raviv, 2019). Consequently, it is likely that, in response to changes in geographical location,

previous vocational schedules and recreational activities should be examined to identify relevant themes associated with poor psychological resiliency.

Definitions

1. *Complex post-traumatic stress disorder (CPTSD)* - The three criteria that define CPTSD include: affect dysregulation, a disturbed sense of self and personality disorders, and interpersonal difficulties. This may include heightened levels of dissociation, disturbances of personal meaning, increased levels of personal risk and harm to self and others, shame and alienation, and somatosensory disturbances/medical conditions and illnesses (Moore & Penk, 2019).
2. *Ethnocentrism* - A fundamental social science concept denoting a phenomenon that powerfully links humans to their ethnic groups (Bizumic et al., 2021).
3. *Learned helplessness* - Consists of three essential components: contingency, cognition, and behaviors that lead a person to have the inability to select available control options (Peterson et al., 1993).
4. *Peritraumatic dissociation* - A complex array of reactions at the time of a trauma that include depersonalization, derealization, dissociative amnesia, out-of-body experiences, emotional numbness, and altered time perception (Thompson-Hollands et al., 2017).
5. *Post-traumatic growth* - Positive psychological changes that may occur because of highly stressful life events (Taku & McDiarmid, 2015).
6. *Post-traumatic stress disorder (PTSD)* - A chronic and debilitating psychiatric condition that can develop following an individual's exposure to threatened or actual death, sexual violence, or significant injury (Moore & Penk, 2019).

7. *Transtheoretical model* - Synonymous with the “Stages of Change Model,” which describes how an individual changes their behavior gradually, sometimes oscillating through the stages of precontemplation, contemplation, preparation, action, maintenance, and termination (Prochaska & Prochaska, 2016).

Summary

Our understanding of trauma and depression continues to advance along with our better understanding of the phenomenon. With the conceptualization of CPTSD (WHO, 2019) in recent years, it is not surprising that our knowledge of LH continues to be redefined and understood. Much like our evolving definition of what is traumatic (Menzies, 2019), there are still questions about how military-to-civilian transitional experiences, social support transitions, cultural norm differences, and routine engagement experiences affect former service members. Consequently, a thorough and detailed investigation of situational and psychopathological factors is needed.

In this study, I explored the environmental and psychological factors associated with respondents’ previous military experience, which might have influenced their state of chronic homelessness and likely negative cognitions (Negy et al., 2014). In Chapter One, I provided a framework to understand this research by discussing the historical, environmental, and psychological constructs surrounding the U.S. Military, LH, and the chronic inability of many veterans to successfully build psychological resiliency (Isaacs et al., 2017). This research further illuminated that the psychological cost of war is far greater than scholars previously conceived and does not simply focus on service member combat exposure.

Chapter Two: Literature Review

Overview

This chapter will then begin attempting to expand on the extensive literature and evidence supporting the correlation between LH, psychological resiliency factors, and chronic veteran homelessness. The end goal of this literature exploration attempts to form the basis of associated research questions including: RQ1: How do veterans describe the experience of transitioning from military to civilian life and how might that have contributed to their homelessness? Sub-RQ1: How do veterans describe their social support (e.g., family, friends, and peers) when transitioning from military to civilian life and how might that have contributed to their homelessness? Sub-RQ2: How do veterans describe their experiences with the norm differences between military and civilian expectations when transitioning from military to civilian life and how might that have contributed to their homelessness? Sub-RQ3: How do veterans describe their use of their “free time” after transitioning from military to civilian life and how might that have contributed to their homelessness? Answering these questions will require viewing the phenomena through multiple variables.

Chronic homelessness can only be accurately understood by viewing the phenomenon through a multisystemic lens. With the emergence of the new diagnosis of complex post-traumatic stress disorder (CPTSD) in 2019 by the World Health Organization (WHO, 2019), current research needs to take a closer look at how this redefined diagnosis affects members of the Armed Forces on and off the battlefield. Previous investigations addressing chronic veteran homelessness were limited in defining the correlation between traditional PTSD, substance misuse, and vocational difficulties (Tsai et al., 2018). Despite previous research focusing on systemic causes of chronic homelessness, including poverty and psychopathology, in this

research I aimed to establish a better understanding of the PERMA (Seligman, 2011) psychological resiliency factors that may be inhibited or reduced before, during, and after active-duty service by veterans who are currently homeless. Due to the extensive breadth of research required, it is no surprise that the constructs sustaining veteran homelessness remain elusive.

Perhaps the first step toward illuminating the ambiguous nature of veteran homelessness is identifying the attributes of psychological resiliency. A few recent research studies have explored the intrinsic or psychological conditioning variables that may play a fundamental role in predisposing our veteran service members toward chronic incidences of homelessness (Tsai & Kelton, 2022). Much of the current research surrounding veteran homelessness and associated etiologies is government-funded, causing concerns about variables that may skew study validity and respondent transparency (Crotty et al., 2020). If a correlation between the length of exposure to military culture and conditioning, lack of psychological resiliency factors, and chronic homelessness can be established, then there is a need for future studies on post-military conditioning opportunities.

In this chapter, I provide a detailed overview of the literature investigating the lived experiences of veterans who are homeless in the United States. The purpose of this research was to further identify PERMA (Maier & Seligman, 2016) resiliency characteristics in service members that may increase their propensity towards chronic homelessness and, in turn, may elucidate post-service systemic and therapeutic opportunities for treatment (Moore & Penk, 2019). I begin this detailed account with a critical appraisal of the relevant literature and with the theoretical framework that guided the research study. Next, I synthesize the existing knowledge of LH, differentiate between trauma and depression, identify controversies in LH research, and

distinguish shortcomings in the literature that warrant further investigation to understand service members' transition from the U.S. Armed Forces back into civilian life.

Theoretical Framework

Identifying the theoretical framework for a research study is essential to understand the benefits and limitations of the associated academic literature. According to Holley and Harris (2019), the theoretical framework constitutes the “underlying structure, the scaffolding or frame of your study” (p. 72), which ultimately grants the tools to increase the reader’s conceptual understanding. Kornuta and Garmain (2019) indicated that frameworks inside a literature review attempt to summarize and critique associated studies and exemplify how the research relates to the stated problem. Without such a structure, there would be no baseline theory or understanding to start from in qualitative research. To better understand learned helplessness (LH) theory, it is also important to investigate its theoretical counterpart, Seligman’s (2018) PERMA model. This model falls under the fourth-wave psychology movement conceptualized in the late 20th century, which was vital to understanding both LH etiologies and psychological resiliency factors.

Positive Psychology

Psychological resiliency was most extensively studied under the recent Positive Psychology movement. In 1998, Dr. Martin Seligman was elected president of the American Psychological Association (APA) and turned the world of psychology upside down by focusing on more proactive measures against psychological illness (Seligman, 2002). The revolutionary nature of Dr. Seligman’s work was due to the reality that other older psychotherapeutic models were largely reactive pathology-based therapies. Seligman’s (2011) “visionary” design focused on psychological resiliency strategies and the standard pathology-driven psychopathology treatment of older, more accepted models. Seligman (2018) indicated that the inspiration for such

a deviation from traditional psychopathology reactive models, which involved “reactive” interventions that alleviated mental illness and suffering, was a provocative statement made by their granddaughter, who described them as being a “grouch” (p. 4). However, in an interview with Carmichael (2011), Dr. Seligman portrayed a more realistic etiology of Positive Psychology, stating, “after I had worked on learned helplessness, we began to ask the question, what can you do with human beings to create the opposite of learned helplessness in the face of trauma?” (07:26). Consequently, an argument can be made that the origins of PP directly resulted from attempting to circumnavigate the phenomenon of LH.

Positive Psychology cannot be explained exclusively as being psychological resiliency. Positive Psychology theorizes that psychologists must develop an inclusive, systemic, and multifaceted treatment approach that examines a client’s weaknesses and strengths (Lopez et al., 2019). After all, simply returning a client to their baseline functioning before psychopathology may ignore the lack of insulating factors that initially led to this potentially recursive and vulnerable state of being in the first place. This outlook is vitally important to the common soldier, who often prepares themselves for what appear to be inevitably recurring wars that require a more proactive solution (Howell, 2015). These revolutionary solutions, however, existed long before the adaptation of Positive Psychology.

One model related to PP includes Solutions Focused Brief Therapy (SFBT). Authors such as Bannink (2012) attempted to further differentiate older psychotherapy strengths-based models such as SFBT by indicating that PP is more academic and more focused on inductive reasoning, while SFBT is typically more client-specific with a general focus on deductive reasoning (e.g., working backwards from a hypothetical solution). As a brief example of the client-specific status associated with SFBT, De Shazer (1985) believed that clients already possess tools that were

useful in the past and that could be used to overcome current obstacles. Positive psychologists focus more on the universal psychological resiliency tools that apply to most individuals (Rashid & Seligman, 2018). Part of this universal inductive approach directly surrounds an individual's inherent strengths.

Values in Action

Both the PP and SFBT models focus on human resiliency factors. Peterson and Seligman (2004) thoroughly examined these components, systematically examining global cross-cultural resiliency factors. Ultimately, this research led to their Values in Action (VIA) trait inventory, which includes psychological protective factors of spiritual/motivational, cognitive, behavioral/social, physical well-being, and physical competency categories alongside their 24 specific character strengths. Most modern research has reinforced the importance of these character strengths associated with psychological resiliency factors, apart from self-transcendence values and prosocial behavior, which have been identified as only marginally significant (Lavy & Benish-Weisman, 2021). This research suggests that more data collection is necessary to measure the impact and applicability of VIA further.

However, there have been previous attempts to research the potential applications of VIA. The U.S. Armed Services have already utilized VIA principles on multiple occasions as a means of civilian professional reintegration programs for newer generations of transitioning service members, with promising results (Belrose et al., 2019). These encouraging studies attempted to identify factors associated with psychological resiliency and post-traumatic growth opportunities. Consequently, researchers determined that, in military populations, higher resiliency attributes found in the VIA resulted in lower job stress (Taghva et al., 2020). These

results correlate with VIA and psychological resiliency outcomes that may benefit our homeless veteran populations.

Resiliency and Post-Traumatic Growth

There is likely a link between psychological resiliency and the potential to grow from traumatic outcomes. Psychological resiliency is defined as the ability of a person, family, or system to adapt to various risk factors (Masten, 2018). The theory itself was first introduced by Garmezy and Rutter (1983), who studied the effects of stress and coping on children in unstable environments. Ironically, it was again through child research that scholars developed a thorough understanding of the effects of the stress hormone cortisol, as children from impoverished households exhibited stunted brain development and maladaptive behaviors (Brown et al., 2019). However, this same symptomatology research suggested plausible solutions to these potentially destructive environments.

Part of such a solution included the psychological resiliency factor of post-traumatic growth. This growth is defined as turning pain and suffering into strength and wisdom (Bennett, 2017). Typically, post-traumatic growth is predicated mainly upon a person's value systems and overall belief as to whether they control external outcomes (Seligman, 2018). These variables typically lead to a person's healthier ability to manage stress and bounce back after a challenging life experience, such as service members' long deployments and associated challenging environments (Schwartz, 2020). However, the question remains about what influences a person's post-traumatic growth opportunities.

Part of these opportunities may correlate with the person's values or belief system. Post-traumatic growth may directly link with greater perceived control over events, religious coping, and positive social coping, as seen in a study that investigated women with a strong internal

locus of control due to spirituality or religious belief systems (Kirkner & Ullman, 2020). Scholars have postulated that believing in the eternal nature of one's being may reduce a person's overall appraisal process of perceived threats and challenges (Onyedire et al., 2017). After all, mindset determines whether a critical incident is traumatic or not for our service members in uniform.

This determination likely stems from many cultural values, experiences, and beliefs that filter our daily experiences. Consequently, a certain ambiguity remains associated with the overall moral and religious injury inflicted as a result of military operations during service members' deployments (Nash & Litz, 2013). Part of this appraisal system may correlate with the significance or meaning of presented critical incidents with transformative opportunities regarding psychological resiliency factors that scholars have explored with respective veteran populations (Harvey & Tapp, 2020). This appraisal opportunity may reflect service members' adaptability or willingness to make appropriate life changes.

Stages of Change

To understand what contributes to poor resiliency factors that lead to LH, one must first examine the constructs that lead a person towards changing or being adaptable. For many years since the Transtheoretical Model was created in 1977, Prochaska and DiClemente's (Prochaska et al., 1994) work influenced virtually all the substance misuse counseling arenas worldwide through the six-stage program for overcoming bad habits and moving one's life forward positively (DiClemente, 2018). Since substance misuse is a leading cause of chronic veteran homelessness (Hoggatt et al., 2017), having a systemic understanding of both addiction and behavioral change is vital to the success of this research. DiClemente's (2018) Transtheoretical

Model of Change broke this process into five parts: precontemplation, contemplation, planning, action, and maintenance.

However, for veterans who are chronically homeless, it is unlikely that this review must focus on all five parts of the stages of change. For this literature review, I focus on the stages of pre-contemplation and contemplation as most negative psychological resilience behaviors in client roles are associated with behavioral inaction or dissociation (Miller & Rollnick, 2013). The precontemplation and contemplation stages typically represent association stagnation because individuals in these stages either feel that their problems are insurmountable or are trapped in the ambivalence associated with their challenges (DiClemente, 2018). The Transtheoretical Model was initially designed to include a termination stage, but this was later removed because maintaining psychological wellness, much like sobriety, requires constant effort and adaptability to ward off behavioral relapse (Miller & Rollnick, 2013). Consequently, there is a need to identify the attributes that contribute to elevated levels of continual effort.

These attributes that propel veterans toward achieving their goals or obtaining the help they need are likely internal. DiClemente (2015) indicated that a great deal of a client's motivation towards successful change has less to do with traditional interventions by psychotherapists and more to do with internal factors. These are also supported by a great deal of pre-session change factors from SFBT that encompass a consumer-based role (Bannink, 2015). This associated client mindset is often most representative of the planning and action stages of DiClemente's (2018) Transtheoretical Model of Change, where most of a client's drive towards positive change has already occurred when clients take concrete steps toward improving their mental health (e.g., making an appointment with a psychotherapist).

However, the aim of the present research was to explain why individuals become motivationally stagnant. Consequently, SFBT visitors in treatment (Bannink, 2012) represent DiClemente's (2018) pre-contemplation stage, where most clients are solely motivated by their outside environment (e.g., relationships, court, etc.) to make positive changes or honestly believe that their life problems are insurmountable. Chhabra et al. (2020) explained that these environmental pre-contemplation factors are likely the primary correlation that influences veteran homelessness or failure to thrive. This ecological influence probably inhibits the motivational change required for veterans to overcome obstacles associated with general success.

Often, the definite motivational boundary between pre-contemplation and contemplation mindsets remains blurred. Many individuals stuck in the pre-contemplation client stage know the many pros and cons associated with staying in their current predicament (ambivalence). However, the difference lies in the reality that ambivalence may not be the determining factor for being behaviorally "stuck" or stagnant (DiClemente, 2018). Veterans constituting the "ambivalent" group may be more representative of imminent homeless populations that are harder to track and quantify because of the ever-changing political landscape, which oscillates between villainizing and admiring them and changes in public support and funding for mental health (Hirst, 2021). The nature of many veteran government-subsidized shelter programs eventually requires that veterans pay a nominal monthly fee to stay at such facilities, creating tracking ambiguities in determining whether that veteran is still "homeless." For individuals who remain in the precontemplation stage due to LH, the literature suggests that encouraging them to focus on their perceived locus of control reduces negative behaviors such as substance misuse (Zhang et al., 2016). Consequently, our perception of control may affirm our limits or propensity towards positive life changes.

Locus of Control

Locus of control is a paramount construct of psychological resiliency. The prevailing literature has determined that, apart from an external religious locus of control, an individual with an internal locus of control is more likely to perceive various day-to-day challenges as surmountable and less emotionally draining (Choi & Heo, 2021). Arising studies eventually became so compelling that Seligman (2018) determined that it was vital to ascertain whether to include *perception of control* as a likely extension of their PERMA model. However, a person's locus of control varies interculturally.

Part of this variance in perceived control stems from childhood. Associated styles of thinking have been chiefly correlated with the social and cultural environments in which a person is raised (Zhou et al., 2012). As an example, evidence suggests that when an individual gives up their internal control and places their struggles in "God's hands," their self-regulatory capabilities, which help combat constructs of general procrastination that lead to exacerbated goal-obtainment and reduced psychological distress, decrease (Zarzycka et al., 2019). This positive point of reference reframing is vital for warding off potential etiologies of pathology.

Part of LH pathology includes recurring themes that may be traumatic. This predisposition toward traumatology includes one's locus of control, which may also correlate with shame-withdraw tendencies and associated self-acceptance presented through many religions and forms of spirituality (Kaplánová & Gregor, 2021). These belief systems are often developed during childhood and are typically associated with cultural diversity variables, including family belief systems and early childhood trauma exposures that may negatively correlate with psychological resiliency (Türk-Kurtça & Kocatürk, 2020). Consequently, there remains a correlation between war-exposed military men, their respective locus of control, and

associated mediatory role associated with PTSD symptomatology (Atilola et al., 2021). In contrast, individuals who view setbacks as temporary, local, and changeable tend to develop more of an optimistic explanatory style that regularly breeds psychological resiliency (Seligman, 2011). This reframing mindset is vital to warding off the causes of LH and affording that person the opportunity to develop their stable locus of control.

The factors that influence a person's locus of control may include their immediate support network. This premise is evidenced by research out of the University of Virginia that correlated that people judge hills (obstacles) to be 20% steeper if an individual is isolated and 30% more vertical if an individual is in a negative state of mind (Achor, 2013). Furthermore, those that have a "stress-is-enhancing" mindset have higher adaptability and a stronger desire to receive feedback, in opposition to those with a "stress-is-debilitating" mindset, who have higher levels of cortisol response in their system, which often correlates with more significant health difficulties and limited performance/growth mindsets (Crum et al., 2013). Conversely, the literature has shown that pessimistic individuals tend to have a more accurate perception of how much control they have compared to optimistic people, who may have distorted perceptions of their actual control (Seligman, 2006). Consequently, it can be theorized that individuals with more extensive support networks tend to be more optimistic about challenges, and therefore may have a healthy disproportional assessment of the severity of such challenges.

Learned Helplessness

Learned helplessness (LH) theory has an extensive history spanning over 60 years. The origins of LH theory began with Maier and colleagues (Overmier & Seligman, 1967) conducting a series of mouse, dog, and human aversive experimental trials from the 1960s to 1982 (Seligman, 2011). These experiments aimed to ascertain why some individuals thrive in chaotic

environments while the majority flounder (Seligman, 2018). These assessments eventually led to associated research on successful child psychological development.

Child development is paramount in understanding resiliency factors associated with LH. For children who do not have the option to flee or fight back in an abusive environment, the activation of their sympathetic nervous system appears fruitless (Ogden & Fisher, 2014). Martin Teicher, a biopsychiatrist at Harvard University, indicated that trauma exposure might lead to a decrease in grey matter in the orbitofrontal cortex, located in the prefrontal cortex and dealing with executive functioning, which has been known to ultimately decrease a person's sensory awareness of previous traumas along with their current affective identification (Teicher & Samson, 2016). Furthermore, there is evidence to suggest that there is also a general decrease in hippocampal volume, suggesting an impairment in long-term explicit memories that affect a person's sense of time and order of events (Schwartz, 2021). Consequently, depending on these factors, any critical incident a child encounters can either be successfully processed or traumatically reinforced.

This reinforcement is associated with the "learned" in learned helplessness, which implies remarkable influence through environmental and operant behavioral conditioning. With every critical incident or crisis in a person's life, their culture and unique perspective drive their response to such an event and reveal their character (Peterson, 2013). This culture and value system is built upon societal constructs that are prized or discouraged (O'Brien, 2020). The LH paradigm demonstrates that behavioral and cognitive deficits tend to occur when a person is exposed to inescapable and uncontrollable aversive environments (Miller & Seligman, 1975). These inescapable atmospheres might be most representative of militaristic practices that control the movements of soldiers or combat situations that prohibit command abandonment.

Abandonment implies a lack of social support or control. Both inescapable and uncontrollable concepts make the individual believe that their current obstacle or feeling is permanent and pervasive, despite whatever reality exists (Peterson et al., 1993). This unwavering mindset often manifests through unsuccessful coping in new environments or stressful situations and often causes depression-like phenotypes, such as fatigue, a reduction in psychomotor responses, and sleep disturbance that is a likely occurrence during active-duty service with new duty commands and lengthy overseas deployments (Maier & Seligman, 2016). Consequently, these symptoms have the propensity to be pervasive and lead some veterans to dichotomous mindsets.

The all-or-nothing mentality is often correlated with a psychological reinforcer. Often, LH phenomena are associated with inescapable punishment or failure and consequently become and remain passive, making success impossible (Martinko & Gardner, 1982). These concepts of inescapable punishment may be witnessed through attitudes favoring the authoritarian use of power as part of military culture (Barron & Ogle, 2014). Carlson and Kacmar (1994) elaborated upon this research in the 1990s, finding that employees who experienced repeated failures tended to develop LH and consequently experienced performance deficiencies. This research correlates with veterans' disparity in their new environment after military service. Similarly, a study by Martinko and Gardner (1982) successfully linked LH to changes in a person's organizational structure or management (e.g., computer implementation, etc.) with negative experiences such as failure, which may again be representative of service member experiences. This transient and dichotomous lifestyle directly and negatively affects a person's motivation toward achievement, as seen in LH.

Achievement is the foundation of many forms of psychological success. LH has conversely been attributed to decreased mastery orientation and psychological control inside the classroom, thereby decreasing academic achievement (Filippello et al., 2020). Teachers experience learners with differing emotional and cognitive abilities, including feelings of discouragement, a lack of motivation, or a tendency to disengage inside the classroom environment (Filippello et al., 2017). Educational atmospheres constitute a significant component of military participant training and conditioning practices among students with different emotional and cognitive abilities. In such an environment, Maier and Seligman (2016) posited their underlying belief that the LH phenomena correlates directly with the understanding that “organisms are sensitive to the dimension of control” (p. 361). This control is fundamental to LH theory and is vital to understanding how military veterans may be culturally conditioned towards these LH elements.

Developmental Trauma and PTSD

Complex post-traumatic stress disorder (CPTSD) and developmental trauma are often viewed as synonymous concepts. They are often described as a combination of traumatic interpersonal victimization and the disruption of attachment bonds that once had a primary focus on adverse childhood events (Ford, 2021). Despite being notoriously hard to define, considering the plethora of relational, environmental, respondent, and psychological factors that account for developmental trauma, approximately 90% of individuals are exposed to at least one traumatic event during their lifetime, with many individuals being exposed to multiple traumatic events (Kilpatrick et al., 2013). Often what prevents a critical incident from developing into long-lasting psychological trauma is the amount of support a person receives from a loving family or caring

community member invested in their well-being (Matheson, 2016). However, identifying and quantifying love and support for these individuals is an arduous task at best.

Conversely, the identification of pathology is the first step toward successful treatment. With respect towards excluding the malingering rule-out of trauma-related disorders (Rogers & Bender, 2018), PTSD remains one of the most underdiagnosed disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR, 5th ed.; American Psychiatric Association, 2022), perhaps due to the failure of clinicians to thoroughly investigate a client's trauma exposure and review their clinical records (Zammit et al., 2018). Due to this trauma exposure, individuals report significant impairment regarding their social or occupational functioning (Franklin et al., 2018), and PTSD rates continue to have a higher prevalence in Latino, African American, and Native American populations (American Psychiatric Association, 2022). This component of social functioning impairment is also witnessed in veteran populations (Kleiman et al., 2020), where ostracized veterans are experiencing less social support. The result increases veterans' inability to foster psychological resiliency that helps insulate the factors that lead to PTSD.

PTSD inhibits psychological resiliency in a myriad of ways. Typical symptoms of traditional PTSD include re-experiencing, avoidance, and persistent perceptions of the perceived threat, coupled with difficulties in affect regulation, self-concept, and interpersonal disturbances (American Psychiatric Association [APA], 2022). CPTSD has historically been associated with, or directly confused with, PTSD and borderline personality disorders (Cloitre et al., 2014). This potential for misdiagnosis can be problematic, considering treatment discrepancies and clinical prognosis associated with both diagnoses (APA, 2022). CPTSD symptoms may include re-experiencing events, avoidance, persistent threat perceptions, affect regulation, negative self-

concept, interpersonal disturbances, and dissociative symptoms (Schwartz, 2021). Depending on a client's tolerance window, these disturbances may change, oscillating between hypo- and hyper-arousal. Hypo-arousal symptoms may include lethargy, anhedonia, helplessness, emotional numbness, disconnection, or depression, while hyper-arousal may manifest as feelings of anxiety, panic, hypervigilance, restlessness, irritability, aggression, rage, or labile emotions (Shahri, 2014). As a result of these feelings, dissociative or avoidant veterans may fail to complete daily organizational tasks that lead to success in daily living and employment, which in many cases are necessary to secure adequate housing opportunities or healthy relationships.

This lack of achievement (e.g., housing) or support networks often directly influence trauma processing that may lead to LH. Factors that increase both CPTSD and PTSD occurrences include exposure to emotional abuse, neglect, war, community violence, loss, betrayal, and disruption of attachment relationships or the chronic emotional dysregulation of caregivers (Gregorowski & Seedat, 2013). Often, this can be witnessed in families or institutions where the victim is told that they were at fault for a traumatic event (Schwartz, 2021). This blame may also be experienced in military training settings where warfighters are trained to be responsible for their entire division's actions or outcomes. Experiential and belief-based circumstances such as these make it difficult for traumatized clients to trust others or the general outside world (Matheson, 2016). Consequently, such a lack of trust can lead veterans to unsuccessful attempts with psychological providers to successfully process their traumatic memories.

The PERMA Model

In this section, I briefly overview the attributes that may increase psychological resiliency. The successful use of the components of the PERMA (Seligman, 2018) model may

result in psychological resiliency factors. These factors retain many characteristics of previous modalities of therapy. Seligman (2018) gave credit to many previous psychotherapists in their newest assembling of the components necessary to be psychological “well.” These acknowledgments included popular elements of psychotherapies from creators such as Alfred Adler (Social Interest Theory), Carl Rogers (relationships), Mihaly Csikszentmihalyi (Flow Theory), and Viktor Frankl (meaning). However, the roots of many of the components of the additional features section of PERMA (Seligman, 2011), such as self-esteem, optimism, resilience, vitality, and self-determination, are influenced by other theorists, such as Milton Erickson (trance states), Steve de Shazer (strength finding, future orientations, and compliments), and Abraham Maslow (Self-Actualization Theory). However, combining these items with an equal focus on pathology and well-being makes the PERMA model unique.

This combination of attributes affords potential solutions to pathology and pathology-resistance capabilities within an individual. Seligman (2011) stated, “if we want to flourish and to have well-being, we must indeed minimize our misery; but in addition, we must have positive emotion, meaning, accomplishment, and positive relationships” (p. 53). After all, simply returning an individual to pre-pathological states of being may reinitiate recursive cycles, overlooking psychological resiliency tendencies that initiated such misery in the first place. Components of the eventual PERMA model can be seen in Seligman’s earlier works (Peterson et al., 1993; Peterson & Seligman, 2004; Seligman, 1993, 2002). However, until the 21st century, Seligman placed all these components into an autonomous theory.

Seligman (2011) conceptualized this theory in their later works, with the first revolutionary mention of the PERMA Model coming in the book *Flourish*. PERMA represents the elements of psychological well-being, such as Positive affect, Engagement activities,

Relationships, Meaning, and Accomplishment (PERMA). It should also be noted that Seligman (2018) later partially retracted the Accomplishment component of the PERMA model, citing how “commonly people pursue achievement doggedly for its own sake; even if it brings no happiness, no flow, no relationships, and no meaning” (p. 261), while emphasizing physical health and control elements in the model instead. Since Accomplishment was not detracted entirely from psychological wellness, as is still met Seligman’s (2018) criteria, it is still included as a criterion in research efforts, although its contextual limitations are acknowledged.

Three components were used to assess each criterion’s application in the PERMA model. They included: contributing to well-being, pursuing the element for its own sake, and being defined and measured independently from the other elements (Seligman, 2011). The purpose of these criteria was to ensure the primal nature of each element and the validity of each PERMA component. Seligman’s (2018) model also summarized a relational affinity towards monism due to the belief that happiness is operationalized or defined by life satisfaction. Consequently, the perception of life satisfaction, or control over these conditions, is paramount to attaining psychological resiliency (Seligman, 2018). For the present study, I used engagement, relationships (attachment), and meaning-making as components of other psychotherapeutic modalities. I explored them all under the various elements of this research in the quest to understand general well-being or attempts toward happiness.

Many individuals seek psychotherapy for the potential of finding happiness, without understanding its transient nature. The positive emotion element of Seligman’s (2011) work perhaps has the least categorical capacity as it is directly related to the other four elements and is arguably subjective based on the respondent, and therefore difficult to quantify objectively. Once the foundation for Seligman’s (2002) Authentic Happiness Theory, well-being focuses on

happiness and life satisfaction. These are attributes or states of being that people seek for their own sake, and they can be measured using a variety of subjective questionnaires and inventories (Seligman, 2011). In contrast, happiness, in general, is often regarded as a fleeting or transient emotion that people spend their entire lives seeking (Rashid & Seligman, 2018). Some researchers have characterized this concept as a hedonic treadmill or adaptation recursive cycle where what was once pleasant, or novel becomes average and loses the positive emotions associated with it (Noonan, 2015). Despite these temporal limitations, there are legitimate reasons to investigate these positive emotive states further.

These reasons have to do with what transpires during positive affect implementation. Lyubomirsky (2013) argued that “positive emotional experiences are known to generate upward spirals” (pp. 194–195) and are more productive, healthy, and creative to counteract psychological stressors. This logic signals that breaking maladaptive habitual destructive cycles sometimes requires a conducive environment for positive change. Research has also found that, through these positive experiences, positive risk-taking opportunities can build and create resilient personal growth (Kottler, 2017). After all, positive risk-taking creates adaptability that likely encourages future success. However, the keyword in risk-taking is the propensity toward failure.

Failure, much like happiness, is a fleeting, acute emotion. However, regret, although less intense, is a chronic state that never really goes away. The Zeigarnik effect is where an individual is more likely to remember or persevere in unfinished or interrupted business (Lyubomirsky, 2013). This regret may come in many forms for active-duty service members, from comrades left behind, experiences they would like to forget, or memories that may remain unprocessed due to their national security clearances. Part of this regret may include criminal

deviance incurred by service members, which appears to decrease by roughly 8.7% per year of active-duty service, controlling for the effects of age at the time of security clearance adjudication (Kelly, 2021). This information suggests a possible correlation between youthfulness and belief in the ability to “start again.” Consequently, perception of failure likely varies depending on a person’s age and perceived choices that likely affect their post-service civilian success and locus of control factors associated with LH.

Flow Theory

Civilian success may include short-term solutions surrounding a veteran’s ability to find respite from possible grief and regret. Flow theory is a vital component of Seligman’s (2011) PERMA intervention to build psychological resiliency and ward off LH. Dr. Mihaly Csikszentmihalyi developed the model in 1990 according to their belief that “how we feel about ourselves [and] the joy we get from living, ultimately depends directly on how the mind filters, and interprets everyday experiences” (Csikszentmihalyi, 2008, p. 9). According to Flow Theory, one of the ways this happiness can be obtained is through finding the rewards inside each present moment. Research supporting this mindset can be found in Csikszentmihalyi’s (2018) later work, where they indicated that happiness can be achieved through: 1) having concrete goals and manageable rules, 2) adjusting opportunities for action to our capabilities, 3) providing clear information on how well we are doing, and 4) screening out distractions to make concentration possible. These opportunities for potential happiness can be majorly achieved through *engagement activities*.

However, engagement activities are subjective to each individual and may be difficult to identify initially. Engagement activities are those in which the participant is excelling or describes their experience as being “in the zone,” has a heightened sense of control, has an

intrinsically rewarding autotelic experience, and often loses track of their sense of time (Csikszentmihalyi, 2008). Such a flow state can often be witnessed, but not limited to, individuals engaged in games, artistic performances, or religious rituals (Csikszentmihalyi, 2018). Through these challenges and engagement tasks, people develop *neigentropy* or a more confident self because of goal attainment (accomplishment) and productivity (Csikszentmihalyi, 2008). A meta-analysis conducted by Fong et al. (2015) indicated that a challenge-skill balance is most associated with a flow experience. This research suggested that there remains a delicate balancing act of pushing ourselves within our limitations before exceeding them. Research conducted by Nakamura and Csikszentmihalyi (2002) identified the three conditions of balance that directly facilitate flow states: a perceived challenge and skill, clear and proximal goals, and detailed and immediate feedback. This way, such traits create a potentially recurring cycle of flow.

This recurring cycle can be identified in a multitude of ways. Individuals engaged in a perpetual cycle of flow opportunities are often identified as active, integrating agents who exemplify an inherent personal growth tendency (Ryan & Deci, 2002). However, an argument can be made for a service member's limited engagement opportunities due to extended work hours, duty watch station posting, physical and educational training, and excessive caloric/physical expenditures of some ratings (careers) of the armed services (Jaworski et al., 2015). Despite research indicating that personal growth declines with age, the ability of people to handle their environmental demands (environmental mastery) remains relatively stable across a person's lifespan (Ryff, 2018). However, as with most human developmental models, Flow Theory should not be viewed as a singular or fundamental reality of one's development. Instead, such a theory has its place as a small piece of the much larger puzzle of psychological resiliency.

Social Interest and Attachment Theory

Despite social support and attachment being universally accepted psychological constructs, there remains a vague understanding of their function. The role of support through mediums such as religious congregations further insulate individuals from developing traumatizing conditions by allowing them to combat peritraumatic dissociation through social inclusion and support (Hayward & Krause, 2012). A similar type of social support is often present during military service through an individual's chain of command and comradeship (Blais et al., 2021). However, religious congregation (Chaplin service) and social work environments are lost upon termination from active-duty service. Furthermore, other cultural differences may influence an individual's social support experience.

Men and women in the Armed Forces experience this social support differently. Women in the Armed Forces may begin to find God as a noncorporeal attachment figure and a source of feelings of safety and security conducive to positive psychological health (Cherniak et al., 2021). Consequently, it is believed that women who perceive more outstanding social support are less at risk for challenges like substance misuse relapse than men, who are generally more likely to relapse even with social support (Smith et al., 2018). This research is significant since it may suggest differing psychological treatments for men and women surrounding social support. Research presented by Schnall et al. (2008) indicated that perceived challenges may be alleviated or reduced with social support, such as the support people receive through social and religious practice. Consequently, social-religious support can be linked with the benefits of a person having a positive social environment.

Positive social environments have several components. Dr. Alfred Adler first popularized social interest and theorized that we all have the capacity and need to relate to each other in a

“cosmic” relationship (Sweeney, 1989). Sweeney highlighted this concept further when they stated Adler indicated that friendship and compassionate intelligence are opportunities afforded through social interest that led to love and connectedness with others. Rykkje et al. (2015) viewed love as being “the moving power of life” (p. 9) that propels a person toward meaning and significance. However, Dr. Adler perhaps failed to identify what associated connectedness entails extensively.

Further research on love and connectedness followed. Powell et al. (2014) further refined these concepts through the Circle of Security Model, which conceptualized the need for a secure base and room for exploration as insulating factors that assist in establishing overall psychological wellness. Secure bases are further exemplified by an attachment figure who provides safety, understanding, acceptance, and comfort, which can appear in belief systems as a divine or cosmic “father” influence. Granqvist (2014) took this concept further, indicating that monotheistic religions provide a personal, loving God that expresses secure attachment components that are intensely cared for. Consequently, individuals who are either more religious or spiritual might experience more positive influences on their human development and psychological well-being (Cherniak et al., 2021). This human development is not, however, solely learned or conditioned.

Part of this conditioning includes biological predispositions. Epigenetics, or how our environment impacts our genetic expression, can also highlight the disadvantages of a lack of social support networks (Bennett, 2017). Consequent to peritraumatic dissociative features, individual response to distress tolerance, emotional regulation, and various other constructs can be inherited genetically through male semen up to three generations (Krippner & Barrett, 2019). Consequently, clinical teams have more reason to screen for a family history of trauma for

military recruitment and post-service psychological treatment. Inherited genetic tendencies may include alterations in a person's capacity to handle stress (respondent behavior), greater sensitivity to sensory stimuli, and engaging in relationships (Matthews & McGowan, 2019). This phenomenon associated with children and adults displaying trauma-based symptoms with no direct critical incident exposure is called intergenerational trauma (Hodge, 2014). Hence, early attachment-based interventions are needed for environments that include but are not limited to poverty, domestic violence, developmental delays, and other unstable household or work environments such as active-duty service overseas deployments.

The opportunity associated with attachment-based interventions rests upon proper attachment screening. Perhaps the most impressionable time during a child's development happens around the age of two, when synaptic pruning occurs or when the brain determines what neurocognition should be maintained or dispelled (Bennett, 2017). This timeframe is also vital to our limited understanding of declarative (explicit) memories that begin forming around the age of three and the non-declarative (implicit) or emotional memories that begin forming roughly at six months in utero (Kolling et al., 2016). This knowledge perhaps increases scientists' appreciation for affective memories that were once marginalized as less impactful.

Due to the impact of these affective/non-declarative memories, researchers should undertake a close examination of early attachment patterns. Consequently, it can be inferred that *healthy attachment*, synonymous with the term *secure attachment*, gives both children and adults an operating system to use to interact successfully with the world and its people (Ainsworth et al., 2015). Secure attachment is vital to developing intellectual potential, healthy relationships, emotional regulation, self-esteem, and the ability to share feelings with others (Bennett, 2017).

Conversely, there is also a need to explore the negative consequences of failing to meet secure environments.

Individuals often seek out familiar environments. If an individual experiences insecure attachment, they often replicate their traumatic experience by developing friendships and intimate relationships that mirror previous traumatic exposures, further limiting their path toward successful human development (Siegel, 2013). After basic infantry training, Armed Forces personnel often have attachment-based opportunities as warfighters at their non-training duty station, such as the U.S. Navy “Sea Dad” assignment, where a sailor can connect with and receive mentorship from a seasoned service member (Major, 2015). However, those individuals who suffer from avoidant relational attachment styles typically struggle with the empathy and vulnerability needed to sustain healthy relationships (Bennett, 2017). This lack of empathy and vulnerability can be detrimental to developing healthy attachment styles.

The pitfalls concerning poor attachments with others may vary. Common characteristics of avoidant types of insecure attachment include problems establishing and maintaining intimacy, controlling or aloof characteristics, and the inability to share thoughts or feelings in meaningful ways (Ainsworth et al., 2015). Avoidant types also struggle with regulating emotions and can appear to fidget or go off on nervous tangents when triggered (Bennett, 2017). Consequently, chronic exposure to environmental triggers can become deeply rooted in brain regulatory response centers and socially affect turnover generations of service members.

This generational chronic exposure can undoubtedly have long-term psychological effects on the human brain. Such an influence on the brain may lead to behaviors that are typical of people whose limbic system (hyperarousal zone) is in control versus those that demonstrate Flexibility, Adaptability, Coherence, Energy, and Stability (FACES), which typically correlate

with having influential prefrontal cortex or executive functioning control (Siegel, 2015). Despite hyperarousal zone features consisting of symptoms like the absence of sensations, it is a combination of emotional numbness, disabled cognitive processing, and reduction of physical energy that likely causes an individual to be unsuccessful in building psychological resiliency (Bennett, 2017). The manifestation of these symptoms can vary; however, two typical responses occur that keep an individual rooted in the hyperarousal zone. These include both chaotic and rigid subtypes, which represent a person's final maladaptive effort to control a stressful situation through perfectionism, developing a belief in the futility of their efforts, or other behavioral difficulties, such as substance misuse or domestic violence, which is frequently seen in active-duty service members (Cole et al., 2009). These features may correlate with the U.S. Military's attention to detail, group penalty, and physical response conditioning.

Existentialism, Culture, and Religion

Our perspective on what is traumatic and how we suffer is based on our philosophy or belief system. Originally popularly conceptualized in Frankl's (1962/2006) *Man's Search for Meaning*, the Existentialism movement posited that one of the most significant interventions in overcoming loss occurs when a person finds some significance in it. Meaning has been and continues to be the fuel behind that which inspires us and transforms us into the people we are and want to be. Seligman (2011) defined meaning as "belonging to and serving something you believe is something greater than yourself" (p. 17). If Frankl believed that we receive a sense of meaning from the suffering we endure, then perhaps the contrary reality is finding meaning by developing our PERMA acquisition.

Psychological resiliency is based on principles derived from Positive Psychology, which include human development, stimulation of virtues, and the overall improvement of one's quality

of life and general well-being (Santos et al., 2021). Consequently, these conditional “compasses” link positive resiliency and an individual’s belief system. Positive human development occurs when a direct link exists between positive religious coping mechanisms and individuals who experience more significant meaning in their lives. This behavior results in reduced feelings of loneliness and the absence of negative coping strategies that can often be associated with substance misuse inside the warfighter community (Yildirim et al., 2021). Such substance misuse may correlate with behavioral and chemical escapism, where veterans may distract, deflect, distance themselves, or suppress their feelings (Marks et al., 2014). Part of the compulsions that lead to chemical distractions may correlate with a skewed belief system.

Such a belief system may circumnavigate the role of overall suffering. An interpretation of this ideal is the belief that incomprehensible suffering exemplifies the will of God (or universal essence) and hence serves a purpose that may increase a person’s overall life satisfaction (Louw, 2016). This increase in life satisfaction may be due to the individual believing that they serve a much larger ambiguous purpose which may reduce dichotomous vantage points. This meaning-making might be further attributed to viewing an omnipresent God as purposefully creating fallible or “imperfect beings,” ultimately leading to human suffering (Nel, 2022). However, these belief perspectives differ based on systemic cultural origins.

One cultural component includes gender and level of income. Differences in cultural perspectives, gender identity, and socioeconomic status problematize our understanding of what constitutes well-being and the subsequent meaning of suffering (Lun & Bond, 2013). These exist for the men and women inside the Armed Forces and may directly affect their experiences during or after service. Scholars have indicated that women who are more successful at work and in their homes regularly have a direct influence over policy-making decisions, experience

organizational equities, and perceive empowerment (Sabharwal, 2015). Contrastingly, it may be suggested that female veterans who do not have a direct influence over policy-making and organizational equality may feel disenfranchised.

Consequently, gender expectations due to cultural influences may directly influence religious and spiritual outcomes, leading to increased overall wellness. Religion is the most complex, comprehensive, coherent meaning-making system (Hall et al., 2018). As one of many examples of this construct, scholars compared the suffering, death, and resurrection of Jesus Christ to similar suffering endured by Roman Catholic women facing breast cancer, due to their desire to be Christ-like (Clements & Tasker, 2015). Similar axiological, teleological, and praxiological global beliefs, such as those presented, are related to meaning and purpose throughout life goals that begin to be established at birth and that can affect overall morality (Denni et al., 2021). This morality originates from a myriad of deeply rooted belief systems.

Belief systems are the pillars on which our individualistic perspectives lay. Global belief systems may directly influence an individual's cognition, emotion, agency, and other psychological processes that emphasize state (impulses) and trait (basic drives) factors (Baumeister, 2016). Individuals who incorporate free will into their religious practices experience increased feelings of belongingness of self and others, along with opportunities for self-atonement. Military wives who exhibit religious affiliation are much more likely to utilize healthy coping strategies of self-distraction, religion, and positive reframing six months after an active-duty military operation. This religious reaction suggests that these behaviors likely continue after such service members' honorable discharge (Braun-Lewensohn & Bar, 2017). This response is vital because religiosity has been directly linked to social inclusion, which likely

deteriorates with aloof or physically distant service member spouses (Schnall et al., 2008). This inclusion either supports or refutes the need for social support to ward off LH.

Limitations of Accomplishment

Despite accomplishment's rhetorical ability to drive self-directedness (the internal locus of control), its application may have differing results. Although a majority of the tentatively revised PERMA model (Seligman, 2018) remained uncontested because of its roots in previous psychotherapeutic approaches, an individual's sense of accomplishment remains both an elusive and contextual circumstance that requires further investigation. Accomplishment may include the concepts of perseverance or striving toward goals and working towards something for pursuit or improvement (Wagner et al., 2020). Ideally, the pursuit of intrinsic goals like growth and connection typically fosters more significant gains than that for extrinsic goals like money or notoriety (Seligman, 2013). However, accomplishment is a construct that people may not always seek for its own sake, and it cannot be measured well using a variety of subjective questionnaires and inventories due to different cultural definitions of accomplishment (Seligman, 2011). Consequently, accomplishment may be identified as a bidirectional concept laying on a broad spectrum measured through subjective cultural perspectives.

Hence the multidimensional nature of the PERMA model and concepts such as accomplishment require further research to understand their proper applicability (Umucu, 2021). Additionally, there remain little, if any, intervention studies associated with positive relationships and accomplishment factors that could solidify the actual validity of accomplishment (Gander et al., 2017). Rashid and Seligman (2018) reinforced that accomplishment may often be subjective, making it difficult to identify or distinguish from person to person. However, just because an attribute is hard to measure does not mean it should be ignored, especially considering that

accomplishment is a construct that has the potential to be abused, and consequently may cause more distress than actual happiness.

Related Literature

Systemic Institutionalism and Homelessness

Chronic homelessness is understood as a systemic epidemic that results from various environmental, socio-economic, and biological factors. One of those factors is trauma-based, coinciding with veterans having higher Adverse Childhood Events (ACE) scores than general civilians, which may increase the likelihood of chronic homelessness and mental health problems in adulthood (Montgomery et al., 2013). Another element may include the nature of military institutional resource provisioning and culture. As an example, civilian research on government resource provisioning has sparked debates surrounding whether government programs such as food stamps, disability, and social security services “entangle people in a soul-crushing dependency” (Heitkamp, 2019, p. 23). Various forms of institutional dependencies often lead to a reduction in individuals’ independence and autonomy (Appleman, 2018). This chronic dependency entails the popular perception of patrons of these programs fearing the loss of many associated government benefits or opportunities upon becoming more autonomous (e.g., overcoming mental illness, increased vocational success, etc.).

Limiting options and creating an environment of dependence may be the hallmarks of standard soldier conditioning as part of the *institutionalization* process. The APA (2015) defined institutionalization as “an individual’s gradual adaptation to institutional life over a long period, especially when this is seen as rendering [them] passive, dependent, and generally unsuited for life outside the institution” (p. 545). Military service creates similar dependency systems by providing meals, health insurance, housing, transportation, structure, and vital other resources

that may increase a person's reliance on such a system. These systems are also typically highly monitored and regulated. An example of this may include regulated nutrition and fitness standards that have the propensity to create unhealthy mealtimes, exercise, and eating, along with perpetual fears surrounding food, fitness, and one's body mass index (Ferrell et al., 2021). These standards correlate directly to each service branch's traditions and image standards.

Despite the individuality associated with branch-specific traditions and standards, there are universal themes they all share. *Esprit de corps* is a fundamental cultural theme in the U.S. Military that prides itself on having a collective identity and responsibility for fellow service members (Tuleja, 2020). This collective responsibility effervesces upon service members' transition to civilian life, where they begin to face challenges associated with interpersonal relationships, housing, education, finances, substance misuse, and employment opportunities under their newly-found autonomy (Pease et al., 2016). Due to these systemic features, there are federal and state programs that attempt to mitigate these transitional problems.

These government programs include veteran administration and rehabilitation opportunities. Research has found a synergistic relationship between VA homelessness services and a reduction in veteran suicide, explicitly finding that domiciled veterans result in a 400% reduction in emergency services (Tsai et al., 2018). Other data from Veteran Health Administration indicate that 30% of incarcerated veterans have a history of homelessness (Tsai et al., 2013), compared to a rate of 18% among a nationally representative sample of adults in the United States with a history of incarceration (Greenberg & Rosenheck, 2014). These data may correlate with the stark government-supportive and corporeal realities associated with veterans who are homeless.

Part of these punitive realities includes differences in incarceration. Greenberg and Rosenheck (2014) indicated that veterans tend to have fewer prior arrests and shorter criminal histories than non-veterans but have longer average sentences, regardless of offense type. Nonetheless, these figures also illustrate that recidivism is still the norm among justice-involved veterans, given that 68% of veterans in jails and 73% of veterans in prisons had at least one prior episode of incarceration (Bronson et al., 2015). Consequently, the veteran homelessness problem may be deeply rooted in psychological pathology factors that lead to problems within the criminal justice system.

Part of these forensic shortcomings may correlate with symptom reduction via substance misuse. Compared to non-veterans in the criminal justice system, veterans have higher rates of substance use and other mental health disorders (Bronson et al., 2015) and homelessness (Fargo et al., 2012). Military culture, including disruptive service tours, geographic relocation, combat exposure, and increased substance misuse disorders, increases the likelihood of homelessness (Balslem et al., 2011). The National Center on Homelessness Among Veterans determined that 18% of Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans who were diagnosed with a mental health disorder during active-duty discharge represented 44% of the veterans who became homeless, indicating the presence of symptoms that may have been overlooked by mental health professionals (Metraux et al., 2013). Despite a clear potential link between veteran psychopathology and substance misuse, the question remains as to what other systemic influences affect chronic veteran homelessness.

Many service members also experience poverty as a hardship beginning their first day of activity-duty service. A famous military cadence associated with military perceived income disparities called “They say that in the [branch of service]” includes references to having \$99

“take[n] back” from a salary of \$100, indicating that such a salary/allowance is not enough to cover taxes, uniforms, and general expenses (Missouri Western State University [MWSU], 2022). Thankfully, most proponents of military reimbursement will identify that, thanks to very supportive executive branch administrations, service members have recently enjoyed a higher quality of living, citing the enlisted “1<4 Month” (one to four month) designation receiving \$1,695 monthly basic pay, which does not include possible allowances and other incentives (Defense Finance and Accounting Service [DFAS], 2022). This pay is also representative of work up to seven days a week and the propensity of 100 hours per week, which may not include physical and academic readiness programming (Ziezulewicz, 2018). Considering potentially extended work weeks given a salaried pay structure, a rough breakdown of basic pay has been investigated.

Combining the maximum 2018 annual work hours with the smallest 2022 annual pay scale places a potential sailor, marine, soldier, or airman at roughly \$4.25 per hour with no weekend or night shift differentials. However, in the interest of total transparency, the U.S. government does offer monetary, or benefit increases for dependents, special details, combat pay, educational incentives, sustenance, and other entitlements that offset these income disparities (DFAS, 2022). Contrastingly, upon exiting the U.S. Armed Services, veterans quickly learn the realities of coordinating their behaviors and relying on civilians for economic stability and success (Edelmann, 2018). Given the low-income acclimated level of many veterans and the associated work structure, many civilian transitional environments require a multitude of economic, organizational, social, and medical realities.

Quality of Life Versus Traumagenics

Quality of life constitutes more than just income level and relates to how a person perceives setbacks or obstacles. As for income, factors that affect military income and quality of life post-service are life-threatening illnesses or injuries incurred during active-duty service (Martz et al., 2018). Regarding the perception of obstacles, Martz et al. (2018) also indicated that post-traumatic growth (resiliency) factors are also associated with moderated relationships between symptoms associated with quality of life (including physical health) and PTSD symptomatology. Concerning active-duty service, it has been identified that, upon returning from active-duty military operations, wives of service members from lower socioeconomic backgrounds tended to report maladaptive coping strategies such as denial and behavioral disengagement that continued six months after the service member's return (Braun-Lewensohn & Bar, 2017). This research suggested the need for future longitudinal research to indicate whether these maladaptive familial behaviors continue after honorable discharge and veteran post-traumatic growth opportunities.

Part of these opportunities begins with a thorough understanding of post-traumatic growth. A more centralized understanding of military resiliency now exists thanks to retired Major General Robert Dees and his efforts with Liberty University's first Institute for Military Resilience (Liberty University, 2016). Much of this understanding coincided with research circumnavigating Social Cognitive Theory, where General Dees and colleagues suggested that moral injury can threaten personal well-being and elicit conflict within relationships (Griffin et al., 2017). Griffin et al. (2017) further delineated the cure for moral injury as being about self-forgiveness by veterans reclaiming their sense of personal esteem and social belonging. Social belonging, consequently, is a pivotal key to interpersonal relationships.

Interpersonal relationships are vital to sustaining the support required to elicit post-traumatic growth. More specifically, Sarno (2014) suggested that assisting veterans by developing an interdependent helping network of support is fundamentally necessary for successful veteran reintegration into society. Sarno (2014) proposed this development by having the veteran learn to complement and enjoy the mystery of relationships while conducting the appropriate use of self-disclosures. However, Sarno (2014) suggested that the etiology surrounding treating these relational difficulties begins with a thorough understanding of traumagenic disorders that are both systemic and that often collide with preexisting childhood traumas. Consequently, complex traumagenic disorders may be synergistic with later-developed traumas that can be affected by cumulative toxic stress (Harris & Levenson, 2021). These childhood exposures can manifest in various ways, detract from post-traumatic growth opportunities, and lead to or originate from depressive predispositions.

Episodic Depression

The origins of depressed mood stem from various developmental, biological, environmental, and conditioned responses. However, aspects of depression associated with episodic depression constitute roughly 90% of depression cases (Seligman, 2006). Bareis and Mezuk (2016) suggested that male individuals raised in poverty have greater odds of being drafted or volunteering for military service, which may increase the likelihood of depression later in life. Episodic depression may also be present in individuals who have survived repeated inescapable trauma from caregivers who should have cultivated their secure attachment. As a result, these individuals spend their lifetimes feeling an invalidation of their bodies, experiences, and sense of self (Courtois & Ford, 2013). This invalidation may lead to dissociative behaviors that may lead to future professional treatment barriers that need further investigation.

Part of this further investigation may include changes in mental health pathology identification. Veterans with a diminished sense of self may exhibit an adjustment disorder with depressed mood as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR, 5th ed.; American Psychiatric Association, 2022). The DSM-5-TR further indicates that adjustment disorders can represent up to 50% of principal diagnoses in hospital psychiatric consultation settings. Unfortunately, it has been my experience that mental health clinicians often view adjustment disorders as less severe than other diagnoses in the DSM-5-TR and may incorrectly limit their parameters to six months. However, this six-month persistent symptom criterion begins only once a “stressor of its consequences ha[s] terminated” (American Psychiatric Association, 2022, p. 320). Consequently, even a related diagnosis such as CPTSD may be missed or misdiagnosed with other DSM-5-TR diagnoses due to difficulties directly diagnosing CPTSD reactions and associated dissociative disorders that often look like depressive symptomatology and trauma-based etiology (Bailey & Brown, 2020). However, these symptoms may encapsulate features of more severe psychopathology.

This encapsulation can include comorbid or additional mental health diagnoses that should be investigated. Dissociative or avoidant behaviors that are hallmarks of traditional PTSD include motivational deficits in psychiatric disorders such as major depressive disorder, schizophrenia, and various forms of addiction (Boekhoudt et al., 2018). The Nucleus Accumbens (NAc) is a part of the human brain most associated with reward-based learning, avoidance, feeding habits, and cognitive processing that is often underactive in depressed patients (Rahmi & Şengör, 2021). Excessive exposure to stimuli that caused stress and anxiety in rats reduced nucleus NAc by attenuating levels of the endocannabinoid anandamide, despite Korem et al. (2017) arguing that increased β -catenin in the NAc may lead to a “protective buffer” (p. 285)

against the effects of chronic stress. Ironically, the β -catenin and the endocannabinoid system consequently appear to play significant roles in anxiety and depressive symptoms and may be identified as biological markers that lead to psychological resiliency factors that are vital towards insulating against LH (Korem et al., 2017). These psychological resiliency factors are systemic and affect various symptoms of mental health disorders.

Consequently, CPTSD, PTSD, anxiety, and various forms of depression intersect to either blur or pinpoint the actual causality or etiology of LH in our service members. Maier and Seligman (2016) indicated that many features of LH share a similar symptomatology with depressive disorders, such as sadness, loss of interest, weight loss, sleeping problems, psychomotor difficulties, fatigue, worthlessness, and indecisiveness. However, Maier and Seligman (2016) pointed to limitations surrounding the research environment, such as the prevalence of suicidal ideation, which they believed might deviate if conducted outside of a laboratory environment. Remarkably, however, veteran suicide rates increased by 25.9% from 2005 to 2016 due to increased histories of mental illness (Hoffmire et al., 2019). However, these rates are hard to track due to research scope limitations, such as ideation being self-reported data. Consequently, LH appears to have a systemic origin with many symptomatic features that I investigated in the present study.

Reality Therapy

Part of an individual's psychological resiliency includes the reality that there is almost always a choice. Glasser's (1998) Choice Theory highlighted the need for healthy coping strategies and argued that people who reject this mindset and attempt to control others tend to have little to no control over their own lives. This mindset is further supported by older theologies such as Buddhism, which reinforces the reality that "holding on to anger is like

grasping a hot coal with the intent of harming another; [however] you end up getting burned” (Cassaniti, 2019, p. 1), making the case that individuals who attempt to have a control mindset experience far greater psychological distress. Part of the potential suffering control-based individuals experience includes heightened risks of reduced motivation and overall burnout (Alvarez et al., 2021). Reality Therapy frequently mirrors Existentialism’s components in that individuals often attempt to indicate that they are victims of circumstances or their environment rather than intentionally choosing behaviors that lead to associated outcomes (Wubbolding, 2015). This freedom to choose is paramount to developing a healthy internal locus of control, which is required for psychological resiliency.

Physical Health

The human body is the vehicle that carries the mind. In Seligman’s (2018) work, *The Hope Circuit*, the scholar added physical health as a “claimant” to their PERMA model, despite not being conclusively convinced that it should be included in the model, likely due to physical health control limitations. Research has indicated a strong bidirectional link between each of the PERMA elements, physical health, vitality, job/life satisfaction, and commitment within organizations (Kern et al., 2014). Equally as important, a person’s social environment continues to play a paramount role in preventing general age-related cognitive decline and increasing general physical health among older adults (Siedlecki et al., 2014). When it comes to veterans of limited educational and socioeconomic resources, which may lead to poor nutritional habits, dietary restrictions may also lead to a vast array of health problems, such as heart disease, diabetes, obesity, and even certain forms of cancer that may directly affect their mental health (Stranges et al., 2014). Conversely, a dietary solution must exist that may assist veterans towards healthier lifestyles that support their psychological health and wellness.

The myriads of dietary possibilities are becoming increasingly available to our veterans. A factor that may promote positive physical health includes consuming a Mediterranean diet rich in fruits, vegetables, nuts, beans, fish, and unsaturated fats, which has been shown to reduce depression and provide various health benefits (Parletta et al., 2019). However, active-duty service members are on long deployments with Meals-Ready-to-Eat (MREs) or canned provisions (Ahmed et al., 2019). This dietary lifestyle may also be difficult to sustain during active duty and may result in poor nutritional habits upon leaving the Armed Forces.

Additionally, many visible and invisible injuries are sustained on active-duty frontlines that often follow a veteran into civilian life. Historically, these physical and mental health injuries have been inadequately addressed by the VA healthcare system, where veterans experience inexcusably long wait times, intern practitioners with limited oversight, and an overall questionable quality of care (Jha, 2016). Physical disabling conditions such as those received on a battlefield can lead to chronic low back pain, which increases generalized disability, depression, somatization, diminished libido, and body mass index (Fisker et al., 2018). Consequently, the multifaceted nature of veterans' physical well-being is necessary to identify markers that may increase exposure propensity to LH.

PERMA+4

However, not everyone subscribes to the simplistic nature of PERMA. Critics of the PERMA (Seligman, 2011) model often cite how narrow its five-approach focus can be. Seligman (2018) conceded that their desire to retain a five-model theory was “parsimonious” (p. 261) and left room for future speculation as to why such a construct would be important. Other researchers further refined Seligman's PERMA model, suggesting that physical health, mindset, physical work environments, and economic security should be added to the original model as essential

building blocks of well-being (Donaldson et al., 2022). Even though popular views suggest that these four additional elements are important to any person's overall well-being, the question remains as to how comprehensive any model should be regarding its future applicability, understanding, ideal reinforcement, and whether a Positive Psychology clinician should necessarily take on the roles of a dietitian, human resource professional, and financial advisor.

Summary

In this chapter, I reviewed the environmental, systemic, theoretical, and psychiatric literature surrounding chronic homelessness, LH, and military culture. These bodies of work attempted to answer the key research question of what factors lead to a reduction in veteran psychological resiliency (Tsai, 2018). First, I reviewed the literature that conveys the importance of psychological resiliency and factors that either improve or detract from a veteran's psychological well-being (Seligman, 2018). This review offered a theoretical framework to understand and address my research question (RQ1), which attempted to identify how veterans experience their transition from military to civilian life and how this may have contributed to chronic veteran homelessness.

The literature sections associated with psychological pathology, CPTSD, and the benefits of developed social supports directly related to Sub-RQ1, which aimed to identify the military peritraumatic dissociative factors (e.g., ostracism) that influence veterans' homelessness. The inability to fully be in the present moment directly relates to the Transtheoretical Model (DiClemente, 2018) of change, and specifically to the pre-contemplation stage of change, which also influences veterans' overall ability to be psychologically resilient (Seligman, 2011). I examined this further in the present research study. Another topic of interest was associated with the institutionalization of services members and related to Sub-RQ2, which attempted to identify

norm differences between military and civilian experiences, including engagement activities (Sub-RQ3). However, psychological resiliency and cultural risk factors will never fully explain why a veteran becomes homeless due to many biological, cultural, social, psychological, and environmental factors that enhance or insulate against chronic homelessness.

Consequently, it is important not to assume the specific etiology of a veteran's psychological pathology but to seek to understand the rich details of every veteran's biography and to identify correlations and patterns that surface (Miles et al., 2020). Scholars now believe there to be a fundamental link between various patterns of institutionalization adopted by the U.S. Military and reductions in PERMA attributes in service members. Detailed biographies can provide a rich source of data to identify veterans' struggles and their associated barriers, attempting to elicit familial, private, nonprofit, and governmental support (Creswell & Poth, 2018). In this research, I aimed to provide a complete answer to the primary research query regarding the experiential interrelationship between LH, military culture, and chronic veteran homelessness by synthesizing the best elements of relevant theoretical approaches and supplementing them with other auxiliary evidence gained through ethnographic and psychological fieldwork.

Chapter Three: Methods

Overview

Homelessness among U.S. veterans remains an unnecessary reality associated with the cost of defending our national interests. Studies on veteran homelessness have historically focused on societal or structural factors (Tsai, 2018) that can be associated with poverty and vocational success. Insufficient research studies have explored the intrinsic or psychological conditioning/support variables that may play a fundamental role in predisposing veteran service members towards chronic incidences of homelessness. Emerging research has continued to identify the gross underutilization of veteran provider resources and healthcare (Tsai et al., 2021). This study fundamentally engages new stakeholders towards social justice and advocacy opportunities through empirical research familiarization. Furthermore, if a correlation between PERMA + HC (Seligman, 2018) can be established, then future studies on post-military transitional opportunities for these individuals can be examined further along with additional research opportunities.

Design

This qualitative research design attempted to link homeless veterans' experiences with military culture and attributes of psychological resiliency. The design method I used in this qualitative research study was a hermeneutic phenomenological approach, in which the researcher combines their own experiences with the research data to construct meaning (APA, 2015). This study was qualitative by design, which refers to research that produces descriptive data, whether written or verbal, and observations on behavior gathered during the focus interview and individual interview process (Taylor et al., 2016). Considering my focus on the multidimensional realities of LH, psychological resiliency, and differing norms outcomes for

service members, I determined that a phenomenological qualitative approach was the most appropriate research method to accurately record the respondents' experiences.

Accurately measuring veterans' experiences first begins with understanding their potential worldview. Phenomenological research focuses on studying an individual's lived experiences based on membership within a particular group (Neubauer et al., 2019).

Phenomenology is commonly used within sociology, psychology, education, and the health sciences (Creswell & Poth, 2018). A phenomenological research study aims to obtain a rich conclusive description of a particular phenomenon (Heppner et al., 2016). This conclusive descriptive opportunity phenomenological research provides is vital for identifying the specific lived experiences related to LH through effective open-ended questioning.

To ask the right questions of veteran respondents, I needed to have a broad understanding of military culture and psychological resiliency. Consequently, this research focused on the hermeneutic type of phenomenological qualitative research, where the researcher can compare an individual's lived experiences with an identified psychological phenomenon (Crowther et al., 2017). I identified this as beneficial to the study based on the ethnocentric and philosophical themes, I utilized for more accurate research questioning. There are four essential philosophical perspectives directly related to phenomenology: 1) the vantage point of philosophy as a means towards wisdom rather than simple scientific exploration; 2) the belief that an object's reality is only understood through its meaning as it relates to an individual's experiences; 3) the use of *epoché*, the intentional suspension of judgments about what is real until they are founded on certainty; and 4) the perception that the reality of an object is intimately tied to one's consciousness of that object (Creswell & Poth, 2018). Consequently, this hermeneutic phenomenological research afforded the opportunity to utilize associated philosophical

perspectives of respondents and my own transferable experiences associated with my time in the U.S. Navy and serving homeless veteran clients during my internship experiences.

Hermeneutic phenomenology is a qualitative approach that enables a researcher to use deductive and inductive reasoning, which is why I chose it over transcendental phenomenology that attempts to have a more linear unbiased approach. This construct is vitally important since a great deal of the research design pertained to past events and previous military conditioning that might have either no longer been in practice or might have been unique to an individual, consequently requiring an interpretive hypothetico-deductive method approach (Nes & Yamu, 2020). This technique also allowed for a more traditional inductive reasoning methodology where the researcher takes the specifics of the differing participant experience of a phenomenon and identifies common themes to produce a description of the associated phenomenon (Creswell & Poth, 2018). I compared these inductive identifiers with and against my own experiences to identify applicable research questions and recurring themes.

This design also helped me find commonalities among different individuals who had overcome military conditioning and attempted the transition to back civilian life. The associated research style also gave multiple opportunities for feedback from veteran participants in either an individual interview or focus interview response arena to allow me to gain multidimensional insight into the phenomenon (Coolican, 2019). I identified this multidimensional insight as being synergistic with the focus interviews (Creswell & Poth, 2018), where other participant feedback or experiences would likely trigger thoughts and experiences from their own lives associated with LH. My goal was to identify varying themes from the individuals and to find commonalities surrounding shared experiences, in the hope that this study might be a platform for future

research and contribute toward a better understanding of the pitfalls associated with attempting to fit a service member into a civilian lifestyle.

Part of this better understanding entailed properly measuring the LH phenomenon through thoughtful and informed questioning surrounding military and cultural experiences. Although a quantitative research study might allow greater breadth of insight from more participants in a larger environment, it would overlook the richness of detail that might better explain both the context and meaning surrounding every critical incident (Creswell & Poth, 2018). Despite bracketing my individual experiences to help the reader assess my objectivity (Sholokhova, 2019), the phenomenological hermeneutic research method allowed me to actively draw upon veterans' actual experiences serving in the U.S. Military, as well as on my own via question-development. This experience led to increased cultural identification and rapport with respondents, bolstering the validity of what I was measuring through enhanced trust, understanding, and expanded data gathering.

I conducted the research using demographic questionnaires, member-checking, focus interviews, and an opportunity to review transcribed individual interviews with veterans. I created textual and structural descriptions that defined what and how the phenomenon occurred after horizontalization (giving equal value to each respondent) to permit rich and all-encompassing data for each occurring phenomenon (Moustakas, 1994). Horizontalization is important to offer unbiased and accurate representations of presented data (Kapitan, 2017). The goal was for this research to enhance the field of knowledge and understanding regarding how impactful military conditioning and culture can be when it comes to the psychological resiliency factors that are vital for human psychological resiliency.

Research Questions

RQ1: How do veterans describe the experience of transitioning from military to civilian life and how might that have contributed to their homelessness?

Sub-RQ1: How do veterans describe their social support (e.g., family, friends, and peers) when transitioning from military to civilian life and how might that have contributed to their homelessness?

Sub-RQ2: How do veterans describe their experiences with the norm differences between military and civilian expectations when transitioning from military to civilian life and how might that have contributed to their homelessness?

Sub-RQ3: How do veterans describe their use of their “free time” after transitioning from military to civilian life and how might that have contributed to their homelessness?

Setting

The research location had served veterans and their dependents since its inception in the mid-19th century. The research location consisted of almost 100 acres of land, supplied with over 35 buildings on its campus located at an undisclosed location in New England. The facility housed over 475 beds for its domicile program as of 2022. This expansiveness increased the propensity towards developing an expansive sample group (Creswell & Poth, 2018), which efforts later proved unsuccessful. The separate immediate care facility offered 24-hour care to over 175 veterans, and this included, but was not limited to, psychological, occupational, and respiratory therapy. The unit also afforded veterans with Alzheimer’s treatment and end-of-life hospice care. The domicile facility research location offered veterans access to substance misuse treatment alongside educational, vocational, and rehabilitation services. At the request of the

research location, I omitted the name of the research location for the purposes of anonymity (Saunders et al., 2015).

Veterans' acceptance into either the government shelter or immediate care program (versus placement in the immediate care residential program) depended upon whether they possessed the reasoning, judgment, and ability to perform regular activities of daily living autonomously and had similar research attributes (e.g., were homeless due to other than debilitating medical purposes, etc.). For both individual and focus interview, I selected higher-functioning veterans from the domicile facility to ensure the accurate recall and representation of the material provided (Parkin & Kimergard, 2021). The meetings both took place in a private office setting. I selected candidates based on their willingness and availability to participate in the study. I also later used purposeful sampling to screen participants for specific characteristics such as previous military involvement and length of previous homelessness that was exclusive to the domicile setting entry requirements (Creswell & Poth, 2018). I preferred in-person interviewing to assimilate the full experience (e.g., body language, facial expressions, etc.) during the interview and member-checking focus group interview stage. This research was approved and overseen by Commissioner Thomas Saadi, Esq at a location that I agreed to keep anonymous.

Participants

In response to limited participant interest in the study and recruitment constraints placed by the site administration which included a mandatory nonnegotiable administration-only recruitment effort, only two respondents were selected for the research study. The participants were 74 and 75 years of age. According to Creswell and Poth (2018), phenomenological focus group sizes may range from three to 15 participants as general guidelines which was the original

IRB approved second interview process that was not satisfied. This deviation resulted in me redesigning the second interview process towards an individual focus interview that replaced the original intended focus group. The original goal was to achieve data and theoretical saturation. Data saturation means that no new information is being added to existing categories or themes (Bowen, 2009). This premise was important due to the desire to explore all likely influences on the respective phenomenon systematically. However, data is useless unless the researcher has a point of reference from which to begin.

Such systematic patterns or reference points are vital for the researcher to have a direction to begin research. Theoretical saturation signifies no new insights or themes can be identified (Bowen, 2009). However, even theoretical saturation has limitations associated with sustainable and accessible sample sizes to increase the reliability of the data received (Rowlands et al., 2016), which was a substantive limitation of this research study. Consequent to limited sample sizes, this research study focused on broad correlations of associated phenomena rather than general causality. I had further attempted theoretical and data saturation by requesting to the administration the possibility of reconsidering my initial request of physically appearing at the site location for a “meet and greet” where the researcher would also directly attempt recruitment efforts that would include passing out flyers, offering refreshments, and answering any questions. However, such requests were responded with a counteroffer to meet the administration-selected prospecting participants only. After all perceived avenues of gaining further participants failed which also included the denial of obtaining participants from the immediate care facility, I gathered no further participants for the study.

One way I mitigated the limitations of saturation deficiency was that I focused on recruitment specificities. All participants needed to have served in at least one branch of service

in the U.S. Military for at least 90 consecutive days post-basic training, and they needed to have been actively homeless for a previous three months with no immediate housing opportunities other than their active domicile program. The participants also signed a release for me to review all requested demographic data for collection to assist future investigatory research studies in the form of an anonymous demographic questionnaire. Both the individual and additional member-checking focus interview consisted of the two veterans who had already conducted the individual interview process. Since domicile program comprised over 475 maximum beds, I expected to interview a small fraction of the over 475 potential attendees with their family members due to scheduling, disability, and recruitment considerations. A much smaller number of respondents expressed an interest in the study (.41%) than anticipated, utilizing 2022 maximum bed census records only that was posted on the history section of the domicile site facilities website that was then publicly removed from their website in the first quarter of 2023. The research site facility did not respond to a written request for an active domicile resident number count. I did not select participants based on their ethnicity, race, gender, religion, or previous branch of service, despite collecting some of this information as part of a demographic questionnaire.

I utilized purposeful sampling for this phenomenological research study. For this research study, I collected data from homeless respondents due to their terms of inclusion of the domicile residential program, despite the necessity for further research on homeless populations (Tsai, 2018). It was also my baseline assumption that an individual who had been homeless for more than three months did not wish to be homeless (Heitkamp, 2019), likely indicating that the individual was failing to thrive in their life. I also acknowledged that the domicile program itself constituted an adequate housing opportunity and that many participants paid a reduced monthly fee to stay there. However, for the purposes of simplicity and to highlight institutionalization

potentially codependent patterns that rely on government assistance, I included length of domicile residency separate from previous rates of homelessness data in anonymous demographic questionnaire. To differentiate literal homelessness from the domicile program for future research, I measured domicile attendance separately on the demographic questionnaire results. However, I acknowledged any statements regarding respondents' desire to remain homeless (including domicile patronage) in the research findings which was representative of one respondent.

Procedures

The necessary procedures for conducting this phenomenological research study consisted of several steps. First, I received Institutional Review Board (IRB) approval (Liberty University, 2022). Then I recruited various participants for the study, secured the participants' consent to be a part of the research, gathered data from Temi (2023) transcription services, and then I physically secured, recorded, stored, and interpreted the associated information. I submitted a research plan to the Liberty University IRB, and it received approval. Associated IRB approval is necessary for professional, ethical, and effective human research to ensure participants' moral and legal rights (Creswell & Poth, 2018). Upon receiving IRB approval, I recruited research participants utilizing purposeful sampling procedures.

Finding individuals representative of target demographic is vital to a study's reliability and validity. Any effective research method requires the support of the surrounding community and the associated organization where the target population resides (Ward et al., 2018). I conducted the research with participants who indicated to either facility staff that they were interested in the research study after receiving a notification. This notification originally included a "meet and greet" where participants received promotional flyers directly from me and had the

opportunity to learn about the study before their participation that was approved by the social work department of the facility. However, the facility management later requested exclusivity in the recruitment process which greatly reduced respondent anonymity which was a concern that was raised to the administration under my written protest. Voluntary participants are important to preserve ethical standards and bolster accurate data gathering (Matandika et al., 2021).

Consequently, I attempted to recruit participants who responded to promotional flyers, available posters, and promotional statements made by the facility staff or myself (see Appendix D).

The advertisements and the opportunity to speak with me prior to deciding to sign up for their interview were associated with the individual interview and respondent validation focus interview experience, respectively. Originally, the IRB-approved plan included a chance for more of an “open” format where prospective respondents could communicate and interact with me more openly and directly with optional site staff support directly on-site. This was later amended due to constraints placed by the governing institution that ran the facility, which preferred to exclusively conduct the initial recruitment of residents that was conditional for the research process to continue. After receiving promotional flyers directly from staff, one veteran chose to contact me directly with questions they had surrounding the study via telephone and the other veteran was scheduled directly by domicile staff members who knew the day I was showing up for the original respondent. An effective advertisement is important as part of a layered attempt to recruit desirable participants with ample time to consider their participation inside the research study (University of Florida, 2020). More accessible and direct recruiting opportunities likely would have bolstered the reliability and validity of this research study through larger respondent sample size outcomes (Creswell & Poth, 2018).

Upon receiving verbal response of the intent to participate in the research study, I gave the participants a consent form to sign (see Appendix E) to participate in the research and to release information for the anonymous demographic questionnaire data and confidential materials I would gather from the associated interviews. Consent materials are both the basis of responsible research and important for legitimizing the research process. Consent forms are vital to bolster the respondents' understanding and confirm that they are making an informed decision before participating (Villafranca et al., 2017). Upon completion of the associated consent forms, I asked the respondents to complete a demographic questionnaire (Coolican, 2019). This questionnaire consisted of a 11-question anonymous demographic handout on paper and to drop the document in a provided lockbox upon completion once I had left the room. I then digitized these questionnaire forms and physically shredded the paper copies, doing the same for the associated signed participant consent forms.

After I had explained the proper documentation and each respondent reviewed it, the next research phase initiated. After I verified their eligibility through staff domicile resident status confirmation, I asked the participants to specify up to a 1.5-hour timeframe where we could meet in person. Coolican (2019) indicated that factors that may vary between these timeframes and the interview format may include gender, formal roles, age, and social desirability that was considered for this timeframe. I considered in-person meeting constraints due to the limited technology proficiency and limited use of computers and cell phones due to the impoverished states of the participants, as well as to better capture nonverbal information (e.g., voice tone, body language, micro-expressions, etc.) that may be missed during teleconferencing methodologies. Interviews are the primary means of data collection for phenomenological research (Creswell & Poth, 2018). I conducted individual and focus interviews with the

participants over the course of a single day. I conducted all interviews in confidential settings behind a shut door.

I sound recorded the interviews in a secure office location to encourage maximum disclosure and comfort for the participants. Audio recording was preferred as a method that would assist me in measuring verbal cues that could be significant during the research while increasing respondent anonymity and confidentiality. However, Coolican (2019) warned that it is possible to record too much content during interviews, which may lead to transcription difficulties. Consequently, I limited the number of questions I presented to the respondents and transcribed the associated content after each interview utilizing Temi (2023) transcribing services. I encouraged the participants not to divulge any information that might be emotionally provoking, legally incriminating, or that would exacerbate any health condition they were experiencing (American Counseling Association, 2014). Part of ensuring the safety of respondents included reminding them of the resources they had access to at the facility which included social work and counseling services at their domicile facility.

Upon completion of the interviews, I reminded the participants of their location's social and mental health services. I also encouraged the respondents to follow up with associated services or with me for any problems associated with the research or for future clarification; to do so, I offered my contact information by offering a second copy of the recruitment flyer (Flamez et al., 2018). This follow-up ensured that I had received the information in its full and accurate form before publishing said materials, to maintain professional community transparency in this dissertation (Blümle et al., 2014). Part of this transparency included offering interview respondents a copy of their transcription material via mail. This transparency also ensured the confidentiality of the respondents' sensitive information.

The respondent validation focus research interview consisted of a two events with two separate people in a private location instead of the original format where participants were encouraged to arrive at a public area with the limited expectation of immediate healthcare privacy due to original desired group format (Gow et al., 2020). This limitation was due to the continued risk of health or mental health information that could lead to a diagnosis being raised during associated topics of discussion. Furthermore, I reminded the participants that I would protect their identities by using pseudonym names. I further agreed to omit any politically sensitive information that may interfere with respondent's participation in the domicile program (e.g., staff names, evaluation of current programming, etc.). All participants agreed to the associated research terms and conditions of the research study.

The Researcher's Role

Having a clear researcher role is vital to establishing a clear research plan. My role in this qualitative phenomenological research study was to gather, analyze, and interpret my participants' experiences and to attempt to distinguish patterns from the data (Flamez et al., 2018). I had an interest in the veteran populations because I spent 7 years in the U.S. Navy, both in active duty and ready reserve programs (Navy Recruiting Command, 2022), and I had almost 2 years of experience as a counseling intern at an undisclosed veterans' home. I received an honorable discharge from the U.S. government and am on good terms with the VA. I did not select previous clients of mine as interview candidates for this study.

I possessed potential associated biases that included a belief in the importance of national security and the overall usefulness of military training programs. Biases are generally an accepted reality associated with most qualitative research (Flamez et al., 2018). As indicated previously, the purpose of this study was not to critique current military training, traditions, or

practices but to examine the likelihood that these programs are incongruent with civilian ethnocentrism transitioning. However, determining their effectiveness would have taken extensive longitudinal and mixed-methods research that was beyond the scope of this phenomenological research study, which simply searched for behavior patterns (Creswell & Creswell, 2020). Biases likely originate from my military service, previous government-issued top-secret security clearance, educational background in criminal justice, and time spent working as a Transportation Security Officer for the Department of Homeland Security. At the time of writing, I was attempting to obtain a community counseling and traumatology degree, using this dissertation to complete the Liberty University Doctor of Education requirements satisfactorily.

Data Collection

Data collection for this research study included in-person interviews, collected demographic material, behavioral observation, and a member-checking focus interview. I began data collection with the site location, which consisted of veterans who could successfully live inside a housing shelter facility, who had no major health deficiencies, and who were considered reasonable people as evidenced by having the reasoning, judgement, and insight to perform the activities of daily living autonomously as is required of their current domicile program. Basic mental functioning is vital to the reasoning and judgment required to process previous memories and experiences (Coolican, 2019). I took this consideration to ascertain the level of cognitive functioning required to recall and interpret material from respondents' previous military service and the ability to identify barriers to positive changes (Armson et al., 2015). In addition to the respondent's domicile eligibility status, I obtained other definite information to safeguard the validity of respondent material.

Consequently, collected information is useless unless it is properly protected. Part of the data collection safeguards included obtaining participants' demographic information via a demographic questionnaire to verify that they met the minimum requirements for the research study and had no conditions that would distort, confabulate, or negatively influence their perception of the associated phenomenon (Creswell & Poth, 2018). As a brief example of this premise, a section of the demographic questionnaire identified any previous mental health diagnosis that the respondent had received in the past that could influence their reported outcomes (Davis et al., 2016). Consequently, asking the right questions to research participants is vital to collecting accurately represented data by understanding the population being observed.

I conducted interviews to facilitate participants in general discussion and reflection on 12 core questions surrounding their individual, unique experiences and to record their overall psychological resiliency traits (Seligman, 2018). Furthermore, I conducted a respondent validation focus interview with 12 questions to representative veterans to gain a multidimensional and unrestricted measure of their experiences with military culture psychological resiliency (See Appendixes B1, B2). Both interviews consisted of audio recording data that I analyzed for observations related to voice tone, hesitation, and inflections. I then coded these observations and recorded conversations to establish both themes and patterns to gather a clear understanding of the associated phenomena (Miles et al., 2020). Consequently, having a precise layout of data collection methods assisted me in developing accurate representations of the collected data.

Interviews

I conducted interviews that were the foundation for this research study. Qualitative considerations surrounding standardized open-ended research interviews consist of asking

respondents predetermined questions that are consistent across all participants to increase the future replicability of the study (Flamez et al., 2018). For this research, an interview was defined as the interaction between an interviewer and a person being interviewed. Phenomenological research formed the primary means of data collection (Englander, 2012). During the interview, I asked 12 open-ended questions (see Table 1) to elicit answers from participants based on their individual experiences during an estimated 1.5-hour total period.

Table 1

Interview Questions

Standardized open-ended interview questions
1. What has self-disclosing been like for you in the past?
2. What do you feel you are currently lacking in your life that led to your homelessness?
3. What activities did you engage in that increased your feelings of happiness after your military service?
4. How do you currently spend your free time after your military service?
5. How has your friend, colleague, family, and intimate relationships changed after your military service?
6. Has your sense of purpose and importance changed after your military service?
7. How did you derive a sense of life satisfaction or accomplishment after your military service?
8. How would you describe your current physical health?
9. Describe your level of control when challenging situations arise.
10. Describe how military culture currently influences you.
11. What major lifestyle changes did you experience during your military-to-civilian transition?
12. Is there anything you want me to share or discuss that we have not already covered?

No participant interviews went over the allotted time. When conducting participant observations as part of the interview process, it is recommended that the researcher identifies what they intend to observe and document before conducting their observations (Flamez et al., 2018). In this study, this included rate of speech, hesitation, and voice inflections. These reactions are vital for determining the overall congruency of the material the respondents present

and matching it with the associated expressions of emotion for member-checking purposes (Matsumoto et al., 2016). When a respondent asked a question outside of the prescribed questions, I encouraged the respondent to continue with the interview process and answered their questions at the end of the meeting.

The first question was meant to function as an icebreaker to assist the participant in acclimating to me, the research process, and for the participant to openly discuss any reservations they might have concerned the research study. Icebreakers are important in research to assist a respondent in building a rapport with the researcher and to increase their comfort in the research environment (Kilanowski, 2013). Since most individuals have some experience with self-disclosure (e.g., doctors' visits, etc.), this icebreaker afforded a prompting reference for the participant and was neutral enough to ascertain the participant's general frame of mind. Front-end questions like the one presented are designed to "invite the interviewee to open up and talk" (Creswell & Poth, 2018, p. 164). Once I had ensured respondent comfort, I asked a baseline question to rule out circumstances that might distort the experience of chronic homelessness of the veteran with LH.

I designed Question 2 both to identify psychological and environmental factors that led to the veteran's chronic homeless state and to verify that the veteran's lack of housing was preferential or pathology-based, to avoid researcher bias through the belief that renting an apartment, owning a home, or living with family was generally desirable to everyone. It is important to identify and separate research biases early in the research process so as not to have such predispositions distort the research process and findings (Flamez et al., 2018). Furthermore, it was important to identify the possible commonalities between state and federal veteran housing programs and similar performance, behavior, and conditional housing of the U.S. Armed

Forces (DoD, 2022) to begin drawing various parallels across these cultures. After establishing an institutional baseline, I initiated questioning regarding the participant's psychological resiliency factors.

Question 3 attempted to identify likely emotional duress associated with LH by exploring any existing coping mechanisms. This question either reinforced or alluded to the participant's individual locus of control as related to their overall happiness (Peterson et al., 1993). Question 4 attempted to identify potential opportunities for engagement activities that lead to flow states (Csikszentmihalyi, 2008). Question 5 identified any peer support changes that had occurred for the participant after their military service that might affect their psychological resiliency (Seligman, 2012). Question 6 attempted to ascertain the participant's level of self-direction and meaning associated with overcoming critical life incidents that inspired feelings of meaninglessness (Seligman, 2006). Question 7 attempted to ascertain the participant's levels of accomplishment and mastery, as aspects of psychological resiliency (Peterson & Seligman, 2004). Although these constructs are the building blocks associated with psychological resiliency and future success for veterans, a more comprehensive version of the model may be warranted to fully grasp the totality of the LH phenomenon.

Consequently, I decided to use a later proposed expansion of the PERMA model. I designed Questions 8 and 9 to expand on Seligman's (2018) proposed revised PERMA model, which now mentions physical health and a sense of control as likely precursors to psychological wellness. Question 8 attempted to identify any health factors that might detract from Seligman's (2018) proposed revision of the PERMA model while attempting to identify health-related constructs that might influence the research results (e.g., medications, chronic pain, etc.). Question 9 was a direct question about the participant's locus of control because it is a

conditioned environmental response to perceived causality (Harnett et al., 2015) rather than a behavior inherited or taught, and it is considered the greatest potential contributor to LH. Such teaching components of LH was covered in the following questioning.

Question 10 attempted to capture any unforeseen or identified military or cultural norm factors that might reduce the participant's overall psychological resiliency features. This question was necessary to mitigate the possibility of artificial conversational misdirection due to the structured, linear interview process (Heppner et al., 2016). With Question 11, I attempted to identify environmental factors that might influence a veteran's failure to thrive after military service, honoring the systemic realities that contribute to chronic veteran homelessness (Tsai, 2018). I explored part of these environmental factors further, including any cultural variables that existed between LH and military culture.

Follow-up and redundancy questioning was vital to identify obscure variables that might be key homelessness variables and to identify possible participant biases. More importantly, they could reveal a unique direction for future research because the complexities and subtleties of a phenomenon are sometimes missed during structured interviewing (Coolican, 2019). Lastly, Question 12 provided an opportunity to discover lost valuable content or to address follow-up questions the participant might have. Such questions are vital as they make the respondent invested in the research process and serve as an additional effort to prevent harm to respondents (Heppner et al., 2016). Part of accurate, multidimensional, and ethical information gathering includes the use of demographic questionnaire data.

Demographic Questionnaire

Demographic questionnaires are important to verify that the data collected is accurate and that such information can be used for future research studies. Collecting demographic participant

information is vital for the research audience to have a better-informed representation of the transferability and usefulness of the research (Flamez et al., 2018). The initial demographic questionnaire asked the participants to specify their gender identity, age, ethnicity, branch of service, length of active-duty service, highest level of education completed, employment status, housing, diagnosable mental or physical illness, length of time spent at the domicile facility, and length of overall homelessness (see Table 2). These questions were intended for future use to compare this study to previous and future research, and for general transferability considerations (Gall et al., 2007). Most questions issued were associated with forced answer responses where specific and concise data was collected and frequently resurfaced in individual interviews.

Table 2

Demographic Questionnaire

-
1. What is your gender identity?
 2. What is your current age?
 3. What is your ethnicity?
 4. In which branch of the military did you serve?
 5. For how long did you complete active-duty service (e.g., 36 months)?
 6. What is your highest level of education completed (e.g., graduated HS = 12 years)?
 7. What is your employment status (e.g., 13 months employed/unemployed)?
 8. How long have you been in the domicile program (e.g., 24 total months)?
 9. How long have you been homeless (e.g., 56 total months)?
 10. Please list any current or previous mental health diagnoses (e.g., PTSD).
 11. Please list any major diagnosed health conditions (e.g., hypertension).
-

Focus Interviews

Another information-gathering platform I used for this research study entailed focus interviews. Focus interviews, such as focus groups, can provide participants' opinions as a collective, which offers a platform for majority, minority, consensus, or differing viewpoints (Heppner et al., 2016). I use the focus interview in a member-checking capacity, which is a

technique used to improve the accuracy, credibility, transferability, and validity of individual interview research results (Harper & Cole, 2015). The individually interviewed participants had no previous clinical, academic, or vocational relationships with me from my previous clinical psychotherapeutic work with veterans. The respondents did however both reside in their respective domicile geographic location. The focus interviews were promoted both via word of mouth by exclusive staff and promotional flyers handed out by staff members. I conducted two single focus interviews inside the facility domicile office room. I oversaw and facilitated the focus interview to ensure that interviewed members remained on topic and followed the rules of the questioning (Creswell & Poth, 2018). I recorded these contributions via voice recordings.

At the beginning of all interview processes, I introduced myself as being a student, discussed the research topic, general group rules, guidelines, limitations to confidentiality, and asked the opening icebreaker question. Informed consent greatly extends beyond the completed form provided to respondents, and the researcher should provide it as often as possible as they continuously explain the research process (Heppner et al., 2016). This was both done via phone conversation and during the interview process randomly dependent on contextual prompts for doing so (e.g., discussing limitations of the study). Following the opening and general questions, those veterans who wished to participate in the study openly shared their lived experiences. Although it was both unrealistic and restrictive to ask consecutive questions that may lead an entire conversation (Kristiansen & GrønkJær, 2018), I used a set of predetermined general guidelines, topics, and questions to further direct the discussion and to avoid generalized expectations or confusion (Table 3). I presented 12 research questions to the focus interview participants.

Table 3*Focus Interview Questions*

Topics
<ul style="list-style-type: none"> • Correlation between military background and chronic homelessness • Preparation of military to civilian life • Sense of overall self-control • Recruitment Process
Veteran experiences
<ol style="list-style-type: none"> 1. Can you describe what led you to participate in this research study? 2. What are your experiences receiving military housing, meals, and healthcare? 3. How has your friend, colleague, family, and intimate relationships affected your current homelessness? 4. How would you compare the experiences surrounding taking care of yourself before and after military service? 5. How does your military training and conditioning currently influence you? 6. What has work opportunities been like after your separation from the military? 7. What past negative experiences do you take responsibility or accountability for? 8. How has your military service affected your current physical health? 9. Can you elaborate as to the similarities surrounding previous military routines with your current environment? 10. How has your perception of time changed over your lifetime? 11. How would you describe your current belief system? 12. Is there anything I should be asking that relates to your homelessness experiences that was missed?
Redirection questions for generalized explanations
<ol style="list-style-type: none"> 1. Can you perhaps provide an example of such an experience? 2. What was this experience like for you? 3. What do you feel could be the consequence of such a critical incident? 4. Could you expand on such concept?

I increased the focus interview questions due to limited respondent turnout to focus on recurring themes such as PERMA + HC, themes derived from previous homeless veteran counseling internship experiences that was triggered during original respondent interview, and to expand examples relating to coded data. I designed Question 1 to identify potential pitfalls in the recruitment process and to assist future research studies in circumnavigating the recruitment deficiencies of this study. Question 2 identified the recurring theme of reassurance veterans

received from institutional programs and services. I viewed institutionalization as being closely related to a codependent relationship where members find safety through predictable environments and basic needs provisioning that may lead to their further isolation from society (Appleman, 2018). I designed Question 3 to expand on how relationships affected the participants' homelessness state and housing opportunities (Tsai, 2018). Question 4 expanded further on self-care and recreational activities that the participants thought differentiated a service member from a civilian individual. Question 5 attempted to ascertain military norm differences that followed a service member into veteran status. These norm differences likely tie directly into the belief systems that fuel the remaining four focus interview questions.

Associated belief system patterns are paramount to identify to establish maladaptive psychological resiliency patterns. I designed Question 6 to expand on a veteran's further sense of meaning associated with work alongside associated vocational barriers (Jorgensen, 2013). I asked Question 7 to identify any self-reproach behaviors or group penalty mindsets that the participants might have been experiencing. Question 8 was further delineated from both the demographic questionnaire responses and physical health constraints that I identified during individual interviews that could act against psychological resiliency factors (Seligman, 2018). With Question 9, I attempted to further expand on previous military recursive sequences with current civilian routines. I did this to ascertain possible habituation responses that carried over from military experiences.

Part of these experiences regarded how the participants perceived time. With Question 10, I attempted to address any perceived changes in flow states most associated with engagement activities (Csikszentmihalyi, 2008). With Question 11, I explored any varying differences in belief systems of incorporated religious or social value-laden content. Lastly, Question 12 was a

further attempt to check if there were any unidentified themes I should have asked the participants about that affected their homelessness status. These questions assisted my efforts to identify maladaptive psychological resiliency patterns that might be associated with the LH phenomenon.

I utilized open-ended questions to foster open-ended responses. I also used Question 1 as a simple icebreaker or non-threatening question to build transparency and rapport to start the individual conversation (Patton, 2015). It remains vital during focus interviews to avoid generalizing responses and stay close to the topic (van Manen, 1997). Furthermore, van Manen (1997) suggested using concrete and redirection questions to achieve on-task behaviors during group interviews that can be useful during the individual interview process. These redirections during the focus interview process mainly consisted of repeating and providing visualizations of asked research questioning. Consequently, I asked Questions 2 through 11 based on themes and patterns I had identified during the earlier individual interview process.

Data Analysis

Data collection methods are useful only if those data can properly and responsibly be interpreted. In this section, I describe how I organized and presented specific data (Kornuta & Garmain, 2019). Using multiple data sources, including demographic information, is vital to the triangulation process to increase the credibility and trustworthiness of the research (Kornuta & Garmain, 2019). Creswell and Creswell (2020) believed that making sense of qualitative data can be compared to peeling a proverbial onion one layer at a time. These authors also believed that qualitative methods contrast with other research methods since they do not require an organized step-by-step systemic process. Rather, qualitative analysis entails a more organic process that is considered more time- and context-bound (Flamez et al., 2018). In this research study, I used

qualitative data analysis that consisted of four basic steps: data management, data reduction, data interpretation, and data representation (Miles et al., 2020).

There are several options associated with the data management methodology. I conducted data management analysis by organizing the relevant data and utilizing micro-coding to create one- or two-word phrases for each sentence of the transcripts (Miles et al., 2020). I also used the process of horizontalization, whereby I identified significant statements and quotes that were directly relevant to the research questions ensuring equal weight and consideration was given to every response (Creswell & Poth, 2018). After this process, I completed the data reduction process, where I read all focus and individual interview transcripts several times while writing notes in the margins, chunking the identified phrases into relevant groups, and setting aside overlapping/redundant phrases or outliers. Part of this interpretation process included creating clusters of data.

I created these clusters with written initial codes by combining similar associated groups. In later procedural steps, I attempted to seek an in-depth understanding of the material by continuing to immerse myself in additional chunking and creating clusters or axial codes (Miles et al., 2020). Afterwards, I focused on identifying and interpreting the themes within the emerging data, looking for the associated meaning and significance of the culture associated with the U.S. Military, identifying PERMA + HC (Seligman, 2018) resiliency attributes, and identifying markers for LH. I then categorized and interpreted this information.

Through these steps, I constructed textual representations of the presented data to list themes associated with the phenomenon. Establishing themes associated with any phenomenon is vitally important to seek correlations and simplify data patterns to interpret (Miles et al., 2020). I then conducted a synthesis of transcript textural and structural descriptions to create a

statement of the “essence” of the phenomenon (Bloomberg & Volpe, 2019). Upon completion of the data analysis, I provided the participant veterans with a correspondence detailing the results and an opportunity to indicate whether they agreed or disagreed with the initial findings and to provide a means of member-checking for the study.

Trustworthiness

No research is worth conducting without the trust of professional community members who support and promote such academic discovery. The purpose of trustworthiness in research is to address the credibility, dependability, transferability, and confirmability of associated studies (Korstjens & Moser, 2018). Trustworthiness is based on a researcher making their research practices visible and accessible and document the process of drawing information of others to enhance the richness and accuracy of the research study (Gill et al., 2018). This method is vital to validate to the reader that political motivations, personal bias, or confirmation bias do not taint the research findings (McSweeney, 2021). Consequently, we will first examine researcher bias.

Researcher bias is more than just a passive influence inside the mind of a true discoverer. Kornuta and Garmain (2019) indicated that:

the research must be conducted without bias and must be seen by others as to be conducted without bias; however, the reality is that we each bring our perspectives to what we observe. It is better to be upfront with bias rather than try to hide it. (p. 25)

Consequently, one of the ways these risks are mitigated is through bracketing, where the researcher identifies their perspectives, examines their influence on the research, attempts to mitigate the risks to the study or to the populations assessed, and documents their existence (Lutz & Knox, 2014). I did this by bracketing my U.S. Navy and previous internship experiences and by enlisting respondents who were never clients of mine. The site approval was also not done by

any previous site administrator associated with my internship experience. I did this to safeguard the rights of the participants by objectively overseeing the research I conducted with them via complete transparency surrounding the research study, explanation of my qualifications, and accurately recording the full responses of respondents. I list the methods I utilized to establish trustworthiness in the sections below.

Credibility

Credibility can be established in a myriad of ways. Creswell and Poth (2018) maintained that a researcher should accurately portray and interpret a participant's meaning in qualitative research. To reinforce and ensure credibility, I triangulated data using individual interviews, demographic questionnaires, a focus interview, and the systematic review of demographic records to ensure proper consistency and accuracy of the data I collected (Henriksen et al., 2022). Using the tools of data collection (including audio recordings of the initial interviews), member-checking focus interview, contacting participants for further clarification, and following up with member checking to ask the participants to assess the credibility of the findings, I reinforced the overall credibility of this research study (Creswell & Poth, 2018).

Part of establishing credibility entailed implementing ethical and professional research boundaries to reduce bias. Like psychotherapeutic work with clients, researchers should avoid "relationships that would be inappropriate" (Flamez et al., 2018, p. 138). I reinforced this boundary concept by preventing any previous clients from exerting any potential bias or influence during my research. Any former client could likely increase the overall vulnerability associated with caring or countertransference associated with previous client experiences that might affect the horizontalization process (Hammarström et al., 2022). Consequently, these

aspects may increase the researcher's propensity to skew reporting data or misrepresent a phenomenon.

Dependability and Confirmability

As opposed to reliability and objectivity, which normally are associated with quantitative research studies, dependability and confirmability are the pillars of qualitative research. The notion of dependability recognizes that research results are subject to change and have the propensity to be unstable. It requires the researcher to adopt different research approaches and to allow others to comment on the research process (Gill et al., 2018). Consequently, confirmability is a great resource to establish how well study findings are supported by the collected data (Kyngäs et al., 2019). This premise is paramount for future research that needs to be safeguarded to potentially be used for future research practices.

I ensured the study's dependability and confirmability through systematic data triangulation, member checks, and a detailed audio and written data trail of steps that I took during the data collection and analysis. Furthermore, there was an external auditor review of the process (e.g., IRB, Chairperson, reader) and results of the data analysis to determine whether it was supported by the associated data (Creswell & Poth, 2018). I introduced this safeguard to ensure that the information I collected was accurate and not misleading (Englander, 2020). Any misleading information would violate the trust of the respondents and the scientific community.

Transferability

Research studies completed in academic isolation have the propensity to be negligently limited. Qualitative transferability is the ability for conclusions from a study to be transferred to other contexts; this differs from other research methods where the main goal is not to generalize research findings (Creswell & Poth, 2018). More precisely, transferability aims to increase the

likelihood that a research study will be relevant to future situations and populations (Creswell & Creswell, 2020).

I ensured the transferability of this study by capturing rich and detailed descriptions from participants who represented varying cultural perspectives and differences in ethnicity, branch of service, religion, and mental health diagnosis. Transferability can also be achieved by comparing the context under study with other contexts (Gill et al., 2018). These detailed accounts allow the researcher to transfer information between settings and make inferences about underlying characteristics (Creswell & Poth, 2018). Such inferences are necessary to begin identifying similarities between phenomena to establish a pattern.

Ethical Considerations

Before IRB approval, I discussed potential ethical considerations with veteran housing staff and incorporated many of their recommendations into the planned research procedures. After I had identified a plan, I obtained IRB approval prior to conducting the research study (Creswell & Poth, 2018). I did not infringe upon the participants' privacy, autonomy, and ethical rights during the research, but respected them (DeRenzo et al., 2020). I accomplished this by allowing participants to interview in a private conference room. I did not regularly operate or control the environment, reducing the chances that I would be misconstrued as a figure of authority. I made the study procedures transparent to the participants and described their rights and why they had been selected for the research study.

Part of transparency lies in the realm of respondent informed consent. I gave the participants time to review and complete written consent to conduct the study with the understanding that they could withdraw at any time and that their involvement was voluntary (DeRenzo et al., 2020). No participants became distressed or triggered by the research study or

content process. I reminded them of the overwhelming mental health support they had at the state-run domicile facility, which included their residential social worker for professional clinical services. Furthermore, I consistently reminded the participants while signing the consent paperwork and at the beginning of data collection processes that they could drop out of the research at any time with no negative repercussions. All the respondents participated in the same data collection process, received a written explanation of the reason for the interview process, and signed consent forms concerning having their image and voice captured on recording media (Creswell & Poth, 2018). Furthermore, I offered the participants written copies of their interview transcripts for member checking with a secure email to dispute any findings or content.

I transcribed the information received and uploaded it to a password-protected digital file on a separate flash media drive that I only accessed during the events of this research study and that I will maintain for three years after the research study has been completed (DeRenzo et al., 2020). I utilized the transcription service Temi, which offered a 90-95% accuracy rating with their programming algorithm (Temi, 2023). I checked the transcribed data for accuracy by reviewing the audio recordings individually and making manual corrections to the transcripts. In my data analysis and reporting, I honestly reported all participants' perspectives, including data that might or might not be contrary to the research findings (Creswell & Poth, 2018). This fidelity is important to measure all aspects of a given phenomenon.

Part of this trust included reasonable attempts to protect participant confidentiality. I protected participant confidentiality in all data analysis, publication, and reporting by using pseudonyms names and composite reporting on questionnaire responses (Creswell & Poth, 2018). I stored the original audio memory cards with digital transcription notes, and participant keys inside a locked cabinet secured inside a locked office (DeRenzo et al., 2020). This office

has professionally monitored security surveillance, which included door sensors, motion sensors, video surveillance, and backup cellular communication. Three years after the completion of the study, all media used in the research, including electronic media and transcription notes, was physically destroyed.

Summary

In this chapter, I detailed and expanded upon the setting, design, research questions, trustworthiness, data collection and analysis, and ethical considerations for the research study. Coolican (2019) indicated that having a clear outline for the systematic research approach is vital for the accuracy of a research study. In the present study, I attempted to understand the varying and complex experiences of veterans who had experienced a chronic level of homelessness and to identify and understand the correlating symptomatology or traumatic experiences groups of veterans might share. To do so, I explored psychological resiliency components, military culture, and the LH phenomenon (Seligman, 2018). I believed that identifying these components is vital to understanding the phenomenon of veteran homelessness.

In the next chapter, I present the data from this hermeneutic qualitative research study consisting of interviews conducted with two individual veterans and the focus interview. I coded this information, finding similarities and discrepancies across the collected data (Miles et al., 2020). In Chapter Four, I provide detailed and rich descriptions of each veteran account before discussing the research study's results. I then categorize these results into general themes related to military culture, LH, or the PERMA + HC proposed model (Seligman, 2018). Lastly, I present the identified themes from the study, followed by an account of the responses used to establish the research questions.

Chapter Four: Findings

Overview

In qualitative research, it remains imperative for a researcher to differentiate between actual raw observations and the associated interpretations of collected findings. This includes respecting the dignity of research participants, abiding by essential ethical principles, and identifying all potential variables in collaboration with the IRB (Barrow et al., 2022). The purpose of this hermeneutic phenomenological research study was to describe the lived experiences of veterans who had experienced homelessness for at least 90 consecutive days and who were currently living in a therapeutic housing shelter in the northeastern United States. In this chapter, I describe the participant identified themes, outlier data, demographic information, critical incidents (responses outside of the normal respondent experience), and general responses directly associated with the individual interview and member checking focus interviews. I then compare these findings against Seligman's (2018) PERMA + HC proposed model of psychological resiliency and present the results of the data analysis for this study.

Participants

I selected two veteran participants for this research study out of an initial two interested respondents. The interviewed respondents were exclusively male individuals who had served in at least one branch as a once active-duty service member. Of the two individually interviewed participants, both were also able to participate in the member-checking focus interview. The participants' ages ranged from 74 to 75 years old, and they were both of Caucasian ethnic backgrounds. All respondents had either a general education diploma or high school diploma. Table 4 displays the demographic questionnaire results on employment, service length, education, and other anonymously provided demographic data.

Table 4*Anonymous Participant Survey Demographic Data*

Gender	Age	Race	Branch of Service	Months of Service	Highest Level Education	Unempl. Status Length	Domicile Length	Homeless Length
Male	75	C	USN/ USA	60	12	48	180	180
Male	74	C	USAF	48	12	38	38	45

I randomly assigned name pseudonyms to the participants to assist in providing anonymity, while also attempting to be culturally accurate during both interview processes by attempting to match both names as being representative as Caucasian male individuals from respective generation. Each participant shared their experiences through a written anonymous demographic questionnaire, an individual verbal interview, and a member-checking follow-up interview that I audio recorded. I also gave the participants the opportunity to member-check their recorded transcripts for accuracy and consistency of data they provided. Despite a few grammatical recommendations, no participant protested the essence of what they had spoken, and I represented all the minor clarifications in the following introductions to both research participants.

Charlie

Charlie indicated during the interviews that he had served in the U.S. Army for three years and in the U.S. Navy for two years. Charlie indicated that he had experienced a previous divorce due to unsuccessful infidelity reconciliation when it came to his wife and an unexpected pregnancy. Charlie stated that he was proud of his military experience and highlighted that he did not serve on the frontlines. He indicated that the only formal education he received besides high school was going to diesel mechanic school. In addition, he stated that he really enjoyed his time

working at a local equine facility and that he had a passion for anything remotely having to do with gardening, engines, or farming. Charlie indicated that he would like to change his housing status in the future but realized how expensive housing can be. Charlie indicated that, since being homeless, he felt as though his perception of time had greatly slowed due to his lack of activities throughout the week along with his sense of significance in the world.

Garrett

Garrett was a U.S. Air Force veteran who served in an active-duty capacity for four years. During his responses, Garrett exhibited a great deal of concern about the other veterans that resided with him. He had a great deal to say surrounding problems with veterans and substance misuse, inaccessible housing, and themes of chronic physical pain and suicide. Garrett enjoyed his time taking care of various birds at the domicile program and spent a great deal of time watching television. Garrett was a strong proponent of universal programs for healthcare, food security, shelter, and social security services. A critical statement he made during his interview was that he had spent 15 years “living in the woods,” citing a nearby location that can be seen from a major state river. Garrett indicated how his life had changed considerably moving into his current domicile program which included limited vocational opportunities such as functioning in janitorial services. Garrett also indicated that a large part of his support network consisted of government workers at his residential facility.

Results

Theme Development

Theme development is vital towards the further interpretations of research findings. I conducted theme development by organizing the relevant data and utilizing micro-coding to create one- or two- word phrases for each sentence of the transcripts (Miles et al., 2020). I later

expanded these phrases to up to four words to increase categorical clarity for the reader. Through the process of horizontalization where equal weight was given to participant responses, I then identified significant statements and quotes that were directly relevant to the research questions (Creswell & Poth, 2018). In addition to the visual identification of word and phrase patterns, I also integrated physical transcriptions into the Nvivo 1.7.1 (QSR International, 2022) qualitative data analysis software for categorization and coding development. This process enabled me to additionally discover recurrent respondent themes of social support (12), death (9), physical pain (6), substance misuse (20), and vocation (27). After this process, I completed the data reduction process, where I read all focus and individual interview transcripts several times while writing notes in the margins, chunking the identified phrases into relevant groups, and setting aside overlapping/redundant phrases or outliers. Part of this interpretation process included creating clusters of data that correlated with identifying the PERMA + HC (Seligman, 2018) proposed psychological resiliency attributes and associated markers for LH.

Deprived of Positive Experiences

Despite the transitory nature of positive affect, one must not overlook the compounding nature of what positive emotions grant an individual. Positive emotions offer opportunities for flexibility, creativity, and efficiency, in addition to “impact[ing] physical health” (Rashid & Seligman, 2018, p. 18). However, the participants of this research study reported varying themes of feeling overwhelmed, trapped, stagnant, or isolated. The two subthemes I identified that were associated with this phenomenon concerned the dissociative nature of the participants and the negativity filter that caused them to perpetually resist moments of happiness or positivity.

Dissociative behaviors. The theme of dissociative behaviors consisted of discussions of substance misuse and limited opportunities throughout the week that made them happy. For

example, the practices of cocaine, heroin, and alcohol use were detected during the study when Garrett indicated:

The other thing is that there is a lot of fricking drugs in the military. Yes. In every war... I started hanging around with wrong people. The minute I was up the street [at the domicile], they didn't want anything to do with me.

Charlie also confirmed the use of illicit substances during and after his military experiences and stated, "I kept that [apartment] clean, but back then, me and [roommate], who I was living with, we were doing a lot of drugs, you know, crack... But I would get cleaned up on Saturday after I got off work." Both respondents indicated that these substance misusing behaviors discontinued once they found suitable housing at current domicile housing program.

Negativity filter. At first glance, Charlie and Garrett appeared to have differing optimistic and pessimistic characteristics. Charlie made consistent statements surrounding negative intentions of others and Garrett would make consistent statements as to how happy he was to be at the domicile program and have staff support. However, upon further examination, Charlie began indicating they had a general future-based negative outlook while Garrett appeared to be more present-moment and unsure about the generalized safety of others making consistent speculations surrounding historical safety of his friends and violence that he had historically witnessed. Garrett demonstrated this behavior when he was talking about the general historic safety of previous housing programs, stating "[y]ou never find anything [on] that floor. No drugs, no alcohol, and guns. They don't do guns in there, but they still do drugs... there probably is." As for Charlie, he oftentimes exhibited limited prospects for the future, as exemplified by a statement he made about trusting medical professionals:

I've been here 30 years. What ticked me off about [the doctor] was I forgot to tell him something. So, I walked out of the room and I walked down the hallway and I remembered it. I walked back and he was on the phone talking to somebody, laughing, and telling them, "Oh this guy here, [Charlie] blames everybody else for his problems."

Associated statements from Charlie appeared to form a strong negativity bias and a general distrust of other individual's intentions. These discussions further led on towards conversations surrounding other domicile individuals' attributes. These negative beliefs and cognitive processing feature likely also inhibited opportunities for happiness.

Diminished Engagement Experiences

This sub-topic related to the reduced positive experiences of many individual respondents that might have led them to the flexibility required to make accurate appraisals of the acceptable risk associated with new routines, self-care opportunities, or recreational activities. Consequently, it was not surprising that the respondents had limited healthy outlets (e.g., recreational activities, self-care, etc.) that they incorporated into their daily routines. Most respondents cited their engagement opportunities as being television, limited reading, listening to music, and socializing with other veterans. However, both respondents began exhibiting difficulties identifying the general frequency of healthy outlets (e.g., listening to music) that they reported engagement in. The respondents often stated that these limited engagement opportunities made time appear to pass by slower for them.

Reduced outlets. Despite Charlie and Garrett both having their favorite activities of gardening and taking care of birds, these opportunities appeared to be generally either a seasonal or weekly occurrence. This was evidenced by statements, such as that made by Charlie: "We have a schedule on our board [of things to do]. The 22nd [of March] we start our, uh, gardening

again down to [farm] coming up. We have been waiting all winter for that man.” When it came to Garrett, when he was not taking care of his birds, he indicated the importance of television by stating:

We also have refrigerators in the TV rooms. Mm-hmm. They also asked [the administrators] “you got the snack machines and sold things [for] the guys?” You got ‘em in the TV rooms, but you don’t have, you know, in TV room, but you don’t have ‘em anywhere else. Yeah. Now you don’t have a soda machine and what the heck’s that?

These statements of Garrett’s indicated a desire to stay in one place for extended periods of time as indicated by multiple requests for accommodations that would lead to further time spent watching television. In addition, when Garrett was asked to expand on what taking care of his birds entailed, Garrett would repeat “feeding them,” alluding to the limited seasonal and behavioral capacity towards this engagement behavior.

Prolonged perception of time. While Charlie provided multiple examples of the fast-paced culture of being in the U.S. Military, Garrett surprisingly contrasted their perception of time and said the speed of a perceived typical day was no different during their active-duty service or after their homeless experience. However, Garrett would indicate a general impatience for waiting for things that contradicted this statement including, most notably, his experience living in the woods for 15 years. When I followed up with focus questioning, I reframed whether a typical day would speed up or slow down during their exiting from military service, Garrett indicated “Yep, yep,” with an influx of tone and immediate response after “slow down” was repeated. Charlie, however, responded much more clearly, indicating:

If you are busy [time flies]. But if you are not busy, it drags. I’d say about half the time at least [get bored]. Yeah, I get bored. Like yesterday, I went out and went out, well, I went

to [a box store] first, and then I went up to [another box store]. I didn't spend any money, so I ain't got nothing to spend.

Charlie's line of responses generally made statements about how lack of money continuously created barriers for recreational and self-care opportunities. It should be noted that during the recruitment process, Charlie -after reading the recruitment flyer- falsely thought that I could help him with a PTSD disability claim that he was trying to receive. After clarifying that I was a student who had no influence over that process over the phone, Charlie still agreed to participate in the research process. Ultimately, both respondents indicated that time moved slower when they were homeless.

Unstable Relationship Opportunities

Engagement and positive affect experiences also appeared to have a synergistic effect on building supportive relationships. The respondents described themselves as having a distant, chaotic, or indifferent relationship to previous family, friends, coworkers, or other acquaintances. Due to prolonged isolationist behaviors, many respondents indicated that they did not feel comfortable engaging or reengaging in future supportive relationships. Both components of 1) perceived support ostracization and 2) relational insecurity indicated a self-sustaining recursive cycle were examined.

Ostracized From Peer Support. Charlie had an extensive history of both physically abusive and geographically-limited relationships that are discussed further in the "Threatening Relationships" sub-category below. When asked about his family, Charlie stated:

My mom, she's in Illinois now. Uh, she's, uh, living with one of my cousins over there. And, uh, my kid's sister, she's down in Georgia. She got married to my best buddy in high school. And I told her, I said, "whatever you do, don't marry the dude." I say,

“cause he ain’t gonna be worth this,” <laugh>. And he wasn’t <laugh> and she married him.

For Charlie, this statement qualifies for both unstable relationship sub-categories. However, as for ostracism, Charlie had made this statement knowing that he had not seen his buddy since high school. As for Garrett, he discussed a long history of ostracism from society and unstable immediate relationships during his 15-year stint living in the woods. However, once part of the domicile program, he stated that his social network had changed via professional relationships with staff and outside support networks:

Yeah. But in fact, I think the American Legion we usually had your reunions. Mm-hmm, they’ll let you know. They’re the ones that said, they’re the ones that sponsor Bingo everywhere night too. Oh wow. Middletown, Manchester. And they the one to give you the card.

Garrett indicated that these non-profit and inclusion opportunities only initiated once he went “up the street” to his current domicile program. These statements coincided with statements surrounding the overwhelming mental health and recreational support they received from the domicile’s social work and vocational programs located on-site.

Threatening Relationships. Garrett’s threatening relationships generally stemmed from his 15 years living in the woods and being abused by his substance misuse-enabling friendships. Charlie, however, revealed a much darker story surrounding his unsuccessful marriage, involving his wife’s infidelity, her attempt to conceal her pregnancy, and his long, chaotic history with his uncle, as described here:

Plus, before I went into service, uh, I had an uncle that, uh, I guess he figured he was a self-appointed, uh, uh, you know, guy beat you, you know, he didn't whip us. He beat us.

Oh, geez. Yeah. He had a double barrel, 20-gauge shotgun.

After Charlie had made this statement, I decided not to encourage Charlie to expand and clarify on these statements due to Charlie beginning to lose clarity in his speech. Despite Charlie indicating that he was alright and wished to continue, I decided further exploration was not necessary for such a limited surveying of research concepts and it being in the best interests of Charlie to prevent a cathartic response. Both Garrett and Charlie alluded to a long history of physically or emotionally abusive relationships.

Limited Meaning

Self-purpose or meaning can mean a great deal of things to people. However, the veteran respondents indicated a nominal, limited, or diminished capacity toward future or current employment that had a direct effect on their perception of significance. The participants indicated that their history of a lack of employment opportunities directly limited their sense of purpose and hope for the future. Both veterans elaborated on this concept further, indicating that they felt like they did not receive or “possess the skills” such as Charlie that were required to establishing meaningful employment.

Unsteady Employment. Charlie described most of his employment experiences as either pertaining to his diesel engine training or military experiences. However, once he progressed out of the military, Charlie described his unsteady employment experience as such:

And, uh, so we used to have a guy that was, uh, from the unemployment office. He used to come here every Wednesday. I told him about my employment history and he said, “well, I’ll straighten that out.” Alright. So, he went down there and he come back and he

said very little about [how to help me] and threw me out of the office. He says, <laugh>, that was the last I heard of it, <laugh>. So, uh, and plus right now I'm really too old, I think, to get a job anyway.

Garrett described his current employment status as being "retired" but indicated that he wished he could have steady employment like the state workers he knew, indicating:

I mean, state workers, no. They are some of the hardest freaking people. Sometimes they don't leave here until six o'clock at night. Mm-hmm. And then they have to go home, do whatever they do, get home, get up the next morning, come back to work and put up with all the [drama].

In essence, it appeared that Charlie and Garrett both exhibited differences in their worldview surrounding answering the question. Charlie, who discussed their interaction with the employment state worker indicated a general level of distrust in such an employee like they indicated with other previous relationships that might have presented as a barrier to future vocational success. Garrett indicated in their response almost an aspiring idolization of state workers whom he encountered utilizing dichotomous positive language to describe everyone that worked at the facility. Garrett also presented his intermittent time being a "janitor for the hospital" as being a life-changing moment when they first transitioned to the domicile program.

Obsolete Skillsets. Garrett described his previous 3 years as not working at all, but indicated that he had limited skillsets while citing opportunities if he did want to find work, saying:

I remember, I didn't know, I don't think any of us knew that the federal government, and I think the state passed some law that any company who hires a combat vet from Vietnam

get something like between \$700 and \$900 tax [credit]. Mm-hmm, tax credits. Rebate. Rebate.

Again, perhaps due to finding the material threatening Garrett decided to provide a general fact-providing statement rather than a personal self-disclosure. Charlie appeared to be more willing to go further into how such a lack of skills had affected him over the years, indicating:

I think there was more training opportunities than the military than there is out here.

Yeah. Yeah. Yeah. So, I don't know, remember how I even found out about the diesel mechanics school over here, but, uh, that was the only thing that I've really found out about since I've been here. Mm-hmm, and, uh, I've been here, what, 15, 18 years almost <laugh>.

While Garrett appeared aware of the resources and incentives associated with returning to work, Charlie often cited their previous education and military experiences as generally being incongruent with current or past employment opportunities. Both individuals did not present skills that could be useful for future employment aspirations.

Lack of Accomplishment

Limited vocational achievement appears synergistic in nature, in that it is often related to the multifaceted educational, relational, monetary, and status components of accomplishment. The study respondents indicated that, due to limited perceived achievement in their lives, they often felt as though they were to blame or did not have the skills necessary to overcome current obstacles in their lives. This often led them to indicate a sense of perceived safety and security in various organizational programs that related to institutionalization environments.

Self-Reproach. Charlie discussed various forms of self-blame associated with not conducting more training upon his transition outside the military and indicating that he did not know about the transgressions of his girlfriend at the time, stating:

She was already pregnant, but I didn't know it. And so I'd been going with her for about two months, but I had noticed she's getting a little belly on her, you know mm-hmm. And I said, "well, you're getting a little fat, ain't you?" I said, oh, well, I said, I think I'm pregnant. And I said, "well, let's go get checked out." And that so happens my family, I knew a doc, you know, dealt with that stuff. So I took her over there. He said, oh yeah. I says, "she's four months pregnant." I says, "four months. I only been going with her two months."

This reality was further exacerbated by Charlie regretting that they had married to his girlfriend after the infidelity, despite having knowledge of the initial deception about the pregnancy. As for Garrett, he blamed himself for being taken advantage of by enabling substance-misusing friends, and this began to change when:

[I went to the] fellowship spouse up the hill where they had rooms up there for guys that had drug and alcohol problem. One of those got here. I was doing chores and all of a sudden I got a job working in the hospital custodian.

In this narrative, Garrett once more exhibited early intervention success of government programming that contains vocational opportunities.

Reassurance of institutional support. Both Charlie and Garrett were strong proponents of universal government systems. Garrett especially enjoyed the cafeteria services at the domicile facility, indicating:

The thing about this place, they got choices up there. Mm-hmm, they don't like what they like today. They had cheeseburgers. It was, um, uh, bacon. Mm-hmm, rings. If you don't like that they got, the salad bar.

Statements such as these portrayed Garrett to be consistently idolizing both the staff and programs at the domicile program. Charlie really enjoyed the regimented activities that were conducted at his residential program, which included going to an equine farm, stating:

Well, being able to plant seeds and raise them up, transplant 'em, see 'em grow, and then like, tomato plants, seed tomatoes come on, you know, and stuff like that. And pick 'em. Maybe eat one or two once in a while, you know. But they, everything we plant down there, they sell everything. Uh, this guy's a work there. We don't see one penny, not one. And, uh, that in a way kind of irks me, but <laugh>, what are you going to do? You know, <laugh>, of course. But, uh, now I guess it's what, \$15 an hour for state job here.

While Garrett exhibited a sense of comfort via smiling when they talked about the menu associated with their domicile program, Charlie focused more on the vocational success associated with outside community engagement opportunities both gardening and working at a local equine facility. In both scenarios, the respondents favored scenarios where options were presented by others and were regimented versus taking their own initiative.

Physical Health Experiences

As mentioned earlier in the study, attempting to ascertain the nature of the multidimensional phenomena associated with medications, medical ailments, and psychological illness was greatly beyond the scope of this research study. However, when talking about veterans' physical health, there emerged various themes of both physically and mentally disabling conditions that reduced the participants' perception of autonomy. When the

respondents discussed physically disabling conditions, they often spoke of possible consequences of previous injuries, inherited conditions, or varying conditions that were either directly or indirectly related to their previous military service.

Physical Trauma. While both respondents indicated they had disabling conditions that limited their autonomy, they also indicated that the identified conditions were well controlled by their current medication regimen. Charlie indicated that he was currently on:

12 or 13 different meds now, so I don't know what <laugh> what the side effects are. <laugh>, because it seems like, uh, sometimes it seems like, uh, I can take my meds and I'm fine. And other times it seems, like, I get real dizzy. I mean, super dizzy, and I just have to lay down, calm down, take it easy, you know, that kind of thing. Mm-hmm, uh, but I can't, uh, like I couldn't just jump up and start going around like a 20-year-old popping around here and there, you know, I can't do that no more.

Despite these claims, it is apparent that there was a myriad of negative consequences associated with these medication treatments. Garrett discussed problems associated with heart disease, hypertension, and cholesterol. He also made an observational statement, indicating "a lot of people that live here have arthritis." Both veterans indicated that they knew "plenty of people" who had disabling conditions from military service and not fully comprehending the extent of the side effects of their medications. In addition, there was a remarkable response with both participants that went into far greater detail with additional ailments that were not originally identified on the initial demographic questionnaire. This was significant indicating that it may be more advantageous to ascertain medical information from direct open-ended responses in the future rather than forced answer demographic questionnaire responses with less provided written content.

Constraints to Perceived Control

The perceived control coding can perhaps be most directly associated with the LH phenomenon. Consequently, the respondents in this study indicated previous substance misuse and dissociative and cognitively defeating behaviors (e.g., victims of circumstance, etc.). The respondents indicated several instances of perceived failures in their lives where they felt that associated challenges were insurmountable and when they had developed a self-defeating mindset.

Succumbing to Obstacles. Both Charlie and Garrett demonstrated dissociative behaviors associated with substance misuse and avoidant behaviors. Examples associated with Charlie's succumbing to obstacles includes being "thrown out" of the unemployment office due to failed attempts at seeking employment, and Garrett lived in the woods for 15 years. Charlie indicated that when he was feeling defeated or had nothing to do, that, "it's nice just going in and laying down on my bed and good to sleep." Garrett demonstrated an overdependence on government assistance, making statements such as:

If you didn't have any toiletries, uh, laundry, soap, softener clothes, you get a piece of paper from the girl at the desk, what you need. And they'll go in there with them, pick stuff out, you know, because like, you know, when you come in you don't have anything but the stuff on your back. <laugh>, you know, I'll tell you one thing. When I got outta work, that's the first thing is strip take a hot service and go right to bed that night. Cuz I have, I, when you're not working for months or years, it's like your bones are like aching, like a stinker. Mm-hmm, and I did not want to get up the next morning to my wing water. Said they're having fried eggs, sausage and home fries for breakfast. I said "what?!" <laugh>.

While Charlie's response to various challenges in their life was to surrender through isolative behaviors and sleep, Garrett's response appeared to coincide with participating in programming that was all inclusive and accommodating. Furthermore, before the domicile program, Garrett did indicate that his time living in the words and abusing substances was "giving up." Both respondents consistently indicating they had a predominant external locus of control.

For easy identification of coding and themes, Table 5 has been presented below:

Table 5

PERMA + HC and Subthemes for All Data Sources

Research questions and themes	Subthemes
Depriving positive experiences	Dissociative behaviors (substance, avoidance, etc.) Negativity filter
Diminished engagement experiences	Reduced outlets Prolonged perception of time
Unstable relationship opportunities	Ostracized from peer support Threatening relationships
Limited meaning	Unsteady employment Obsolete skillsets
Lack of accomplishment	Self-Reproach Reassurance of institutional supports
Physical health experiences	Physical trauma
Constraints of perceived control	Succumbing to obstacles

Research Question Responses

This section provides highlighted concise answers to the provided research questions that helped guide me throughout this research study. As indicated previously, due to the limited participant turnout to this study, these answers should be considered surveying a possible response to these answers only. This section begins by answering the initial three sub-questions that will build up towards an attempt to answer the central research question to explain the

experiences of veterans who have been chronically homeless for at least ninety days at a domicile facility in the northeast United States.

Sub-RQ1

An unfortunate myriad of individualized circumstances post-active-duty service led to the respondents indicating a failure to properly develop Seligman's (2018) PERMA + HC psychological resiliency opportunities. Sub-RQ1 asked "How do veterans describe their social support (e.g., family, friends, and peers) when transitioning from military to civilian life and how might that have contributed to their homelessness?" The data I received from the participating veteran respondents indicated that they experienced distant or conflictual relationships with previous friends, intimate partners, coworkers, or family members after active-duty service. This was echoed in a statement from Charlie on distant familial relationships post-military service, such as his mother living in Illinois that he rarely engaged with or even spoke to on the telephone. Garrett signaled a contrasting codependent relationship with government workers when he enthusiastically indicated, "every time you bump into [government worker], 'how you doing this morning? When are you take a shower? When are you gonna do this? When are you go?' No, it's not just me, anybody."

Sub-RQ2

Sub-RQ2 asked, "How do veterans describe their experiences with the norm differences between military and civilian expectations when transitioning from military to civilian life and how might that have contributed to their homelessness?" The answer emerged from many participant responses in a plethora of categories. These included vocational, educational, and familial perceived lack of opportunities that may have diminished their sense of an internal locus of control. An example of this was when Charlie identified vocational deficits of there being

“more training opportunities in the military than there is out here.” Additionally, themes surrounding the transition from institutionalization surrounding class systems, regimented routines, and support services (e.g., healthcare, food, etc.) seemed to have provided the respondents a sense of safety and comfort that they partially lost upon their discharge from active-duty service. This was best represented by Garrett, who received a sense of safety from government support programs and seemed satiated to what appeared to be regimented government regimented programming. This concept included meals, with Garrett stating, “the thing about this place, they got choices up there.”

Sub-RQ3

Sub-RQ3 asked, “How do veterans describe their use of their ‘free time’ after transitioning from military to civilian life and how might that have contributed to their homelessness?” For many respondents, they did not engage in “flow” or “engagement” activities that made them feel “in the zone,” as having a heightened sense of control, an intrinsically rewarding autotelic experience, and/or as losing track of their sense of time (Csikszentmihalyi, 2008). Garrett indicated that he enjoyed watching television, with recommendations such as a “snack machine” and additional amenities to spend more time conducting this activity. Despite Garrett indicating that he “enjoy[ed] the birds” as an engagement activity, this activity was most certainly seasonally, limiting its effectiveness along with the amount of time conducting these activities as being likely insufficient. Charlie demonstrated a strong proclivity towards gardening and diesel mechanics but also stated that such engagements were limited in their frequency, stating “I’d like to have a hoop house here” to have more engagement opportunities. Both participants indicated that they socialized with other veterans during mealtimes as activities they conducted that likely did not help them achieve a “flow” state.

Central Research Question

The central research question asked, “How do veterans describe how the experience of transitioning from military to civilian life and how might that have contributed to their homelessness?” Although the respondents identified varying levels of PERMA + HC (Seligman, 2018) throughout their responses, the general theme was that, due to these attribute reductions, many veterans had a general sense of helplessness in their lives or had little desire (possible peritraumatic dissociation) or perceived control over their current lives. This sense of helplessness led to a diminished desire for autonomy, as demonstrated by Garrett’s desire to stay, likely patronize, and be supported by government programs and Charlie’s desire not to pursue intimate relationships or future employment opportunities.

Summary

In this chapter, I presented the associated results of the data analysis for this research study. This overview included descriptions of the participants, themes, outlier data, and general response to the research questions and sub-questions. This study attempted to understand the lived experiences of veterans who had experienced homelessness for at least 90 consecutive days, who were currently living in a therapeutic housing shelter in the northeastern United States, and who may have been exposed to elements of LH associated with Seligman’s (2018) reduced PERMA + HC psychological resiliency attributes.

This PERMA + HC (Seligman, 2018) was witnessed by general themes that emerged, including: the deprivation of positive experiences, diminished engagement experiences, unstable relationships, reduced meaning, lack of accomplishment, reduced physical health, and having a predominant disposition towards having an external locus of control. Significant findings of this research included respondents’ typical gravitation towards post-military institutionalization-like

programs and the synergistic reflexivity that revealed that attribute deficits in the PERMA + HC model influenced other PERMA + HC components. In addition, respondents supplied more comprehensive health data through open-ended questioning rather than the supplied demographic questionnaire. Lastly, helpful research data was collected signifying future research opportunities to increase respondent size such as the use of gift cards and incentives (e.g., food, coffee) to participate in future studies. Consequently, a larger sample size is necessary to successfully establish behavioral pattern coding. These psychological resiliency reductions likely had a direct correlation with the respondents' previous unstable housing conditions.

Chapter Five: Conclusion

Overview

The purpose of this hermeneutical phenomenological research study was to describe the lived experiences of veterans who had experienced homelessness for at least 90 consecutive days and who currently lived in a therapeutic housing shelter in the northeastern United States. For this research study, I defined homelessness as a person being without self-sustaining housing previously for 90 consecutive days. I operationalized my exploration of themes related to learned helplessness (LH) in the participant responses through comparative measures based on Seligman's (2018) proposed Positive affect, Engagement activities, Relationships, Meaning, Accomplishment, Health, and Control (PERMA + HC), psychological resiliency model. In this study, I included two homeless veterans who had spent at least 90 days of active-duty service in the U.S. Armed Forces and selected them based on inclusion standards of their residence at a representative government-funded domicile facility.

In this chapter, I offer a general summary of the findings related to the participants' experiences that may relate to the LH phenomenon, along with barriers to psychological resiliency. I then discuss the findings as they relate to the theoretical and empirical foundations explored in Chapter Two. I then further examine the theoretical, empirical, and practical implications of the study, along with associated limitations and delimitations. I will then make recommendations for future research and then conclude by presenting the most significant implications of this research study.

Summary of Findings

Research findings represent the conclusive results that arise from the research that was conducted. The central research question I investigated was, "How do veterans describe how the

experience of transitioning from military to civilian life and how might that have contributed to their homelessness?” It is important to note that the participants of this study came from differing cultural backgrounds which included different military services and belief systems that may have required further investigation, which was beyond the scope of this study. The focus here was exclusively on the transition from military to civilian life. However, it should be noted that the respondents exhibited some similar themes, behaviors, and beliefs that were notable for this study. These included: a deprivation of positive experiences (Positive affect), diminished engagement (Engagement), unstable relationships (Relationships), limited meaning (Meaning), a lack of accomplishment (Accomplishment), physical health barriers (Health), and constraints surrounding their perceived sense of control (Control) after active-duty military service (PERMA + HC). The respondents included in the study also experienced limited hope or prospects for the future, as evidenced by their reduced desire for change in their lives, reliance on forms of government assistance programs, and general external locus of control regarding future events in their lives.

These commonalities were further exacerbated by the participants’ inability to savor fleeting positive experiences in their lives, reduced hobbies/recreational activities (outlets), and perception that time appeared to move slower post military service. Furthermore, the participating veterans found intimate relationships to be threatening or unsustainable, had no desire to engage in new relationships, and currently had historical unsubstantial support groups in their lives (ostracism) apart from government support agents they incurred in their later years. Both participants were also unemployed (except for limited “jobs” at the domicile facility) and found their skills and abilities to be obsolete or incongruent with future vocational opportunities.

This likely led them to have a reduced sense of meaning or purpose in their lives, which likely directly affected their overall presented negative mood and sense of a lack of accomplishment.

Perhaps the hardest constructs to identify and operationalize were the respondents' physical experiences and perceived locus of control. In response to the questions regarding their health, the participants discussed problems associated with muscle tension, blood pressure, anxiety, chronic pain, and sleep disturbances. However, it was beyond the scope of this study to identify whether these occurrences were direct barriers to the participants' psychological resiliency, as many mental health and substance misuse considerations were beyond the scope of this research study but may be representative of more specific extant research on veteran mental health disorders and veteran homelessness phenomena. As for locus of control, the participants found comfort or security in allowing outside forces, such as institutions or government programs, to guide their daily activities, and they often found it difficult to operate independently from these resources. One respondent exhibited a cynical relation to figures of authority in these institutionalized-like programs, and the other had a dichotomous patronizing-like mindset to the same programming. Oftentimes, external locus of control characteristics was directly correlated with the individualistic belief system of each respondent surrounding persistent pessimism, religion, or likely overreliance on government support structures.

The first sub-question asked, "How do veterans describe their social support (e.g., family, friends, and peers) when transitioning from military to civilian life and how might that have contributed to their homelessness?" The participants reported diminished communication with previous friends, family members, and comrade's post-military service. However, one respondent indicated an increase in social support through government and nonprofit programming. Additionally, he reported receiving additional support from government staff and

healthcare workers he encountered regularly. Both respondents did, however, cite positive social activities through institutional influence, including mealtimes, scheduled activities, and appointments. However, outside of these external motivators, they were limited in self-direction and relationship-building that likely ward off isolative and motivational barriers associated with chronic homelessness.

The second sub-question asked, “How do veterans describe their experiences with the norm differences between military and civilian expectations when transitioning from military to civilian life and how might that have contributed to their homelessness?” The responses to the question tied to this sub-question indicated varying cultural differences in routines, institutional oversight, provided services, and resources upon their transitioning from military service. Examples of these constructs included access to universal meals, healthcare, fitness activities, and training that represented consistency and safety (through habituation). Both veterans indicated that relational difficulties during the transition contributed to their lack of success (e.g., substance misuse, unemployment, etc.).

The final sub-question asked, “How do veterans describe their use of their ‘free time’ after transitioning from military to civilian life and how might that have contributed to their homelessness?” Despite there being clear outliers for this research question in terms of outside recreational and self-care activities, both respondents indicated that they generally had an abundance of time on their hands, which made time appear to pass more slowly or meant that the participants were not able to objectively quantify perception of time differences from military to civilian transitioning. Other activities that the respondents participated in included listening to music, reading, and watching television. Rarely did the respondents mention activities like sports, exercise, work, social clubs, non-directed volunteerism, or academic endeavors.

Discussion

In this section, I examine the research findings as they relate to the theoretical and empirical reviewed literature in Chapter Two of this dissertation. The narrative provides how the research findings correlate with the theoretical frameworks that both support LH theory (Peterson et al., 1993) and/or contrast with Seligman's (2018) PERMA + HC proposed psychological resiliency model. Furthermore, in the following research discussion, I also incorporate how other popular psychological resiliency foundational theories (e.g., attachment theory, social interest, etc.) support the research findings.

Theoretical Literature Discussion

This research approach was founded on associated research outlying the characteristics of helplessness and diminished features associated with psychological resiliency. The main comparative coding matrix I utilized was Seligman's (2018) Positive affect, Engagement activities, Relationships, Meaning, Accomplishment, Health, and Control (PERMA + HC) proposed psychological resiliency model. I examined the factors underlying the propensity toward overall well-being that the research participants may have been lacking which included autonomous and sustainable housing opportunities. Furthermore, I used Peterson et al.'s (1993) LH theory to identify themes of perceived control, feelings of helplessness, and the absence of mitigating factors that are most associated with LH and to identify them among the respondents of this research study.

Psychological Resiliency

The PERMA + HC psychological resiliency model is an accumulation of research by Seligman (2018) and their colleagues that is most representative of research on LH (Peterson et al., 2013). It includes *Character Strengths and Virtues* (Peterson & Seligman, 2004) as cultural

resiliency characteristics, and comprehensive soldier fitness research (Seligman, 2019). These constructs all fall under Dr. Martin Seligman's proposed Positive Psychology movement which majorly began in 1998 with Dr. Seligman's appointment as president of the American Psychological Association (Seligman, 2002). Despite the research participants exhibiting different characteristics of the PERMA + HC model, the underlying theme was that most of the participants exhibited remarkable deficiencies in Positive affect, Engagement activities, Relationships, Meaning, Accomplishment, Health, and Control (PERMA + HC).

It also appeared that the psychological resiliency identifiers were synergistic, tending to make each reduction in each category far more likely to exacerbate other elements of the PERMA + HC model. As a brief example, a veteran with reduced feelings of accomplishment is less likely to seek supportive friendships that make them happy, which then lead to diminished opportunities for calculated growth risks via a broad focus mindset, which then can lead to reduced feelings of perceived control and management in overall health and self-care (e.g., taking medications, seeing a doctor, etc.). Furthermore, this matrix further led to respondents having skewed dichotomous views on relationships which included either being cynical or patronizing of current relationships that is generally required for the core PERMA (Seligman, 2011) model since many of these components require human interfacing (e.g., going to the store, school, work, etc.).

Seligman also used the Global Assessment Tool (GAT) to identify similar constructs in active-duty service member populations to ascertain the complexities of their "emotional, social, spiritual, and family fitness" (Moore & Penk, 2019, p. 237), which I also identified in the present research study as correlating with diminished psychological resiliency due to deficiencies in associated areas. Research on character strengths and virtues by Peterson and Seligman (2004)

attempted to signal psychological resiliency as being fostered primarily by “the absence of negative outcomes, [and] not the presence of positive outcomes” (p. 78). Consequently, although negative outcomes such as PTSD exposure was beyond the specific scope of this research study, the veteran participants indicated several events in their lives that constituted a confirmed or potentially undiagnosed symptomatology that related to PTSD or CPTSD and that may have directly related to negative outcomes.

Learned Helplessness (LH)

As mentioned, LH is not exclusively developed but is inherited from birth (Seligman, 2006) and mitigated by a multitude of factors. LH is “a reaction to the loss of control that involves cognitive, motivational, and emotional deficits following the expectation that responses and outcomes are independent of each other” (Raps et al., 1982, p. 1036). More specifically LH “has three essential components: contingency, cognition, and behavior” (Peterson et al., 1993, p. 8). Consequently, the respondents in the present study experienced moments in their lives where they perceived randomness between their actions and specific outcomes (contingency) when it came to unsuccessful employment and relational efforts. After active-duty military service, they found that their cultural norms or expectations were different than civilian expectations and norms (e.g., dichotomous thinking, regimented routines, etc.) and that they were met with confrontation or perceived societal unacceptance.

These stark differences in rules, rituals, values, and routines led to the participants holding negative beliefs associated not only with their transition to civilian life, but also their transferability of skills that they had learned during their military service (cognition). Due to their perceived ostracism, this often led the participants to disassociate using substances like alcohol, which greatly increased their associated feelings of isolation and increased their rates of

peri-traumatic dissociation (behavior). These responses often led to downward spirals of isolating and dissociative behaviors that diminished their sense of hope for the future, and they were disconnected from the support groups they had during their active-duty military service. The respondents' associated emotional responses to these events often made them experience moments of listlessness, apathy, and poor overall morale, which are hallmarks of institutional LH.

These core beliefs were often directly correlated with how the participating veterans judged their life experiences. After all, the state of LH is directly related to the attributions (explanatory style) people create for bad or good experiences in their lives (Lopez et al., 2019). The chronic state of homelessness that the respondents experienced historically was attributed to their negative cognitions, lack of autonomy, and limited success that appeared synergistically to reinforce their previous chronic state of homelessness as they perceived themselves to have less control via institutionalization that can lead to passivity (Peterson et al., 1993).

Empirical Literature Discussion

The preexisting empirical literature I reviewed in Chapter Two correlated the use of the PERMA + HC model with helping to mitigate the effects of LH. However, these psychological tools are not revolutionary but build on previous, well-established psychological models. These models include Choice Theory's notion of basic needs (Glasser, 1998), Adlerian Counseling's focus on social interest (Sweeney, 1989), Flow Theory's emphasis on engagement activities (Csikszentmihalyi, 2008), and Existentialism's use of meaning-making (Frankl, 1962/2006). In the following sections, I consider how this research study relates to the preexisting empirical literature and examine possible future outcomes associated with LH and factors that reduce psychological resiliency.

Possible Future Outcomes

The existing literature on LH has begun to wane due to rightful restrictions on human and animal experimentation. As indicated previously, Seligman himself discontinued his animal and human testing in 1982 (Visintainer et al., 1982), likely due to changes in values surrounding such practices. However, the U.S. Military may have some unique opportunities to examine existing themes, such as group penalty mindset where individuals sometimes suffer the consequences from one person, class systems, and institutionalization practices that may reveal further insight toward the LH phenomena. In this study, I amassed qualitative evidence to suggest that there being a likely strong correlation between participant deficiencies of elements from the PERMA + HC (Seligman, 2018) psychological resiliency model and increased instances of LH that may link to incidences of chronic veteran homelessness.

Furthermore, the dedication to safety and passivity voiced by the respondents may offer a possible direction to counter the likely conditioned maladaptive beliefs and habituation the participants exhibited through a more clinical use of institutionalization with progressing milestones and supervision. Part of this counterconditioning likely relates directly to the need to overcome the experiences, skillsets, and even cultural norms of institutionalization. Consequently, if a government program invests billions of dollars and months of training to create the “ideal soldier,” there must be an equally pervasive program to re-establish civilian attributes that may not be as congruent with military expectations with a focus on PERMA + HC psychological resiliency development. Such belief, value, and skillset conditioning would also be universally applicable towards rehabilitation for other groups, such as for incarcerated, socially deviant, and substance misusing populations.

Furthermore, the lack of success when it comes to such a limited respondent turnout points to the growing necessity to invest more in government administrators and politicians who run these programs. It was indicated by administrative representatives who ran this domicile program that in-person veteran research (e.g., face to face) was never conducted at the domicile previously over the past century and a half, which rightfully fostered strong feelings of restraint and caution from the site location. It was this same level of restraint and desire to control aspects of my recruitment efforts that likely contributed to having such a small sample size. However, the lessons learned associated with the political, legal, recruitment, and relational processes behind these efforts were invaluable and will hopefully open the proverbial door for continued and expanded research at this undisclosed research location.

Factors that Reduce Resiliency

This limited research study did not focus on a singular associated phenomenon but examined the multitude of factors that may lead a battle-tested soldier's psychological resilience to diminish after their intensive recruitment training. Moore and Penk (2019) indicated that patriotism, belonging, ideas of a better quality of life, and family traditions often bring our national heroes to make the ultimate commitment and voluntarily surrender a great deal of their own freedoms by joining the Armed Forces. The respondents indicated that this sense of purpose had propelled them towards success during their active-duty military careers. However, upon its transition or discontinuation and associated loss of perceived purpose, they also lost the sense of meaning that often leads to psychological resiliency. After all, in Seligman's (2011) own words, meaning is "belonging to and serving something you believe is greater than yourself" (p. 17).

Therefore, the aim of this research was to ascertain what happens when veterans of the U.S. Military lose those self-defining experiences when they leave active-duty service and its

correlation with chronic veteran homelessness. The collected data suggested that veterans experiencing homelessness had reduced opportunities for positive experiences, fewer healthy external outlets/recreational activities, more distant outside relationships, limited meaning, and low feelings of general accomplishment in their lives. The respondents who were interviewed also showed a general sense of reduced control over things they felt were beyond their individual control and felt a heightened sense of safety surrounding institutional settings where perceived internal control was limited.

Implications

Although this small, time-limited research study had limited implications or identified causality, the research did further support the need for additional resources (e.g., training, monetary resources, invested stakeholders) to transition members of the U.S. Military into their new civilian roles and identities. In addition, in this research study I attempted to also identify recruitment barriers for future researchers who wish to study similar populations in institutional environments. Such transitional programs should be optional for service members preparing to exit the U.S. Military, as there are veterans who successfully continue their lives, build relationships, and transfer the skills and abilities they received through their dedicated service. For those veterans who are not so successful, I believe state agencies should receive the funding they need to provide “civilian training” to veterans.

Unfortunately, some of these great resources for our veterans lays in “homeless,” PTSD, or “substance misuse” (Tsai et al., 2021), program initiatives that are best representative of reactionary but not necessarily proactive measures that signify intervention after a veteran has already become habituated to a state of LH. Seligman (2011) stated that “the takeaway lesson from Positive Psychology is that positive mental health is not just the absence of mental illness...

or to [simply] curtail misery” (p. 183). Rather, we should focus on the more advantageous realities that established veterans’ success in the military in the first place including skillsets, relationships, and strength-building opportunities.

As such, this research indicated that we should embrace the initial desire of veterans to continue in an institutional atmosphere that would slowly transition to a more open democratic environment. As an example, such institutional-like atmospheres could offer regimented activities throughout the day associated with vocational, occupational, and relational skill-building. These activities could be overseen by psychiatric and mental health providers that continuously measure the success of veterans during their transition out of the military. In addition, gardening, or farming, as Charlie recommended, might be a great way to increase veterans’ sense of meaning, significance, new skillsets, and autonomy necessary to continue a path towards self-development and avoid pitfalls such as chronic homelessness.

Chronic Veteran Homelessness

I identified two subthemes during the research study. The first considers how chronic homelessness may signify a manifestation of LH and consequently demonstrated reduced PERMA + HC psychological resiliency levels. This perpetual state gravitates some veterans towards the perception of needing structured homeless or domicile programs that roughly mirror veterans’ previous institutionalization practices to demonstrate a multitude of appealing characteristics (e.g., predictability, offering choices, etc.). The other theme included the likely process of habituation through prolonged exposure to organizations that have regimented routines, which can be representative of institutionalization via military service. This results in feelings of familiarity and a sense of safety as veterans reexperience atmospheres that mirror aspects of military service. These may include programs that offer universal meals, housing,

healthcare, and recreational activities conducted with like-cultured (military) individuals in a regimented atmosphere.

Theological Worldview

Due to the reported religious needs of both research respondents, veterans, chaplain or religious services should be provided for those members of the military who seek such accommodations, such as community and/or congregational opportunities associated with peer support, housing, and networking that may lead to vocational success. It should be noted that the undisclosed site for the present study did offer both chaplain and religious service accommodations that both participants were recipients of. As mentioned, much of a soldier's sense of purpose and perception of suffering lays in their individual perspectives and belief systems.

With respect to the origins of the hermeneutical nature of this phenomenological research study, Hermes Trismegistus once stated, "will is born from purpose... and acts willing from will" (Salaman, 2009, p. 81). This very purpose lays on either our interaction or influence on others in this world. Both respondents of this research study indicated a strong Christian religious affiliation, which pertained to their individual belief systems. This is important to recognize to provide veterans with a new sense of purpose and to propel them on to future success. After all, Proverbs 20:5 (NIV) states, "the purpose in a man's heart is like deep water, but a man of understanding will draw it out." As such, future stakeholders (e.g., government officials, policy makers, etc.) should continuously be given an opportunity for our veterans to do so. After all, lasting and impactful changes never begins with revolution but is cultivated by slow and arduous evolution.

Limitations and Delimitations

Personnel at the undisclosed research location indicated that the associated administration had never experienced a research study where the researcher interacted with the residents. The unfamiliar territory associated with the research process spurred legitimate concerns surrounding the well-being of the domicile residents and questions with how to proceed with the research study. To accommodate these concerns and to ensure the administrators' and participants' comfort with continuing the research process, I removed the IRB-approved "meet and greet" and instead had respondents contact the domicile directly and interested parties meet with me as part of the recruitment process as per site administration request. This was one limitation of the study.

Due to my diminished recruitment process overall influence, I had a limited ability to verify how the recruitment flyers were being circulated, less of an opportunity to answer questions about the research early on and in person to site staff preselected respondents, and diminished capacity to ensure whether all interested parties were given the opportunity to participate in the research study. A second limitation was that I received reports from prospective respondents that the main reasons why many veterans chose not to participate in the research study had to do with not being compensated for their time and fears concerning undisclosed political repercussions for participating in a research study. These two concerns were barriers that led to a smaller sample size and respondent turnout.

Additionally, despite recognizing the importance of physical health for the respondents and the synergistic nature of disease, medication side effects, and mental impairment on psychological resiliency, more exploration was needed to delineate a clear link between these constructs and LH. A clear example of this limitation would be additional health conditions being added to both respondent's demographic questionnaire during the health sections of the

interview processes. Part of the rationale for why I did not further explore these constructs included the time and resource limited nature of this research study. Also, as a third limitation was that these constructs were outside the scope of my practice as I was currently acting as a professional counselor and not as a psychiatrist.

In addition, one delimitation of the study was that the research locality also had an immediate care facility whose respondents I did not select to be a part of this research study. The rationale for this decision was based on the more severe psychiatric, medical, and legal constraints these populations presented. These included individuals who were legally conserved and could not make legal decisions, who had reduced cognitive abilities, who were on mind-altering medications, and who did not present as “reasonable persons” with the reason, prudence, care, foresight, or intelligence to accurately assess or access their memories. Lastly, a further delimitation was that this was a qualitative design study involving a small number of veteran respondents. Limiting the sample size restricted many unknown variables that may have been better represented in a quantitative research study which potentially might have included a larger prospective sample size. In hopes that these same stakeholders (administrators) will permit more expansive further research in the future, I collected limited demographic information from the respondents for future research purposes.

Recommendations for Future Research

While this research study yielded qualitative empirical information showing a correlation between the PERMA + HC (Seligman, 2018) psychological resiliency markers, more information is needed from a larger and openly selected participant group. This can be achieved through either an additional mixed-methods research study or a quantitative design study. Furthermore, I recommend a more in-depth study on military culture, physical health, substance

misuse, and the associated health effects. Although I briefly investigated these constructs in this research, there are far too many variables associated with medication side effects, the psychological effects of physical disabling conditions, and direct influences of various forms of mental illness that I did not thoroughly investigate in this research.

Summary

The purpose of this research study was to describe the lived experiences of veterans who had experienced homelessness for at least 90 consecutive days and who were currently living in a government run domicile facility in the northeastern United States. For these purposes of this research study, veterans who were homeless for more than 90 consecutive days was operationalized as being high-risk for LH and poor psychological resiliency. Due to difficulty controlling extraneous recruitment variables (e.g., direct recruitment, sample size, etc.), this study was exploratory in nature. This research study was guided by two psychological theories: Seligman's (2018) PERMA + HC proposed psychological resiliency model, which served to establish whether research participants did or did not show characteristics of this resiliency model and learned helplessness (LH) theory (Peterson et al., 1993), which provided a theoretical framework for possible reasons for deviations from psychological resiliency and overall well-being.

The data collection methods included a standard demographic questionnaire, individual interviews, and a member-checking focus interview. I selected two individuals to participate in the research study as they had been homeless for at least 90 consecutive days, had served in the U.S. Military for at least 90 consecutive days, and were current members of the undisclosed research location domicile program. The participants I interviewed identified as male, were between 74-75 years of age, had roughly 12 years of education, and were Caucasian. The

research study location was at an undisclosed government domicile program in the northeastern area of the United States. I conducted data analysis utilizing four basic steps: data management, data reduction, data interpretation, and data representation (Miles et al., 2020).

This study answered the central research question, “How do veterans describe how the experience of transitioning from military to civilian life and how might that have contributed to their homelessness?” The essence of the phenomenon is that individuals who are chronically homeless may be lacking PERMA + HC (Seligman, 2018) markers that are associated with psychological resiliency, making them more likely to have an explanatory style most associated with an external locus of control. However, physical health is a construct that requires further future empirical investigation preferably through open-ended questioning rather than a demographic questionnaire due to more comprehensive health answers being given via open narratives versus forced answer responses.

Three sub-questions supported the main research question. The first sub-question asked, “How do veterans describe their social support (e.g., family, friends, and peers) when transitioning from military to civilian life and how might that have contributed to their homelessness?” Data from the research clearly indicated that the participants often felt ostracized or had limited exposure to a stable peer support network. These features were represented by either cynicism (distant) or patronizing (enmeshed) behaviors from respondents. The second sub-question asked, “How do veterans describe their experiences with the norm differences between military and civilian expectations when transitioning from military to civilian life and how might that have contributed to their homelessness?” In addition to changes in their support networks, the participants often missed the regimented nature of their old careers, associated sense of

purpose, and the perceived security they received from institutionalization (e.g., food, housing, healthcare, etc.).

The final sub-question asked, “How do veterans describe their use of their ‘free time’ after transitioning from military to civilian life and how might that have contributed to their homelessness?” The participants stated that they did not have sufficient engagement activities like sport, recreational, or self-care activities and that they were not engaged with outside facility individuals who might have fostered peer support and opportunities to learn new cultural norms. Other important factors identified in the research study included the importance of religion, dissociation due to substance misuse, a lack of autonomy, a prolonged sense of time, perceived security associated with institutional-like environments, and the importance of vocational opportunities for our veterans.

The most significant implication of this study was that Seligman’s (2018) proposed PERMA + HC model likely exhibits high validity as determining psychological resiliency. In addition, this research study signified the overall potential cost of not exhibiting PERMA + HC, which may correlate with poor psychological resiliency and may lead to systemic factors that influence chronic homelessness through a synergistic effect on all PERMA + HC expressions. However, PERMA + HC serves as a potential roadmap that may help define future proactive interventions to support transitioning veterans.

These initiatives may include further funding for vocational, housing, and psychotherapeutic services for veterans that choose to take advantage of such resources. More specifically, due to the sense of safety and familiarity associated with institutionalization with the U.S. Military, I recommend further investigation into government transitioning programs that are regimented, that advance access to civilian cultural norms, is strengths-based, and that offer

career and mental health support. After all, Seligman (2011) believed that “the takeaway lesson from Positive Psychology is that positive mental health is not just the absence of mental illness... or to [simply] curtail misery” (p. 183), but that it requires more proactive measures leaving veterans better off than before they entered the United States military.

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Appendix A: Timeline and Budget

- August 2021: Create committee and register for dissertation proposal course (\$1,624.00)
- July 2022: Finish EDCO 900 coursework (\$1,200.00). First three chapters professional edit (\$1,350)
- December 2022: Create a dissertation proposal defense and present to dissertation board (\$0)
- Winter 2022: Defend proposal (\$0)
- Winter 2022: Submit research plan to the (IRB) for approval (\$0)
- Winter 2022: Purchase Nvivo coding software (\$99)
- Spring 2023: Transcribe interviews using Temi transcription services (\$41)
- Spring 2023: Complete Dissertation Completion course (\$1,624.00)
- Spring 2023: Conduct last professional edit (\$2,510)
- Spring 2023: Defend dissertation (\$0)

Appendix B1: Interview Questions/Guide

1. What has self-disclosing been like for you in the past?
2. What do you feel you are currently lacking in your life that led to your homelessness?
3. What activities did you engage in that increased your feelings of happiness after your military service?
4. How do you currently spend your free time after your military service?
5. How has your friend, colleague, family, and intimate relationships changed after your military service?
6. Has your sense of purpose and importance changed after your military service?
7. How did you derive a sense of life satisfaction or accomplishment after your military service?
8. How would you describe your current physical health?
9. Describe your level of control when challenging situations arise.
10. Describe how military culture currently influences you.
11. What major lifestyle changes did you experience during your military-to-civilian transition?
12. Is there anything you want me to share or discuss that we have not already covered?

Appendix B2: Focus Interview Questions

Topics

- Correlation between military background and chronic homelessness
 - Preparation of military to civilian life
 - Sense of overall self-control
 - Recruitment Process
-

Veteran Experiences

1. Can you describe what led you to participate in this research study?
 2. What are your experiences receiving military housing, meals, and healthcare?
 3. How has your friend, colleague, family, and intimate relationships affected your current homelessness?
 4. How would you compare the experiences surrounding taking care of yourself before and after military service?
 5. How does your military training and conditioning currently influence you?
 6. What has work opportunities been like after your separation from the military?
 7. What past negative experiences do you take responsibility or accountability for?
 8. How has your military service affected your current physical health?
 9. Can you elaborate as to the similarities surrounding previous military routines with your current environment?
 10. How has your perception of time changed over your lifetime?
 11. How would you describe your current belief system?
 12. Is there anything I should be asking that relates to your homelessness experiences that was missed?
-

Redirection Questions for Generalized Explanations

1. Can you perhaps provide an example of such an experience?
 2. What was this experience like for you?
 3. What do you feel could be the consequence of such a critical incident?
 4. Could you expand on such concept?
-

Appendix B3: Demographic Questionnaire Questions

1. What is your gender identity?
2. What is your current age?
3. What is your ethnicity?
4. In which branch of the military did you serve?
5. For how long did you complete active-duty service? (e.g., 36 months)
6. What is your highest level of education completed? (e.g., graduated HS = 12 years)
7. What is your employment status (e.g., 13 months employed/unemployed)
8. How long have you been in the domicile program? (e.g., 24 total months)
9. How long have you been homeless? (e.g., 56 total months)
10. Please list any current or previous mental health diagnoses. (e.g., PTSD)
11. Please list any major diagnosed health conditions. (e.g., hypertension)

Appendix C: Other Data Collection Procedures

Information was gathered from both interview questioning and member-checking focus interview during data collection. Information was collected via audio recordings focusing on a single participant at a time. Data has been collected through open-ended questioning and demographic questionnaire.

Appendix D: Consent Form

Title of the Project: Experiential Interrelationship of Learned Helplessness, Military Culture, and Chronic Veteran Homelessness

Principal Investigator: Adam Russo, Doctoral Candidate, Department of Community Care and Counseling, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be an active resident of the domicile facility, have been previously homeless for at least ninety consecutive days, and 18 years of age or older. 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.

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

The purpose of the study is to describe the lived experiences of veterans who have experienced homelessness for at least ninety consecutive days currently living in the domicile facility.

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:

1. Participate in an in-person, 15-minute demographic questionnaire.
2. Participate in an in-person, audio-recorded interview that will take no more than 1.5 hours.
3. Participate in a roughly 1-hour member-checking (explores credibility of results) focus group that will be in-person and audio-recorded.
4. Review the individual interview transcript for accuracy.

How could you or others benefit from this study?

The benefits of participation may include contributing to research that investigates resiliency factors among homeless veterans and how they influence chronic homelessness and assisting in future homeless initiatives. Furthermore, participants may have an opportunity to confidentially share their experience with others.

Benefits to society could include an increased knowledge and understanding surrounding learned helplessness, veteran homelessness, military culture, and psychological resiliency.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked to recall and discuss prior trauma. To reduce risk, I will monitor participants, discontinue the interview if needed, and provide referral information for counseling services at the domicile facility.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities and your residential institution.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher and faculty sponsor will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms and demographic questionnaire responses will be anonymous.
- Individual interviews will be conducted in a location where others will not easily overhear the conversation.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.
- Physical data will be scanned and saved to a password-locked flash media device and then shredded. The digital data will be stored on a password-locked flash media device in a locked drawer at researcher's residence office. After three years, all electronic records will be deleted.
- Recordings will be stored on a password-locked flash media device for three years and then erased. The researcher and members of their doctoral committee will have access to these recordings.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

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 or your domicile facility. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the questionnaire without affecting those relationships.

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

If you choose to withdraw from the study prior to submitting the questionnaire, please inform the researcher that you wish to discontinue your participation, and do not submit your study materials. Your responses will not be recorded or included in the study.

If you choose to withdraw from the study after you have submitted the questionnaire, please inform the researcher that you wish to discontinue your participation and notify research either via telephone or email. The questionnaire data cannot be withdrawn once submitted since its responses are anonymous. Your interview and focus group responses will not be recorded or included in the study. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

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

The researcher conducting this study is Adam Russo. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at [REDACTED]. You may also contact the researcher's faculty sponsor, Al Sarno, PhD, at [REDACTED].

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 IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

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 the study team 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 Subject Name

Signature & Date

Appendix E: Research Promotional Flyer

Research Participants Needed

Experiential Interrelationship of Learned Helplessness, Military Culture, and Chronic Veteran Homelessness

Research Study Eligibility:

- Are you an active resident of the domicile facility?
- Have you been previously homeless for at least ninety consecutive days?
- Are you eighteen years old or older?

If you answered yes to all the questions listed above, you may be eligible to participate in a research study.

Purpose of the Study:

The purpose of this research study is to describe the lived experiences of veterans who have experienced homelessness for at least ninety consecutive days currently living in the domicile facility.

Study Procedures:

Participants will be asked to conduct a 15-minute demographic questionnaire, a roughly 1.5-hour individual interview, and an additional member-checking (explores credibility of results) focus group which will be roughly 1 hour in length. Individual interview transcripts will be offered to research participants for review to verify accuracy.

Participation in the questionnaire will be completely anonymous, and no personal, identifying information will be collected. Names and other identifying information will be requested as part of the interview and focus group, but participant identities will not be disclosed.

A consent document will be provided to you prior to completing any of the tasks mentioned above.



Adam Russo, a doctoral candidate in the Department of Community Care and Counseling at Liberty University, is conducting this study. Concerns surrounding the study may be directed to Chairperson Al Samo, Ph.D. at [REDACTED]. Research is IRB approved.

For more information/to participate, contact the researcher at [REDACTED] or [REDACTED]

Appendix F: Site Authorization Letter**STATE OF CONNECTICUT**
DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF THE COMMISSIONER287 West Street
Rocky Hill, CT 06067**Thomas J. Saadi**
Commissioner

December 20, 2022

Adam Russo
Doctoral Candidate/Researcher
Liberty University
106 Rogers Lake Trail
Old Lyme, CT 06371**RE: SITE SPECIFIC AUTHORIZATION TO CONDUCT RESEARCH**

Dear Liberty University Institutional Review Board,

I write to inform you that after careful review of Adam Russo and Dr. Al Sarno's research proposal entitled "Experiential Interrelationship of Learned Helplessness, Military Culture, and Chronic Veteran Homelessness," the Connecticut Department of Veterans Affairs (DVA) has decided to grant permission to conduct both individual interviews and member-checking focus group stages of your associated research on-site that will be audio recorded with veterans who participate in our residential 'domicile' facility services.

This research approval extends to permitting a demographic survey of veteran participants who will be provided with informational flyers/handouts supplied by Adam Russo to DVA staff for distribution. It is also understood that such obtained media and participant documentation will be confidentially stored by Adam Russo off-site and will be held for three years after completion of the research study for archival purposes and then will be physically destroyed.

This approval is conditioned upon adherence to the representations of Adam Russo and Dr. Al Sarno made to the undersigned and the DVA Residential Director during a Teams meeting on 15 December 2022, as follows:

- (1) No individually identifying information as to any Veteran Resident (including but not limited to last names) will be used in any published materials;
- (2) Facility location will be kept confidential unless otherwise permitted in writing by the undersigned or authorized designee thereof.

Subject to the provisions herein, Adam Russo and Dr. Al Sarno are granted permission to publish and release research findings consistent with your approval.

Thank you for your time and attention to this matter and you may contact my office with any questions.

Sincerely,

Thomas J. Saadi, Esq.
Commissioner

Appendix G: IRB Letter**LIBERTY UNIVERSITY**
INSTITUTIONAL REVIEW BOARD

February 21, 2023

Adam Russo
Albert Sarno

Re: IRB Exemption - IRB-FY22-23-623 Experiential Interrelationship of Learned Helplessness, Military Culture, and Chronic Veteran Homelessness

Dear Adam Russo, Albert Sarno,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office