AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF VETERANS' AND
PARTNERS' PERCEPTIONS OF MEANING IN LIFE AND ITS INFLUENCE ON THEIR
ADAPTATIONS TO LIFE AFTER COMBAT

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A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

Human Development and Family Studies—Doctor of Philosophy

2015

ABSTRACT

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After more than 14 years of sustained war, the Veterans and families of the United States military have experienced significant psychological and relational strains, often severe in nature. More than 6,800 service members have been killed, and 52,000 more have been injured. 40% of returning Veterans report psychological symptoms meriting clinical evaluation, and suicide is at historically high levels. Nearly three-fourths of military families report experiencing significant stressors such as marital problems or unemployment. These stressors appear to be more common among members of the National Guard, who serve in war and return to civilian communities where they often face isolation and a lost sense of purpose. Research into malleable protective factors for these Veterans and families is critical. The present studies sought to illuminate both the nature and potential protective value of a specific meta-psychological construct that influences the course and outcomes of soldiers' and spouses' struggles: the ability to make meaning of deployments and the hardships that result. Making meaning – or creating coherency and sense out of complex life events – is a well-established protective factor for a wide variety of outcomes. The absence of meaning, by contrast, is a significant risk factor for negative outcomes including depression, anxiety, and substance abuse. Very little is known, however, about these processes in Veterans, military families, or in the broader context of combat deployments. The present studies relied on longitudinal interviews of Army National Guard Veterans and families over a two year period in order to yield greater

understanding of how processes related to meaning making help or hinder these at-risk families. Through semi-structured interviews and Interpretative Phenomenological Analysis, I examined their experiences in great depth. The findings are revealing. In Study 1, I report on interviews with individual Veterans. Most soldiers returning seemed to experience a type of persistent existential vacuum or emptiness after the unparalleled intensity of war. Some found solace in other, often new sources of meaning, particularly families, careers, and their religious faith. Those who did not often struggled with substance abuse, relational problems, and even suicidal ideation. In study 2, I examined the experiences of the Veterans' partners. Partners also revealed bifurcated experiences. Those who possessed or created strong sources of meaning tended to cope more effectively; such sources included faith in God, supporting the service member, holding families together, and discovering new strengths. Couples who shared strong sources of meaning tended to report positive outcomes driven in part by honest, open communication styles, and a shared sense of direction for the future. Couples with widely divergent sources of meaning struggled more, as they often seemed to be growing in different directions. Stress in many forms exacerbated such differences. Many partners reported struggling greatly as they witnessed their Veteran cope with a sense of meaningless and lack of identity after war. Recommendations for researchers, policy makers, and clinicians are included.

To Paul Carron, Brian Freeman, Ian Weikel, and Henry Brown. *Be thou at peace*.
To Nicolas. May the road rise up to meet you. May the wind always be at your back. May the sun shine warm upon your face, and the rains fall soft upon your fields. May God hold you in the palm of His hand.

ACKNOWLEDGMENTS

teaching me to how to write clearly. You were the most talented instructor I ever had, and you are truly missed (though forgive my use of the passive voice).

Thank you Al and Kathi Marchiondo for your tremendous support and friendship over the past eight years. You are two of the kindest and most generous people I have ever known and I am thankful to be a part of your family. I would not have been able to write and defend my dissertation without your support, particularly once Nicolas arrived. You also raised an amazing daughter who has your very best qualities. Thank you both so much.

Most importantly I wish to thank my amazing wife and best friend, Lisa. I simply could not have done this without you. You are my inspiration, my role model, and my rock. Thank you for showing the way. I love you.

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CHAPTER 1: INTRODUCTION

After more than a decade of sustained combat in the Global War on Terror (GWOT), the soldiers and families of the United States military have experienced significant psychological, social, relational, and professional strains. Combat by any measure is often an extraordinarily stressful experience, marked by the ongoing threat of death or serious injury, grueling physical-, mental-, and emotional-exertion, the deaths of comrades, the possibility of killing another person or witnessing the same, and the strain of long-term separations from home and family, often a year or more in duration. The toll taken on soldiers and families is both well-documented and often stunning in scope; recent studies demonstrate that nearly three-fourths (72 percent) of returning soldiers will experience a significant stressor or stressors, including marital or family problems, employment difficulties, mental illness, or injuries, among others (Interian, Kline, Callahan, & Losonczy, 2012). As systems of care such as the military healthcare system, the United States Department of Veterans Affairs (VA), and civilian healthcare attempt to meet the needs of more than two million returning Veterans, it is essential to understand the complex presentations and struggles of Veterans in order to inform treatments.

Nearly 40% of soldiers returning from the recent wars report any of a number of psychological ailments, mild to severe, and worthy of further clinical consideration (Hoge, Castro, Messer, & McGurk, 2004). Elevated symptoms of depression, traumatic brain injuries, post-traumatic stress disorder, other anxiety disorders, adjustment disorders, and substance abuse affect hundreds of thousands of soldiers and Veterans (Hoge et al., 2004; Ilgen et al., 2010; Kim, Thomas, Wilk, Castro, & Hoge, 2010; Owens, Steger, Whitesell, & Herrera, 2009). Perhaps the starkest indicator of seemingly insurmountable pain and struggle – suicide – continues to occur at unprecedented rates among service members and Veterans, and is now at historically high levels. In fiscal year 2012, more U.S. soldiers died by suicide than were killed in combat in

Afghanistan (Army G1, 2014). Military-wide in fiscal year 2013, there were 259 suicides among

Active Component service members, and 220 suicide among National Guard and Reserve

Component service members (Department of Defense, 2014). Despite considerable

multidisciplinary research into these problems coupled with tremendous growth in healthcare

expenditures and options, many returning soldiers struggle to reintegrate into post-war life.

Although much is being done to help soldiers and families recover after combat deployments,

their well-documented and ongoing difficulties suggest that a "no stone unturned" approach to

solving these problems for present and future warfighters remains relevant. A wide variety of

risk and protective factors have been identified, yet returning Veterans and their families

continue to struggle.

The present studies seek to illuminate both the nature and potential protective value of a

specific meta-psychological construct that may influence the course and outcomes of soldiers'

and spouses' struggles. That construct is the sense of meaning developed in response to

experiences during and after combat more narrowly, and during the course of life more

generally. The ability to construct some semblance of meaning – to lend coherency and

explanatory power to events lived – has been well-established as a protective factor by enhancing

the centrally important capacity for self-regulation (Baumeister & Tierney, 2011; Steger &

Kashdan, 2013; Steger, Oishi, & Kashdan, 2009; Stillman et al., 2009). For those who struggle

or fail to achieve an enduring sense of meaning about the significant events of their lives are

conversely at greater risk of negative outcomes (Owens et al., 2009; Stillman et al., 2009).

Meaning in life is inherently idiosyncratic, making it a challenging construct to define. It

is helpful to first differentiate meaning from another construct often confounded with it, namely

purpose in life. Strictly speaking, *meaning* is not synonymous with *purpose*, though the terms

relate closely. To be possessed of a sense of purpose in life implies intention, aim, or function

(Yalom, 1980). A sense of purpose often inheres from a strong sense of meaning. While often used interchangeably (see Yalom, 1980. p423) the terms are separate and distinct constructs, a convention retained in the present studies.

Stillman (2009) broadly describes meaning as "a way to make sense of… existence" (p. 686), while Wong more philosophically describes it as "the central issue of what makes life worth living in the midst of suffering (as quoted in Cox & Klinger, 2011. p. 461)." Stillman and Baumeister (2009) rather mechanistically define meaning in terms of relationships: "Meaning refers to a nonphysical reality inherent in the relationship between a symbol or representation and that to which it refers" (p. 686). The relationships in question include those between events and things in general, but interpersonal relationships in particular (Baumeister, 1991). Yalom (1980) describes meaning simply as *sense* or *coherence* (p.422).

While meaning can arise at various levels of abstraction ranging from the trivial to the overarching meaning of one's life, a clear sense of meaning seems to imbue one's life with a sense of coherence, clarity, value, and direction. "A meaningful life," according to Baumeister "is one that makes sense to the individual and includes a sense of purpose" (Stillman, Lambert, Fincham, & Baumeister, 2011, p.13). Without such meaning and the direction provided by an attendant sense of purpose, a person may feel anxiety or distress in varying degrees, ranging from vague unease to the drastic desire to commit suicide (Baumeister, 1991; Frankl, 1992; Yalom, 1980). Auschwitz survivor Viktor Frankl – no stranger to trauma, suffering, and the struggle to find reasons to continue living – believed that one's ability to find meaning and the resulting sense of purpose was the critical element in the decision to keep striving in the face of overwhelming pain and difficulty (Frankl, 1984). Referring to his fellow prisoners in the concentration camps, Frankl wrote "Woe to him who saw no more sense in his life, no aim, no purpose, and therefore no more point in carrying on. He was soon lost." (p. 98). While other

factors such malnutrition, psychological- and physical-torture, and isolation undoubtedly contributed to prisoners' deteriorations, at the very least the loss of meaning seemed to hasten to their decline. Conversely, Friedrich Nietzsche's dictum "When one has one's *wherefore* of life, one gets along with almost every *how*" (Nietzsche, 2009, p. 7) reflects the view that the presence of meaning in life may help insulate a person from the downward spiral of harsh circumstance. It seems reasonable to suggest, then, that a robust sense of meaning in life can function as an organizing or meta-protective factor in the face of the vicissitudes and travails of combat and post-deployment reintegration into society.

While many find sources of meaning in religious faith, patriotism, group membership, accomplishments, or family ties, for example, no universally accepted source of meaning seems to exist. The conundrum described by so many philosophers from Buddha to Sartre is significant both for its simplicity and its gravity: humans require a sense of meaning, yet no absolute source can be found. As Frankl and many others have noted (cf. Baumeister, 1991; Frankl, 1992; Nietzsche, 1968; Sartre, 1965), each person must ultimately decide upon and pursue his or her own chosen sources of meaning. Redemption from this painful reality seems to derive from the notion that, more or less regardless of the source of one's existential meaning, the mere presence of it lends coherence to life, particularly in times of suffering and sorrow (Baumeister, 1991; Baumeister & Wilson, 1996; Steger et al., 2009; Wong, 2012).

Empirical research corroborates the philosophical and anecdotal experiences presented. The presence of meaningfulness in one's life correlates with a variety of positive mental health outcomes, including greater happiness and positive affect (Hicks & King, 2007, 2009; King, Hicks, Krull, & Del Gaiso, 2006), satisfaction with life and work (Chamberlain & Zika, 1988; Steger & Kashdan, 2007; Steger, Oishi, & Kesebir, 2011), a greater sense of hope for the future (Feldman & Snyder, 2005; Mascaro & Rosen, 2005; Schneider, 2001), enhanced capacity to

cope with stressful events (Kleiman & Beaver, 2013), and better physical health (Chamberlain & Zika, 1988; Reker, Peacock, & Wong, 1987). People with a strong sense of meaning in life have even been shown to be more interpersonally attractive, potentially enhancing their social connectedness and generating support and protective factors in the process (Stillman et al., 2011).

By contrast, a diminished sense of meaning correlates with a variety of negative experiences, many of which closely overlap with risk factors for suicide. Increased depression and anxiety (Debats, Van der Lubbe, & Wezeman, 1993; Lyke, 2013; Owens et al., 2009), substance abuse (Nicholson et al., 1994), stress (Park & Folkman, 1997), need for therapy (Battista & Almond, 1973), and suicidal ideation (Kleiman & Beaver, 2013) have all been shown to correlate with the absence of meaning or the search for it.

While the evidence of the value of coherent meaning mounts, the connection between such an abstract concept and negative outcomes such as malaise, depression, anxiety, and even suicide may seem tenuous. In his book *Meanings in Life*, Baumeister, for instance, acknowledges that most people live happy lives even as they never articulate an overarching, coherent narrative of their lives' meanings (see Baumeister, 1991, p. 29.). Why then should we expect that a deficit of meaning could contribute to such a wide range of negative outcomes, up to and including suicide? In order to understand this it is instructive to elaborate Baumeister's four-part model of meaning, with emphasis on the strong social and self-regulatory functions of meaning in life. Doing so will reveal potential causal pathways to varied outcomes, as well as significant conceptual overlap with known risk factors for psychopathology and even theoretical paths to suicide (e.g., Joiner, 2005).

Baumeister's Four Part Model of Meaning

Baumeister's (1991) "four needs for meaning" (p.29) provide a useful framework within which to understand the universal human pursuit of meaning – as well as the consequences of its absence or loss. Baumeister proposes that all humans are driven to find meaning across four domains: purpose, value, efficacy, and self-worth. A sense of *purpose* in life again refers to a drive to act upon goals, aims, or intentions in order to achieve future objectives. The well-developed human capacity to employ logic in an effort to build upon a variety of relationships enables us to plan our current behaviors in pursuit of future goals. The same goals lend structure and coherence to our activities and to our lives, as well as a cognitive orientation toward the future (Baumeister, 1991. p.32)

To live according to certain *values* or moral justifications is another central need that contributes to a sense of meaning (Baumeister, 1991. p.36). While the sources of such values can vary tremendously, Baumeister argues we have an innate need to live in ways that reflect positive moral value or conform to what we perceive to be socially accepted standards. Put differently, we seem to be driven to act in ways that confer positive value or moral justification for our lives and our actions. Third, Baumeister proposes a universal need to feel a sense of *efficacy* (p. 41) or control over the outcomes of one's actions. As Baumeister notes, "[h]aving a meaningful life is more than having goals and values; you must also feel that you have some capability to achieve these goals and realize these values" (Baumeister, 1991, p. 41). Importantly, Baumeister states that people derive greater value from their perceptions of efficacy rather than some verified ability to control something. Perceptions of efficacy are subject to exaggeration and, perhaps more germane to the present study, minimization – important considerations when attempting to understand the inherent risks and protections afforded through meaning.

Finally Baumeister emphasizes a universal need for *self-worth* (Baumeister, 1991. p 44). While we may derive self-worth through a variety of means, a person's conviction that his or her life has positive value is a primary concern. We are compelled to view our lives as inherently worthy and valuable, and ideally, to believe that others see us in the same positive light. Commitment to one's family or friends may provide one such source of worth.

The Social Context of Meaning: Gains and Losses

According to Baumeister's model our pursuit of meaning almost invariably occurs within social contexts. Our close relationships, our positions in society and organizations, and the broader culture within which we live and relate are critical sources from which we glean meaning (Baumeister, 1991; de Figueiredo & Frank, 1982; Stillman et al., 2009). Significant others model important facets of meaning, provide reflections or feedback on meaningful matters, and sometimes even confer sanctions on those who violate the tenets of meaning. This perspective obviously aligns with the robust literature demonstrating the evolutionary value and lifelong importance of social relationships to both humans (Bowlby, 1958; Buss, 1990; Fromm-Reichmann, 1959; Lambert et al., 2013; Stillman et al., 2009; Sullivan, 1938) and many animals (Griffin & Harlow, 1966). Isolated from others and deprived of meaningful interactions, humans quickly show signs of regression, demoralization, and even decompensation (de Figueiredo & Frank, 1982; Grassian & Friedman, 1986; Haney, 2003).

Meaning and Self-Regulation

Given the importance of interpersonal relationships coupled with the degree to which we socially derive values, purpose, self-worth, and efficacy, the loss of social inclusion can have a potentially devastating impact on one's sense of meaning and, critically, the capacity for self-regulation under stress (Baumeister, 1991; King & Geise, 2011; Lambert et al., 2013; Stillman et al., 2009; Twenge, Catanese, & Baumeister, 2003). Especially potent, however, is the experience

of social ostracism, or the deliberate exclusion or rejection by others. Increased aggression (Warburton, Williams, & Cairns, 2006; Williams & Wesselmann, 2011), decreased mood (Zwolinski, 2012), diminished self-control (Jamieson, Harkins, & Williams, 2010), reduced perceptions of relational value to others (Wirth, Sacco, Hugenberg, & Williams, 2010), reduced implicit and explicit self-esteem (Wirth et al., 2010), and increased depressive symptoms through diminished self-control (DeWall, Gilman, Sharif, Carboni, & Rice, 2012) are all potential effects of social ostracism. The negative effects of being ostracized or forgotten appear to quickly result in a diminished sense of meaning in life (King & Geise, 2011; Stillman et al., 2009). Even in experiments as brief as four minutes – conducted with mutual strangers as subjects — the same effects become manifest after one subject appears to reject the other, suggesting just how sensitive humans are to perceived ostracism (Williams & Warburton, 2003).

Shared Meaning Making in Couples

While social contexts may provide cues and influence over an individual's sense of meaning, the cognitive processes underpinning such meaning are of course occurring within the individual. Given the intrinsically individualistic nature of meaning making, it is not surprising that much has been written about individual processes, while far less has been published about couple processes. Shared meanings are integral to couple experiences, however, and are likely sources of protection in themselves. As Orbuch et al (Orbuch, Veroff, & Holmberg, 1993) note, the shared meanings couples make reflect important processes that enhance relationships, in part through enhancing the capacity for self-regulation. "As a couple attempts to weave the disparate events of their courtship together into a coherent whole, the meaning that they make could increase security in the relationship by making past events more readily understandable and future events more predictable" (p. 815).

Perhaps the most influential literature on couples and the development and role of shared meanings is a theoretical manuscript written in 1964. Berger and Kellner's (1964) model of meaning making in couples contends that meaning jointly emerges through the confluence of two powerful and above all social sources: culture and the relationship. Each partner brings to the marriage a unique and cumulative biographical history of norms and experiences. Such cultural influences are different in every person, but also similar insofar as they reflect the culture's norms for what is and is not acceptable. Culture continues to influence individuals throughout the lifespan. According to Berger and Kellner, it is neither essential nor common in contemporary culture for partners to begin their relationships with highly concordant views; rather it is more likely that their views differ significantly. The issue of importance is whether they can forge new, shared meanings.

Marriage and intimate partnerships also serve to construct, maintain, and modify (p.220) meaning in each partner. Marriage, in Berger and Kellner's view, is "a social arrangement that creates for the individual the sort of order in which he [sic] can experience his life as making sense" (p.220). It is a process of constructing "a consistent reality that can be meaningfully experienced by individuals" (Berger & Kellner, 1964, p.220). Marriage enables this, according to Berger and Kellner, through ongoing processes of validation. Humans continuously verify their versions of reality against those found in their social milieu, comparing their views to those of significant people in their lives. Family relationships are a particularly important source of meaning. Marriage however, being the most important social relationship of our adult lives, is an amplified extension of this process. Within the relationship, partners engage in a process of ongoing, spoken and unspoken validation of meanings. The marriage "validates over and over again the fundamental definitions of reality once entered into, not, of course, so much by explicit articulation, but precisely by taking the definitions silently for granted and conversing about all

conceivable matters on this taken-for-granted basis" (Berger & Kellner, 1964. p.21). That brief

explanation contains great significance to the present study; this unspoken process may reveal in

part how humans develop coherency and meaning in life without apparently devoting conscious

attention to the process.

This process of validation extends beyond simple meanings and understandings,

however, and ultimately entails a validation of one's world, and "crucially the validation of his

identity and place in the world" (p.221). Marriage in other words, is a meaning-producing

relationship of the highest order that once begun becomes a central source of meaning in life.

The mere presence of the partner serves to reinforce and sustain the other, but the spoken word is

the primary means through which partners develop and validate meaning. "In this sense, it is

proper to view the individual's relationship with his significant others as an ongoing

conversation" (p.221).

Given its central role in forming and maintaining meaning, much is at stake when one

commits to the decision to marry. Through repeated conversations, shared views become

increasingly concrete for many couples, creating a stabilizing effect and powerfully shaping

views of the world. For others, however, the process unravels. Failure to satisfactorily generate

shared meaning in the context of individual realities can, according to Berger and Kellner,

endanger the marriage itself (Berger & Kellner, 1964). Loss of the marriage, in turn, can result in

anomie, or the loss of meaning, with all the potential concomitants described previously.

Military Service as a Unique Source of Risk Factors for Loss of Meaning

In the stress-laden environment of military service during a time of protracted combat,

the abilities to make sense of difficult experiences, to retain a coherent sense of meaning, and to

maintain relationships to both institutions and important others that lend meaning becomes

particularly crucial. Several experiences including relational dissolution, social isolation or

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ostracism, and an existential vacuum upon redeployment can operate independently or in concert to challenge a person's sense of coherent meaning; the critical element, however, is the effects the loss of meaning in life have for a person, particularly with regard to the diminished capacity for self-regulation.

Divorce or relational dissolution with loved ones or family is a powerful risk factor for a reduced sense of meaning in life. Given the stressful nature of military life in general and extended deployments in particular, military families regularly experience considerable strain. Indeed such loss can be so stressful and challenging that researchers (Gottman, Gottman, & Atkins, 2011) report that the "signature event" typically preceding a soldier's developing suicidal ideation is a distressing change in a close romantic relationship with his or her partner. While loss of a close relationship is likely one of several potential risk factors, isolation or ostracism from what is likely one's most important social bond has obvious implications for a person's sense of meaning as derived from close relationships.

Another powerful source of social exclusion or ostracism for service members specifically may result from a failure to meet certain legal, professional, or moral standards. The Army, for example, has well-defined values (The Seven Army Values: "Army Values," n.d.), including integrity, honor, selfless service, personal courage, loyalty, and duty. The military also has its own legal code (The Uniform Code of Military Justice) designed to ensure service members are fit for duty and ready to fulfill missions. Failure to meet standards may result in delayed promotions or loss of rank, non-judicial or legal punishment, temporary confinement, or in more serious cases imprisonment and discharge from the military ("Military Justice," n.d.). In a tightly-knit social environment that places such a strong premium on notions of duty and fulfilling obligations, soldiers in the midst of legal difficulties, who are perceived as problematic or unfit for duty, or otherwise viewed as a liability to the unit may risk social isolation or

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ostracism. The potential for dishonorable discharge from the military might only heighten such feelings of social exclusion. Indeed, legal or administrative punishments were cited as proximal factors in suicides as often as failed relationships in the recent Department of Defense suicide report (Department of Defense, 2014).

A third potential source of isolation results from service members' difficult transitions into civilian life after a year or more of combat (Doyle & Peterson, 2005; Gorman, Blow, Ames, & Reed, 2011; Greden et al., 2010; Griffith, 2012). Combat by any measure is often an intense, dangerous, and unpleasant experience. But for many service members it also is an experience that provides a clear sense of purpose filled with any of a variety of meanings (e.g., to safeguard one's fellow soldiers, to accomplish the mission, to serve one's nation). Reintegration after combat can thus entail a significant change in the sources of purpose and self-worth of soldiers (cf. Loyd, 1999), perhaps especially so for service members in the Reserve Component. While Active Duty soldiers often return to large installations surrounded by thousands of soldiers with whom they shared experiences and will continue to serve, members of the National Guard and Reserves typically return to communities where they face misunderstanding, social isolation, unemployment, and other stressors (e.g., Gewirtz et al., 2010; Gorman et al., 2011; Griffith & Vaitkus, 2013). This "existential vacuum" as Maddi (1967) termed it, may result from any of several causes, but perhaps most relevant to the present discussion is his assertion that "acute awareness of superficiality" may be a particularly powerful contributor.

During such times of potentially intense stress, disorientation, and searching, a person's ability to make or retain a sense of meaning in life – and the senses of purpose, values, efficacy, and self-worth that accompany it – is at greatest risk. Should the person not find or develop a sufficient sense of meaning, a cascade of negative effects can occur which, particularly when

combined with other risk factors (e.g., substance abuse, preexisting mental disorders), can increase the risk of negative outcomes during reintegration.

For example, a soldier who is facing divorce, the loss of his or her career, or the social isolation sometimes encountered upon redeployment may suddenly face a loss of purpose in life; future goals such as having children, earning a promotion, or completing an arduous mission can quickly evaporate, leaving the soldier devoid of a sense of direction and future orientation (Feldman & Snyder, 2005). In the midst of such an experience, a person is likely to ruminate over present difficulties and experience a marked inability to retain a sense of hope for the future, both strong correlates of unhappiness at best, and depression or suicidal ideation at worst (Beck, Brown, Berchick, Stewart, & Steer, 1990; Grassia & Gibb, 2009; Krajniak, Miranda, & Wheeler, 2013; Surrence, Miranda, Marroquín, & Chan, 2009; Weishaar & Beck, 1992)

The soldier's perception of reduced efficacy or inability to effect positive change, control circumstances, and rectify problems stemming from whatever events precipitated the loss of meaning can have devastating consequences as well (Seligman, 1975), particularly in the domain of self-regulation. A lost or greatly diminished sense of self efficacy can potentially include the reduced capacity to regulate one's emotions, leading to an increasing subjective sense of despair, pain, and depression (Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003; Baumeister, 1991; DeWall et al., 2012). As noted earlier, however, soldiers in such situations may well have more control than they realize, yet their *perceptions* of control may be drastically reduced, exacerbating their difficulties and potentially leading to impulsive, aggressive, or desperate actions to regain a sense of efficacy and reduce suffering (Spokas, Wenzel, Brown, & Beck, 2012; Warburton et al., 2006; Williams & Warburton, 2003; Williams & Wesselmann, 2011).

Similarly, a soldier or spouse facing isolation or social ostracism may rapidly begin to feel that he or she has lost moral justification or a sense of legitimacy (Baumeister, 1991).

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Failure to adhere to established social or military norms and values can lead to feelings of guilt and anxiety that only add to an already precarious emotional state. An ostracized or isolated person may also lose sight of his or her core values, including importantly the innate value of self-preservation. Simultaneously, positive values such as sobriety, adherence to societal and military norms, an obeying the law may diminish in importance as well, creating still more risk factors (Baumeister, 1990)

Finally, a person in such circumstances is obviously at significant risk of losing his or her sense of self-worth. In the face of strong or potentially overwhelming rejection by those whom the person values most (e.g., a spouse, community, unit peers, the chain of command) it may be very difficult for a person to maintain a belief that his or her life retains positive value. A person whose self-worth is heavily dependent upon collective (e.g., the military) or relational (e.g., a marriage) sources rather than more individually-based is at greatest risk of negative outcomes in the face of ostracism (Baumeister, 1990, 1991).

The confluence of negative effects stemming from the loss of meaning in a person's life can thus be understood to pose a significant threat to one's well-being. The effects of such a loss can be profound, and are readily evident in experimental studies; the experience of social exclusion among otherwise healthy subjects can quickly lead to decompensation marked by a decrease in meaningful thought, lethargy, altered awareness of time, avoidance of emotions, and diminished self-awareness (Baumeister, 1990; DeWall et al., 2012; Twenge et al., 2003). Thus soldiers or spouses facing an existential vacuum (Maddi, 1967) may be at particularly high risk for negative outcomes, up to and including suicide. The benefit of increased empirical attention paid to the links between social exclusion, loss of meaning, and negative outcomes is potentially significant; unit peers, commanders, researchers, and mental health professionals can enhance their understanding of the social circumstances potentially contributing to negative outcomes

among service members and spouses, allowing for earlier and better-tailored interventions. An existing research method is ideally suited for developing this kind of deeper, more process-oriented understanding of the role of life meaning among service members and spouses. That method is Interpretative Phenomenological Analysis.

Theoretical Foundations of Interpretative Phenomenological Analysis

As reviewed earlier, quantitative methods for investigating the correlates of meaning in subjects' lives are well established and have yielded rich data about such meaning. Steger's (Steger, Frazier, Oishi, & Kaler, 2006) Meaning in Life Questionnaire (MLQ) in particular has generated significant new insights into the construct in a wide variety of populations, and has strong internal consistency, temporal stability, validity, and a stable factor structure, as well as convergent and discriminant validity (Steger et al., 2006). While the measure represents a significant advancement relative to existing measures of meaning (and purpose) in life, the measure was designed to assess for two constructs in particular: the presence of meaning and the search for meaning. The ten items in the measure use a Likert scale response format, however. Thus the measure does not and cannot yield the kind of richly nuanced data on individual experiences of making or losing meaning after experiences as significant as combat.

In response to this limitation, the present study relies on a qualitative method specifically developed to illuminate the rich and idiosyncratic processes by which individuals search for, identify, integrate, and rely on sources of meaning – or lose previously cherished sources of meaning. Interpretative Phenomenological Analysis (IPA: Smith, 1996) is ideally suited among qualitative methodologies, specifically developed to explore the complex processes through which individuals make meaning of significant life experiences (Smith, Flowers, & Larkin, 2009). While phenomenological inquiry has existed for more than a century the formalization of methods in IPA is relatively recent and ongoing, particularly as use of IPA extends beyond

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psychology and into other social science cognates (Smith et al., 2009) The development of this methodology has permitted the individual's experiential process of finding meaning to move from a position of irrelevance or inaccessibility among researchers to one of central prominence in rigorous research studies (Larkin, Eatough, & Osborn, 2011). What follows draws heavily from the authoritative text on IPA, Smith, Flowers, and Larkin's *Interpretative Phenomenological Analysis: Theory, Method, and Research* (2009), while integrating from other, often primary sources where appropriate.

The philosophical foundations of IPA derive from three areas of philosophy of knowledge: Phenomenology, or the study of experience; hermeneutics, or the theory of interpretation, and; idiography, or the study of individual or particular experiences (Smith et al., 2009). This combination of philosophical tenets clearly represents a departure from the more positivistic, population-oriented methods regularly used to study the phenomenon of meaning in life. The complex mixture of philosophical, epistemological, and methodological components of contemporary IPA merits discussion.

The phenomenological foundation of IPA derives primarily from the works of Edmund Husserl, but also Martin Heidegger, Maurice Merleau-Ponty, and Jean-Paul Sartre (Smith et al., 2009). Husserl's early work more than a century ago lent an emphasis on the systematic study of lived experience. He also developed methods (e.g., "bracketing") to enhance the effectiveness of such study by attempting to reduce the influence of the observer's preconceived ideas. Building upon Husserl's work, Heidegger's concept of *Dasein* (literally translated from the German as "there being"), reflects his emphasis on ontology or the nature of existence itself, inherently and always situated in the world, and in relation to time and others. Heidegger also integrated methods of hermeneutics, or the theory of interpretation into existing phenomenological literature.

Merleau-Ponty's influence on phenomenology stems largely from his belief that empiricists failed to adequately account for or grasp the importance of the physical existence of humans; the body, in other words, matters because it inherently influences our experiencing and living. Finally among philosophers, Jean-Paul Sartre's influence on phenomenology can be seen in his thoroughgoing recognition of the endless human drive to "become" rather than live a more or less static existence. By virtue of the endless drive to become to grow, and to become comes an unavoidable element of responsibility for one's predicament; history, the environment, and above all relationships may influence individuals, but the individual retains responsibility. Sartre's accounts of people, according to Smith et al (2009), "show a penetrating analysis of people engaged in projects in the world and the embodied, interpersonal, affective, and moral nature of those encounters" (p.21). This short passage succinctly captures the philosophical "flavor" of phenomenological analyses, and reveals some of the central strengths of a method used to understand and describe something as potentially elusive as the threads of meaning in life.

The theory of hermeneutics has been strongly interwoven into IPA (Smith et al., 2009). Developed as a tool to enhance the interpretation and understanding of complex text passages, contemporary hermeneutics has been heavily influenced by the works of Friedrich Schleiermacher, Martin Heidegger, and Hans-Georg Gadamer, among others. Schleiermacher believed the interpreter possessed the potential to lend additional perspective to text that the speaker might not or could not see, thereby enhancing the interpretation. As previously described, Heidegger contributed in meaningful ways to the development of phenomenology; he contributed to the theory of hermeneutics as well, specifically by highlighting the presuppositions and existing conceptions the interpreter brings to the study, and the need to recognize the inherent limitations such content brings. Gadamer reinforced the necessity of self-

awareness, emphasizing the need for rigorous attention to the matter under consideration while constantly evaluating and accounting for one's own preconceptions (see quotations in Smith et al., 2009, p.26).

One practical result of such theorizing is what is known as the hermeneutic circle (Smith et al., 2009), an iterative process by which smaller units of content (e.g., a word or sentence) are interpreted through the lens of the larger body of work (e.g., the entire interview), and vice versa; larger samples are evaluated through awareness of the constituent parts. This repetitive process of consideration allows the researcher to steadily move toward ever-greater understanding of the text. The researcher analyzing the text must retain an awareness of preconceived ideas as he or she engages in this process of iterative interpretation, providing the subject with the greatest opportunities to be understood (Smith et al., 2009).

Ideography is the third pillar of IPA. In contrast to methods designed to generate understanding of groups or populations, IPA is firmly grounded in the desire to illuminate the individual's experience of making meaning. The approach capitalizes on both the depth of analysis and the individual's unique understanding of process to generate the most richly nuanced, detailed, and representative account possible. As Smith et al. (2009) note, however, use of IPA does not preclude the subsequent development of generalizations about larger groups. Rather, IPA "prescribes a different way of establishing those generalizations… [locating] them in the particular, and hence develops them more cautiously" (p.29).

In sum, Interpretative Phenomenological Analysis builds on well-established theories and perspectives to create an analytic method with several key strengths, particularly when considering the complex, often nebulous processes of meaning making in individuals. As Smith et al (2009) note, IPA allows the individual to express his or her significant experiences in uniquely individual terms rather than through strictly delineated categories. Participants remain

situated in the contexts, providing whatever detail they believe vital to their story. Finally, IPA's iterative and reflexive qualities help ensure fidelity to the ideas participants provide while allowing the researcher room to interpret and infer.

The various philosophers who contributed most significantly to the development of IPA added unique perspectives in the process, as described previously. Husserl maintained a keen interest in the transcending of experience in an effort to then illuminate similar experiences by others; his focus is primarily on the intrapsychic experience of subjects (Smith et al., 2009). Merleau-Ponty, meanwhile, more strongly emphasized the corporeal or somatic. Beginning with Heidegger and later Sartre, however, phenomenological writings evinced an increasing emphasis on the existential implications of subjects' experiences. Matters of ethics, life and death, morality, and worldly concerns are more apparent in their writings (Heidegger, 1962; Sartre, 1965) than other phenomenologists. Thus, the relative degree of reliance on each of these philosophers lends a particular flavor to the findings. For the present study, emphasis on existential concerns will factor prominently, in large measure because of the often deeply existential concerns presented by subjects.

While the advent of IPA as a formal methodology for qualitatively studying experiences with meaning making is relatively recent, the methodology has been broadly applied to a wide variety of psychological and social problems. IPA has been used in studies across 45 disciplines and sub-disciplines as diverse as linguistics, law, oncology, family studies, and environmental health, according to a recent search on Web of Science. Between 1996 and 2008, 293 peer-reviewed studies relying on IPA were published (Smith, 2011), with use steadily expanding since. With ongoing development of the methods, the formalization and rigor of the methodology has increased as well; IPA is now viewed even among critical evaluators as a mature and rigorous methodology, distinctive in its own right from other qualitative methods,

built on a solid theoretical foundation, and grounded in a comprehensive procedural guide (Brocki & Wearden, 2006). Examples of peer-reviewed research studies using IPA include; the experience of pathological dissociation among sexually abused women (Mauritzson, Odby, Holmqvist, & Nilsson, 2015); the decision-making processes used by those considering organ donation (McGregor, Dickson, Flowers, Hayes, & O'Carroll, 2014); the experience of early recovery from addiction in young males (Rodriguez & Smith, 2014); the experiential features of an initial bout with severe depression (Smith & Rhodes, 2014); the experience of shame, self-acceptance, and disclosure of HIV status among gay men (Skinta, Brandrett, Schenk, Wells, & Dilley, 2014), and; the experiences of couples setting goals related to infertility treatment (Phillips, Elander, & Montague, 2014), among many others. Initial use of IPA occurred largely in the field of health psychology, where the elucidation and understanding of patients' experiences and the meanings they ascribed to such experiences allowed researchers to more effectively tailor interventions (Smith et al., 2009)

IPA methods have also been used to study the experiences of military populations, including; the experiences of shame, betrayal, and growth after war (McCormack & Joseph, 2014); the clinical experiences of recently-returned OIF/OEF Veterans (Shaw & Hector, 2010); experiences with amputations resulting from war injuries (Moraal, Slatman, Pieters, Mert, & Widdershoven, 2013); the difficult experiences encountered by Veterans transitioning into civilian life (Brunger, Serrato, & Ogden, 2013) the experiences of Veterans engaging in care for PTSD (Murphy, Hunt, Luzon, & Greenberg, 2014), and; vicarious growth in the wives of Veterans (McCormack, Hagger, & Joseph, 2011), among others. IPA is both rigorous and flexible; the emphasis on understanding the process of meaning making in subjects makes it uniquely suited for the present study.

Guiding Research Questions

The primary purpose of this research study is to generate new knowledge about *how* returning Veterans and their spouses make meaning of arduous combat deployments and subsequent reintegration. Questions include the following: How do soldiers and partners use their prior experiences in the military to cope with and recover from such experiences? How do soldiers and spouses create a sense of purpose, self-worth, or pride in accomplishment? How have those sources changed since before the soldier deployed to combat? What led to those changes? Do military couples share important sources of meaning? If so, how does that help them cope with difficulty? If not, how has that increased stress on their relationships, if at all? How do couples engage in discussions about topics related to key sources of meaning? How do soldiers and spouses make sense of the deployment experience?

Proposed Manuscripts

Brief description of manuscript 1. The first manuscript reports research findings from interviews of recently returned soldiers as they seek to find meaning in their individual- and relational-struggles. The manuscript reports on key sources of meaning identified by soldiers, how those sources of meaning helped or hindered them in their deployment and reintegration, and how the sources of meaning have changed over time.

Brief description of manuscript 2. The second manuscript reports research findings on the experiences of military spouses as they strive to make meaning of their spouse's combat deployments. The manuscript reports on key sources of meaning identified by spouses, how those sources of meaning helped or hindered them during the deployment and subsequent reintegration, and how such sources of meaning have changed over time. The second manuscript also emphasizes the shared or relational experience of meaning making in an attempt to

illuminate the process by which couples make meaning, as well as the relational effects of such

processes.

CHAPTER 2: REVIEW OF RELEVANT LITERATURE

The challenges facing both newly returned combat Veterans and their families are both significant and diverse in scope. The enormous stresses of combat and combat deployments hold the potential to create or exacerbate biological-, psychological-, and social-stressors in the lives of those involved. Extended separations from close, emotional support networks and loved ones only add to the challenges. Thus it should not be surprising that soldiers and families often grapple with serious difficulties during and after combat. What follows is a review of some of the more common biological-, psychological-, and social-stressors encountered, first focusing on service members and then on their spouses or partners.

The Psychological Effects of Deployments and Reintegration for Soldiers

As the Civil War General William Tecumseh Sherman once remarked, "War is hell." By the end of 2014, 6,830 US service members had been killed in action (KIA) in the course of the Global War on Terror. An additional 52,014 have been designated as wounded in action (WIA: ("United States Department of Defense," 2014.). The war on terror is especially pernicious given the asymmetrical nature of the combat operations; foreign fighters rarely if ever wear uniforms; they disregard the rule of law (e.g., The Geneva Convention); they are increasingly less likely to engage in direct contact with the US military, preferring instead to employ improvised explosive devices (IED, or "road side bombs"), suicide bombings, kidnapping, intimidation of civilians, murder, and standoff munitions in an effort inflict casualties and instill fear (Huffman, 2004). For reasons largely beyond the scope of the present paper the nature of this warfare can and has exacted a tremendous psychological toll on US service members. Hundreds of thousands of US service members have returned with a multitude of wounds, both visible and invisible.

Biological Risk Factors: Somatic or Physical Injury and Disease

Physical injuries are the most readily apparent form of trauma visible in returning soldiers. IEDs, other explosions, and gunshot wounds have killed or seriously injured thousands of service members, violently removing limbs or necessitating subsequent amputation, imparting high-velocity fragments of shrapnel through armor and into flesh, and often leaving soldiers scarred, blind, or otherwise severely injured (Ramasamy, Harrisson, Stewart, & Midwinter, 2009; Ramasamy et al., 2011; Singleton, Gibb, Hunt, Bull, & Clasper, 2013) Rapid improvements in battle field trauma care have significantly increased survival rates among injured service members, creating new challenges in the process as Veterans learn to cope with often life-long wounds (Manring, Hawk, Calhoun, & Andersen, 2009). Hearing loss (McIlwain, Gates, & Ciliax, 2008), multi-drug resistant infections (Vento, Cole, et al., 2013), and many other complex injuries and infections (Akers et al., 2014; Vento, Calvano, et al., 2013) occur at high rates among returning Veterans as well, with complicated treatment trajectories. Equally worrisome, studies suggest that Veterans' physical health declines rather than improves in the months and years after returning from deployment, even when controlling for mental health disorders such as PTSD (Falvo et al., 2012).

Psychological Effects and Stressors

The psychological effects of combat on recently returned Veterans are both well-documented and alarmingly prevalent. Meta-analytic studies generally demonstrate that rates for the most common psychiatric disorders range between somewhat- to considerably-higher than demographically matched samples of civilians. Rates also vary significantly between service components. 20.3 percent of recently returned, Active Duty Army soldiers screen positively for clinically-significant rates of a variety of mental disorders shortly after returning, while rates among US Army Reserve soldiers are more than double (42.4 percent) at the same point

(Milliken, Auchterlonie, & Hoge, 2007). Adding to the concerns, studies suggest that such rates increase during the first year after redeployment before beginning to stabilize and decline (Thomas et al., 2010). Clearly a significant portion of the fighting force returns with some degree of psychiatric difficulties, although a history of deploying is insufficient to account for all such mental distress.

Post-traumatic stress disorder. Rates of post-traumatic stress disorder (PTSD) – perhaps the signature psychiatric disorder of combat – among returning Veterans vary significantly by study, but generally range from 11 to 20 percent in large samples (see meta analysis by Tanielian & Jaycox, 2008). While combat-induced PTSD is responsive to treatment (Eftekhari et al., 2013), many Veterans avoid treatment for a variety of well-documented reasons (cf. Hoge, Auchterlonie, & Milliken, 2006; Hoge et al., 2004; Kim et al., 2010). PTSD has a wide range of psychological- and medical-comorbidities, as will be discussed in subsequent sections.

Anxiety disorders. In addition to PTSD, other anxiety disorders occur at higher rates among returning Veterans than the general population. In a large (n=34,488) study of US Army active duty and reserve soldiers, rates of clinically-significant generalized anxiety disorder ranged from eight percent among full-time reservists to 13.1 percent among Active Duty soldiers (Lane, Hourani, Bray, & Williams, 2012). Respondents in the same study also reported their levels of stress resulting from their service, intimate and family relationships, and among women, to serving as a woman in the military. Active duty respondents reported rates of military-related stress nearly triple the rate of traditional reservists (35.2 percent versus 12.9 percent); family stress levels were relatively consistent, ranging from 16.9 percent among full-time reservists to 18.9 percent among active duty military; the stress of being a woman in the

military was highest among active duty Army respondents (45.5 percent) and lowest (22 percent) among traditional reservists (Lane et al., 2012).

Depression. Depression is elevated among both deployed ADM and recently-returned Veterans. Meta-analytic studies (Gadermann et al., 2012) of returning Veterans indicate that 12 percent of currently-deployed service members meet diagnostic criteria for depression. 13.1 percent who previously deployed meet criteria, and 5.7 percent who never deployed meet criteria. Lane's (2012) study of a large sample of active duty military (n=34,488) found that approximately one fifth of ADM who served in combat merited further evaluation for depression (18 - 21.6 percent), suggesting that the actual rates may be higher than those reported by Gadermann et al. Interestingly, the need for further evaluation was highest (25.1 percent) among those respondents who had never deployed to a combat zone (Lane et al., 2012). Enlisted rank, younger age, female gender, being unmarried, and having less than a college education were correlated with increased rates of depression. Mood disorders are of concern in their own right, but also insofar as they contribute to higher rates suicidal ideation and completed suicides (Li, Page, Martin, & Taylor, 2011), a significant problem discussed shortly.

Substance use disorders. Substance use disorders (SUD) are another increasingly common problem for both ADM and recently returned Veterans. In a large (n=678,382) study of the four service branches (Army, Marines, Navy, and Air Force), percentages of diagnosed SUDs ranged from a low of 6.0 percent in the Marine Corps to 8.8 percent in the Navy. The Army averaged 7.6 percent and the Air Force, 6.1 percent (Shen, Arkes, & Williams, 2012). In virtually all broad categories (e.g., *Deployed to Afghanistan or Iraq*, *Not deployed under OIF/OEF*) rates of SUDs were higher among those deployed than those not, the only exceptions being for those Army and Air Force service members who had deployed to classified or unknown locations. The highest rates among those who had deployed were found among Army

Veterans, whose rates of SUD were 14.8 percent. Longer deployments generally correlated with higher rates of SUD (Shen et al., 2012).

Other studies have found equally if not more concerning rates of substance misuse and abuse. In a study of a recently-returned Army National Guard battalion (n=585), 36 percent met diagnostic criteria for alcohol misuse; of those, a further 31% reported receiving some form of mental health treatment, including SUD treatment (2.5 percent) in the past year (Burnett-Zeigler et al., 2011). In a large study of OIF and OEF Veterans (n=648,023) receiving healthcare through the United States Department of Veterans Affairs (VA), 11 percent had been diagnosed with some form of SUD (whether alcohol, drugs, or both); 9.9 percent received an alcohol use disorder diagnosis while 4.5 percent received a diagnosis for drug use. Three percent received both (Seal et al., 2011). Opioid analgesic use and misuse – already a substantial problem in broader society – has similarly increased among ADM and Veterans, particularly among those with injuries, chronic pain, and psychiatric disorders. In a large (n=141,029) sample of OIF and OEF Veterans receiving VA care, 17.8% of Veterans with PTSD and 11.7% with other diagnosed mental disorders received opioid prescriptions, compared to 6.5% without a diagnosed mental disorder (Seal et al., 2011). Moreover, the combination of opioid use and a diagnosed mental disorder was also linked to a variety of high-risk opioid use patterns such as early refills, higher prescribed doses, simultaneous use with anxiolytic medication, and use with alcohol (Seal et al., 2012). High risk use patterns such as these and others (e.g., illicit heroin use) reflect a variety of problems, including the strong desire to self-medicate for pain, somatic and otherwise. In another study Seal et al (2011) for instance found that between 55 and 75 percent of Veterans with some form of SUD also received a diagnosis of PTSD or depression, a link three to 4.5 times stronger than among Veterans without a SUD. The authors simultaneously acknowledge that stigma and the absence of universal screening mechanisms likely resulted in under-reporting

of SUDs (Seal et al., 2011). These and a variety of other studies (cf. Bennett, Elliott, & Golub, 2013) demonstrate not only the link between deployments and SUDs, but also between SUDs and comorbid psychiatric disorders.

Social Effects and Stressors after Combat Deployments

As must now be evident by the epidemiological data cited above the stress and struggles of war do not simply evaporate when service members return home. Rather, for most the causes and nature of stress will change; they find themselves less likely to be shot or to encounter an IED, and they are home with family and friends rather than thousands of miles away in a hostile country. However any notion that the stress rapidly or even steadily diminishes rarely applies for most Veterans. Instead, the sources of stress change, and may even intensify. For a variety of reasons, this appears to be particularly true for service members who either leave the military or who continue to serve in a part-time fashion, for instance in the National Guard or Reserve Component (NG or RC), the subjects of the present study.

Economic and employment barriers. Many Veterans who leave the military after their service obligations report struggling with a variety of economic stressors and barriers (Elbogen, Sullivan, Wolfe, Wagner, & Beckham, 2013). Commonly cited challenges include unstable employment or unemployment; poor money management skills and inadequate financial knowledge; and material insecurity, any of which may be compounded by the presence of mental illness (Elbogen et al., 2013). Ironically, many Veterans report enlisting in the military in order to learn technical skills for employment after serving, yet many struggle to translate their military training into marketable employment skills (Bureau of Labor Statistics, 2014). Overall unemployment rates for recently-returned Veterans of OIF and OEF remain somewhat higher than non-Veterans (8.8 percent versus 7.5 percent, respectively), though the numbers are strikingly different among younger Veterans. Veterans between the ages of 18 to 24 were

unemployed at an average rate of 24.3 percent compared to 15.8 percent for age-matched peers (Bureau of Labor Statistics, 2014). While at least some portion of the high unemployment rates is attributable to the economic recession of 2008, clearly not all of the differences can be explained by that event.

Homelessness. Homelessness is another significant concern among Veterans. While Veterans have historically experienced higher rates of homelessness than civilian counterparts, the problem continues despite a renewed focus by the Department of Veterans Affairs. Nearly one third of the nation's homeless are Veterans (Gamache, Rosenheck, & Tessler, 2001). In representative samples, approximately ten percent of the Veteran homeless population is female, who also tend to be younger and more likely to have a diagnosis of PTSD (Tsai, Rosenheck, & Kane, 2014). In a large study of homeless Veterans (n=8,547), those with serious mental illnesses (SMI) such as schizophrenia were found to be at particularly high risk of a wide range of negative outcomes while homeless. Homeless Veterans with SMI and receiving care through the VA were significantly more likely to report low levels of instrumental support (e.g., help with activities of daily living such as chores) and lower emotional support (Odds ratios of 1.41 and 2.05, respectively) in comparison to Veterans without such a diagnosis (Kilbourne, McCarthy, Post, Welsh, & Blow, 2007).

Other social stressors facing Veterans upon return include a sense of alienation from their peers, neighbors, and coworkers. In a study of recently returned Veterans of OIF/OEF, (n=1028) receiving healthcare through the VA, 7.9% of outpatient Veterans and 20.8% of those receiving residential care cited social isolation and estrangement as significant concerns (Rosen, Adler, & Tiet, 2013).

Suicide

The prevalence of so many biological-, psychological-, and social-stressors among active duty military and Veterans is indicative of the collective trauma and suffering they have endured. Of the many challenges facing this population, however, perhaps none is so revealing as suicide, now at historically high levels in the military. While rates of suicide in the Army, for instance, have generally been lower than those in the civilian population, they eclipsed those of civilians for the first time in 2008. Between 2004 and 2008, rates of suicide in the Army increased more than 80% (Bachynski et al., 2012). Military males are now twice as likely to die by suicide in comparison to demographically-similar civilians (Kaplan, Huguet, McFarland, & Newsom, 2007). As many as 182 active duty soldiers and 143 Reserve Component (RC) or National Guard (NG) soldiers died by suicide in 2012, while 219 died as a result of combat. There were 1,713 known attempts in the same period (Army G1, 2012). These numbers represent an increase from the prior year (165 active duty suicides and 118 among RC and NG soldiers: Army G1, 2011). Moreover, they reflect a rising tide of suicide in the Army that began in 2004 (Kuehn, 2010).

Suicide among military personnel is a complex psychological, social, neurobiological, and demographic phenomenon that has proven exceptionally difficult to reliably predict or prevent. Suicide can in meaningful ways be viewed as the increasingly likely outcome of a confluence of potent risk factors such as those described above. Instances of completed suicide generally reflect an accumulation of risk factors including depression, anxiety disorders, and other mental disorders (e.g., Hyman, Ireland, Frost, & Cottrell, 2012; LeardMann et al., 2013), isolation (Hyman et al., 2012), substance abuse, impulsivity and aggression (Conner, McCloskey, & Duberstein, 2008; Nock, Hwang, Sampson, & Kessler, 2010), significant loss (Griffith & Vaitkus, 2013), familial history of suicide (McGirr et al., 2009; Tidemalm et al., 2011), a history of abuse (Dube, Anda, Felitti, Chapman, & al, 2001; Joiner et al., 2007), and

access to lethal methods (Betz, Barber, & Miller, 2011; Joiner, 2005; Rodríguez Andrés & Hempstead, 2011).

A variety of military-specific risk factors lend greater complexity to the challenge of preventing suicides. Combat-induced post-traumatic stress disorder (LeardMann et al., 2013), traumatic- and mild traumatic-brain injury (TBI, mTBI: Brenner, Ignacio, & Blow, 2011; Bryan & Clemans, 2013), disciplinary problems and rank reductions (Black, Gallaway, Bell, & Ritchie, 2011), physical injury or disability (Brenner et al., 2008), relational stress and divorce (Hyman et al., 2012; Rothberg, Ursano, & Holloway, 1987), SSRI and pain medication use (Army G1, 2010), and high risk behaviors (e.g., motorcycle use: Army G1, 2010) compound the risks for soldiers. Exposure to both violent behaviors and familiarity with physical pain – both concomitants of many soldiers' combat experiences – may increase risk by reducing the fear of death, a natural protective factor (Anestis, Bryan, Cornette, & Joiner, 2009; Joiner, 2005). While no simple profile of those at high risk of military suicide exists, being male, younger, Caucasian, and having received inpatient mental health care are associated with the highest risk of suicide in the Army (Nock et al., 2013). The strain of repeated, dangerous deployments potentially adds to or exacerbates a variety of risk factors, though this relationship is less clear (e.g. Griffith, 2012).

Compared to their Active Duty counterparts, soldiers of the Army National Guard (NG) and Reserve component (RC) appear to be at even greater risk of suicide, with suicide rates of 28.9 and 23.4 per 100,000, respectively, as compared to 18.7 per 100,000 among active duty soldiers (Department of Defense, 2014). National Guard soldiers are also less likely to seek help for mental health problems (Hoge et al., 2004; Kim et al., 2010). The reasons for such differences are likely as complex as the amalgamation of risk factors preceding a completed suicide. However, significant differences in the experiences of National Guard soldiers relative to their active duty counterparts – particularly during the return from combat deployments and

subsequent societal reintegration – suggest that additional, unique sources of stress may place NG soldiers at heightened risk (see Greden et al., 2010 for discussion).

In response to the rising rates of suicide, senior military and civilian leaders have invested considerable resources and attention to the challenge of preventing suicides (Casey, 2011; Kuehn, 2010). The Army and various governmental and non-governmental agencies have developed a wide variety of suicide prevention programs for soldiers, many of which are grounded in the latest empirical research (cf. Cornum, Matthews, & Seligman, 2011). Active Duty soldiers in particular have extraordinary access to fully-subsidized, readily-available health care on military installations. In spite of these significant efforts and resources suicide continues to unnecessarily cut short the lives of hundreds of soldiers a year. This suggests the need to continue closely examining the experiences of soldiers, the complex combinations of risk factors that lead soldiers down the path toward suicide, and the many potential protective factors.

Suicide is of central concern in the present study given the strong theorized and empirical links between the loss of life meaning and suicide. Little empirical data have been published testing the link between the construct of meaning and suicide. One study that directly tested the association using Steger's (Steger et al., 2006) meaning in life questionnaire found that the presence of meaning did confer protective benefits, while the search for meaning conferred risk. Individuals who report having a coherent sense of meaning in their lives are significantly less likely to think of suicide, attempt it, or complete it (Kleiman & Beaver, 2013), despite having otherwise experienced tremendous stress, pain, and difficulty (Holland, Malott, & Currier, 2014).

Substantial evidence supports the hypothesis that the relationship between attempted or completed suicide and loss of meaning is mediated by the diminished self-regulation. The impaired ability to regulate potentially harmful cognitions has robust links to suicide and self-injurious behavior (Capron, Norr, Macatee, & Schmidt, 2013; Esposito, Spirito, Boergers, &

Donaldson, 2003; Krajniak et al., 2013; O'Connor, O'Carroll, Ryan, & Smyth, 2012; Shelef, Fruchter, Mann, & Yacobi, 2014; Surrence et al., 2009; Voon, Hasking, & Martin, 2014). The closely intertwined capacity for emotion regulation has similarly robust links to suicide and attempts (Anestis et al., 2009; Krajniak et al., 2013; Miranda, Tsypes, Gallagher, & Rajappa, 2013; Rajalin, Hirvikoski, & Jokinen, 2012; Rajappa, Gallagher, & Miranda, 2012; Surrence et al., 2009; Voon et al., 2014). Behavioral dysregulation in the form of impulsivity is also related, though perhaps indirectly (Anestis, Soberay, Gutierrez, Hernández, & Joiner, 2014). Thus meaning in life may be particularly beneficial to study when examining the challenging and complex issue of suicide. The ability to retain and employ the capacity for self-regulation in its various forms is a powerful protective factor for suicide and suicidal ideation; the loss of meaning in life and the diminished self-regulation that results thus presents a potentially powerful risk factor for suicide.

In sum, the psychological, biological, and social strains experienced by service members both during deployments do not typically diminish after reintegration. Instead, the wounds remain, sometimes worsening with time, and often placing significant stress on close relationships. Post-traumatic stress disorder, substance abuse, depression, anxiety, relational distress, and the existential vacuum

Biopsychosocial Stress of Deployment on Spouses

The stressful sequelae of war are not uniquely confined to the service members who deploy; their family members in general and spouses or partners often struggle and suffer as well. In comparison to the body of literature on the experiences of service members, significantly less research exists detailing the experiences of their spouses. The existing research does suggest that spouses face many of the same struggles that service members do, including the struggle to make meaning of the trauma and upheaval of war. Most studies of family

members use smaller samples than similar studies of service members and to date, no published meta-analytic studies appear to exist.

One exceptionally large study, however (n=250,626) recently examined the differences in mental health needs among military spouses whose partners either did or did not deploy (Mansfield et al., 2010). The central finding was perhaps not surprising, but none the less important to document: spouses are significantly more likely to seek mental health care if their spouse deploys to combat. Across a wide variety of disorders including depression, anxiety, substance use disorders, sleep disorders, acute stress reactions, and adjustment disorders, prolonged deployments were robustly associated with greater reliance on mental health care services among spouses (Mansfield et al., 2010). While the finding is perhaps not surprising to many, it does confirm both the relationship between deployments and spousal mental health needs, as well as the breadth of potential struggles spouses face during such difficult times.

Another study (n=940) of active duty military spouses and partners reported relatively high rates of mental distress as well (Eaton et al., 2008). Participants were recruited from both Family Readiness Group (FRG) meetings and a primary care clinic on a large military installation; those recruited at the clinic were visiting for a wide range of reasons (e.g., pediatric appointments and pharmacy visits), rather than for mental health concerns alone. Overall, 16.9% of the sample endorsed experiencing either a moderate to severe emotional, alcohol, or familial problem, with 21.7% reporting such problems were negatively affecting their quality of life at work or in other domains. 12.2% met criteria for major depression, 14.7% for generalized anxiety, and 19.5% met criteria for both. 4.3% endorsed excessive alcohol consumption, and 3.0% reported needing to reduce their alcohol consumption (Eaton et al., 2008).

In a study of Army National Guard soldiers and spouses (n = 332 and 212, respectively for response rates of 40% and 36%), similarly high rates of mental distress were observed in both

groups. Overall, 34 percent of partners in the sample met criteria for at least one mental disorder (Gorman et al., 2011). 17% met diagnostic criteria for PTSD, 22% for depression. 10% reported recent suicidal ideation and 3% reported hazardous levels of alcohol use (Gorman et al., 2011). In a larger study (n=1134 soldiers and 674 spouses) of a similar Army National Guard populations (Blow et al., 2013) yielded still higher rates of problematic alcohol consumption (10.7 percent) among spouses and partners of service members. In the study Blow et al found that 29.2 percent of service members and 10.7 percent reported hazardous levels of alcohol consumption (Blow et al., 2013).

In their sample of 798 Army spouses whose husbands were either deployed or had deployed previously as part of the GWOT, SteelFisher and colleagues (SteelFisher, Zaslavsky, & Blendon, 2008) found similarly high rates of difficulties among spouses. 78.2% reported negative effects of loneliness, while 51.6% reported the same for feelings of anxiety. 42.6% reported negative effects stemming from feelings of depression. The study's reliance on non-clinical measures of self-reported data is an evident limitation, so inferences are tenuous. However it does seem reasonable based on these data to surmise that even sub-clinical levels of depression and anxiety are perceived as problematic among spouses.

Many of the same barriers that reduce treatment engagement among service members also exist for military spouses. In one study of military spouses (n=569) with depression, nearly half (44 percent) reported having unaddressed mental health needs. (Lewy, Oliver, & McFarland, 2014). The same study revealed that 38 percent reported being unable to attend appointments during the day, while 35% were unable to find a therapist familiar with military populations and needs. 29% were unable to find a clinician they trusted, while roughly 25% reported having concerns about confidentiality, or lack of knowledge regarding how to find a suitable therapist (Lewy et al., 2014).

One challenge about which it appears virtually no data exist is suicide among military spouses and partners. While new studies emerge almost weekly examining suicide in service members and Veterans, the opposite appears to be the case for their partners. High-profile or sensational stories of partner suicides may garner attention in the news, such as the murder suicide of Faye Johnson Vick, who killed her two young children and herself in an incident that received national attention (Trieb, n.d.). No reliable data has been published on the prevalence of suicide in military partners, leaving open the question of how many partners of service members die by suicide.

Social effects on spouses. At least some of the mental distress seen in military spouses and partners is due to the stress and difficulties inevitably encountered by prolonged separations during wartime. Service members may deploy for as long as 15 months, with start and end dates frequently being uncertain. The means by which couples communicate may range from excellent (for instance when service members are deployed to large or well-established bases overseas) to poor (when deployed to smaller, forward operating bases or when executing long missions). Communication blackouts are a frequent reality for military families in wartime, particularly when a unit has sustained casualties; thus when families most desire communication and certainty they may be prevented from it by policy. High levels of communication have been associated with greater relationship satisfaction, while less frequent communication correlates with pre-deployment problems in couples (Cigrang et al., 2014).

For spouses and family members, deployments often represent a protracted exercise in uncertainty, ambiguity, and stress. Spouses and other family members (e.g., children) often experience what is known as ambiguous loss, a period characterized by uncertainty and indeterminacy (Boss, 2006). Often evident in families experiencing such traumatic strains as mental illness, slavery, mysterious disappearances, or severe addiction, ambiguous loss is

typically characterized by a long-term sense of simply not knowing what the outcome will be, even insofar as whether the service member will return home alive. This persistent stress can trigger use of a variety of coping skills, both adaptive and maladaptive, in both parents and the children of military families. The deployment-related experiences of military dependents are beyond the scope of the present paper, but while many cope well with deployments, a significant percentage will struggle (Huebner, Mancini, Wilcox, Grass, & Grass, 2007). Struggles for these children can include depression, behavioral problems such as acting out in school, poor academic performance, increased irritability and impulsiveness, and discipline problems at home, among others.

Such difficulties among children and teens can and often do generate increased stress and difficulty in the deployed and non-deployed parent alike, adding to their already challenging situation (Huebner et al., 2007). The non-deployed spouse must often assume the additional burdens of operating a household without the supportive presence of the deployed service member. Greater parenting duties, the need to more or less independently manage responsibilities (e.g., finances, parenting, household matters) and difficulties navigating social systems (e.g., health care, family support groups, chains-of-command) while navigating careers and extended family relationships are but a small sampling of the many new challenges facing the non-deployed partner (Huebner et al., 2007).

Post-deployment relationship stress. The wide range and severity of stressors just described can place considerable strain on military marriages and romantic relationships. Many or perhaps most couples navigate such turbulent times effectively, maintaining their marriages in spite of difficulties. Social support both within families and from external relationships appears to be particularly important at moderating the stress on military couples and families (Skomorovsky, 2014). For many couples, however, the stresses exceed previously developed

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coping capacities and skills, particularly when the Veteran returns with injuries. In addition to challenges such as extended separations, uncertainty, role upheaval, and poor communication, psychiatric problems such as PTSD, anxiety, depression, and substance abuse have well-established links to diminished relational satisfaction (Renshaw, Rodrigues, & Jones, 2008). Perhaps surprisingly, the relational stress incurred during times of war do not appear to lead to higher divorce rates (Karney & Crown, 2007). Divorce however is only one indicator of relationship strain, and tends to occur well after the precipitating events (Adler, Bliese, & Castro, 2011)

While divorce rates appear to be an unreliable indicator of the relative health of military couples relationships, it is also not entirely clear whether it is the stress of war or the injuries that result that are the primary sources of relational distress. Riviere et al for instance note that exposure to combat may not be the primary impingement on marriage, but rather an effect incurred indirectly by way of problems such as PTSD or depression (Riviere, Merrill, Thomas, Wilk, & Bliese, 2012. p.1169). While the field awaits answers on that complex question, it nonetheless remains clear that many couples struggle during and after deployments, with marital quality trends declining steadily across a six year span of the GWOT (Riviere et al., 2012).

PTSD has robust associations with reduced relational satisfaction in couples and family reintegration problems in general (Gewirtz et al., 2010; Renshaw et al., 2011; Riviere et al., 2012; Sayers, Farrow, Ross, & Oslin, 2009), particularly when the non-deployed spouse has difficulty perceiving the relationship between symptoms (particularly avoidance and numbing) and the traumatic events that caused it (Renshaw & Campbell, 2011). Alcohol misuse in particular and substance abuse in general have also been linked to both PTSD (Fals-Stewart, O'Farrell, Birchler, Córdova, & Kelley, 2005) and relational distress in military couples (Blow et al., 2013) and civilian couples alike (e.g., Whisman, Uebelacker, & Bruce, 2006). Depression

has also been reliably linked to marital distress in military couples (Renshaw et al., 2008; Riviere et al., 2012; Sayers et al., 2009; Thomas et al., 2010). Finally, psychopathology has been linked to intimate partner violence in military couples, particularly when linked to substance use disorders (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012a, 2012b; Falb, Carliner, & Silverman, 2011; Foran, Heyman, Slep, & Snarr, 2012).

Summary

The nearly 2.2 million returning Veterans of the now 13-year Global War on Terror are returning with a variety of injuries, both visible and otherwise. Physical injuries include amputations, burns, gun shot wounds, and other injuries from projectiles; traumatic and mild traumatic brain injuries afflict thousands of Veterans. Psychological scars in the form of PTSD, depression, anxiety disorders, anger, substance abuse, and thoughts of suicide plague a significant percentage of Veterans. While returning from combat might seem to provide a remedy for many such problems, research consistently demonstrates otherwise: reintegration is stressful for most and often increases symptoms. This is particularly true for soldiers of the Army National Guard, who return to communities to face misunderstanding, apathy, unemployment, financial stress, and isolation from peers. Under such cumulative stresses, it is perhaps not surprising that many Veterans of war find themselves grappling with an existential vacuum as they struggle to find meaning and direction after the intense experiences and camaraderie of war.

Spouses too struggle during times of war and beyond. While service members deploy, partners at home must continue to run houses, raise children, work, and in short continue all the mundane yet stressful activities of life. In addition they often struggle to cope with a pervasive sense of ambiguous loss, never knowing when or if their soldier will return. Communication during war is often difficult and at times impossible; festering wounds and new problems

emerge, placing even greater strain on the couple. Spouses too can struggle with a sense of emptiness, just as they struggle with depression, anxiety, substance abuse, and frequently stress-filled lives.

It is the central contention of this study that meaning in life is a central – if not the central – meta-factor underpinning the risk and protective factors among soldiers and spouses. While rarely articulated, meaning is a powerful guiding force in human existence, providing us with a sense of purpose, a sense of value, confidence in our self-efficacy, and a believe in our worth. This combination of strengths enhances our self-regulatory capacities, allowing us to further grow and flourish. Conversely, the loss of significant sources of meaning in life has been well-documented to lead to diminished self-regulation. The significance of that loss is difficult to overstate; intelligence and willpower (a synonym of self-regulation) are widely considered to be the two most important predictors of human success or failure (Baumeister & Tierney, 2011). While growing empirical interest in the concept of meaning in life is enhancing the field's understanding of this once arcane construct, the processes underpinning the development, maintenance, or loss of meaning are poorly understood. Even less is known about such processes among military populations, and less still about shared meaning in military couples. The present study seeks to fill that significant gap in the research and, in the process, potentially illuminate new forms of intervention.

CHAPTER 3: METHODOLOGY AND EVALUATION

Given the complexity and potential severity of difficulties facing Veterans and families both during and after a combat deployment, it is essential to thoroughly understand the challenges facing these families. The existing body of research on returning Veterans and their families is large and growing, contributing substantially to this understanding and informing both intervention design and future research in the process. However, the existing research overwhelmingly focuses on specific and above all quantifiable variables of risk and resiliency. Certainly such variables and their consequences are important for researchers, policy makers, military leaders, and interventionists. However, risk factors alone do not and cannot provide researchers with a comprehensive understanding of the unique experiences of returning service members and their partners. Moreover, many studies rely on a single time point and fail to benefit from the value added by longitudinal designs.

The present study seeks to extend the field's understanding substantially beyond extant research on risk factors in Veterans and family members by examining the foundational construct of meaning making; that is, the process by which individuals develop coherency from experience, and then use that coherent understanding to guide and regulate future behaviors (Baumeister, 1991). Meaning making can thus be understood as a fundamental process whose effects may reasonably be expected to extend far beyond discrete experience and thereby influence thoughts, emotions, and behaviors in the process. The influences of such meanings appear to be greatest when they are products of experiences that are significant to the individual or couple. A year in combat undoubtedly meets such criteria.

Very little is known, however, about how Veterans and their spouses make meaning of combat and reintegration, both individually and through bidirectional processes. Still less is known about how such meanings serve to enhance or diminish self-regulation, a crucial mediator

of mental disorders such as depression and anxiety. As discussed previously, interpretative phenomenological analysis (IPA) is a qualitative methodology ideally suited for the task of understanding meaning making (Smith et al., 2009). As Smith et al note, the decision to choose a specific method of qualitative analysis is often less a matter of choosing the "right" method for the task and more a matter of clearly identifying "what the job *is*" (Smith et al., 2009. p.43). For the present study the central "job" is enhancing our understanding of how study participants make meaning of their experiences related to combat and reintegration into civilian society. Without delving into an excessively lengthy comparison of the many qualitative methods available, a brief overview of three primary methods other than phenomenology (grounded theory, discourse analysis, and narrative analysis) will suffice to explain the decision to employ IPA in the present study.

Grounded theory (Charmaz, 2014; Glaser & Strauss, 2009) is a qualitative methodology developed to help researchers generate theory and theoretical accounts of a phenomenon. The present study is not intended to develop theory, and is in fact heavily informed by theory (e.g., Baumeister, 1991). Researchers using discourse analysis emphasize language, communicative interactions, and the meanings inherent in them, suggesting the method is well-suited to the task of understanding meaning making (Wodak & Krzyżanowski, 2008). However the methods within the broader field of discourse analysis were not designed to elucidate processes of meaning creation and usage so much as they were to study the regulating and constructive qualities of discourse, or language primarily. Discursive methods would likely yield new and interesting information in the present study, but would not primarily reveal how subjects make meaning alone or in partnership with others. Finally among qualitative methods, narrative analysis (Riessman, 1993) is perhaps the approach most similar to IPA, particularly for its emphasis on sense-making. While IPA focuses on specific instances of meaning making

surrounding equally specific events (e.g., war), narrative methods by contrast place much greater emphasis on the structure of the narrative created, and how genre and structure contribute to the meaning made (Riessman, 1993). Thus while meaning or sense may emerge in the course of analysis, the emphasis is instead and primarily on the answering the question of why the individual told the story in the particular way they did (Riessman, 1993).

Thus while conceptual and methodological similarities between qualitative methods exist, each method is suited for distinct and different tasks. In light of the central goal of the present study – to understand the processes through which soldiers and their spouses develop and share meaning, and then use such meaning to impart or enhance the structure of their lives – interpretative phenomenological analysis is ideally suited. And as noted above, a large and rapidly growing body of peer-reviewed studies using the method attests to its heuristic value.

Research Methodology

Participants. This study will result in the publication of two manuscripts generated from data collected over the past two years as part of the Risk and Resiliency Study of National Guard Families (Adrian Blow, PhD, Primary Investigator, Award Number: W81XWH-12-1-0418). This parent study was grounded in the ABCX Formula of Hill (1971). I served for two years as the project manager of the study and was heavily involved with the study design, interview guide design, conduct of the interviews and quantitative data collection, and all aspects of qualitative data analysis for the two manuscripts. I developed and proposed all qualitative questions related to meaning making, and defended their heuristic value to the larger research team.

Subjects interviewed for the study consisted of soldiers of the Michigan Army National Guard, all of whom deployed to Afghanistan as combatants during the study. In addition, the study team invited their spouses or partners to participate in the study. The study team recruited potential participants at large Army National Guard events that prepared them for deployments

or, upon return from combat, assisted families with reassimilation. These events are known as Yellow Ribbon Events or Reintegration Weekends. Almost all of the soldiers in the units sampled serve (or served) in combat arms roles, significantly increasing the likelihood that they encountered direct combat or were at much higher susceptibility than support soldiers to see combat – the kind of intense experience interpretative phenomenologists would propose are most likely to generate new sources of meaning in life. Thus, the soldiers and spouses who participated in the study represented an experience or perspective rather than a population, a central consideration in IPA studies (Smith et al., 2009).

As is generally the case in qualitative analysis, the sample size is smaller than typical quantitative studies, as the underlying goal of the study is to reveal individual experiences rather than make claims about a given population (e.g., all service members and Veterans). 27 couples completed two rounds of interviews and are included in the final analysis. To preserve confidentiality, participants did not provide their age in years, but rather selected from various age ranges (e.g., 18-21, 51-60+).

Of the 30 couples, 70% of service members ranged between 22 and 40 years, while 76.7% of spouses/SO reported the same age range. 93.3% of service members were male; one female service member participated. The majority of service members and partners were Caucasian (76.7% and 73.3% respectively). 6.7% and 3.3% of soldiers and spouses were African American, respectively, while 3.3% of soldiers and 10% of spouses reported Hispanic ethnicity. 10% of soldiers and 13.3% of partners reported *other* for ethnicity.

The participants were generally well-educated, with only 6.7% of soldiers and 3.3% of spouses reporting only *some high school* education or *GED* (General Educational Development). 33.3% of soldiers and 26.7% of partners reported earning a bachelor's degree, while 10% of soldiers and 20% of spouses reported earning a graduate degree. Respondents reported

combined or familial annual income through monetary brackets (e.g., *below $25,000*, *$50,001 to $75,000*, *Over $100,000*). 13.3% of the sample reported annual income of less than $25,000. The largest segment (40%) reported annual income ranging between $25,001 and $50,000, while 8.3% reported earning more than $100,000 annually.

All soldiers had deployed at least once, with approximately a third of the sample having deployed twice or more. As noted previously, the large majority specialized in combat arms career fields, primarily Infantry or the Cavalry. A small minority served in Combat Support or Combat Service Support roles such as Quartermaster Corps. For complete demographic information, refer to Table 1.

Prior to the interviews, the team met with and briefed each subordinate unit in the battalion (e.g., companies and platoons), and in the course of informing leaders about the study also reiterated the voluntary nature of the study. The unit's chain of command did not compel any soldier or family member to participate.

Inclusion criteria. Soldiers and family members as defined by the service member were the principal focus of this study. Soldiers were trained as either Infantry or Cavalry, though a small number of participants served in support roles. Participants must have served in the battalion contacted, and volunteered to participate in the study. At the outset of the study all participating couples were in long-term, committed relationships. The study team interviewed participants twice; the first interviews occurred immediately after participants' return from deployment, and the second approximately 12 months later. When the team conducted the second wave of interviews some couples had either separated or ended their relationships. The team contacted the former partners and attempted to interview them despite the separation. The team invited both male and female service members to participate, as well as minorities. All participants provided written consent to participate and were each paid $50 as an incentive.

Exclusion criteria: All interested participants were screened either via telephone or from previously-submitted survey results to ensure that there was no ongoing suicidal ideation, significant substance abuse, or domestic violence.

Procedures.

Study team. Primary members of the research team included faculty, researchers, and students at Michigan State University (MSU), the University of Michigan (UM), the Michigan Public Health Institute (MPHI), and at Virginia Tech (VT). Adrian Blow, PhD is the Primary Investigator of the Risk and Resiliency Study of National Guard Families. He has been working with and researching military populations since 2005. He has extensive experience with quantitative and qualitative analysis of data on military mental health, family difficulties, and resiliency in military couples. Lisa Gorman, PhD is the Partnering Principal Investigator, and has also been working with similar data and populations since 2005. Both have developed close, trusting relationships with key informants within the Michigan Army National Guard. Angela Huebner, PhD is an associate professor of Family Studies at Virginia Tech, and is considered a nationally leading expert on the experiences of deployments on military families, and children in particular. Michelle Kees, PhD is faculty at the University of Michigan's Department of Psychiatry. She has been working with and studying military families since 2008, and has been closely involved in the design and implementation of several studies and interventions for military families.

I have experience publishing quantitative manuscripts focused on military populations, and have been involved in both quantitative and qualitative data collection with the Michigan National Guard since 2011. In addition, I served as an active duty member of the Army and deployed to Iraq as an Infantry officer. My military experiences as well as my interest in

meaning making make it particularly important that I be aware of and document (bracket) my reactions and thoughts during coding.

Recruitment. Upon approval of the Michigan State University (MSU) Institutional Review Board (IRB), the UM IRB, MPHI IRB, VT IRB, as well as the US Army Medical Research and Material Command IRB (USAMRMC IRB), research team members invited soldiers and spouses of the identified battalion to participate in the study. Initial contact with soldiers and spouses occurred as noted at reintegration events. Trained study stuff made contact through prepared presentations, and received training and supervision on recruitment methods, military culture, and means of avoiding coercion of subjects. Given the potential for intentional or unintentional coercion from involvement by the chain-of-command, study staff made every effort to ensure that soldiers and spouses were thoroughly briefed on the voluntary nature of the study, and of their right to leave the study at any point. Study team members reminded subjects of these rights during active data collection (e.g., interviews) as well. Additionally, staff advised subjects that their chain-of-command would not know who participated or not, and that members of the command do not and would not have access to transcripts or other data any point. Each participant received a $50 gift card for each interview. Given the extended amount of time required for each interview (approximately 90 minutes or more), a $50 card, while larger in value than what is often seen in studies of this population, was deemed reasonable compensation but not so valuable as to be coercive. The added inconvenience for subjects to be interviewed in their homes provided further justification for the larger amount of compensation.

At reintegration events, participants were invited to complete a survey. At the end of the reintegration event, the attendees were invited to consider participating in a series of qualitative interviews as well. Those interested were asked to provide contact information on a form

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separate from their surveys. The team later initiated contact with these volunteers via mailed letters, emails, or phone calls.

Informed consent process. All participants in the study were asked to provide a signed acknowledgment of consent to be interviewed. The text for the consent forms can be found in Appendix A. At the time of the interview, survey team members read the consent documents aloud to the families and provided written copies to all participants. Participants also received contact information for the study, as well as contact information for social support services in the event they needed further support after the interview. Willing participants were then asked to sign a consent form prior to the interview's commencement. Participant rights included the right to know potential risks and benefits from the interview, as well as their right to have a private discussion with interviewers if they wished. Participants were advised that they were not required to answer any questions if they so chose, could pass on answering questions, and could terminate the interview at any time. They were not denied compensation for any of these reasons. Participants were also advised of the limits of confidentiality, including the mandated reporting status of interviews for potential crimes such as child abuse, threats to harm others, and neglect, as well as threats of suicide. Soldiers and spouses were interviewed first concurrently, then separated for approximately 15 minutes to provide each an opportunity to individually offer any additional thoughts they did not wish to share in front of their spouses.

Interview procedure. Interviews with couples were conducted by pairs of trained team members. Interviewers typically conducted interviews at subjects' homes, though in some cases interviewees chose to hold interviews at other locations such as private rooms in public libraries. Interviewers began by reiterating the informed consent material and then began the interviews using the semi-structured interview guide (See Appendices B and C). Interviewees were encouraged to speak at length about their experiences, and to provide relevant examples when

possible. Because of the dynamic, often tangential nature of responses from interviewees, team members worked in concert to ensure that they asked all questions in the interview guide. Thus, interviewers rarely asked questions in the strict order of the guide, but ensured that interviewees were provided opportunities to answer all questions.

Data management. Interviews were recorded using two electronic recording devices for redundancy. Interviewers also created field notes and memos. The memos served as reminders of any noteworthy aspects of the interview, the couple, the home, and their experiences. All electronic and paper-copy materials from interviews were secured by the interviewers at all times after the interviews. Data obtained during interviews was stored in locked compartments at Michigan State University, and continues to be maintained separately from all identifiable materials (e.g., consent forms, surveys). Interviews were transcribed verbatim. Electronic material was uploaded to a secure server and further protected by a firewall and passwords. Only IRB-certified researchers and staff on the study have access to these materials. All data is securely stored on SharePoint, a secure research server.

Guiding question development. I, in consultation with the study's PI and team, developed all meaning-focused interview questions to accord with Baumeister's theory of meaning (1991) and, later supplemented the second wave of questions with consideration of Smith's (2009) model of phenomenological inquiry as well as enhanced emphasis on the Baumeister literature. The complete interview guides for rounds one and two can be found in Appendices B and C. The largely open-ended questions pertaining to meaning making were developed specifically to elicit stories about the lived experiences of the Veterans and their spouses, and to allow the stories to develop in as minimally-structured or constrained way possible. After the initial writing of the questions for the interview guide the other team members read and reviewed them, asked questions, and suggested any changes they thought

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were necessary. In subsequent meetings of the research team, I responded to questions and suggestions for changes in the meaning-making portion of the interview guide, making changes and additions where I believed warranted, and retaining matter unchanged if warranted by theory or study goals.

In the time span between the first and second interviews, the team again collaborated to review the interview guide and update questions where necessary to best capture the couples' experiences in the intervening year. In the second iteration of revisions, I integrated the team's broader objective of better understanding change processes during and after the deployment. In addition, I sought to more thoroughly incorporate my growing understanding of the meaning making literature in general, and Baumeister's model in particular. Thus the questions reflect greater influence by Baumeister's (1991) model. I accomplished this primarily by writing questions that deliberately alerted participants to specific cognitive-, relational-, or behavioral-domains in life wherein they might already have sources of meaning, but might not be fully cognizant of them as such. The first prompt of the meaning-related questions in Wave 2 captures this well: "People often say that they have a *purpose*, or *something that gives them self-worth*, or *something that they do well* that gives their lives meaning." Participants were then encouraged to take a moment to think of five sources of meaning; the number is somewhat though not entirely arbitrary, and intended to inspire brainstorming on a few of the most important sources of meaning in their lives. This prompt is an extension of Baumeister's findings that, as noted above, adults rarely possess a single, integrated source of meaning or meaning narrative. Rather, they operate within a tapestry of meaningful people, ideas, and events. Finally, I sought to infuse the construct of self-regulation into the interview by asking participants to discuss what and how any identifiable life purpose helped them through the arduous experience of deployment and reintegration, and how that purpose changed during the experience.

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With regard to the broader framework of Interpretative Phenomenological Analysis, I revised questions to better fit the spirit and methodological tenets of IPA. The second round of interview questions retained and even expanded the initial emphasis on process (as evidenced by the frequent use of the word "how"), with a somewhat reduced emphasis on the outcomes or consequences (see Smith, 2009. p.47). I was also more mindful of the need to maintain an interpretative stance when developing research questions, even as I strived to infuse matters of theoretical import into the questions. By asking generally open-ended questions within a very broad framework of purpose, self-worth, value, and efficacy (Baumeister, 1991), I attempted to achieve a balance between theory and the study's goal of understanding the experiences of soldiers and partners as they perceive and order them. Thus the specific sources of meaning, for instance, are what Smith et al (2009) would refer to as "second-order" (p.48) questions, "done cautiously… because a second-order research questions infers something about the meaning of the account which is quite external to the account itself." (p.48).

Data Analysis

Initial coding of the transcriptions was conducted individually by team members including Adrian Blow, PhD, Angela Huebner, PhD, Mara Hirschfeld of VT, and this writer. Team members each received two interview transcripts and then coded them using ATLAS.ti software (Dowling, 2008). This first coding entailed careful, "line by line analysis" (Smith, 2009. p.79) of the experiences and beliefs of individual participants. Team members at this stage were encouraged to "bracket" potentially powerful emotional and cognitive reactions to material by noting them in detail, and return later to consider both their value as emergent thematic categories as well as their influence on the readers' analyses. This important step was intended to reduce the influence of the researchers' preconceived ideas about the material, or the subject discussing the experience (Smith et al., 2009). Members used open coding methods

independently before submitting individual results to the team for group discussion. The purpose of this discussion was to identify, discuss, and ultimately agree upon guidelines for analysis. The most significant product of this process of analysis and comparison was a set of core emergent themes for the data, generated by the input and agreement of all members (See Appendix D). These core categories represent the thematic structures of IPA (discussed below).

I conducted the next stage of analysis of the meaning-related transcripts, closely adhering to the Smith, Flowers, and Larkin (2009) model of IPA. By reading all transcripts again, carefully noting anything of interest within the broader topic of meaning making, thematic structures I then refined (and new themes may potentially emerge) around content related to meaning, first in individual members, then in couples, and then possibly across multiple subjects. During this second wave of line-by-line analysis, I will make frequent comments, both to bracket my own experiences and reactions as well as to refine the understanding of thematic structures. Such comments are typically focused on descriptive content, use of language by participants, or comments focusing on high-level, conceptual content (Smith et al., 2009). The presence of such structures lends organization and coherency to the stories. I will then increasingly refine the structure, typically by identifying a *ground* or central context within which emergent subthemes can be grouped and better understood. Such themes represent not only the content of the participants, however, but also reflect the influence of my interpretations of the content.

Within the broader ground construct, *figural themes* will emerge with ongoing reading and coding by the writer (Smith et al., 2009). It is possible that individual experiences and the meanings made of them will be sufficiently idiosyncratic that little commonality will appear across subjects. Given the relative homogeneity of experiences in the sample (i.e., all are Veterans and have served in combat) however, it is more likely that shared relationships across themes will emerge among Veterans and spouses. Regardless, it is essential when examining a

new transcript to bracket as much as possible the content and interpretation of the previous transcript, thereby increasing the degree to which the next and subsequent transcripts can yield experiential data (Smith et al., 2009).

The final stage of analysis entails identifying commonalities across all participants. Guiding questions for this process include the following, quoted from Smith et al. (2009): "What connections are there across cases? How does a theme in one case help illuminate a different case? Which themes are the most potent?" (p.101). The overarching goal of IPA is the creation of a thematic table detailing the individual and shared experiences, using participants' words and ideas, focused on how the participants made meaning of complex, challenging events (Shaw & Hector, 2010).

Trustworthiness of the Study Findings

Trustworthiness is a fundamental issue in all forms of qualitative research. In their influential text on the subject, Lincoln and Guba (1985) cite four essential elements of trustworthiness in qualitative research: Truth value, or the degree of confidence a reader can have that the findings are "true" for the participants at a given time and place; applicability, or the ability to apply the findings to other populations in other contexts; consistency, or the ability to obtain the same findings if the study were replicated with the same subjects, or similar subjects, and; neutrality, or the degree to which the findings reflect the experiences and beliefs of the participants rather than the researchers (p.290). The authors then invoke more conventional research terms to reflect these four themes: internal validity, external validity, reliability, and objectivity (p.290). Building upon the work of Lincoln and Guba, Shenton (2004) first suggest four guiding themes that parallel the positivistic themes cited above: credibility (for internal validity); transferability (for external validity); dependability (for reliability), and; confirmability (for objectivity).

The present study will integrate several important techniques and considerations to ensure the trustworthiness of the findings. The methods to be described are derived in large measure from the work of Shenton (2004). The present study relies on a well-established research methodology, namely IPA. The researchers on the study each have well-developed familiarity with the culture of the participants, the research methods in use, and the larger context in which they experienced events (the Global War on Terror; reintegration in Michigan). The study will incorporate principles of triangulation where feasible, relying on multiple participants with multiple experiences, drawn from several different organizations (e.g., squads, platoons, companies) within the larger population (i.e., Battalion). The process of linking qualitative data to quantitative also permits triangulation, enhancing trustworthiness in the process. Well-established relationships with the soldiers as well as transparency in methods and assurances of confidentiality increase honesty among participants, another important consideration for credibility. Peer scrutiny of the project also contributes to trustworthiness. For the present study, peers on the study team have access to each other's transcripts and codings. Higher-level peer scrutiny in the form of institutional review boards will contribute as well. Rich descriptions of the phenomenon of meaning making coupled with a thorough examination and incorporation of relevant research findings will further ensure credibility (Shenton, 2004). A comprehensive description of the methods, populations, and analysis of the study will increase transferability and dependability alike.

CHAPTER 4: STUDY ONE

Adaptation to Combat and the Multidimensional Stress of Reintegration: The Role of Meaning in Life in Veterans

During the 14 year Global War on Terror, nearly 2.2 million service members deployed to combat. By the close of 2014, 6,830 US service members had been killed in action in Iraq, Afghanistan, and several other countries. Another 52,014 were wounded in action ("United States Department of Defense," 2014.). Hundreds of thousands more incurred psychological wounds, many severe and debilitating. For many returning Veterans, however, the process of returning from war and reintegrating into society presents new, sometimes unexpected challenges. For a significant portion of Veterans, mental health symptoms do not remit after returning from combat, but often increase over time, suggesting that reintegration is far from a honeymoon (Milliken, Auchterlonie, & Hoge, 2007).

The present study seeks to yield greater understanding of why many service members who have left the battlefield and returned home might actually fare worse once home than during their combat deployments. By examining members of the Army National Guard – a subset of the military whose outcomes after deployment are generally worse than those of their Active Component counterparts (Milliken et al., 2007) – this study illuminates a potentially central process on the path of reintegration. That process is meaning making, or the ability to identify meaningful facets of one's life and then rely on them for self-regulation in the face of stress, injury, and trauma.

The Price of War on Veterans

Many if not the majority of Veterans successfully navigate reintegration from war and return to their previous levels of functioning. Combat by any measure, however, is often an extraordinarily stressful experience, marked by the daily threat of death or serious injury,

grueling physical-, mental-, and emotional-exertion, the deaths of comrades, the possibility of killing another person or witnessing the same, and the strain of long-term separations from home and family, often a year or more in duration. Physical injuries are the most readily apparent form of trauma visible in returning soldiers. Improvised explosive devices (IED), other explosions, and gunshot wounds have killed or seriously injured thousands of service members, inducing traumatic brain injuries (TBI), violently removing limbs or necessitating subsequent amputation, imparting high-velocity fragments of shrapnel through armor and into flesh, and often leaving soldiers scarred, blind, or otherwise severely injured (Ramasamy, Harrisson, Stewart, & Midwinter, 2009; Ramasamy et al., 2011; Singleton, Gibb, Hunt, Bull, & Clasper, 2013). Rapid improvements in battle field trauma care have significantly increased survival rates among injured service members, creating new challenges in the process as Veterans learn to live with the injuries of war (Manring, Hawk, Calhoun, & Andersen, 2009). Somewhat surprisingly, however, is the finding that Veterans' physical health declines rather than improves in the months and years after returning from deployment, even when controlling for mental health disorders such as PTSD (Falvo et al., 2012).

The psychological effects of combat on recently returned Veterans are both well-documented and alarmingly prevalent. Meta-analytic studies generally demonstrate that rates for the most common psychiatric disorders range between somewhat- to considerably-higher than demographically matched samples of civilians. Particularly relevant to the present study, rates of disorders also vary significantly between service components (i.e., Active Duty versus Reserve Component). 20.3 percent of recently returned Active Duty Army soldiers screened positively for clinically-significant rates of a variety of mental disorders shortly after returning from combat, while rates among US Army Reserve soldiers were more than double (42.4 percent) at the same point (Milliken et al., 2007). Compounding the problems, studies demonstrate that in

many Veterans such rates rise substantially during the first year after redeployment before beginning to stabilize and decline (Thomas et al., 2010).

Rates of post-traumatic stress disorder (PTSD) – perhaps the signature psychiatric disorder of combat – among returning Veterans vary significantly by study, but generally range from 11 to 20 percent in large samples (see meta-analysis by Tanielian & Jaycox, 2008). While combat-induced PTSD is responsive to treatment (Eftekhari et al., 2013), many Veterans avoid treatment for a variety of reasons including stigma and deep-seated concerns about career implications (Hoge, Auchterlonie, & Milliken, 2006; Hoge, Castro, Messer, & McGurk, 2004; Kim, Thomas, Wilk, Castro, & Hoge, 2010; Valenstein et al., 2014). In addition to PTSD, other anxiety disorders occur at higher rates among returning Veterans than the general population. In a large (n=34,488) study of US Army Active Duty and Reserve soldiers, rates of clinically-significant generalized anxiety disorder ranged from eight percent among full-time Reservists to 13.1 percent among Active Duty soldiers (Lane, Hourani, Bray, & Williams, 2012).

Depression is elevated among deployed ADM and recently-returned Veterans as well. Meta-analytic studies (Gadermann et al., 2012) of returning Veterans indicate that 12 percent of currently-deployed service members met diagnostic criteria for depression. 13.1 percent who previously deployed met criteria, and 5.7 percent who never deployed met criteria. Lane's (2012) study of a large sample of active duty military (n=34,488) found that approximately one fifth of ADM who served in combat merited further evaluation for depression (18 - 21.6 percent), suggesting that the actual rates may be higher than those reported by Gadermann et al. A study by Blow et al (2014) found that among many Veterans of the National Guard, depression was strongly related to family difficulties, adding to the challenges of reintegration.

Substance use disorders (SUD) are another increasingly common problem for both ADM and recently returned Veterans, particularly in the Army. In a large (n=678,382) study of the four

service branches, the highest substance abuse rates were found among Army Veterans who had deployed, with 14.8 percent reporting a SUD (Shen, Arkes, & Williams, 2012). Longer deployments generally correlated with higher rates of SUD (Shen et al., 2012). In a study of a recently-returned Army National Guard battalion (n=585), 36 percent met diagnostic criteria for alcohol misuse, but only 2.5 percent sought SUD treatment in the past year (Burnett-Zeigler et al., 2011). In a large study of OIF and OEF Veterans (n=648,023) receiving healthcare through the United States Department of Veterans Affairs (VA), 11 percent had been diagnosed with some form of SUD (whether alcohol, drugs, or both); 9.9 percent received an alcohol use disorder diagnosis while 4.5 percent received a diagnosis for drug use. Three percent received both (Seal et al., 2011). Opioid analgesic use and misuse – already a substantial problem in broader society – has similarly increased among ADM and Veterans, particularly among those with injuries, chronic pain, and psychiatric disorders. In a large (n=141,029) sample of OIF and OEF Veterans receiving VA care, 17.8% of Veterans with PTSD and 11.7% with other diagnosed mental disorders received opioid prescriptions, compared to 6.5% without a diagnosed mental disorder (Seal et al., 2011). These and a variety of other studies (cf. Bennett, Elliott, & Golub, 2013) demonstrate not only the link between deployments and SUDs, but also between SUDs and comorbid psychiatric disorders. They also suggest a prevalent desire to self-medicate physical and psychological wounds.

Returning from combat also entails navigating social and environmental stresses as well, particularly for members of the National Guard. After combat Veterans of the Active Duty Army typically return to large military installations, surrounded by thousands of comrades who shared their experiences, with ready access to medical care, employment, and a shared sense of purpose. In contrast, members of the National Guard typically encounter very different conditions as they return to their predominantly civilian communities. Many Veterans report struggling with a

variety of economic stressors and barriers, including unstable employment or unemployment; poor financial management skills and inadequate financial knowledge; and material insecurity (Elbogen, Sullivan, Wolfe, Wagner, & Beckham, 2013). Veterans between the ages of 18 to 24 were unemployed at an average rate of 24.3 percent compared to 15.8 percent for age-matched peers (Bureau of Labor Statistics, 2014). Other social stressors facing Veterans upon return include a sense of alienation from their peers, neighbors, and coworkers. In a study of recently returned Veterans of OIF/OEF, (n=1028) receiving healthcare through the VA, 7.9% of outpatient Veterans and 20.8% of those receiving inpatient care cited social isolation and estrangement as significant concerns (Rosen, Adler, & Tiet, 2013).

The prevalence of so many biological-, psychological-, and social-stressors among active duty military and Veterans is indicative of the collective trauma and suffering they have endured. Of the many challenges facing this population, however, perhaps none is so revealing as suicide, now at historically high levels in the military. While rates of suicide in the Army have generally been lower than those in the civilian population, they eclipsed those of their civilian counterparts for the first time in 2008. Between 2004 and 2008, rates of suicide in the Army increased more than 80% (Bachynski et al., 2012). Military males are now twice as likely to die by suicide in comparison to demographically-similar civilians (Kaplan, Huguet, McFarland, & Newsom, 2007). Military-wide in fiscal year 2013, there were 259 suicides among Active Component service members, and 220 suicide among National Guard and Reserve Component service members (Department of Defense, 2014). Moreover, they reflect a rising tide of suicide in the Army that began in 2004 (Kuehn, 2010).

It is clear that National Guard Veterans face tremendous risks and endure equally tremendous stresses during combat deployments as their Active Duty peers. For many National Guard Veterans, completing a combat deployment and returning home brings new and – as is

clear with regard to suicide – potentially more lethal threats. Given the significant risks this population often faces after combat, attention has increasingly turned to the factors that protect individuals from the aftermath of war. One potentially central variable under consideration is the sense of meaning Veterans make regarding the war as well as their lives after deployment.

Meaning in Life

The present study seeks to illuminate both the nature and associated processes of a specific meta-psychological construct that may influence the course and outcomes of soldiers' struggles during and after combat. That construct is the sense of meaning developed in response to experiences during and after combat more narrowly, and during the course of life more generally. The ability to construct some semblance of meaning – to lend coherency and explanatory power to events lived – has been well-established as a protective factor by enhancing the centrally important capacity for self-regulation (Baumeister & Tierney, 2011; Steger & Kashdan, 2013; Steger, Oishi, & Kashdan, 2009; Stillman et al., 2009). For those who struggle or fail to achieve an enduring sense of meaning about the significant events of their lives are conversely at greater risk of negative outcomes (Owens, Steger, Whitesell, & Herrera, 2009; Stillman et al., 2009).

Meaning can arise at various levels of abstraction, ranging from the insignificant to the overarching narrative of one's life. A clear sense of meaning in life seems to inspire a life of greater coherency, clarity, value, and direction. The presence of meaningfulness in one's life correlates with a variety of positive mental health outcomes, including greater happiness and more positive affect (Hicks & King, 2007, 2009; King, Hicks, Krull, & Del Gaiso, 2006), increased satisfaction with one's career and life in general (Chamberlain & Zika, 1988; Steger & Kashdan, 2007; Steger, Oishi, & Kesebir, 2011), a greater sense of hope for the future (Feldman & Snyder, 2005; Mascaro & Rosen, 2005; Schneider, 2001), an enhanced capacity to cope with

stressful events (Kleiman & Beaver, 2013), and better physical health (Chamberlain & Zika, 1988; Reker, Peacock, & Wong, 1987). People with a strong sense of meaning in life have even been shown to be more interpersonally attractive, potentially enhancing their social connectedness and generating support and protective factors in the process (Stillman, Lambert, Fincham, & Baumeister, 2011).

Just as a robust sense of meaning in life confers positive benefits for those who possess it, a diminished sense of meaning correlates with a variety of negative outcomes. Increased depression and anxiety (Debats, Van der Lubbe, & Wezeman, 1993; Lyke, 2013; Owens et al., 2009), substance abuse (Nicholson et al., 1994), stress (Park & Folkman, 1997), need for therapy (Battista & Almond, 1973), and suicidal ideation (Kleiman & Beaver, 2013) have all been shown to correlate with reports of reduced meaning in life or the search for it.

Meaning in life and self-regulation. In his model of meaning making, Baumeister (1991) proposes that our universal search for meaning is driven by four needs: purpose, value, efficacy, and self-worth. A sense of purpose in life refers to the drive to act upon goals, aims, or intentions in order to accomplish future objectives. Such goals lend structure and coherence to our lives while simultaneously instilling future orientation. Living in accord with certain individually-selected values (p.36) or moral justifications is another central concern that holds the potential to contribute a sense of meaning. Baumeister acknowledges that while the sources of such values can vary tremendously, humans seem imbued with a desire to live in ways that reflect our chosen values while conforming to what we believe to be socially acceptable standards. Adhering to one's chosen values also lends a sense of moral justification to one's life.

Third, Baumeister proposes a universal need to feel a sense of *efficacy* (p. 41) or control over the outcomes of one's actions. As Baumeister notes, "[h]aving a meaningful life is more than having goals and values; you must also feel that you have some capability to achieve these

goals and realize these values" (Baumeister, 1991, p. 41). Importantly, Baumeister states that people derive greater value from their perceptions of efficacy rather than a necessarily demonstrated ability to control something. Perceptions of efficacy are subject to exaggeration and, perhaps more germane to the present study, minimization – important considerations when attempting to understand the inherent risks and protections afforded through meaning.

Finally Baumeister emphasizes a universal need for *self-worth* (Baumeister, 1991. p 44). While we may derive self-worth through a variety of means, a person's conviction that his or her life has positive value is a primary concern. We are compelled to view our lives as inherently worthy and valuable, and ideally, to believe that others see us in the same positive light. Commitment to one's family or friends may provide one such source of worth.

The social context of meaning: gains and losses. According to Baumeister's model our pursuit of meaning almost invariably occurs within social contexts. Our close relationships, our positions in society and organizations, and the broader culture within which we live and relate are all critical sources from which we glean meaning (Baumeister, 1991; de Figueiredo & Frank, 1982; Stillman et al., 2009). Significant others model important facets of meaning, provide reflections or feedback on meaningful matters, and sometimes even confer sanctions on those who violate the tenets of meaning (Berger & Kellner, 1964). This perspective obviously aligns with the robust literature demonstrating the evolutionary value and lifelong importance of social relationships to both humans (Bowlby, 1958; Buss, 1990; Fromm-Reichmann, 1959; Lambert et al., 2013; Stillman et al., 2009; Sullivan, 1938) and many animals (Griffin & Harlow, 1966). Isolated from others and deprived of meaningful interactions, humans quickly evince signs of regression, demoralization, and even cognitive decompensation (de Figueiredo & Frank, 1982; Grassian & Friedman, 1986; Haney, 2003).

Meaning and self-regulation. Given the importance of interpersonal relationships coupled with the degree to which we socially derive values, purpose, self-worth, and efficacy, the loss of social inclusion can have a potentially devastating impact on one's sense of meaning and, critically, the capacity for self-regulation under stress (Baumeister, 1991; King & Geise, 2011; Lambert et al., 2013; Stillman et al., 2009; Twenge, Catanese, & Baumeister, 2003). Especially potent, however, is the experience of social ostracism, or the deliberate exclusion or rejection by others. Increased aggression (Warburton, Williams, & Cairns, 2006; Williams & Wesselmann, 2011), decreased mood (Zwolinski, 2012), diminished self-control (Jamieson, Harkins, & Williams, 2010), reduced perceptions of relational value to others (Wirth, Sacco, Hugenberg, & Williams, 2010), reduced implicit and explicit self-esteem (Wirth et al., 2010), and increased depressive symptoms through diminished self-control (DeWall, Gilman, Sharif, Carboni, & Rice, 2012) are all potential effects of social ostracism. The negative effects of being ostracized or forgotten appear to quickly result in a diminished sense of meaning in life (King & Geise, 2011; Stillman et al., 2009). Even in experiments as brief as four minutes – conducted with mutual strangers as subjects — the same effects become manifest after one subject appears to reject the other, suggesting just how sensitive humans are to perceived ostracism (Williams & Warburton, 2003).

In a population known to be at significant risk of social isolation after return and reintegration in their civilian communities – and at a time when they are most likely to need and benefit from social support – it is reasonable to suspect that National Guard Veterans may be at similarly high risk for loss of meaning in life after return from combat. This isolation is exacerbated by service members' difficult transitions into civilian life after a year or more of combat (Doyle & Peterson, 2005; Gorman, Blow, Ames, & Reed, 2011; Greden et al., 2010; Griffith, 2012). Combat by any measure is often an intense, dangerous, and unpleasant

experience. But for many service members it also is an experience that provides a clear sense of purpose and self-identity filled with any of a variety of meanings (e.g., to safeguard one's fellow soldiers, to accomplish the mission, to serve one's nation). Reintegration after combat can thus entail a significant change in the sources of purpose, identity, and self-worth of soldiers, perhaps especially so for service members in the Reserve Component. While Active Duty soldiers often return to large installations, continued employment, and are surrounded by thousands of fellow soldiers, members of the National Guard and Reserves typically return to communities where they face misunderstanding, social isolation, unemployment, and other stressors (Gewirtz et al., 2010; Gorman et al., 2011; Griffith & Vaitkus, 2013). This "existential vacuum" as Maddi (1967) termed it, may result from any of several causes, but perhaps most relevant to the present discussion is his assertion that "acute awareness of superficiality" may be a particularly powerful contributor.

Purpose of the Study

The present study had three primary objectives addressed through two interviews each conducted a year apart with the goal of understanding change in National Guard service members over time. The first objective was to obtain in-depth descriptions of the ongoing experiences of Army National Guard Veterans both shortly after their return from combat and in the years that followed. Second, we sought to elicit stories of how the same Veterans identified and used whatever sources of meaning they could to navigate the challenges of reintegration, and how they coped with losses and changes associated with deployment and reintegration. Finally, we sought to identify potentially important facets of meaning making and the loss of meaning for future research studies, whether they are focused on military populations or pressing social issues such as suicide and substance abuse.

Methods

Qualitative methods are beneficial when attempting to develop and understand rich, in-depth descriptions of lived experiences, particularly when relatively little is known about the issue being researched. The present study relies on a qualitative method specifically developed to illuminate the complex and idiosyncratic processes by which post-deployment Veterans search for, identify, integrate, and rely on sources of meaning – or lose previously cherished sources of meaning.

Interpretative Phenomenological Analysis. Interpretative Phenomenological Analysis (IPA: Smith, 1996) is ideally suited among qualitative methodologies for the present study as it was specifically developed to explore the manifold processes through which individuals make meaning of life experiences of major significance such as combat (Smith, Flowers, & Larkin, 2009). Researchers focus on such important events because the individuals involved tend to attach greater significance to them; as a result, they are often more aware of how they experienced the event and subsequently made meaning of it. Through repeated and thorough interviews of the individuals, researchers develop an increasingly detailed understanding of the processes of meaning making; in the process they also identify and describe an implicit structure of consistent thematic elements across the study participants. Finally, the researchers seek to interpret participants' accounts in order to fully understand how they arrived at their narratives. Ideally, IPA studies focus on a group of individuals who experienced the same phenomenon, providing multiple perspectives on the event while enhancing the clarity of the thematic structure that emerges during analysis.

While phenomenological inquiry has existed for more than a century (Husserl & Kersten, 1983) the formalization of methods in IPA is relatively recent and ongoing, particularly as use of IPA extends beyond psychology and into other social science cognates (Smith et al., 2009). The

development of this methodology has permitted the individual's experiential process of finding

meaning to move from a position of irrelevance or inaccessibility among researchers to one of

central prominence in rigorous research studies (Larkin, Eatough, & Osborn, 2011). In the

present study we rely on the methodology of Smith et al (2009).

Sampling and participants. The 30 Veterans interviewed for the study consisted of

soldiers of the Army National Guard from a large Midwestern state, and all participants had

recently deployed to Afghanistan as combatants. The study team recruited participants at large

Army National Guard events that prepared them for deployments or, upon return from combat,

assisted soldiers and families with reintegration. The volunteers for qualitative interviews were

all part of a larger quantitative study, and indicated their willingness to be interviewed.

Participants in the interviews were prescreened for intimate partner violence, severe alcohol

abuse, and severe marital instability.

Almost all of the soldiers in the units sampled served in combat arms roles, significantly

increasing the likelihood that they encountered direct combat – the kind of intense experience

interpretative phenomenologists would propose are most likely to generate new sources of

meaning in life. Thus, the soldiers and spouses who participated in the study represented an

experience or perspective rather than a population, a central consideration in IPA studies (Smith

et al., 2009).

Participants ranged in age from 22 to 43 years of age. The majority (93.3%) of

participants were male, Caucasian (76.7%), and relatively well educated (43.3% having at least a

bachelor's degree). 6.7% of participants were African American, and 3.3% were Hispanic. 10%

reported *Other* for their ethnicity. Income ranged from less than $25,000 annually to more than

$100,000. 40% reported earning between $25,001 and $50,000. The majority of Veterans

reported being in a committed, long-term relationship. All soldiers had deployed at least once,

with approximately one third of the sample having deployed twice or more. As noted previously, the large majority specialized in combat arms career fields, primarily Infantry or Cavalry.

All activities related to participant recruitment, selection, and qualitative interviews were approved by the Institutional Review Boards of Michigan State University (MSU), the University of Michigan, The Michigan Public Health Institute, and Virginia Tech, as well as the US Army Medical Research and Materiel Command Human Research Protection Office (HRPO). All participants in the study were asked to provide a signed acknowledgment of consent to be interviewed. Participants were advised that they were not required to answer any questions if they so chose, could pass on answering questions, and could terminate the interview at any time. Each participant received $50 for each interview, which typically lasted 90 to 120 minutes.

Procedure. Participants were interviewed twice, each time a year apart. The first interview occurred shortly after their return from combat. The team then returned for a second interview a year later, after the Veteran had more fully experienced the challenges of reintegration. Interviews with Veterans and their spouses or romantic partners were conducted by pairs of trained team members. Interviewers typically conducted interviews at subjects' homes, though in some cases interviewees chose to hold interviews at other locations such as private rooms in public libraries. Interviewers began by reviewing the informed consent and then commenced the interviews using a semi-structured interview guide developed and piloted by the research team. Interviewees were encouraged to speak at length about their experiences, and to provide relevant examples when possible. In order to elicit detailed descriptions of lived experiences in a manner in keeping with the spirit of phenomenology, interviewers allowed the participants to say as much as they wanted on a given subject. Interviewers rarely asked

questions in the strict order of the guide, but ensured that interviewees were provided opportunities to answer all questions.

I developed specific questions pertaining to meaning making processes, which were then evaluated and refined by study team members. It was the team's expectation, however, that issues related to meaning making could and would arise throughout the course of the interview; thus the specific meaning-related questions were not expected to be the sole source of relevant content. During the initial wave of interviews, subjects were prompted to discuss meaning with the following prompts and questions:

Some people report having a sense of life purpose or life meaning that keeps them going during a stressful time such as a deployment or reintegration. Is this true for you? How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over?

Additionally, participants were prompted to discuss how the process of deployment and reintegration influenced their thoughts on diverse topics such as the military, their community, the world at large, and themselves, their families, and their roles in life.

Between the first and second waves of interviews, the team met to discuss the interview experiences, to review written notes on the interviews, and to consider various changes to the interview guide in response to such information. The meaning-related questions in the second wave of interviews were somewhat different, and more deliberately prompted participants to consider actual sources of meaning and how these sources affected their lives.

People often say that they have a purpose, or something that gives them self-worth, or something they do well that gives their life meaning. Can you take a moment to think of five sources of meaning that give your life significance and

purpose? Which is most important to you and why? How is that list different today than before you deployed? What led to those changes? Did you and your spouse/children/parents share important sources of meaning? Or did you disagree about some of them? (e.g., Service to the nation, to one's unit, to family, to God, etc.) Did you discuss these? How did you make sense of the deployment experience? What life purpose helped you through deployment?

Bracketing. Bracketing, or the process of making explicit the researcher's own lived experiences as a means of reducing their effects of data collection and analysis is an indispensable feature of phenomenological research (Giorgi, 2012; Husserl & Kersten, 1983; Smith et al., 2009). I formally bracketed my experiences by first familiarizing myself with the literature on the experiences and struggles of returning Veterans. Second, I participated in many of the interviews, and made notes regarding my thoughts about the participants, my emotional reactions to the interviews, and any methodological changes I believed to be necessary. I also discussed many of these interviews with colleagues participating in the research study. Next, I wrote a narrative in which I described how my experiences in the military potentially affected my judgment; I also wrote about particularly strong emotional reactions to certain facets of interviews or participants, and also any concerns about publishing on material revealed from trusting participants. Finally, I engaged in more discussions with fellow researchers regarding all of these matters in an effort to have potential sources of error identified and discussed. This last step helped reduce the likelihood I would promote information that either confirmed my hypotheses or painted participants in an inaccurate light.

Data Analysis

All interviews were recorded and transcribed with all names removed to preserve confidentiality. Atlas.ti qualitative data management software (Dowling, 2008) was used for data

coding and analysis. I began by reading three pairs of transcripts while simultaneously developing codes for content that seemed relevant to the research questions and phenomenon under consideration. This resulted in the development of approximately 350 discrete codes. I then began formal analysis by reading a pair of transcripts (for waves one and two of the study) very slowly and deliberately in order to avoid habitually rapid reading and reduction (Smith et al., 2009. p.82). I wrote brief memos for any particularly strong reactions or striking material, both to bracket personal reactions and to highlight salient material. For key segments rich with meaning-relevant content, I often re-read the sections several times in order to better grasp the content as well as the processes underpinning it, writing more memos in the process. In the process of reading the pairs of transcripts, I also wrote memos about changes over time in the couples.

Next, I performed initial noting (Smith et al., 2009. p.83) to highlight anything of theoretical or phenomenological import. I accomplished this by coding using one or more codes from the nearly 350 codes I developed during the initial analysis. After a numerical analysis of the codes used in ten interviews, however, approximately 150 codes appeared so infrequently (e.g., used once or perhaps twice) that they seemed insignificant enough to merit deletion. This did not result in the loss of data, however, because the content was coded using slightly broader, more inclusive codes that still captured the essence of the material. Codes highlighted meaning-related content (e.g., *Mission as a source of meaning*, *Loss of meaning*), psychologically salient content (e.g., *Anger*, *Grief*, *Happiness*, *Gratitude*), and relational content (e.g., *Marriage*, *Divorce*, *Extended family support*), among others. Upon completing this phase, I then wrote a brief summary paragraph of the individual's experiences and the key facets of meaning making that seemed to emerge.

Next, using a combination of techniques including abstraction, subsumption, polarization, contextualization, and numeration (see Smith et al., 2009, p.92-99) I carefully identified superordinate or overarching themes that would provide the initial thematic structure to the interview contents. Using the phenomenological technique of free imaginative variation (Husserl & Kersten, 1983; Smith et al., 2009), I conceptually "removed" superordinate themes one at a time and then imagined how the participant's story might differ without the presence of that thematic element. This not only clarified the experience of the participant but also served as an additional means of confirming the functional value of the theme to the participant. I then read each transcript again, selecting quotations from the material that seemed to best capture the superordinate themes for a given participant.

Moving to the next transcript, I used the short summary as a prompt to bracket the unique facets of the interview just analyzed before starting work on another transcript. After coding the transcripts I then worked to identify patterns across the participants' experiences (for detailed discussion of the methods used, see Smith et al., 2009, p.101-107). This resulted in the development of the larger thematic structure for the group of interviews.

Trustworthiness of the Study Findings

Trustworthiness of the findings in a qualitative study is an important consideration. (Morrow, 2005; Shenton, 2004). In the present study, I sought to enhance trustworthiness in several ways, beginning with a study design that included multiple interviews with multiple participants, all of whom had shared similar experiences (i.e., deployment and reintegration). Subsequent interviews provided interviewers and participants an opportunity to discuss key experiences in the intervening year, allowing both to arrive at a consensus on what is most important to the participants' stories. I maintained an audit trail containing methodological notes, memos from the reading and coding, and the brief summary paragraphs for each interview.

Results

Superordinate themes that emerged across interviews included (a), the powerful need to fill the existential vacuum once occupied by the war, (b) feeling mistreated or betrayed by the military, (c) substance abuse as a barrier to finding meaning, and (d) the protective value of creating multiple strong sources of meaning in life.

The powerful drive to fill the existential vacuum once occupied by the war. The Veterans interviewed consistently expressed a sense of fulfillment and purpose derived from combat, coupled with a painful if at times ineffable sense of emptiness after returning from the war. Often, such powerful meaning was an extension of their "wartime" identity, which they likewise struggled to experience again after war. These sentiments were not limited to those who reported a strong belief in the war, a desire to make a career in the Army National Guard, or those who had positive experiences overseas. Instead, even Veterans who reported harrowing, traumatic experiences overseas and resentment at the Army still frequently expressed a strong desire to return to war and to assume that identity again.

The importance of structure and identity provided by deployments. Even Veterans who reported feeling significant frustration with the military after reintegration reported deriving a strong sense of meaning and importance during their deployments. They seemed to achieve a more robust sense of identity and pride in self during the intense experiences of combat. This set the stage for them to experience a contrasting sense of emptiness and longing after returning from war and reentering the dull routines of civilian life, where they often felt they did not fit with others or have a clearly defined role.

One Veteran captured this experience of meaning during deployment well, even going so far as to say it was a privilege to be at war. He also described the sense of fulfillment and importance he derived from being in a leadership position and working with "awesome" soldiers:

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I enjoyed a lot of things that I did... I had a lot of responsibility. Everywhere I

went I was a leader so I got to direct some awesome guys and to do some really

important jobs. Yeah, it was a privilege I thought.

Later, he reiterated his gratitude at the opportunity to deploy. He then went further by saying that

the deployment made him not only a better soldier, but a better person as well: "I am glad that I

deployed. Absolutely I would do it again because… it really made me a better soldier. Ultimately

it has made me a better person."   The Veteran repeatedly used the word "important" in

describing his mission. He believed that his actions and those of the soldiers around him had

genuine and significant value – a belief that he revealed sustained him during the inevitable

difficulties and hazards of combat. His obvious pride in the mission he was completing

contributed to a powerful sense of self-worth. Participants frequently reported this experience.

Service in the military also provided participants a sense of coherency and structure to

their lives, even among those who expressed ambivalence about the military. One Veteran

captured this well, using the word "need" six times in a short vignette. He began by noting the

ambivalence about serving so common among the Veterans. In one sentence he emphatically

stated that he wished to end his service, but then acknowledged the "need" he has to continue

serving. "Definitely like I said there are some days when I want to get out obviously like

everybody, but I know that not only is it a purpose but I need it."

He continued, revealing more about himself by explaining his use of the word "need." It is clear

that in his experience the military provides far more than simply a vocation; he derived

significant benefit from military service.

I need the discipline that it gives me. I need that because without it I am just kind

of flailing in the wind a little bit. I need that responsibility. I need guys to take

care of. I need leadership that looks after what I am doing because if you don't

have that you are on your own.

In this segment the Veteran was particularly revealing regarding the full scope of what he derived from military service: discipline so that he does flail in the wind, which we can infer he would do in the absence of that structure; responsibility in order to stay focused and grounded; "guys to take care of" to provide a sense of purpose, and; leadership to help provide structure and accountability. We can begin to hear a semblance of worry or perhaps even fear about the isolation or loneliness he will experience without the Army. Thus while he is ambivalent about serving, he recognized that military service provided him significant benefits above and beyond such tangible benefits as health insurance or income. The purpose, values, and meaning of his service (e.g., taking care of others) seemed to enhance his self-regulation so that he was not left flailing in the wind. Given the breadth of benefits he derived from the military, it is perhaps reasonable to say that no small part of his identity rests on his military service.

The protracted intensity of a year at war generated powerful emotions such as fear, anxiety, loneliness, sadness, and grief among the participants. They also expressed frustration, particularly in peace time. But their service also seemed to provide a pervasive sense of meaningful, purposeful living. That existential richness would for these Veterans would often stand in stark contrast to the gnawing emptiness they would find upon return.

Existential vacuum after combat. The Veterans frequently described an often significant sense of anxiety or agitation at the emptiness they encountered after returning from war, even when their civilian lives might be considered by many to be full and satisfying. Their statements reflected a deep lack of fulfillment from their civilian careers, from the normal activities of daily living, and from social interactions, coupled with a frequently paradoxical desire to return to the grueling and dangerous war. Office jobs lacked excitement compared to war, as did the routine

activities of living at home and fulfilling daily responsibilities. Social interactions – particularly with civilian peers – lacked meaning and depth because such peers frequently could not grasp the significance of what the Veterans had experienced overseas. The result of this emptiness seems to closely approach the kind of "existential neurosis" Maddi (Maddi, 1967) so clearly described.

One Veteran who reported being traumatized and eventually suicidal after war described this phenomenon well, even as he almost simultaneously stated that he did not understand why other Veterans would want to return to war:

> I think one of the biggest problems that [Veterans] deal with when they come back is unwinding. I am not sure what they are looking for or what they want, but to me when I went on that second deployment I realized real quick this is what I wanted; this is what I was missing.

He continued to speak on this experience, gaining more insight and self-revelation while explaining the phenomenon. It is clear that he viewed his fellows Veterans as a distinct or unique type of person, isolated from civilians and perhaps not ideally suited to low-intensity civilian life. His reference to wanting to always be ready to deploy again hints at the constant agitation and willingness to risk his life to satiate it:

> The hardest thing about being in the military deployments is coming back. This is the hardest part… everyday life. It is so boring; it is so slow; it is so just open and it is normal. Guys like us, we don't dig that. It is hard to operate in that kind of environment when you are so used to those years where every single day it is something different. It is never boring; it is never normal. It is always like 'Go! Go! Go!' And you don't know when you will get to go on another [deployment], so when one does pop up you want to make sure you are ready.

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Another Veteran reported a similar hunger to fill a void in his life after return, even as he deeply

alienated his wife by neglecting her to focus on tracking the progress of the war:

> I have had difficulty sometimes. Like, normal life is boring. It is just boring going
>
> to work and doing this [office] gig… where [on deployment] I was one time a
>
> week climbing a mountain that was probably several thousand feet high without
>
> any kind of climbing equipment looking for Taliban.

He elaborated to explain how he is consumed with the idea of returning to the war while

acknowledging the paradox. In the same sentence he ascribed the desire to return to a sense of

duty, while also acknowledging that he wants to go back, reflecting his desire to return to war.

> Just this whole experience is hard. Since I have been back a lot of my thoughts are
>
> 'Gee, I need to get back there [to Afghanistan].' It sounds pretty naïve to actually
>
> want to get back there but I feel like there is a job to do over there so I need to get
>
> back there and do it.

In addition to the anxiety or emptiness they felt, Veterans also reported confusion about why

they might feel so compelled to return to war. Another Veteran attempted to articulate the

sometimes ineffable, anxiety-filled aspect of the existential vacuum after multiple, intense

deployments that gave his life a sense of fulfillment and purpose:

> Being on multiple deployments, I definitely realize when I am [home] and I am
>
> struggling. Because you don't know why you are struggling all the time….
>
> Because you're freaking out on the inside and [friends are] like, 'Why are you
>
> freaking out?'

Feelings of anxiety and emptiness were strong concomitants of the desire to return to the war.

Veterans seemed to struggle with the contradiction of wanting to return to an environment that

was at best deeply stressful and often traumatic. The difficulties of this tension were for many

compounded by the lack of understanding and social support, whether it be civilian friends or even significant others. Left largely alone to wrestle with this tension, respondents seemed to still be struggling with it even a year after their return.

Searching for meaning in the civilian world. Veterans often reported actively searching for a new purpose or mission in life after deployment, seemingly out of acceptance that looking back at the deployment for meaning was counterproductive or even harmful. By the second wave of interviews a year later, those who struggled to find meaning after war reported using new or different sources of meaning to fill the vacuum. Most looked to new careers, their marriages, or raising children as new sources of meaningful endeavor.

The experiences of searching for new sources of meaning were difficult for most. Those who had yet to find meaningful substitutes for war frequently reported feeling disappointed, anxious, and embittered. Such experiences typically revolved around efforts to find civilian employment during reintegration. Several described how potential employers failed to acknowledge or understand the often-enormous, life-and-death responsibilities the Veterans shouldered on deployment. Closely intertwined with that search for a new purpose was the notion that one's identity derives in large measure from one's career. This was particularly true among Veterans who held leadership positions who then returned to unemployment. A Veteran described this difficulty clearly:

> I want to get a niche. I want some sort of a sense of identity. I want to start a
>
> career and I have been applying to jobs like crazy since I have been back.

The absence of purpose from an established career also seemed to instill doubts about the security of his future, and impaired his ability to make and execute plans:

> If starting a family is something that we decide to do, we can't even think about
>
> doing that yet because we don't know about where I am going to be.

Another Veteran provided a stark description of how frustrating the contrast between the level of responsibility he assumed during war, and just how little trust he later experienced from by his employer in the civilian sector:

> I think that was the most frustrating thing about the reintegration is finding work. And like I said everyone puts lip service… yeah, yeah, yeah, 'Support the troops. Support the troops.' But when it comes to hiring one they're…especially like how much control you have and responsibilities you have when you're overseas… It's like, come on. I've got a college degree. I've got combat experience. I've got management experience. I work well with pressure. But then again you're saying I'm not qualified for your job. I can't even be a shift manager at a [convenience store]. Are you kidding me? I led men into combat.

Veterans frequently expressed similar dismay about the search for work and the considerable distress and frustration the process often engendered. Most felt unappreciated and came to believe that their contributions during wartime were irrelevant in the eyes of potential employers. In some cases protracted searches for deployment left Veterans with feelings approaching depression as they struggled to find self-worth and identity post-deployment.

Feeling mistreated or betrayed by the military. Frustration with the military in general, one's unit, leadership, peers, or organizations designed to serve Veterans (e.g., The Department of Veterans Affairs) were among the most frequently reported military-specific negative experiences with reintegration. Most Veterans reported feeling a deep and abiding sense of frustration and even anger at what they perceived to be the barriers standing in the way of benefits such as health care, educational benefits, and services for their families. These barriers or the perceptions of barriers only exacerbated the difficulties many Veterans reported during reintegration. This then seemed to powerfully erode the trust and respect Veterans once held for

these institutions, in the process negating the military as a potentially powerful source of meaning and values.

   Frustration when seeking help as a source of disillusionment. Many Veterans reported encountering barriers to seeking healthcare for war-related trauma or injuries. While many factors undoubtedly contributed to the barriers, the net effect on the Veterans was similar across cases: frustration, anger, and, frequently, a change in beliefs about the value and meaning of their service to the military and to the nation. Expecting access to the resources promised them by the government, the barriers that instead arose often instilled doubts about whether the military or society in general would fulfill the promises made to Veterans before the war. In some cases, it created a deep sense of betrayal if not violation by the government. For Veterans struggling with trauma, depression, anxiety or other psychiatric ailments resulting from the war, the barriers – whether real or perceived – proved to be particularly disillusioning.

   One Veteran who experienced several deeply traumatic losses while deployed expressed the frustration well when describing repeated and ultimately futile efforts to receive healthcare for post-traumatic stress disorder:

   > "I went in [to the VA hospital] and I felt fucking insane with the way they would talk to me and treat me. It just, it made everything ten times worse… I felt like after those experiences I was just like nutty. Like I just felt like crazy. I felt crazy."

Veterans' perceptions of ineptitude and complacency among the healthcare providers and the broader systems of care not only resulted in lack of treatment for potential PTSD, but left the Veteran feeling worse than before seeking help. The Veteran went on to describe how the healthcare providers' simplification of symptoms as simply a matter of dysregulated neurotransmitters was both invalidating and almost dehumanizing.

I feel like I have had a normal reaction to like terrible circumstances, but to say 'You have this disorder. We need to get you on this [medication] and regulate your neurotransmitters,' to me, it's kind of offensive. It invalidates my experience and it's just like 'Oh, let's tamper with your brain and hope that works and if it doesn't, oh well. Oh well… we'll try a different one and a different one and each takes six months.'

Stigma regarding mental health services combined with fears about the implications such services might have on their perceived fitness for sensitive military specialties also dissuaded some Veterans from seeking help, in the process leaving symptoms unaddressed and heightening the sense of isolation and invalidation. One Veteran struggling with depression and anxiety wanted to seek and receive help, but feared the career consequences:

I think anything to do with mental health from what I've heard is kind of the kiss of death [for a military career] when it comes to counseling or therapy. That is what is paying the bills is the military for me and I don't want to do anything to jeopardize that. It makes sense to be conservative, so you don't risk your career.

Other Veterans who did not have direct experiences with seeking care often described how they had observed similar experiences among their peers who sought care for psychological or psychiatric needs. As a result, the participants in the study frequently said that they would actively avoid the VA or other government supports if they needed healthcare or support because they believed the help would likely not be forthcoming. Referring to the decision not to use VA services, one Veteran said:

I know it's a resource out there that should be helpful but sometimes it's more frustrating for Vets to where they won't even go because they have made it so hard for somebody to go to the VA. [E]very Veteran that has fought a war should

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have all the resources in the world at their fingertips, and they make it so difficult

for us.

For the many Veterans who expressed frustration or doubts about the services

ostensibly available to them after combat, the difficulties or barriers they encountered

instilled deeper doubts about the value of their service, and what it meant to the nation.

Frustration with their unit. Frustration with one's unit or organization also left

many Veterans feeling disaffected or alienated. It should be noted that such feelings

were the perceptions of the person interviewed, and I readily acknowledge that there are

often many sides to these reports. Frequently such frustration was focused on fellow

soldiers. Less commonly, Veterans expressed frustration about the war, particularly in

Iraq. Frustration with units seemed to be particularly strong among those Veterans most

driven to excel in their careers, and among those who had lost fellow soldiers in combat.

In the first example, a Veteran talked at length about how morale in his team plummeted

even before the deployment because of doubts about a junior leader:

> We have a leader that [is not motivated] and isn't interested in making us better
>
> soldiers. He is not developing his subordinates. I think that the biggest issue in my
>
> unit was morale, which affected motivation to train.

Simultaneously, such perceived shortcomings by the leadership or other soldiers created

opportunities for some Veterans who chose to see them as such. Recognizing a need, they

derived a new or heightened sense of purpose and meaning out of a desire to make up for the

deficiencies of others. The same Veteran who described the decreasing morale in his unit then

described his response, done despite not being in a leadership position:

I was a little older than some of the guys. So I had that maturity and I kind of

knew what to expect and I was able to help a lot too as far as bringing the guys

together.

A female Veteran reported the very difficult experience of perceived devaluation for her gender,

for which she responded both with anger but also with a heightened sense of drive and purpose

to excel. It is as if she consciously used the experience to drive her to contribute more and prove

her detractors wrong. "I had a lot of gender discrimination, which was really angering. You

know, I'm just as qualified or more qualified than male soldiers." In response, she worked harder

to achieve higher qualification scores than her male counterparts, and then sought further career

opportunities:

Overseas being a woman is such a disadvantage, you know? And, not even with

the Afghans but like with your own people. It's just really frustrating that you're

constantly fighting an uphill battle with people that should already be an

unspoken bond… So, that's when I started working like 22-hour days and that

was really tough.

Substance abuse as a barrier to finding meaning. Several Veterans

participating in the study reported either engaging in highly unsafe use of alcohol,

medications, or both; others discussed being well aware of unit peers who had done the

same. While many reported using pain medications or alcohol to cope with pain, anxiety,

stress, depression, or other psychiatric struggles, most began to encounter additional

problems either as a direct or indirect result of their substance misuse, particularly with

regard to relationships, a critical source of meaning. The use and abuse of various

substances among some Veterans seemed to enable avoidance and circumvent natural

meaning-making processes during difficult life transitions; this in turn created obstacles

to developing relationships, a coherent sense of meaning, future purposes, and perhaps above all, self worth.

One Veteran described the experiences of problematic alcohol use as a means of coping, coupled with the barriers it erected as he sought to reintegrate and connect with others after a difficult deployment. He then described how developing a meaningful romantic relationship with his future spouse changed his life and contributed to his present-day sobriety.

> I came back from my first deployment and I had a hard time connecting with everybody and [I] drank and partied, and made it harder for anybody to connect with me.

The Veteran wanted to connect with others, and others may have been trying to connect with him, but his drinking created barriers to closer connections and support during a difficult time. It also greatly diminished his sense of worth. The fortuitous meeting of his future spouse helped him to cope more effectively with the stresses of combat and reintegration, and in the process helped reduce his reliance on alcohol.

> I was down a destructive path. I was drinking all the time. I was drinking a lot. I had nothing to show for my [rank]… you know, the money I was making. I didn't purchase a home; I took care of my bills and everything after that I drank. And I had nothing to show for it. And I don't mean just material things; I had no self-worth. I lost it somewhere in the bottom of a bottle. So when I met her, she saved me from a destructive path. She really did.

Another senior non-commissioned officer (NCO) describes observing the same behaviors in younger soldiers who also began drinking heavily after returning from war, simultaneously suggesting he had done the same. The description he provided suggests a sense of nihilism

among some Veterans upon their return, particularly in the lack of concern about consequences, other people, or the future:

> Guys they have all this deployment money and they have all this time off and they want to make up for a year in a weekend. And it leads to a lot of problems… drinking, just going crazy because they don't worry about anything. They're not worried about their bank account. They're not worried about their jobs. They just don't care. I think you learn after the first or second [deployment] that that's not good but you're also not coming home just wanting to, you know, hold your wife or girlfriend for a week straight.

Another Veteran described the use and abuse of substances to fill the emptiness created by the lack of excitement and danger after return from combat. His use of the word "void" succinctly captured the gnawing emptiness medicated with alcohol.

> Guys go and they try and fill that void with going to the bar every night. They are just looking for something to get them going every single day. They are just looking for that rush of whatever it is. There are no deployments here… don't raid houses here. There are no fire fights here working at Home Depot, so they have to find that rush somewhere else.

Another soldier articulated the same sense of emptiness felt upon his return, with which he coped by drinking. The quote reveals a stark image of his existential vacuum after war, exacerbated by his unemployment and lack of structure, which contrasts sharply with the very clear structure he found while deployed:

> [After returning from war] I really didn't see… any of the guys that I just spent, you know, a year with. I came home on unemployment and I just… drank a ton of beers. I was drinking beers every day from like when I woke up to when I

pretty much went to bed like at 2:00 a.m. It was bad. It was bad for the marriage.

It just didn't work out but, yeah, so coming home was rough… not having a job

and having a ton of freedom, you know, and being used to like, you know, before

being told, you know, where we're going to go, what we're going to wear, what

time to show up and, you know, go through the same thing of, you know, PM

shifts in the vehicles, and prepping the weapons and getting everything loaded up,

and having your pre-mission briefs and, you know, your order of movement and,

you know, all that coming to home to silence, you know. She'd go off to work.

We didn't have [our child] yet so I would sit here and watch TV and, you know,

just screw around until I felt like going and do something.

Suicide and substance abuse. The very strong link between substance abuse and

suicidal ideation or attempts is well established, both among civilian samples and the

military (Bachynski et al., 2012; Black, Gallaway, Bell, & Ritchie, 2011; Conner,

McCloskey, & Duberstein, 2008; Ilgen et al., 2010). Thoughts of suicide combined with

unsafe use of drugs or alcohol were not uncommon among participants. Some reported

coming very close to committing suicide in the previous year, typically because of major

losses in sources of meaning such as romantic relationships, children, or peers. Most also

knew unit peers and even close friends who had died by suicide since returning. In one

instance, a Veteran spoke of witnessing a close friend and peer spiral downward through

substance abuse after a deeply traumatic deployment marked by the deaths of several

close friends in their unit. He described how the peer was struggling both with

reintegration and no longer serving in the military, as well as the death of a child.

We exhausted every resource [trying to help him] and then we thought that he was

drinking too much and abusing it along with whatever the… medication he was

on. He just was deteriorating and he had, I mean, so many resources that he was involved in. So just like the loss of his child and then you know not having the opportunity to serve. I think it ended up just being too much.

The soldier described by this Veteran eventually committed suicide despite the offers of help. The Veteran's statements reflected a difficult mixture of thoughts and emotions: deep sadness at the loss and also perhaps frustration with what he perceived as the inability of himself, his unit peers, and perhaps the service providers to help the Veteran as he became increasingly depressed and turned to substance abuse to cope with the loss of both his child and his career – both obviously tremendous sources of meaning in life. His use of repetition is suggestive of the difficulty he had in discussing the events, even as he attempted to console himself:

He was going to lose his child, but then you know… having a hard time with not serving and losing his child and not serving and losing his child. So we exhausted every resource.

Another Veteran who drank heavily to numb the void of reintegration described in detail how a series of losses of significant sources of meaning led to his eventually needing to be hospitalized on an inpatient psychiatric unit to prevent him from committing suicide. After returning from his fourth combat deployment, the Veteran reported initially believing that reintegration would be a smooth process. From previous experiences, he recognized the need to create structure in purpose in his life.

Dealing with the deployment from my aspect of it… I didn't come home and do what I wanted to do. I didn't party too much. I knew that I had to get back into work. I knew just be done with it and go on.

By being "done with it," the Veteran was referring to the need to create psychological distance between himself and the deployment, and to actively resume living as a civilian no longer at war.

We might reasonably suspect that this Veteran would be likely to effectively navigate the difficulties of reintegration based on his experience with it, his awareness of the need to proactively create structure, and the concrete actions he reported taking [e.g., finding a job as quickly as possible). As with the above description of the Veteran who died by suicide, however, the loss of crucial sources of meaning (e.g., a child, a loved one, or a career) combined with substance abuse led to the unraveling of his positive intentions to reintegrate.

> I thought in my mind that I had it down pat… that it is going to be all going nice and fun when you get home at first and then doesn't last. You need to get right back into it what you do on a normal basis. That part I was able to do fine, but I ended up having relationship issues so that was obviously a huge deal to me.

The stress of the subsequent relational dissolution from his long-term partner combined with the stresses of reintegration caused a cascade of problems, at each turn resulting in increasing losses of social support and contact, and greater isolation and sadness. The Veteran's story reflected a rapid loss of key sources of meaning, and a parallel descent into depression and suicidal ideation.

Coping with drugs or alcohol often exacerbated current difficulties, created new problems, or both for these Veterans, leading to the loss of important people, purpose-giving careers, or social support. In the process, substance abuse-fueled mental health concerns such as depression, anxiety, and post traumatic stress worsened.

The protective value of creating multiple sources of meaning in life. Despite the often substantial hardships both of war and reintegration, most Veterans interviewed reported that they were doing well if not thriving, even as they discussed many of the same hardships just described. This was particularly clear by the second wave of interviews a year later, after the Veterans had a year to develop new sources of meaning

and structure their lives around them. A strong and recurring theme among such Veterans became clear through the analyses: those who proactively built and maintained several strong and reliable sources of meaning seemed to navigate reintegration more effectively. They were less likely to be depressed, consider suicide, abuse substances, experience social isolation, or experience divorce. These Veterans identified clear sources of meaning that allowed them to focus on future purposes, live according to healthy values, maintain a sense of effectiveness in daily living, and maintain a sense of self-worth. Moreover, between the first interview and the second a year later, the sources of meaning for these Veterans tended to be prominent, stable, and often strengthened, even if significant changes in their lives had occurred.

In one example, a Veteran was released from a coveted full-time position in the National Guard after the war, thus losing a major source of income for his family, as well as a significant source of purpose and direction in life. He was emotionally devastated by the loss and angry at the military, but refused to be defeated.

> It was huge. I felt like my soul was just ripped right out of me. Like everything I
> did for [many] years and the sacrifices… I felt like all of the hard work and all the
> extra hours I put in and all the literally blood, sweat, and tears that I gave to the
> Army and the National Guard as an active duty soldier were just completely
> dismissed and didn't matter. That really hurts your soul.

He first turned to his spouse for support, whom he described as his "best friend." She provided him with a strong, reliable source of validation. This in turn helped him maintain an optimistic outlook, a form of self-regulation. Similarly, focusing on another strong source of meaning in his life—providing for his children—helped him identify and accomplish concrete steps he needed to take in order to find a new job and continue providing for them.

His values also provided a source of comfort during the very difficult months that occurred after his job loss. Second to family and career, the Veteran reported a strong drive to constantly improve his life and immediate environment. He expressed strong self self-efficacy and confidence in his ability to overcome challenges. By directing his energy into a long list of tasks at home, the Veteran was able to take his mind off of the difficulties temporarily while also accomplishing something to improve the family home. This in turn provided a sense of accomplishment and bolstered his sense of self-efficacy.

The Veteran also valued himself enough to know that he needed to focus on healing and recovering from the loss. His language reveals that he is struggling to not think of himself as a failure, particularly in the eyes of meaningful others in life. But the cherished value of tenacity or mental toughness helped this Veteran maintain a sense of self in the face of the setback:

Of course being the success that I was and feeling like an immediate failure and…
I failed everybody. Not myself; I failed my spouse. I failed my kids. It ripped up
my soul. Every day I try to repair a little bit more. I will prevail. I'm not… I'm
not a failure. We hit a bump and I just have to get over the bump. This isn't a stop
sign. It's just a bump.

Another Veteran who deployed multiple times reported several central values in his life that sustained him during a difficult deployment and when he returned.

I think the first thing is our faith, our religion. It's just is having that in common
together that we shared together and our trust in something larger than us helps. It
definitely does.

The Veteran reported a very strong sense of faith that had not waivered at all during his multiple deployments, or in the difficulties between and after them. From his religious values and affiliation, the Veteran reported a stronger relationship with his wife (another source of

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meaning), as well as clear values and direction in difficult times. He also derived a sense of

support and fellowship with other Christians while on deployment, which he cited as a key

source of meaning during the arduous year away from home. Referring to his faith:

> I think it made my job a little bit easier and then, I can focus on my mission and
>
> being a leader… because I didn't have to worry about [the risk of dying], I guess.
>
> It wasn't something that would distract me. There were other guys, too, in the unit
>
> or other civilians that were contractors that were Christians, too. So, we would get
>
> together and talk or in Iraq, we had a Bible study with some of the police trainers.
>
> So that helps, a lot, too. You can do something and kind of get out of being
>
> deployed for a little bit.

The Veteran also cited his soldiers and the mission as being deeply important to him:

> For me, just being focused on my mission and my guys, doing everything I can to
>
> make sure I brought them home. My mission… was taking care of [soldiers] and
>
> bringing them home. So, being focused on that really helped because it wasn't
>
> like the first deployment, where I was new, you know, first time going to war and
>
> deploying.

He also cited living deliberately, with goals and plans in mind to guide his activities, both present

and future, and to even help sustain his marriage in difficult times. It is clear that by setting

shared goals with his wife, he is able to maintain a sense of focus on his purpose in life even

when encountering obstacles.

> It was just kind of raising our awareness and saying, 'This is our goal. This is
>
> what we want to work toward.' And it didn't have to be a lot because we both
>
> kind of really get it. That's our goal. That's what we want to do. You don't know
>
> how it's going to all play out. You have to figure it out as it comes. And so, as

long as you have that stated goal, that shared goal, then, even when it gets tough,

you can remember, 'Okay, this is what we're attempting to do.'

The Veteran's marriage and extended family were also very important to him. He described at length how he valued his wife's thoughts and opinions, and how they used each other as sounding boards to develop plans for a variety of potential hurdles they might face while he deployed and during his reintegration:

One of the reasons why it went well is because we were intentional about it. We

talked about it before I got back and we would talk a lot about it after I got back

to be just intentional about it, instead of just, not a free-for-all, but more of trying

to find our own ways. We were purposely doing it together.

He described how he and his wife would spend time together just talking and sharing their days after deployment, and how his trust in her was complete. He seemed to derive a very strong sense of reliability and love from his marriage, and she reported the same. Central to this seemed to be the deliberate efforts they made in many domains to plan and sustain their relationship.

Finally, a Veteran who reported not only having a difficult deployment and more difficult reintegration also reported a long history of trauma in his family of origin. The Veteran described growing up in an impoverished, violent neighborhood surrounded by crime, substance abuse, and family problems. He received little validation or support from his family, and instead implied that he learned primarily negative lessons from the family. He joined the military to escape and to become part of something larger than himself; in the process was able to identify and develop new, deeply meaningful values that sustained him through many difficulties. Foremost among those values, he said, was

his faith in God and his Christian church, two sources of meaning that seemed to influence many other values he held:

> I believe in God, family, and country in that order, and that holds me together. I have faith in my God. That's one thing I rely on: my God. I can just be the best person I can be. I have trust that I will be guided and that really gets me through a lot and I do the best I can on that 10% [that I can control].

The Veteran talked candidly about how much he struggled earlier in life and even in the military before finding peace and reasons to continue living in his religion and marriage. Referring to nearly committing suicide:

> I've looked down the barrel of a gun before. You know [suicide is] way too easy. You know if I just checked out everyone that relies on me – my whole family – would collapse. You know she would collapse, you know what I'm saying because I wasn't able to see that through.

The Veteran then describes how not having a job left him with too much free time, and he began to ruminate about his difficulties.

> This is pre-deployment, but that allowed me to sit there. And you can't sit there and get consumed by that because also my religion, too. Then comes sin; you become slothful and open up Pandora's box to other sins and then you have no values and then what's the use of living? We all do what we want and there is no order.

This quote provided perhaps the clearest example of how adherence to values increased self-regulation among the Veterans, even when close to suicide. Despite encountering circumstances in life so painful that he wanted to die, the Veteran was able to summon his values and regain a sense of purpose and self-worth. The quote also reinforced how having multiple

sources of meaning conferred more protective value than a single source of meaning or none. In this case, the Veteran cites his extended family, his wife, his religious values, and even the greater good of society as reasons to not die.

Discussion

This study provided descriptions of Veterans' efforts to seek and rely on sources of meaning as they cope with the many challenges of life after combat. Combat deployments are unquestionably stressful and dangerous. More surprising, however, is the degree of difficulty encountered by many Veterans when they leave the dangers of a war zone and return to an ostensibly safe and comfortable home environment. The soldiers interviewed in the study – all members of the Army National Guard – often fare worse than their Active Duty counterparts (Milliken et al., 2007), whose careers in the military continue to provide them with many robust sources of meaning and purpose after combat, in addition to stability and financial resources.

The powerful need to fill the existential vacuum once occupied by the war. Almost all of the participating Veterans reported difficulties during reintegration, ranging from modest challenges easily overcome to struggles and pain so great they considered or even attempted to die by suicide. Paradoxically, the stage for this sometimes calamitous change appears for Veterans to have been set by the richly meaningful and fulfilling nature of military service itself. Most Veterans reported finding a deep sense of meaning and purpose in their military duties; they used words such as "pride", "importance", "accomplishment," "growth," "better," "respected," "valued," and "gratitude" when describing what they felt as they served in the military. They also described having a clear sense of identity and clearly defined role while deployed. For many, these feelings preceded the deployment, though most reported a heightened sense of this during war.

The strong and clear values of the Army, difficult missions, shared sense of purpose, strict moral and professional standards, visible signs of success (e.g., rank, merit awards, and proficiency badges), and deep, often unspoken mutual understanding and loyalty among comrades provided the Veterans with a profoundly meaningful existence that would prove very difficult to recreate once they returned to their civilian lives. It is perhaps an unfortunate side effect of the success the military has in building meaning and shared purpose in the process of defending the nation that such success could leave Veterans deeply vulnerable after concluding their service. There is likely no simple solution to this. At least one Veteran recommended a much slower, more gradual reintegration process, possibly by spending a period of weeks in a location other than home and still away from family, slowly acclimatizing to life after war. Others, however, criticized or dismissed the benefits of lengthy reintegration periods spent away from family at military bases. It remains clear that during the process of returning to their previous civilian lives, Veterans often grow frustrated with employment that gives little sense of meaning, filling roles that do not engender a sense of identity fulfillment, and interactions with others who often cannot understand or identify with their military experiences.

Despite frequently voicing complaints about many facets of the military, their units, or reintegration, virtually all of the Veterans experienced some degree of emptiness stemming from a longing to deploy again. Most participants strongly desired an opportunity to return to war, citing a pervasive sense of emptiness and lack of purpose during reintegration, along with a desire to continue being a part of important missions. When they did not report such emptiness so directly they often described an inexplicable sense of nearly-constant anxiety or agitation. Veterans seemed to struggle with how to

cope with the emotions, which they soothed with any of a variety of behaviors ranging from healthy and adaptive to deeply unhealthy and even destructive. These findings lend greater credence to the assertions of both scholars and psychotherapists who describe the vacuum frequently experienced after meaningful and intense experiences (Frankl, 1992; Maddi, 1967; Sartre, 1964; Steger et al., 2011; Yalom, 1980).

The experienced Veterans who had deployed more than once generally reported being aware that they would encounter these difficulties during reintegration; they were also aware that it was unwise to cope in harmful ways such as excessive drinking or thrill seeking. In spite of such knowledge, however, several interviewed still reported struggling significantly when navigating the return to civilian life after combat, including two Veterans who required inpatient psychiatric care to prevent suicide. Almost all reported feeling a sense of isolation and being misunderstood when home, whether by friends and neighbors or by potential employers. Only fellow Veterans seemed to be able to grasp the nature of the struggles during and after war.

It thus seems that the dramatic change from combat to "boring civilian life" as one Veteran put it is for many Veterans exceedingly difficult to accomplish, even when they are experienced in the transition and making efforts to cope effectively. This also is suggestive of the ways in which loss of meaning can diminish self-regulation (Baumeister, 1991). Increased substance use and abuse, interpersonal difficulties, emotion dysregulation, and problems at work are but a few of the symptoms of the reintegration challenges (Bachynski et al., 2012; Bray et al., 2010; Gadermann et al., 2012; Mysliwiec et al., 2013; Risdall & Menon, 2011; Seal et al., 2011).

Feeling mistreated or betrayed by the military. Frustration was the most frequently coded emotional experience among Veterans. With few exceptions, the Veterans identified one or more issues that left them feeling varying degrees of frustration, ranging from mild to something more akin to deep anger and bitter resentment. Often the source was their unit, rigid policies and procedures, fellow soldiers or leaders, or promised sources of support such as healthcare through the Department of Veterans Affairs. Typically, such frustration was relatively mild and transient; for some it was far deeper and long-lasting. As described above, those Veterans who returned home with some form of injury who then encountered obstacles to care tended to be the most deeply disaffected. In response to such barriers to care, many Veterans reported coming to believe that their injuries and sacrifices to the military and to the nation were meaningless in the eyes of the government or their fellow citizens. This experience in particular seemed to have a deeply disturbing and angering effect on those who encountered it, and led some down the path to substance abuse as a means of coping.

Others perceived mistreatment by their units, whether by fellow soldiers or by leaders. These experiences also embittered the Veterans who experienced them and seemed to greatly complicate their ability to find a positive sense of meaning from their deployment experience.

Substance abuse as a barrier to finding meaning. Substance abuse particularly with alcohol emerged as a powerful barrier to healthy coping and reintegration in general, and meaning making in particular. Substance abuse appeared to inhibit meaning making in several important ways. The Veterans who reported problematic substance use almost invariably expressed some degree of shame or guilt when discussing their substance abuse. Others avoided discussing it, and the interview team only learned of such

problems later when talking individually with spouses or partners, or at the second interview a year later. Perhaps the Veterans' knowledge that they were avoiding tackling problems directly left them feeling shame, in the process fueling their misuse of substances and diminishing their self-worth (McGaffin, Lyons, & Deane, 2013).

Very often, avoidance through alcohol led to missed opportunities to proactively identify and attempt to solve problems, a process that also negated potential opportunities to boost their sense of self-efficacy (Bandura, 1977; Baumeister, 1991). Coping by means of substance abuse not only inhibits effective problem solving, but also interferes with other important facets of meaning, including pursuing one's larger purpose and living according to one's values (Nicholson et al., 1994). To recall Baumeister's model, self-worth, self-efficacy, purpose, and values are the central components of our universal need for meaning (Baumeister, 1991). For those Veterans who reported substance abuse problems, many also reported significant relational difficulties as a direct result (Collins, Ellickson, & Klein, 2007). If meaning is, as many posit, largely a product of our living in a social environment (Baumeister, 1991; Berger & Kellner, 1964; Twenge et al., 2003), it becomes clearer still how problematic substance abuse can be when attempting to find or cling to sources of meaning.

It is well established that suicide rates are at historically high levels in the military ("Army Health Promotion, Risk Reduction, Suicide Prevention Report 2010," n.d.). Still, suicide remains a comparatively rare event, with approximately two in ten thousand soldiers actually completing it each year (Department of Defense, 2014). Despite the relative rarity of the event, talk of suicide repeatedly emerged in the study, even as the interview guide did not include questions about suicide. Every participant who discussed suicide implicated substance abuse as a concomitant factor. Several Veterans had

attempted suicide or been hospitalized because of suicidal ideation. Many others knew of members of their unit who had died by suicide; as one Veteran stated he had lost several comrades to suicide while another lost two close friends in less than a year. Because this study did not focus on suicide, the precipitating events and surrounding details are only minimally known to this team. Thus, any conclusions are tenuous at best. However, it is clear that significant losses typically precede successful suicide (Joiner, 2005), thus leaving open the possibility that lost meaning and diminished self-regulation contribute to suicide. It was also clear from participants that substance abuse or addiction reliably compounded difficulties, making some worse (e.g., job hunting) while creating new problems in the process (e.g., relational strain).

      The protective value of creating multiple sources of meaning in life. The Veterans who appeared to be reintegrating and living well – particularly at the second wave interview more than a year after their return – did not simply avoid the difficulties encountered by their peers who were struggling greatly. In fact, among the Veterans who reported that they were doing well, many reported experiencing significant adverse events during the war or after their return. Thus, having multiple sources of meaning did not preclude difficult experiences. Instead, what seemed to set these Veterans apart was their willful decision to pursue multiple, robust, and redundant sources of meaning in their lives, which in turn provided them with enhanced abilities to cope and overcome. When they encountered difficulties, for example, they had spouses, extended family members, faith in God, their fellow soldiers, their deep self-reliance, or their aggressive problem solving styles on which to rely. Should one of those sources somehow fail – as was not infrequently the case among participants – the Veteran then had other sources

ready and waiting. Contrast this with a Veteran who reports either no significant sources of meaning or perhaps one on which he or she relies exclusively.

A parallel process often observed in such Veterans was a proactive, intentional way of living their lives. These Veterans were not passive in the sense of waiting for meaning and purpose to simply fall into place. Rather, many reported actively thinking about such matters, for instance by questioning their values and seeking to find something better or greater than they previously held. One Veteran who grew up in a dysfunctional family environment embodied this well: he seemed almost compelled to aggressively rebuild his life around what he considered unassailable sources of meaning such as God, his marriage, and his country. Secondary to those values, he cited his relentless pursuit of a better career and financial stability to support his family as a key means of regaining his self-respect after struggling for years with depression, alcoholism, and suicidal ideation. His interview is replete with forceful statements about what he believes is right and how he refuses to deviate from those values.

One could rightly assert that this latter quality of aggressively facing life and defining one's own values itself stems from the presence of another source of meaning Baumeister (1991) describes, and which occupies a place of centrality in psychological literature: self-efficacy (Bandura, 1977). Those who fared better after their return did at least anecdotally describe having a high sense of self-efficacy from the outset. Equipped with such faith in themselves to overcome challenges, they tended to persevere and resolve difficulties or at least avoid precarious downward trajectories. Many of these same Veterans stated that this high degree of confidence in their abilities was at best enhanced by the military, and more often a facet of who they have always been. Thus, it seems conceivable that the rich really do get richer, while those who do not possess such

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robust self-efficacy may struggle both to find it and to then employ it in the service of adapting to hardship.

Finally, it is noteworthy that those who tended to report strong sources of meaning at the first wave immediately after deployment were likely to report the presence of the same strong sources of meaning a year later. Conversely, Veterans who gave impoverished accounts of what was meaningful in their lives often had similarly impoverished stories a year later. Often such Veterans cited one element that sustained them (e.g., "Getting my soldiers home," or a valued relationship). An exception to this trend occurred in a small number of respondents who appeared to be struggling significantly at the first wave interview. The painful experiences they were enduring seemed to motivate at least some of the Veterans to begin a search for new sources of meaning in life; by the second wave several reported much stronger faith in God, finding satisfying and meaningful careers, or being romantically involved in more stable and uplifting relationships.

Study limitations. As a qualitative design, the findings of this study may not generalize beyond the relatively small number of Veterans interviewed. Further, participants' potential concerns about anonymity and confidentiality may have led them to filter or otherwise change their responses (Anderson, 2010). Similarly, concerns about social desirability when working over an extended period of time with a research team may have influenced statements as well. Sampling may also present limitations. All participants were volunteers and randomization was not a consideration. Finally, the use of multiple interviewers and a semi-structured interview guide simultaneously introduced the competing possibilities of unique interpersonal differences between interviewers and their styles, while the use of a semi-structured guide may have constricted interviews to only those subjects introduced.

Conclusion and clinical implications. Several important implications arise from the findings of this study. First and perhaps most obvious, service members as well as military leadership need to be aware of the importance and value of multiple, strong sources of meaning in life beyond military service alone. While military service in general and deployments in particular can offer a rich source of meaning, intensity, and identity, such service is in essence a singular source, and time-limited by default. Those who find meaning in a single source such as their career may be at especially high risk of negative outcomes should they lose that source. In contrast, the presence of strong, redundant sources seems to offer a form of psychological insulation from the often painful realities of life, both during and after deployments. Encouraging service members to live rich, varied, and meaningful lives is one possible response.

Participants in our study who reported an impoverished sense of meaning seemed to struggle more than most with depression, anxiety, loneliness, and substance abuse as they sought fulfillment. Clinicians working with military populations who show these symptoms may wish to directly explore sources of meaning or personal fulfillment in their clients as a means of tapping into unseen sources of future orientation in the form of purpose, goals, and values. Those struggling with substance abuse are at particularly high risk of negative outcomes, and are likely to struggle more than other to find sources of meaning. Substance abuse not only impedes the kind of higher cognitive functioning necessary for job hunting and fulfillment of other responsibilities. It also tends to alienate important people, robbing the person of important sources of support and meaning in the process. Several Veterans in the study reported this experience.

Finally, despite our exclusionary criteria against reported suicidal ideation or attempts combined with the use of an interview guide that avoided mention of suicide, the topic arose repeatedly in interviews. In short, suicide is a seemingly omnipresent

concern among the Veterans we interviewed. Whether they had considered suicide, attempted it, or knew of peers who had, a large number of our interviewees introduced the topic during interviews. Among those who volunteered that they had considered or attempted suicide, a common thread was a recent loss of a cherished relationship often made worse by the emotional difficulties of reintegration. Several who endorsed past attempts also described growing up in deeply dysfunctional families, perhaps leaving them at greater risk of meaninglessness when they lost an important romantic relationship in adulthood. Without the benefit of meaningful family ties to rely on in difficult emotional times, these Veterans seemed to feel deeply alone and hopeless. Here again we see the value of multiple, strong sources of meaning that can fill the void created by painful loss.

CHAPTER 5: STUDY TWO

Military Couples after Combat Deployments: The Pivotal Role of Life Meanings

War for virtually any couple is an extraordinary experience. For members of the US Army National Guard, the past 13 years have brought repeated combat deployments often a year or more in length. During these deployments, family members at home must learn to cope with nearly constant fear and worry about their soldiers, while living with the uncertainty about the soldier's condition and the future (Huebner, Mancini, Wilcox, Grass, & Grass, 2007; Skomorovsky, 2014). Spouses or romantic partners of the soldiers must often assume added roles as well, taking sole responsibility for running a household, raising children, paying bills and – in essence – doing all of the things the couple previously shared. Unlike many Active Duty military families who live on large military bases or installations, members of the Guard typically live in predominantly civilian communities, geographically isolated from other military families and all of the support that comes from living on a base. Many challenges facing the National Guard and their families during and after war are unique, and appear to present significant added stresses (Gorman, Blow, Ames, & Reed, 2011).

This study focused on the experiences of 30 National Guard couples both after a combat deployment. In a series of in-depth qualitative interviews, we met with couples shortly after the combat Veteran returned home, and again a year later. We sought to answer many questions about how couples and families navigate these stress-filled deployments and extended separations; a key element of this complex process is meaning making, or the ability to identify important sources of meaning that lend coherency to experiences and, critically, enhance self-regulation (Baumeister, 1991). Understanding how couples struggle to make and share meaning may help illuminate the experiences of family recovery after combat.

The Effects of War on Soldiers and Families

The Global War on Terror has exacted significant psychological, social, relational, and professional strains on the nearly 2.2 million American service members of all branches who deployed. More than 6,800 US service members have been killed in action, and more than 52,000 have been wounded in action ("United States Department of Defense," 2014.). Many hundreds of thousands more have survived, only to return home with physical or psychological injuries. Among the various branches of the military, however, members of the Army National Guard in particular appear to struggle after combat. While 20.3 percent of Active Duty Army soldiers will report symptoms of distress meriting further psychiatric evaluation, 42.4 percent of NG soldiers will report the same shortly after returning (Milliken, Auchterlonie, & Hoge, 2007).

More concerning still, studies suggest that such rates of distress actually increase during the initial year after their return from combat before beginning to stabilize and decline ((Hoge, Castro, Messer, & McGurk, 2004; Thomas et al., 2010). Ailments including depression, traumatic brain injuries (TBI), post-traumatic stress disorder (PTSD), other anxiety disorders, adjustment disorders, and substance abuse affect hundreds of thousands of soldiers and Veterans (Hoge et al., 2004; Ilgen et al., 2010; Kim, Thomas, Wilk, Castro, & Hoge, 2010; Owens, Steger, Whitesell, & Herrera, 2009). Rates of suicide in the military have never been higher, and they now eclipse those of the civilian population for the first time ever recorded. Across the military in 2013, 259 Active Duty service members and 220 National Guard or Reserve Component service members committed suicide (Department of Defense, 2014).

In comparison to the body of literature on the experiences of service members significantly less research exists detailing the experiences of partners of military personnel and the processes by which they navigate difficult deployments and reintegration. Such research is critical; nearly three-fourths (72 percent) of these families experience significant stressors such

as marital or family problems, employment difficulties, mental illness, substance abuse, or coping with injuries, among others (Interian, Kline, Callahan, & Losonczy, 2012). A study of 940 spouses of Active Duty Army soldiers found elevated rates of distress across a wide range of diagnostic categories. 16.9% of the spouses surveyed endorsed experiencing a moderate to severe emotional-, alcohol-, or familial-problem, with 21.7% reporting such problems were negatively affecting their quality of life at work or in other domains. 12.2% met criteria for major depression, 14.7% for generalized anxiety, and 19.5% met criteria for both. 4.3% endorsed excessive alcohol consumption, and 3.0% reported needing to reduce their alcohol consumption (Eaton et al., 2008). Other studies of Active Duty spouses have revealed similar difficulties spouses (cf. Mansfield et al., 2010; SteelFisher, Zaslavsky, & Blendon, 2008).

While studies of the partners and spouses of Active Duty members are limited, still less is known about those in the National Guard. The studies that do exist reveal significant struggles both during and after deployments. In one study of Army National Guard soldiers and spouses (n = 332 and 212), high rates of mental distress were observed in both groups. 34 percent of partners in the sample met criteria for at least one mental disorder (Gorman et al., 2011). 17 percent of partners met diagnostic criteria for PTSD, 22% for depression. 10% reported recent suicidal ideation and 3% reported hazardous levels of alcohol use (Gorman et al., 2011). Another study of 1134 National Guard soldiers and 674 spouses (Blow et al., 2013) yielded still higher rates of problematic alcohol consumption. 29.2 percent of service members and 10.7 percent of partners reported hazardous levels of alcohol consumption.

The wide range and severity of stressors facing military couples can place considerable strain on military marriages and romantic relationships. Many or perhaps most couples navigate such turbulent times effectively, maintaining their marriages in spite of difficulties. A moderating variable during such times may be social support both within families and from

external relationships, potentially reducing stress at home and fostering coping (Skomorovsky, 2014). For some couples, however, the stresses exceed previously-developed coping capacities and skills, particularly when the Veteran returns with injuries. In addition to challenges such as extended separations, uncertainty, role upheaval, and poor communication, psychiatric problems such as PTSD, anxiety, depression, and substance abuse have well-established links to diminished relational satisfaction (Renshaw, Rodrigues, & Jones, 2008). Perhaps surprisingly, the relational stresses incurred during times of war do not appear to lead to higher divorce rates (Karney & Crown, 2007). Divorce however is only one indicator of marital strain, and tends to occur well after the precipitating events (Adler, Bliese, & Castro, 2011).

Although existing research on military couples and families lags behind studies focused on service members it is clear that the spouses and partners of Veterans endure significant hardships both during and after war. It is essential to continue researching this at-risk population, particularly in order to identify and enhance potential protective factors. The present study focused on one factor known to enhance self-regulation in individual subjects, namely the ability to develop a robust sense of meaning in life. To date, no studies have examined this process in military couples.

The Role of Meaning Making in Couples

Life's meanings can be a challenging, sometimes unsettling topic to consider closely. Meaning in life is ultimately a deeply personal construct that individuals decide for themselves (Baumeister, 1991). Moreover life does not seem to offer us a single meaning; rather, meanings exist along a continuum of complexity ranging from the overarching purpose of one's life or the reasons humans exist, to the mundane meaning of a street sign. In whatever form and scale it is found, however, meaning helps us understand and explain the relationships between ideas, objects, people, events, processes, and so on (Stillman et al., 2009).

Baumeister (1991) proposes that we can cluster meaning into four broad categories he calls our "four needs for meaning" (p.29). These include the need for a *purpose* to direct our activities toward future outcomes; a sense of *efficacy*, or confidence in our ability to successfully achieve goals in our lives; to live a life of *value* or moral justification, often in accordance with social expectations, and; to live a life that of *worth*, whether in our own eyes, the eyes of others, or of our God.

Acting to fulfill these needs serves powerful purposes in our lives. "A meaningful life," according to Baumeister, who wrote perhaps the authoritative text in the social sciences on the matter, "is one that makes sense to the individual and has a purpose (Stillman et al., 2009). Beyond simply making sense, however, Baumeister and others such as Viktor Frankl propose the critically important idea that the real benefit of life meaning is self-regulation, especially in the face of hardships, grief, and loss (Baumeister, 1991; Frankl, 1992; Wong, 2012; Yalom, 1980). Philosophers have been saying much the same. Nietzsche's dictum, "When one has one's *wherefore* of life, one gets along with almost every *how*" (Nietzsche, 2009, p. 7), succinctly captures how a reason *why* helps us cope with any *how*.

A significant body of research supports these philosophical and anecdotal assertions about the functions of meaning. The presence of meaningfulness in one's life correlates with a variety of positive mental health outcomes, including greater happiness and positive affect (Hicks & King, 2007, 2009; King, Hicks, Krull, & Del Gaiso, 2006), satisfaction with life and work (Chamberlain & Zika, 1988; Steger & Kashdan, 2007; Steger, Oishi, & Kesebir, 2011), a greater sense of hope for the future (Feldman & Snyder, 2005; Mascaro & Rosen, 2005; Schneider, 2001), enhanced capacity to cope with stressful events (Kleiman & Beaver, 2013), and better physical health (Chamberlain & Zika, 1988; Reker, Peacock, & Wong, 1987). People with a strong sense of meaning in life have even been shown to be more interpersonally

attractive, potentially enhancing their social connectedness and generating support and protective factors in the process (Stillman, Lambert, Fincham, & Baumeister, 2011).

An impoverished sense of meaning, by contrast, correlates with a variety of negative outcomes. Increased depression and anxiety (Debats, Van der Lubbe, & Wezeman, 1993; Lyke, 2013; Owens et al., 2009), substance abuse (Nicholson et al., 1994), stress (Park & Folkman, 1997), need for therapy (Battista & Almond, 1973), and suicidal ideation (Kleiman & Beaver, 2013) have all been shown to correlate with the absence of meaning or the search for it. In each of these areas, reduced self-regulation is a readily apparent contributing factor.

The social foundation of the four needs for meaning. While each person must decide what he or she considers meaningful, social relationships often provide powerful reinforcement of what we deem meaningful. As deeply social animals often dependent on others for survival, humans arrive biologically equipped to engage in reciprocal processes of making and sharing meaning (Baumeister, 2005). Our close relationships, our positions in society and organizations, and the broader culture within which we live and relate are critical sources from which we glean meaning (Baumeister, 1991; de Figueiredo & Frank, 1982; Stillman et al., 2009). Significant others model important facets of meaning, provide reflections or feedback on meaningful matters, and sometimes even confer sanctions on those who violate the tenets of meaning. This perspective obviously aligns with the robust literature demonstrating the evolutionary value and lifelong importance of social relationships to both humans (Bowlby, 1958; Buss, 1990; Fromm-Reichmann, 1959; Lambert et al., 2013; Stillman et al., 2009; Sullivan, 1938) and many animals (Griffin & Harlow, 1966). Isolated from others and deprived of meaningful interactions, humans quickly show signs of regression, demoralization, and even decompensation (de Figueiredo & Frank, 1982; Grassian & Friedman, 1986; Haney, 2003).

The loss of close relationships or social inclusion can have rapid and potentially devastating effects on one's sense of meaning and, critically, to self-regulate under stress (Baumeister, 1991; King & Geise, 2011; Lambert et al., 2013; Stillman et al., 2009; Twenge, Catanese, & Baumeister, 2003). Especially potent, however, is the experience of social ostracism, or the deliberate exclusion or rejection by others. Increased aggression (Warburton, Williams, & Cairns, 2006; Williams & Wesselmann, 2011), decreased mood (Zwolinski, 2012), diminished self-control (Jamieson, Harkins, & Williams, 2010), reduced perceptions of relational value to others (Wirth, Sacco, Hugenberg, & Williams, 2010), reduced implicit and explicit self-esteem (Wirth et al., 2010), and increased depressive symptoms through diminished self-control (DeWall, Gilman, Sharif, Carboni, & Rice, 2012) are all potential effects of social ostracism. The negative effects of being ostracized or forgotten appear to quickly result in a diminished sense of meaning in life (King & Geise, 2011; Stillman et al., 2009).

The special case of marriage or close romantic partnerships. Shared meanings are integral to couple experiences. As Orbuch, Veroff, and Holmberg (1993) note, the shared meanings couples make reflect important processes that enhance their relationships, in part through enhancing the capacity for self-regulation: "As a couple attempts to weave the disparate events of their courtship together into a coherent whole, the meaning that they make could increase security in the relationship by making past events more readily understandable and future events more predictable" (p. 815).

Perhaps the most influential literature on couples and the development and role of shared meanings is a theoretical manuscript written in 1964. Berger and Kellner's (1964) model of meaning making in couples contends that meaning jointly emerges through the confluence of two powerful and above all social sources: culture and the relationship. Each partner brings a unique and cumulative biographical history of norms and experiences. According to Berger and

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Kellner, it is neither essential nor common in contemporary culture for partners to begin their relationships with highly concordant views; rather it is more likely that their views differ significantly. The issue of importance is whether they can forge new, shared meanings.

Within the relationship, partners engage in a process of ongoing, spoken and unspoken validation of meanings. The marriage "validates over and over again the fundamental definitions of reality once entered into, not, of course, so much by explicit articulation, but precisely by taking the definitions silently for granted and conversing about all conceivable matters on this taken-for-granted basis" (Berger & Kellner, 1964. p.21). That brief explanation contains great significance to the present study; this unspoken process may reveal in part how humans develop coherency and meaning in life without apparently devoting conscious attention to the process. It also opens the door to understanding failed attempts to develop shared meaning, particularly in couples who leave unspoken what they find meaningful.

This process of validation extends beyond simple meanings and understandings, however, and ultimately entails a validation of one's world, and "crucially the validation of his identity and place in the world" (p.221). Marriage in other words, is a meaning-producing relationship of the highest order that once begun becomes a central and ongoing source of meaning in life. The mere presence of the partner serves to reinforce and sustain the other, but couple communication processes (both spoken and unspoken) facilitate partners' developing and validate meaning. "In this sense, it is proper to view the individual's relationship with his significant others as an ongoing conversation" (p.221).

Purpose of the Study

The present study had three overarching objectives. First we sought to obtain richly detailed interviews across more than a year of time with returning soldiers and their spouses to better understand their experiences of war and reintegration. Second, we sought to better

understand how both as individuals and couples the participants identified and used their various sources of meaning to overcome difficulties. In other words, we wanted to observe couples' processes around meaning making, particularly in the realms of communication, compromise, disagreement, and potential dissolution or divorce. Finally, we sought to identify important facets both of meanings made and meanings lost in order to inform future studies.

Methods

  Interpretative Phenomenological Analysis. Interpretative Phenomenological Analysis (IPA: Smith, 1996) is a qualitative methodology developed to explore the complex processes of meaning making around significant life experiences (Smith, Flowers, & Larkin, 2009). Researchers focus on such significant events because people tend to attach greater importance to them; as a result, they often have clearer memories of the events and how they subsequently made sense of it. Through a process of repeated and thorough interviews of the individuals involved, researchers develop an increasingly detailed understanding of the processes of meaning making; in the process they also identify and describe an implicit structure of consistent thematic elements across the study participants. Finally, the researchers seek to interpret participants' accounts in order to fully understand how they arrived at their narratives. Ideally, IPA studies focus on a group of individuals who experienced the same phenomenon, providing multiple perspectives on the event while enhancing the clarity of the thematic structure that emerges during analysis (Smith et al., 2009).

  While phenomenological inquiry has existed for more than a century (see Husserl & Kersten, 1983) IPA as a methodology for social sciences is relatively new (Smith et al., 2009). The development of this methodology has permitted the individual's experiential process of finding meaning to move from a position of irrelevance or inaccessibility among researchers to one of central prominence in rigorous research studies (Larkin, Eatough, & Osborn, 2011).

Sampling and participants. All participants in this study agreed to take part in three interviews across a two years time span. Subjects interviewed for the study consisted of Veterans of the Army National Guard as well as their spouses or long-term romantic partners. All were from a large Midwestern state, and all Veterans had recently deployed to Afghanistan as combatants. The study team recruited participants at large Army National Guard events that prepared them for deployments or, upon return from combat, assisted soldiers and families with reintegration. Almost all of the soldiers in the units sampled serve (or served) in combat arms roles, significantly increasing the likelihood that they encountered direct combat – the kind of intense experience interpretative phenomenologists would propose are most likely to generate new sources of meaning in life. Thus, the Veterans and spouses who participated in the study represented an experience or perspective rather than a population, a central consideration in IPA studies (Smith et al., 2009).

Veterans ranged in age from 21 to 43 years of age. The majority (93.3%) of participants were male, Caucasian (76.7%), and relatively well educated (43.3% having at least a bachelor's degree). 6.7% of participants were African American, and 3.3% were Hispanic. 10% reported *Other* for their ethnicity. Family income ranged from less than $25,000 annually to more than $100,000. 40% reported earning between $25,001 and $50,000. All soldiers had deployed at least once, with approximately a third of the sample having deployed twice or more. As noted previously, the majority specialized in combat arms career fields, primarily Infantry or Cavalry. A small minority served in Combat Support or Combat Service Support roles such as Quartermaster Corps.

Spouses and partners ranged in age from 20 to 53 years. All but one were female. The majority were Caucasian (73.3%), followed by Hispanic (10%), African American (3.3%), or

self-classified as o*ther*, (13.3%). Nearly a quarter reported having some college, while 26.7%

reported earning a bachelor's degree. Six percent reported earning graduate degrees.

All activities related to participant recruitment, selection, and qualitative interviews were

approved by the Institutional Review Boards of Michigan State University (MSU), the

University of Michigan, The Michigan Public Health Institute, and Virginia Tech, as well as the

US Army Medical Research and Material Command Health Research Protections Office. All

participants in the study were asked to provide a signed acknowledgment of consent to be

interviewed. Participant rights included the right to know potential risks and benefits from the

interview, as well as their right to have a private discussion with interviewers if they wished.

Participants were advised that they were not required to answer any questions if they so chose,

could pass on answering questions, and could terminate the interview at any time. They were not

denied compensation for any of these reasons. Participants were also advised of the limits of

confidentiality, including the mandated reporting status of interviews for potential issues such as

child abuse, threats to harm others, and neglect, as well as threats of suicide.

Procedure. For the purposes of the present study, participants were interviewed twice,

each time a year apart to best capture changes over time. The first interview occurred shortly

after the Veteran's return from combat and the second occurred approximately 12 months later,

after the couple had experienced a significant time period during which to adjust to reintegration

and create narratives of their experiences. Initial contact with soldiers and spouses by the study

team occurred as noted at reintegration events. Trained study staff made contact through

prepared presentations, and received training and supervision on recruitment methods, military

culture, and means of avoiding coercion of subjects. Given the potential for intentional or

unintentional coercion from involvement by the chain-of-command, study staff made every

effort to ensure that soldiers and spouses were thoroughly briefed on the voluntary nature of the

study, and of their right to leave the study at any point. Each participant received a $50 incentive for each interview. Given the extended amount of time required for each interview (approximately 90 minutes or more), a $50 card for each participant was deemed reasonable compensation but not so valuable as to be coercive. The added inconvenience for subjects to be interviewed in their homes provided further justification for the compensation.

Interviews with couples were conducted by pairs of trained team members. Interviewers typically conducted interviews at subjects' homes, though in some cases interviewees chose to hold interviews at other locations such as private rooms in public libraries. Interviewers began by reiterating the informed consent material and then began the interviews using a semi-structured interview guide developed and piloted by the research team. Interviewees were encouraged to speak at length about their experiences, and to provide relevant examples when possible. In order to elicit detailed descriptions of lived experiences in a manner in keeping with the spirit of phenomenology, interviewers allowed the participants to say as much as they wanted on a given subject. Interviewers rarely asked questions in the strict order of the guide, but ensured that interviewees were provided opportunities to answer all questions. Near the end of each interview, the research team divided to meet individually with the participants. This provided each participant an opportunity to share anything they might not have been comfortable discussing in front of their partner, as well as an opportunity to elaborate on any topic they chose.

I developed specific questions pertaining to meaning making, which were then evaluated and refined by study team members. It was the team's expectation, however, that issues related to meaning making could and would arise throughout the course of the interview; thus the specific meaning-related questions were not expected to be the sole source of relevant content.

During the initial wave of interviews, subjects were prompted to discuss meaning with the following prompts and questions:

Some people report having a sense of life purpose or life meaning that keeps them going during a stressful time such as a deployment or reintegration. Is this true for you? How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over?

Additionally, participants were prompted to discuss how the process of deployment and reintegration influenced their thoughts on diverse topics such as the military, their community, the world at large, and themselves, their families, and their roles in life.

Between the first and second waves of interviews, the team met several times to discuss the interview experiences, to review written notes on the interviews, and to consider various changes to the guide in response to such information. The meaning-related questions in the second wave of interviews were somewhat different, and more deliberately prompted participants to consider actual sources of meaning and how these sources affected their lives. The questions were also more grounded in Baumeister's (1991) theory of meaning in life:

People often say that they have a purpose, or something that gives them self-worth, or something they do well that gives their life meaning. Can you take a moment to think of five sources of meaning that give your life significance and purpose? Which is most important to you and why? How is that list different today than before you deployed? What led to those changes? Did you and your spouse/children/parents share important sources of meaning? Or did you disagree about some of them? (E.g., Service to the nation, to one's unit, to family, to God,

etc.) Did you discuss these? How did you make sense of the deployment

experience? What life purpose helped you through deployment?

Bracketing. Bracketing, or the process of making explicit the researcher's own lived

experiences as a means of reducing their effects of data collection and analysis is an

indispensable feature of phenomenological research (Giorgi, 2012; Husserl & Kersten, 1983;

Smith et al., 2009). I formally bracketed my experiences by first familiarizing myself with the

literature on the experiences and struggles of returning Veterans. Second, I participated in many

of the interviews, and made notes regarding my thoughts about the participants, my emotional

reactions to the interviews, and any methodological changes I believed to be necessary. I also

discussed many of these interviews with colleagues participating in the research study. Next, I

wrote a narrative in which I described how my experiences in the military potentially affected

my judgment; I also wrote about particularly strong emotional reactions to certain facets of

interviews or participants, and also any concerns about publishing on material revealed from

trusting participants. Finally, I engaged in more discussions with fellow researchers regarding all

of these matters in an effort to have potential sources of error identified and discussed. This last

step helped reduce the likelihood I would promote information that either confirmed my

hypotheses or painted participants in an inaccurate light.

Data Analysis

All interviews were recorded and transcribed with all names removed to preserve

confidentiality. Atlas.ti qualitative data management software (Dowling, 2008) was used for data

coding and analysis. I began by reading three pairs of transcripts while simultaneously

developing codes for content that seemed relevant to the research questions and phenomenon

under consideration. This resulted in the development of approximately 350 discrete codes. I

then began formal analysis by reading a pair of transcripts (for waves one and two of the study)

very slowly and deliberately in order to avoid habitually rapid reading and reduction (Smith et al., 2009. p.82). I wrote brief memos for any particularly strong reactions or striking material, both to bracket personal reactions and to highlight salient material. For key segments rich with meaning-relevant content, I often re-read the sections several times in order to better grasp the content as well as the processes underpinning it, writing more memos in the process. In the process of reading the pairs of transcripts, I also wrote memos about changes over time in the couples.

Next, I performed initial noting (Smith et al., 2009. p.83) to highlight anything of theoretical or phenomenological import. I accomplished this by coding using one or more codes from the nearly 350 codes I developed during the initial analysis. After a numerical analysis of the codes used in ten interviews, however, approximately 150 codes appeared so infrequently (e.g., used once or perhaps twice) that they seemed insignificant enough to merit deletion. This did not result in the loss of data, however, because the content was coded using slightly broader, more inclusive codes that still captured the essence of the material. Codes highlighted meaning-related content (e.g., *Mission as a source of meaning*, *Loss of meaning*), psychologically salient content (e.g., *Anger*, *Grief*, *Happiness*, *Gratitude*), and relational content (e.g., *Marriage*, *Divorce*, *Extended family support*), among others. Upon completing this phase, I then wrote a brief summary paragraph of the individual's experiences and the key facets of meaning making that seemed to emerge.

Next, using a combination of techniques including abstraction, subsumption, polarization, contextualization, and numeration (see Smith et al., 2009, p.92-99) I carefully identified superordinate or overarching themes that would provide the initial thematic structure to the interview contents. Using the phenomenological technique of free imaginative variation (Husserl & Kersten, 1983; Smith et al., 2009), I conceptually "removed" superordinate themes

one at a time and then imagined how the participant's story might differ without the presence of that thematic element. This not only clarified the experience of the participant but also served as an additional means of confirming the functional value of the theme to the participant. I then read each transcript again, selecting quotations from the material that seemed to best capture the superordinate themes for a given participant.

Moving to the next transcript, I used the short summary as a prompt to bracket the unique facets of the interview just analyzed before starting work on another transcript. After coding the transcripts I then worked to identify patterns across the participants' experiences (for detailed discussion of the methods used, see Smith et al., 2009, p.101-107). This resulted in the development of the larger thematic structure for the group of interviews.

Trustworthiness of the Study Findings

Trustworthiness of the findings in a qualitative study is a paramount consideration. (Morrow, 2005; Shenton, 2004). In the present study I sought to enhance trustworthiness in several ways, beginning with a study design that included multiple interviews with multiple participants, all of whom had shared similar experiences (i.e., deployments and reintegration). Subsequent interviews provided interviewers and participants an opportunity to discuss key experiences in the intervening year, allowing both to arrive at a consensus of what is most important to the participants' stories. I maintained an audit trail containing methodological notes, memos from the reading and coding, and the brief summary paragraphs for each interview.

Results

Participants provided richly descriptive stories of their experiences related to deployments. Several superordinate themes emerged during analysis of the couples' manuscripts: (a) spousal growth and new-found meaning in self-reliance and strength; (b) growing together

versus growing apart; (c) multiple sources of meaning as a means of best coping with adversity, and (d) coping with an injured or otherwise changed Veteran after the war.

Partners finding meaning in self-reliance and strength. As was reasonable to expect, virtually all of the spouses described periods of significant stress or hardship during the deployment and after. It seemed as if no couple emerged from the experience without enduring some significant strain, loss, or personal setback. However, the majority of spouses also expressed some form of pride in their ability to dig deep within themselves and muster all of the strength they had to cope with deeply stressful circumstances. Most emerged from these experiences with a deeper sense of confidence in their own efficacy, even when others around them faltered. While they may not have chosen the circumstances they seemed to deeply value the growth they achieved.

Pride in "being able to keep it together" during deployment. As noted above a deployment frequently entails the assumption of even greater levels of responsibilities for spouses at home. With the exception of those fortunate few who had close family either living with them or nearby, most of the spouses reported taking on many new responsibilities that their spouses had traditionally accomplished. While this often led to greater stress, less free time, and the requirement to learn new skills, the spouses uniformly agreed that they felt pride in themselves as they discovered reserves they may not have known they had. One spouse captures this sentiment well as she describes her previously untapped abilities to handle many stressful events and responsibilities on top of coping with her own fears and worries about her husband:

> First of all I guess just being able to keep it together. No matter what was going on I was able to keep my professional life at work. Just being resilient I learned to multitask and get things done and, if something went wrong, to use my resources that were available and to try to fix it.

Her statement contains many of the common themes that emerged among spouses who worked hard to "keep it together" during deployment. She maintained a full-time job, but "no matter what" was able to maintain her professional role while coping with the stress in her life. She acknowledges that she is resilient, suggesting that she identified in herself an ability to recover well from stress. She also identified her ability to learn new skills (e.g., multi-tasking), while exercising the initiative to identify resources when needed and solve problems when they arose. She continues, using the phrase "I can" repeatedly, punctuating her emerging sense of self-efficacy:

> But for me like I said just that I am strong, that I am stronger than I think emotionally and that I can make it through. And in a sense I love having [my husband] but I guess it taught me that I can be okay on my own, and that was important for me because I was an only child and I was spoiled. And just for me, I can do this. That feeling of 'I can do this. I can keep up with the house. I can take care of the animals. I can work full time. I can do this.'

In this segment we see that she is still learning how strong she is. Perhaps she doubted this in the past, or as the segment suggests, she had not needed to demonstrate this level of strength previously in her life. But the deployment gave her an opportunity to exercise her emotional control, particularly in the absence of her supportive husband as well as without her extended family. Her repetitive use of the phrase "I can" reinforces the extent of her growth as a result of the stress and pressure.

Another spouse who gave birth shortly before the deployment describes her struggles in more detail, but also describes a similar process of growth and eventual peace in her ability to fulfill the responsibilities she saw as hers. Her faith in God was pivotal: "Being alone, focusing on [our child], focusing on doing that, I struggled the first month. I, definitely, struggled with

worry more." As she begins discussing her faith, we see a very clear example of how the process of ascribing meaning to a difficult situation helped her cope with hardship. Instead of simply describing it as a difficult time or tough deployment, she instead discovers a purpose for her hardships:

> "For me, I think trusting God that there was spiritual purpose in what we were going through, too. It wasn't just a hard thing and we just had to get through it but, I really believe that God used it for spiritual purposes and spiritual growth in my life and I think in [my husband's], too."

By finding a purpose for the hardships, she transformed them into a positive experience full of potential value and opportunity. She even saw the experience as potentially beneficial to her husband, which may have in some ways transformed the meaning of the fears she felt. We can imagine that not finding such meaning would have left her feeling quite differently than she goes on to describe:

> …learning to find peace in God and peace in his presence instead of just looking to other things. There were times when I still felt really afraid for [her husband] or afraid for us as a family and trust in God's presence and trust in His power to sustain us. So that really gave me an underlying kind of peace and purpose about the whole situation that it wasn't just this thing that we had to get through but, there was something deeper going on.

We can also begin to see how this process of meaning making was an active or willful effort on her part. Instead of "just looking to other things," which may have previously been her default, she somehow chose to pursue another source of comfort, in this case through a higher purpose for her suffering. This then directly benefited her as she wrestled with fears, which the greater meaning softened and replaced with a sense of peace and purpose. This is an excellent

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example of how meaning in life can contribute to self-regulation in difficult times. Later in the interview she describes wrestling with doubts about the mission in Iraq, particularly as others questioned her on it. Here again she relies on her stable source of meaning, perhaps hoping to find a purpose to the grave dangers facing her husband while avoiding the potential belief that the war was meaningless: "I think that's it – that God can bring good out of any situation, even if there is hardship."

Selflessly supporting the soldier as a source of meaning and purpose. Virtually all spouses cited a strong and enduring desire to support their deployed spouses through whatever means they could. Regardless of how they demonstrated their support for the soldier, selflessness was a consistent theme. The spouses who stayed home often reported working deliberately to minimize their needs while working to best meet those of the soldier, whom they saw as being in the more perilous situation. One wife newly married to a deployed soldier captured this as she describes life during deployment:

> There are times where it's so frustrating. It's like, I just wish he was at home. And then I realize that, Wow, he's at war and I'm being kind of selfish... I have to do my part and he does his. He's over there at a place where he doesn't want to be doing things that he doesn't really want to have to do in a place that's absolute chaos and here I am complaining about my water heater or getting overwhelmed with carrying in my groceries.

Here again we see how a shift in perspective from a more narrow focus on self to the larger meaning of the family's situation helps her cope with frustration and difficulties. This shift represents a form of self regulation. She continues, explaining that, with time, her husband and their marriage then become paramount in her mind.

The family: that was my purpose and so I think just not being more self-centered on just my needs and how I felt about things. And ultimately that helped and I think it kept me in check and it helped me to mature a lot because it helped me to think more outside of myself. And that was honestly what kept me going. It really was.

As with the previous spouse, she finds meaning by identifying a greater purpose beneath her hardships. Not only does this help her cope with the difficulties of deployment, but she too finds an opportunity for growth and discovery. Finally, her statement about what kept her going once again reinforces the assertion that meaning enhances self-regulation, in this case by helping her cope with difficulty. "It kept me in check," she says, reducing the focus on herself and her pain and giving her a larger purpose on which to focus.

Dealing with the fallout: Keeping it together during reintegration. For some families life became considerably more difficult after the soldier returned from war and began the reintegration process. Whether because of pre-existing problems in the relationship, injuries or mental health concerns after deployment, or simply the Veteran's struggles to resume life after such an intense year, families faced many new and frequently unanticipated challenges. In some couples the challenges proved to be too great and they ended their relationships or marriages. In many others, however, one or both members of the pair committed to working through the difficulties regardless of how difficult they might be. Often among our participants it was the non-Veteran partner who first made this commitment, frequently because the newly-returned soldier was consumed by recovering from the war and not fully present, psychologically.

For some couples the strains that existed before the deployment and which would plague them during reintegration became more evident even as the spouse at home attempted to offer support and maintain the relationship. One spouse describe how she struggled throughout the

year-long deployment to connect with her husband and support him, even as he seemed to not reciprocate or appreciate the support. "He's my best friend so I always want to talk to him as much as possible. And this [deployment] I think was maybe more of a challenge because they did have access to communication." By "challenge," she is referring to herself. She was attempting to maintain communication and support the soldier while deployed, but as we learn, he preferred to talk less often. "And for him, he can talk to me once a week and that's cool [for him]. And I'm like, 'But you have Skype and you have a phone so why aren't you calling me every day?'" She goes on to say it was the most difficult part of the deployment: "We had a hard time with that. That was probably the hardest thing for us. I mean I'm the communicator. I just like to talk to him."

The problems with communication presaged the difficulties of reintegration for them. In this case the spouse struggled to make sense of her husband's almost compulsive efforts to fill the void in his life after leaving the war.

> When he came back [from war] he said that it felt like… this life is dumb; there's no point to it. Like there's no job that's worth doing, there's [nothing]… Like it's boring, it's slow, there's nothing, you know? After what they did there nothing can compare to it. And I understand that sort of but at the same time I think that that's a skewed perspective. But I don't know how, I don't know, I don't know what the solution to that is.

We can hear the signs of the struggle and possible weariness in this spouse's statement, even as she recognizes the great void the war has created in her husband's life. The Veteran in this example began drinking heavily shortly after his return and eventually developed a significant problem with alcohol. Their experience with a previous reintegration gave them confidence to successfully repeat the process, but the second was more difficult. "We've gone

through it together once already and like I kind of knew what to expect but even then it's still incredibly hard. Like it's just really tough." Despite the hardships, the female participant spoke at length about all of the many things she did in an attempt to help her husband cope with reintegration, particularly by empathizing with his actions and behaviors even though she had difficulty understanding them. Her purpose was clear: to support her spouse in any way she could, even as he isolated himself. She continued to struggle and fight for the marriage, but eventually they separated between the first and second interviews.

In another couple who struggled considerably after the soldier's first deployment, the spouse's sources of meaning were essential to saving the marriage. As with the Veteran just described, her husband seemed engrossed in filling the void created by a highly intense deployment marked by the deaths of comrades and nearly dying himself. He acknowledged that some of the ways he chose to cope were deeply painful and destructive to his wife. She cited her faith in God and her children as the key sources of meaning that helped her continue coping enough to support her husband during his long recovery. When asked how her life would be different if she did not possess such strong faith, she replied:

> It would be terrible. I wouldn't be with him anymore. For sure I wouldn't. I mean it's bad to say but I wouldn't be happy. I wouldn't know that there is always something better ahead because I would be discouraged and just hopeless. I would be thinking only about me and my happiness and not what is best for my kids or him.

Here we see another example of how strong adherence to equally strong sources of meaning enabled this spouse to cope with profoundly stressful circumstances. Through her faith she found the strength or the reasons to continue in the marriage. She also found moments of happiness in the midst of all the suffering the family endured. In addition, she maintained a form of purpose

by way of her future orientation. Finally, we see that she used faith to help her avoid discouragement and hopelessness.

She also derived a strong sense of purpose and meaning from raising her children. Combined with her faith in God, she was able to maintain self-control even under the most demanding of circumstances.

> I mean my kids are… everything that I do I do for my kids. Even when we fight you are like 'Okay, you don't want to fight in front of the kids.' Some things just aren't as big of a deal. It has always been our kids. Even when we were going through a difficult relationship, it was not that we stayed together for the kids but I mean it was a huge part of it.

But it is her faith that seems to allow her to find meaning in the struggles she and her husband are facing after his return. Through it she found comfort in the idea of a greater purpose or reason for all of their trials.

> I am sure the only reason we made it through it is because some days I just pray and pray and pray. Everything that has happened to us we've always made it through whether it be money or a relationship or health. I think [prayer] is the only reason. I know that everything is happening for a reason; I mean all of the crap we went through, there was a reason for it. Even though I don't see it now I will see it later.

Growing together versus growing apart: The place of meaning. A recurring theme among many of the couples we interviewed revolved around whether individual sources of meaning promoted the couples' bonding or interfered. Certainly in some couples neither experience was particularly the case; some couples reported functioning well despite not

necessarily agreeing on sources of meaning. Many couples, however, reported very different experiences when we discussed meaning in life.

Shared meaning enhancing the relationship: Growing together. Many couples had very strong sources of shared meaning around which they seemed to almost build their lives. Whether the source of meaning emanated from outside of the couple or from within, such mutual understanding seemed to provide a source of strength and confidence in both members. A spouse describes this very clearly as she first discusses her own strong faith in God, followed by a description of how their shared faith helped them both. In the first vignette she describes how the stress of her husband's deployment compelled her to rely even more heavily on her faith:

> Faith has always been a big part of my life. I grew up in a Christian family and, we actually met in a Christian ministry at a university. And so, yeah, it's always been a big part of my life. It definitely became more real… going through that crucible, going through that really hard time. [It] made me depend on God and really test my faith in a different way.

She continues, describing how knowing that her husband also possessed very strong faith was a source of deep comfort as she struggled with fears regarding the deployment: "I think it really helped that it was something that we shared -- that I knew that was something that we were both relying on. I remember that being such a comfort to me… [faith] was something that we shared."

Her husband provides a very similar account how faith comforted them and strengthened their relationship, indicative not only of the similarities in their faith but also suggestive of how they may have mutually reinforced the other's views (Berger & Kellner, 1964). The Veteran also emphasizes the importance of communication:

> I think the first thing is our faith, our religion. It just is having that in common together that we shared together and our trust in something larger than us helps. It

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definitely does. It helps going through a second deployment. It wasn't that easy

coming back from the first one but, we learned from that and we weren't afraid to

talk to each other. We learned after the first one that we had to talk. I know I

would shutdown a lot after the first one and it took outside people talking to me

for me to realize what I was doing because I wouldn't listen to [her] then. So,

once I realized that it helped a lot with this one.

Another couple who reported doing well both during and after the deployment despite

significant hardships such as unemployment also cited their strong, shared faith as a key element

of their coping and even thriving despite adversity. The spouse in this interview began by

describing how her faith helped her, and how she made efforts to grow and nurture that powerful

source of meaning:

I found comfort in it. I felt like I became a better person, I was a stronger person

because of it so I would try to pray often. I would read Scripture often because

that's just where I found my rock at. It just made a lot of sense to me.

This quote is also noteworthy for the clarity with which it reveals the value and function of

meaning sources. She first says she found "comfort in it," suggesting that she found emotional

solace during an otherwise deeply stressful time, helping her regulate potentially painful

emotions and thoughts. She also found enhanced self worth, as evidenced by her saying she

became a better person, while simultaneously finding greater efficacy, which she describes as

strength. We could even surmise that by finding "her rock" she is referring to the values that

guide her life. Finally, she says that the Scriptures "made a lot of sense" to her, clarifying and

reinforcing her values and beliefs, and helping guide her actions. She then goes on to say how

important the notion of shared faith is to her:

When you adhere to that faith too, you know your purpose I think. And I think

when you have that agreement [with your spouse]… I mean obviously that's

important. Being married, if you don't have that agreement I would see how that's

extremely hard to be married to each other. With us having that common faith and

having those common guidelines in our lives that helps us to structure through the

chaos of everything… it keeps you stronger, I think. So I think that that also gave

me a peace of mind, too. And I think it helped him as well.

Her husband repeatedly expressed similar views, saying that his highest values were faith and

family. He also described how they discussed their values before they were married, making

clear the importance both of his values in marriage as well as the benefits of communication.

Another couple who also endured a significant hardship nearly a year after her husband

returned from deployment reported having a very strong marriage and coping well because of

their shared values. At the core of their strength was their seemingly absolute belief that their

marriage should serve as the cornerstone to everything in their lives. This extract from the

husband captures the strength of these views well:

I tell everybody we're not just husband and wife; we're a team. We make

decisions together, whether it's the color of the living room or you know a major

purchase, getting a new roof or a new car… if we're not on the same page and we

agree, then it's a dropped subject and we find something that we can agree on. We

make it work; we're a team. We're level. We are equal in all aspects. We are a

good team.

Throughout their narrative this reliance on teamwork and on each other seemed to

repeatedly prove beneficial and adaptive, whether in difficult times or simply in the day-to-day

living that demands less of couples. The female spouse reiterated this many times as well, in this instance referring to how she handled the stress and uncertainty of his deployment:

> We work well together and we make it work. [I] did positive things that I knew he would want me to do, [and that] would help me through it, too. Like I'm going to make him proud. I don't want him to come home and be disappointed to what he's coming home to. I want him to be proud of me. He wouldn't want me to sit and dwell. He wouldn't want me to sit and blow money. I did positive things.

Later she reveals how working to make her husband proud and happy also provided benefits for her.

> Not only was I trying to make him proud, I was trying to make me proud of myself. I mean it wasn't just for him; it was for me, too. We endured a lot of crap. We didn't give up and I wasn't going to let any of that get ruined by becoming depressed and sad.

After experiencing a major setback in their lives, the couple immediately looked to each other for support: "We're trying to stay positive. I mean if we get mad at each other and we lash out at each other, it's just not going to work. It's going to put stress on our relationships, and it's just going to make everything worse."

Growing apart. For other couples, however, the lack of shared sources of meaning appeared to contribute to whatever difficulties they were facing, or even served to create significant problems. In many of these couples the differences seemed to become most apparent during reintegration, particularly if the Veteran was struggling with reintegration after the intensity of deployment and combat. In one couple the Veteran was deeply motivated to return to Afghanistan after a traumatic first deployment. His wife, however, was happy at his return and deeply relieved to have him home alive; their marriage was her primary source of meaning and

she had been tormented by fears he would be injured or killed. His consuming desire to return to war, a major source of purpose in his life, upset and eventually alienated her. She describes how "[h]e is bored with mundane life," clearly including herself in the list of things that bore him about being home. "I almost think he likes to sometimes throw a wrench in us because it keeps him occupied." She goes on to say how quickly he becomes bored even when they are doing the couples activities she cherishes after a year apart: "He gets bored very easily. We can be doing something and it is like, 'I am bored now.'" The wife then described how her husband preferred to spend time talking with other Veterans, watching the news about the war, or reading about it. The couple eventually separated between the first and second interviews.

Another couple struggled with clear differences in sources and of meaning, and, in the case of the Veteran, a deeply impoverished sense of meaning. The female spouse suffered significantly because of these differences, both directly because of the unhealthy means by which he had coped and indirectly because of his lack of presence in the marriage. The male Veteran had deployed multiple times and experienced several deeply traumatic experiences; he also was assigned to a particularly intense and dangerous specialty. He was deeply embittered by the wars, having lost several close friends in combat and another to suicide. He did not believe in the mission and felt the pretexts for the wars were "bogus" at best. Thus he had risked his life repeatedly, lost close friends, and then lost more to suicide, and all for wars that gave him little sense of meaning beyond the meager satisfaction he felt for completing his obligations.

In contrast to his readily apparent scarcity of meaning, his wife was deeply invested in their marriage, in raising her children, and in her faith in God. She longed for him to engage in the marriage. She also believed that sharing faith would be a powerful source of good in their marriage, but he was reluctant to join her.

I think with my faith if he felt the same way it would be so much better. I try to

tell him 'Why don't you come to church with us?' [H]e just doesn't get it. And it

is so important to me; I just wish he would bend a little. I think he would be

happy. He says he is happy, but he is never joyful I guess. Why wouldn't you

want your spouse to feel [joyful]?

She is clearly struggling with their inability to connect over what she experiences to be a very

positive and powerful source of meaning. Perhaps she recognizes the void he is experiencing and

believes faith could fill it. But in her view he remains inflexible and unwilling to participate in

her faith specifically, and in the marriage more generally. She also struggled with his

unwillingness to engage in deeper, more meaningful communication beyond the daily minutia of

married life and adulthood. "For me he is just frustrating sometimes. I think there are things that

he is thinking that he just doesn't say and that is very, very frustrating for me. I want to know

what is going on." She is clearly seeking a greater degree of both communication and shared

meaning.

The Veteran cited a rapid reintegration after combat as a key source of difficulty for him,

perhaps also revealing part of the reason he struggles to connect with his wife:

I think the main thing would be to keep [National Guard Soldiers] on a military

structure for a little bit longer to let them decompress and have them slowly

reintegrate back. I know a lot of guys who say 'I can't wait to get home. I want to

go home.' And then when they get it is just too much.

He cites his own experiences as an example, referring to how his wife and family "surrounded"

him immediately upon his return, when what he needed was time alone, perhaps to process his

experiences and recover more fully before resuming his civilian roles:

With my wife [and family]… they just want to surround you. They want to be

with you and do everything with you. And you are just like 'I want to be by

myself for a little bit and have a little bit of privacy.' They don't understand that

part and you don't want to upset them or hurt their feelings. And then you get

frustrated and get in a fight and then you just really pull away. I think really what

they need to do is reintegrate slowly when they come back instead of just kick

them to the door.

In this example we see clearly how the Veteran's need to transition from one life – that of a

deployed soldier, with unique demands, challenges, and sources of meaning – to that of a civilian

with an entirely new set of experiences creates deep inner turmoil and conflict. He is "physically

present but psychologically absent," and in the course of coping and struggling through

reintegration, he inadvertently alienates his wife and possibly children just as he needs their

support the most. This Veteran and his wife continued to struggle at the second interview point,

having found no shared meaning beyond raising their children. Subjectively, it seemed during

the interviews that he remained psychologically and emotionally absent, only revealing emotions

when he discussed his anger about the war.

The value of multiple, strong sources of meaning. The majority of couples we

interviewed faced significant challenges, sometimes severe and life-threatening. Those who

consistently reported doing well across both time points typically shared multiple, usually strong

sources of meaning. These couples relied on these sources and each other to cope with and

overcome difficulties. In describing examples of such sources as well as how the couples used

them to enhance their lives, our goal is not to suggest that any particular source is better than

another. Rather, the aim is to better understand how couples identify and use strong sources of

meaning.

One couple in particular provided an excellent series of examples of the value of strong sources of meaning, particularly when they are shared. Faith in God was their primary source of meaning, and both emphasized throughout the interview how much they benefited from it. Their faith provided a solid and unwavering source of meaning. As the Veteran in this couple succinctly said it, "I have faith in my God. That's one thing I rely on: my God." His wife, too, shared the same strong faith in God, and together they structured much of their lives around their faith. They used their strong faith to help find a routine after he returned from a deployment and struggled with a variety of difficulties common among National Guard Veterans: "Church," she said, "was very helpful. That was a very big thing for us."

Both also placed a premium on their relationship and on creating a solid foundation for their future. They both reported working long hours and explained how they are making many sacrifices in order to create a brighter future, including one day purchasing a home.

> We wake up in the morning… get ready, get the day started. She drops me off at work [and then] she goes to school. She's usually at school until 5:00 and then I usually work until usually 9:00 [PM]. Right now I've just been going in my off days and getting more sales to kind of give us some more house money. So…essentially she just does work and then we have… you know, try and make a little bit of time and go to date nights and watch a movie here and there. Pretty much I go to work; she goes to school. [We are] busy.

At both interviews the Veteran repeatedly emphasized how much he wanted to provide for his wife and future children, both very important sources of purpose and direction for him. He was working jobs that he described as well below his potential shortly after his return from combat, and while he was frustrated with the situation his desire to continue providing for his family

motivated him to work hard. By the second wave he had secured a significant promotion and moved into a managerial role, for which both he and his wife were proud.

Similarly, the female participant explained that she was sacrificing free time, fun with friends, and a life of relaxation in order to pursue a very difficult advanced degree. Focusing on school and the future her degree would enable also helped her cope with the stress of deployment:

> I didn't pay a whole lot of attention to [the war and television] because I knew it would just kind of drive me crazy. So I would just get buried more in my work and just try to stay focused on getting graduated. That was pretty much what carried me through.

The intensive academic program required a substantial time commitment, both in terms of time on campus and time spent studying when home. Both partners expressed gratitude that she has the opportunity for graduate schooling and that the future rewards of the sacrifices would benefit the family considerably. Neither partner complained about the arduous nature of their careers, having found strong purpose in mutually creating a stable future for their family.

In addition to a shared sense of purpose around financial stability, both cited a strong desire to live in a happy, healthy, and largely conflict-free home, both now and when they eventually have children. Both explained that they had been raised in families that had varying degrees of dysfunction; his was highly dysfunctional while hers was only somewhat less so. The stress of extended family affected them both during his deployment:

> When he was gone I think the biggest stress…it was probably dealing a lot more with family-related issues I think by myself between his family and then things are going on with my family. Having to juggle that, you know… that was pretty intense.

The couple also found meaning in each other, and in the institution of marriage. The year-long separation brought on by deployment helped her appreciate him more, and to see more clearly how much she valued their marriage.

> I feel closer to him I think after this deployment than I did before. I thought a lot more about him and the things that I really appreciated about him and the things that I really loved about him. And it was the things I took for granted when he was here because it's so easy to take those things for granted when you see that person every single day.

The considerable uncertainty about when and whether he would return from war also galvanized her appreciation for him and for their marriage, while also enhancing her already-strong desire to make the marriage succeed:

> When you don't see that person every day and you never know if they're going to come back the way that they left you or if they're going to come back in one piece… I feel like I actually became closer to him because of that and I felt like if we could make it through this after having only being married for such a short period of time that there wasn't a whole lot of anything that could really break us apart, you know? But I was determined to make it work from the jump because it was very serious when I got married that it wasn't frivolous to me. I took it very seriously.

Her husband shared a similarly strong commitment to the marriage, repeatedly saying during the interview that the marriage was second only to his faith in God in terms of importance in his life. He also reiterated many times that he wanted a marriage that did not resemble his family of origin, but instead reflected their values. He then went on to explain how his views on marriage are strongly influenced by their shared faith:

I take my role as the head of the household very seriously as well. Based on my faith, it just says I'm the priest of the household and you know all that and I'd lay my life down for her. I do everything I can for her. Every decision I make is for her. I'm not saying it's going to work for everyone but it works for us.

Finally, this couple also shared a strong sense of patriotism and duty to one's nation. She was raised in a military family and understood well the sacrifices and difficulties that are often made by military families, whether from frequently moving or experiencing deployments. The Veteran also deeply valued the commitment he made to the military and to service to the nation, and expressed a desire to pursue a more rigorous career path in the future. Despite the shared difficulties of his deployments, they both remained supportive of his military career.

Coping with changes and injuries after the war. Almost all of the Veterans interviewed said they changed significantly as a result of deploying. Both they and their spouses faced the sometimes daunting prospects of recovery significant changes. In many cases, the uninjured spouse had to assume a disproportional share of the burdens in order to help heal the Veteran and, frequently, to preserve their relationships and even family integrity. One couple's story in particular captures this difficult dynamic exceptionally clearly, in part because of the degree of change in the Veteran as a result of a traumatic brain injury as well as the extraordinary level of commitment to her husband and marriage that the spouse reveals. The couple also report finding and drawing strength from the meaning and new priorities they found in the traumatic experience.

The Veteran in this couple experienced a traumatic brain injury (TBI) as a result of a powerful explosion. It was initially unclear if he would even survive. In the uncertain period before he returned to the US to undergo long-term treatment at a medical center far from home, his wife repeatedly turned to her strongest source of meaning: faith. Referring to what helped her

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cope with the initial uncertainty: "Prayer. My faith is really important to me and that was the only thing that got me through especially just not knowing. And that is what it was: I had no idea if he was going to make it, how severe it was, if he was critical." Upon learning of the severity of his injury and realizing the scope of the recovery that would be necessary, she repeatedly turned to her faith: "So even before I took off [to the medical center] I did a lot of prayer. I work in a [Christian organization] so I got together with them and we sat down and we prayed and we looked at scripture and [thought]: 'Okay, what am I going to need to sustain myself?'" Her prayer and the social support of others seem to help her cope with the difficult thoughts and emotions in the days immediately after the incident.

In the early stages of his lengthy treatments she at times struggled greatly with the painful changes occurring in her husband and in her life. Her supportive family and her medical training helped her as well:

> There were a lot of evenings I would just sit there and cry outside of the room about what happened to my life. Everything was completely turned around but luckily I have a very supportive family. Having the background that I have has been paramount because I knew I needed to get out. I would go for walks on my own and have some of my own time.

As she began to more fully accept what had happened, she began drawing from her internal resources more, and committed to making the arduous task of helping her husband recover a central element of her life's purpose. The extent of change in his personality as well as his increasingly erratic behavior were deeply challenging for her. In the next statement, we see how her shift from despondency to empowerment through a conscious decision about purpose appears to help her considerably:

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I kind of have an analytical brain so I just poured myself into Google and looked

up TBI stuff with the PTSD and tried to get a handle on it. And I knew that I

didn't have a lot of control over what he was feeling but I felt like I could at least

control my knowledge about what was going on so I really dove into stuff and

then tried to explain things to him as we went along. I don't know if it helped him

but for me just having a handle on things was beneficial.

The changes in her life in general and in her stated goals and purposes were dramatic. She

describes these rather massive changes that began with the phone call informing her that her

husband had been seriously injured:

I think overall my priority has taken a complete 180. Prior to this I had been

completely focused on school, my career, advancing my career; all of that was

just the track that I had dreamed about. When I was in high school I knew I

wanted to go into [a specific profession] and I knew that I wanted to work with a

specific population. I always knew and I always had a plan. The phone call

happened and everything just completely switched.

She symbolically encapsulates the changes into one phone call, but the reality is far more

profound. Her dreams of a career, along with all of the focused work she accomplished to

achieve that goal over the course of many years were removed from possibility. As her husband

began to recover, they began discussing the future more, including their values and goals. They

also engaged in ongoing discussions where they examined and discarded obsolete priorities as

well:

We engaged in a lot of conversations about… what are the next three years going

to look like? Or, what are the next five years going to look like? What is

important to us and what is not important to us especially. Seeing all of the

injured guys there more than anything else, we realized that life is short and we

wanted to take advantage of every moment that we had.

In the next quote she describes how she assumed a new purpose in life, and how this shift in

meaning changed her in significant ways:

I think our motivations have completely changed and my career track has

completely gone to the back burner. I have really no desire to go back to [the

career] that I did before. I think it is still important and I think it is still something

that is a passion of mine but yet it is not a priority anymore.

The injured Veteran also described a process of changes in meaning, transitioning from a

healthy, high-functioning soldier to someone heavily dependent on his spouse for support

throughout the day. He felt anger and sadness at the changes he has undergone, particularly for

his short-term memory loss and anger problems:

I just beat myself up all day because I'm sick of asking everybody questions of the

same thing, you know? Even though I tell them, you know, why I am the way I

am. They understand, they say, but I still just get pissed off and depressed all day.

Just getting sick of just living with the new me. The way my anger is and the way

I forget things all the time.

In struggling to recover, however, the Veteran also reported a growing sense of gratitude for his

wife.

She was definitely the lifesaver as far as when she showed up [at the medical

center]. I couldn't imagine being there for the three and a half months or so that I

was there without her. I mean she helped me out with everything.

As both partners moved toward greater acceptance of the considerable changes in their

lives they described a process of searching for meaning, and then sharing it as a couple. Despite

the considerable difficulties the injury entailed, combined with the possibility of a life-long recovery process, the couple created new purposes around the struggles and managed to grow as a couple. The Veteran even went so far as to say he would go through it again: "I think neither of us really regrets what happened and we would go through it again. And it has made us a lot stronger, so you have to take the bad with the good." His wife expressed similar sentiments:

> It was a completely different experience for sure, but I think it definitely made our
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> marriage stronger not weaker and we really found out some things about each
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> other in the midst of it all. At the end of the day I think it was beneficial for us. I
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> know it was for me to go through that experience together.

Discussion

Combat deployments and subsequent reintegration often present considerable challenges to military couples (Blow et al., 2013; Gorman et al., 2011; Knobloch, Ebata, McGlaughlin, & Ogolsky, 2013; Padden, Connors, & Agazio, 2011). The ability to find and rely on meaning in the challenges appears to be a powerful source of strength and subsequent positive emotions, particularly when individuals are able to ascribe positive meanings to lived experiences (Cox & McAdams, 2014). Conversely, couples who struggle to find a sense of shared meaning or, in some cases to find something meaningful at all appear to be at greater risk of negative outcomes. Several superordinate themes emerged during analysis, along with an over-arching meta-factor to be discussed.

Spousal growth and new-found meaning in self-reliance and strength. Many of the spouses we interviewed described a difficult but ultimately rewarding process of personal growth across the deployment and the year that followed. Virtually all of them faced stress and adversity, in some cases life-altering in their magnitude (Palmer, 2008). Yet most of the spouses also reported that they discovered aspects of themselves that they had never fully experienced or

appreciated. Many were surprised at how much endurance or fortitude they had, particularly as they assumed sole responsibility for many of the previously shared burdens such as parenting, household maintenance, financial matters, and the often-present strain of extended family (Green, Nurius, & Lester, 2013; Spera, 2009). Many also balanced full-time careers with these demands as well.

Similarly, most of the spouses we interviewed described witnessing changes in themselves as they shifted their priorities away from their own needs and increasingly toward meeting those of soldier overseas. Handling responsibilities at home, staying in regular and supportive contact with their soldier, and shielding him or her from worries came to be seen by many spouses as essential ways to support their soldiers. In the process of doing less for themselves, however, many said they began to experience more meaningful lives through selflessness. This selfless purpose and the meaning that came with it also seemed to help spouses discover even more strength, endurance, and motivation, all positive benefits associated with self-regulation (Baumeister & Vohs, 2007).

Finally, spouses seemed to frequently find meaning and purpose in coping with difficulties, holding their marriages and families together, and responding to the frequent difficulties that soldiers seemed to bring with them after deployment (Riggs & Riggs 2011). Whether it was substance abuse, changes in personality or mood, arguments and disagreements, or other problems, spouses often found meaning in assuming a position of strength to help those around them cope. Often the spouses had to assume this burden largely alone, particularly if the Veteran was focused on resolving other problems. This finding is in line with existing literature, which suggests that spouses who decide to fully accept their roles as spouses of service members cope with the stresses of deployment more directly and effectively, in contrast to those who use

evasive and emotive coping styles (Padden et al., 2011). By accepting the roles and inherent

difficulties, deployments might therefore make more sense and seem less overwhelming.

Growing together versus growing apart. Couples who shared strong sources of

meaning tended to navigate the challenges of war more successfully and with less conflict. They

also tended to talk openly with each other about their individual values, goals, and dreams, and

such communication seemed to enhance their relationship and sense of attachment (Riggs &

Riggs, 2011). While the sources of shared meaning might have varied considerably between

couples, the outcomes often appeared to be similar. Couples who shared important sources of

meaning seemed to use them to structure and guide their lives as a pair. They tended to share a

deep understanding of their goals, their values, and their relationship, even if they had not fully

articulated such matters prior to the interview (Berger & Kellner, 1964). Such clarity and

strength of shared values in turn seemed to greatly enhance their ability to support each other in

difficult times and otherwise (Rossi, 2014).

By contrast some couples had strong but divergent purposes or goals. In many such

couples the Veteran was deeply committed to the military, whether in the form of a desire to

return to war or a desire to spend time with fellow Veterans rather than the spouse. Similarly,

some spouses were invested in sources of meaning that the Veteran did not share; several

spouses cited their religious faith or extended families as deep sources of meaning and value,

while their spouses did not view them as such. These couples often endured difficult struggles

with competing values and goals while working to reconcile them into something sustainable.

For couples who differed significantly and could not successfully negotiate the process of

accommodation, the result was sometimes divorce or dissolution of the relationship.

In other couples, one of the spouses seemed to be experiencing a deep lack of meaning in

life. Some were Veterans who found a deep sense of meaning in the war, and came to believe

that nothing in the civilian world could ever fill that void. Others were Veterans who returned feeling deeply cynical about the war, the Army, or some other important source of meaning; they seemed to then go on to lose faith in other important people or institutions in their lives. In the absence of meaningful sources of direction and purpose, these Veterans seemed to struggle with the loss, and appeared as withdrawn, angry, or embittered. Some Veterans turned to alcohol or other means of self-medication, as did some of the non-deployed spouses who also seemed to struggle with emptiness. The toll taken on relationships was often substantial, particularly where one partner engaged in substance abuse. Spouses in these couples often encouraged the Veteran to find new meaning, perhaps in the same sources they themselves found important. Thought well-intended, such encouragement seemed to frequently lead to arguments, driving the couple further apart.

The value of multiple, strong sources of meaning. Couples who found and cultivated multiple sources of meaning seemed to cope well with the many challenges they faced. Words such as "team," "strength," "sharing," "supportive," "love," and "purpose" tended to frequently recur in their interviews. This appeared to be particularly true when what they valued was strong and highly reliable as a refuge in hard times. Religion, their marriage, extended family, close friendships, patriotism, or perhaps career advancement were recurring themes in these couples. The value of this strategy is readily apparent: should one source of meaning fail or prove inadequate, the person will have others to fill the void. Additionally, though, couples who had multiple sources of meaning tended to also receive greater social support as they pursued those sources of meaning. Religious congregations, social clubs (e.g., a motorcycle club composed of Veterans, or a volunteer group), and extended family all served as potential sources of support during particularly difficult times. It is worth reiterating that these couples were not immune to

hard times and even tragedies. Rather, they turned to each other and their shared sources of meaning for strength, comfort, and guidance.

Coping with an injured or otherwise changed Veteran after the war. Several couples in the study faced the daunting reality of helping the Veteran recover from injuries. Often the injuries were invisible, particularly in the case of PTSD or TBI; thus the Veteran outwardly appeared healthy, but many then displayed erratic, reckless behaviors coupled with mood instability, depression, anger problems, and substance abuse, all of which closely accord with the research on PTSD and TBI (Morissette et al., 2011). In couples where a substantially debilitating injury such as TBI had occurred, it was necessary to essentially rebuild their lives, both as individuals and as a couple. Many had sought professional care, often essential to recovery in such cases (Patel, 2015). Couples that were able to assume the burden of care fully and in the process find a new purpose in their lives, or new meaning for their relationships tended to still be coping effectively at the second interview point. In other couples, the wounded or struggling Veteran either would not seek care or was unable to receive care when sought, thus leaving the symptoms unchanged at best, or even worsening over time. This type of outcome was especially difficult for couples who could not find some higher value or meaning to the injuries, for the war they fought, or for their future as a couple. In many cases this seemed to contribute to divorce or dissolution by the second wave of interviews. The deeper tragedy to this outcome is clear: the injured Veteran then faces the prospect of coping with injuries alone and without the benefit of a sustaining purpose or meaning.

Implications. In proposing their view of how marriage is a meaning-making institution, Berger and Kellner (1964) wrote about the sustaining presence of a significant other as humans continually seek to make meaning:

The plausibility and stability of the world, as socially defined, is dependent upon

the strength and continuity of significant relationships in which conversation

about this world can be continually carried on. Or, to put it a little differently: *the*

reality of the world is sustained through conversation with significant others. This

reality, of course, includes not only the imagery by which fellowmen are viewed,

but also includes the way in which one views oneself. (Italics in the original).

If in fact the reality of the world is sustained through conversation with significant others (and by

"significant other" Berger and Kellner refer not only to spouses, although spouses are, in their

view, the most significant of others) it is imperative to carefully consider marriage and close

romantic relationships if we hope to understand how those most affected by war make meaning

afterwards. In the couples we studied it seemed clear that those who were faring best with the

challenges of reintegration were not those who simply did not encounter problems; rather, the

couples who actively sought to build shared sources of meaning through active, ongoing, and

frank conversations reliably reported adjusting well. Thus, encouraging Veterans and their

spouses to talk candidly and regularly about their values and goals – whether they are similar,

divergent, or not yet decided – would likely be of significant benefit to couples facing the kinds

of challenges military couples do. Moreover, encouraging both partners to seek more than one

source of meaning in life would likely have similarly positive effects. Ideally these conversations

would begin early in the relationship and well before encountering such deeply challenging

experiences as war, life-threatening injuries, or other illnesses.

Study limitations. As a qualitative study, the findings may not generalize beyond the

relatively small number of couples interviewed. Further, participants' potential concerns about

anonymity and confidentiality may have led them to filter or otherwise change their responses

(Anderson, 2010). Similarly, concerns about social desirability when working over an extended

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period of time with a research team may have influenced statements as well. Sampling may also present limitations. All couples involved were volunteers and randomization was not a consideration. Finally, the use of multiple interviewers and a semi-structured interview guide simultaneously introduced the competing possibilities of unique interpersonal differences between interviewers and their styles, while the use of a semi-structured guide may have constricted interviews to only those subjects introduced.

CHAPTER 6: CONCLUSION

War and reintegration are often intense, life-altering events for military families. Many if not most will struggle with some form of significant stress or hardship (Interian, Kline, Callahan, & Losonczy, 2012); many Army spouses and partners will seek mental health care (Mansfield et al., 2010), and many more returning Veterans need such care as well (Hoge, Auchterlonie, & Milliken, 2006; Milliken, Auchterlonie, & Hoge, 2007), whether they seek it or not. A small but historically-high percentage will complete suicide (Bachynski et al., 2012). Many others will contemplate or attempt it (Army Health Promotion, Risk Reduction, Suicide Prevention Report, 2010). The Veterans and partners we interviewed often told stories that closely reflected such findings of distress and need for services. We also found widespread support for the sometimes crucial importance of finding meaning and a concomitant sense of purpose, values, worth, and efficacy (Baumeister, 1991). Such findings are essential to better understanding and addressing the significant difficulties and service needs of both Veterans and their families after the traumatic experiences of war.

Within our sample of couples we encountered a diverse range of experiences. We heard the success stories of couples who had survived tremendous adversity and emerged stronger as a result. We met couples who worked in tandem before the deployment to prepare for the inevitable hardships and potential horrors of war; they frequently reported faring better than most. And we listened to couples whose lives were all but torn apart by the war and the devastation that ensued. Some individuals reported nearly ending their own lives as they struggled for ways to manage the pain, loneliness, and aimless existences after their deployment. Some sought solace in alcohol or other drugs. Others seemed numb, detached, and devoid of meaning even a year after they returned. While relatively few in number, the couples we interviewed seem to capture the full spectrum of experiences for military couples in a time of

war. The events and details varied, but the core experiences that emerged from their stories were consistent. This chapter will discuss three overarching findings of the study, particularly with regard to meaning in life, and its creation or loss. Implications for research and clinical applications are also included.

The Widespread Experience of an Existential Vacuum after the Intensity of Combat

During reintegration, the majority of the Veterans we interviewed reported some degree of existential emptiness or loss of meaning; the effects of such anomie ranged from vague discomfort to life threatening emptiness. The Veterans may have described being miserable in war, losing close friends, not believing in the cause, and dreaming of leaving the Army as soon as possible, but in the next sentence were just as likely to report feeling an intense void in their lives that only the intensity of deployment could fill. In existentialist terms, the values by which soldiers live while deployed "intensify consciousness, arouse the passions, and commit the individual to a course of action which will engage his total energies" (Olson, 1962, p.18). Few experiences in life can match the sustained intensity of war or arouse such equally intense emotional experiences. The Veterans we interviewed frequently described such intense consciousness of their lives, often in pained terms of the emptiness or dullness they were experiencing; many showed a passionate desire to live their lives more fully, and to find a purpose or identity that they could just as passionately pursue, even if it meant returning to the dangers of war. Many, however, struggled to find such a meaningful existence in peacetime. This struggle was often symbolized by the challenges of securing jobs even well below their prior levels of responsibility in the military.

Others seemed resigned to the anguish that appears to accompany the acceptance that life will never be as intense and exciting as war, perhaps again as a tacit nod to Nietzsche: "The secret of the greatest fruitfulness and the greatest enjoyment of existence is – *to live*

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dangerously!" (Nietzsche, 2010, p.228). Many of the participants who presented this kind of existence seemed dejected or resigned to a life of emptiness. One described playing video games during virtually all of his free time, alone in a darkened basement while his family continued their lives upstairs in his absence. Another who had survived a blast that killed four peers within feet of him seemed deeply detached and numb; he struggled to cite anything meaningful other than his children, and his only visible arousal during the interview occurred when he described how jaded he felt about the pretexts for war. Still another simply drank beer from morning until night for months on end until his wife finally convinced him to get up and resume living. (He did so by volunteering for a particularly difficult career path in the military, that of being a sniper).

The absence of meaning and the search for it have been repeatedly shown to correlate with a wide variety of negative outcomes (cf. Bergmann, Renshaw, Allen, Markman, & Stanley, 2014; Owens, Steger, Whitesell, & Herrera, 2009; Steger, Frazier, Oishi, & Kaler, 2006; Steger, Oishi, & Kesebir, 2011). Veterans in this study frequently displayed many of the maladaptive or costly coping strategies that often accompany the loss of meaning. Substance abuse, depression, isolation, anger, detachment, emotional numbing, anxiety, and even suicidal ideation were topics commonly introduced by Veterans. It was clear that among these Veterans civilian life rarely matches the intensity of war, and the rich sense of meaning and purpose it can provide.

Protection through Strong Sources of Meaning

An important recurring experience that emerged during many interviews centered not simply on the presence of meaning in general, but the value of strong, enduring sources of meaning in particular. The experiences of those who possessed such strong sources often contrasted sharply with those who did not, particularly during times of hardship. Many individuals and couples cited faith in God as their primary source of meaning, and the benefits of such faith were readily apparent. Strong faith is a powerful source of meaning that appears to be

psychologically and socially beneficial even under the worst of circumstances (Bryan, Graham, & Roberge, 2015). Part of this strength stems from the idea that faith can even transcend one's own death and thus project the purpose and value of one's life into eternity, where one might even somehow join with an infinite Being. In light of the tremendous inherent risks of combat, finding such a purpose as well as answers to the difficult questions surrounding death seemed to provide many participants with a sometimes profound sense of comfort. In addition, their faiths' clearly codified beliefs, values, practices, and explanatory systems proved to be very helpful to many in our study, particularly during moments of great hardship or uncertainty.

An additional benefit to those who cited religion as a primary source of meaning resulted from the broader sense of community into which they entered. Many reported being actively involved in their churches, whether through regular church attendance, participation in various groups or meetings, or simply developing close friendships with others of similar values. During difficult times when perhaps they were feeling most stressed by the war, these participants received the benefit of social support, both in the form of concrete help (e.g., meals, childcare, emotional support), and through reinforcement of important shared values (i.e., via Bible studies and prayer groups). Such social support is well-documented to be a significant asset (Brancu et al., 2014; Skomorovsky, 2014) Thus, strong sources of meaning may also confer redundancy of sources in the process. If one source should fail, others can potentially fill the void.

For other couples, faith in each other provided a central source of meaning. To these couples (and in line with what Berger and Kellner proposed 50 years ago), marriage is an "arrangement that creates for the individual the sort of order in which he can experience his [one's] life making sense." (Berger & Kellner, 1964, p.220). Coherency or sense, we recall, is a fundamental product of meaning making (Stillman et al., 2009; Yalom, 1980), and the constant spoken and unspoken validations of marriage drive this process, comforting the individuals

through predictability. Strong marriages among military couples also provided concrete sources of support: emotional support, care packages, letters and cards, extended family involvement, and mutual support in overcoming hardships such as the loss of careers or severe injuries. Many couples cited their hard work to develop, maintain, and then rely on their marriage as the key source of support that allowed them to overcome hardships.

Other strong sources of meaning included raising children, serving one's country, supporting the soldier overseas, and developing a strong sense of identity and strength.

Meaning Making in Couples: Growing Together or Growing Apart

Another important dynamic that we frequently observed in couples emerged around shared processes of meaning making. Those couples who were able to share strong sources of meaning tended to fare better when encountering difficulties. Some repeatedly emphasized that they were a team, and that they were stronger together because of their shared values. By contrast, those couples who possessed markedly different sources of meaning or who provided impoverished meaning narratives tended to struggle far more under stress. The type or nature of the actual sources of meaning seemed to matter less than the benefits derived from sharing what the couple saw as meaningful, value-laden, and worthy of pursuit. Faith, children, the marriage, financial security, or career advancement, however, were some of the more frequently cited sources of purpose, self-worth, and meaning.

In such couples, strong communication was often a readily-apparent strength. They were able to openly discuss their goals, priorities, values, hopes, fears, and hardships; at least some of this confidence seemed to extend from the sure knowledge that their partner possessed at least somewhat similar beliefs and would accept and encourage them. In contrast, partners with widely divergent views on such matters were more likely to report arguing and disagreement, or

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simply not engaging in meaningful discussions. The differences between such couples were often starkly visible in interviews.

The confidence derived from shared sources of meaning extended across long distances as well. In couples with strong shared views the Veterans often reported not feeling particularly concerned about their spouses at home, knowing that the couple possessed a strong bond that would survive the many hurdles encountered during a year of separation. In contrast, couples who shared less meaning frequently reported being concerned about whether or not they or the relationship was their partner's priority. The deployed soldiers worried about what their partners were doing in their free time, while the partners at home often worried that they had been forgotten because the Veteran was too engaged in the war.

Contributions to Existing Research

The present study addresses several key limitations to the existing body of research. First, the preponderance of research conducted to date on at-risk military populations has focused on the experiences of Active Duty service members. This is unfortunate, as members of the National Guard and Reserves typically experience more negative outcomes upon return from combat in comparison to their Active Duty counterparts (Milliken et al., 2007). Moreover, understanding the experiences of National Guard members provides the additional benefit of potentially illuminating the experiences of Veterans who leave Active Duty upon completion of their service obligations and return to largely civilian communities. The present study's focus on members of the Army National Guard helps to address this significant disparity, and may serve to stimulate further research on NG and RC Veterans.

Second, the present study's inclusion of spouses and romantic partners addresses a significant gap in the present research on the effects of war. As was clear in the review of existing research on military populations, the vast majority of research to date has focused on the

service members themselves. Far less has been written about the experiences of the spouses and partners who stay at home, assuming much greater responsibilities and emotional burdens in the process. This study and the larger study within which it belonged both sought to address this significant shortcoming by seeking as much information about the experiences of spouses as that of Veterans. Moreover, we sought to explicate the couples processes that underpinned many of the individual processes we observed.

Third, the present study differs from the majority of studies seeking to identify risk factors for negative outcomes among Veterans in particular, but also among spouses. While it is clearly essential to identify and thoroughly study such risk factors, they are but one half of the equation when considering long term outcomes. Meaning in life appears to hold the potential to serve as a modifiable and potent protective factor (Baumeister, 1991; Owens et al., 2009; Steger & Kashdan, 2013), helping those most at risk to cope and even find reasons to continue living after the inevitable losses of war (Edwards & Holden, 2001; Kleiman & Beaver, 2013; Owens et al., 2009). Moreover, as a meta-protective or umbrella factor, developing a greater understanding of what gives Veterans and spouses meaning in life also holds the potential to illuminate ancillary sources of meaning and support. The above example of faith illustrates this well: those who reported strong and active faith, for instance, tended to develop multiple other sources of meaning and support in the process of exercising their faith.

Fourth, the present study's use of qualitative interviews of experiences occurring over a relatively long time period serves to illuminate many of the rich processes of change that are often lost in cross-sectional, quantitative studies (Davidsen, 2013). Some couples changed dramatically between the initial interview and the subsequent interview conducted 12 or more months later. Just as importantly, other couples appeared to have changed relatively little, perhaps indicating the stability of their lives (and sources of meaning). Most participants gave

richly detailed descriptions of the complex experiences that had occurred over the previous 12 months, thereby shedding light on the thoughts, emotions, and actions that contributed to their lives. The process of obtaining such rich and often deeply revealing descriptions of private lives was almost certainly enhanced by the close working relationships the team developed with families over the course of several interviews across many months. This is yet another key benefit to this kind of work.

Finally, the present study's focus on such a seemingly nebulous or philosophical construct as meaning in life will hopefully serve to remind the research community, healthcare providers, military leaders, and policy makers of the "human dimension" of mental health care and the broader context of fighting and returning from war. As managed healthcare increasingly places demands for discrete diagnostic categories and equally specific manuals for the precise treatment of those diagnoses, the healthcare community must assiduously avoid dehumanizing treatment by reducing complex life stories and their attendant meanings, to simplistic diagnostic formulations.

Implications for Clinical Practice of Couple and Family Therapy

Neither hardships nor the need for meaning in life is unique to military couples. However, clinicians who develop greater cultural competence when working with military families are likely to deliver more relevant and effective care. The military is a unique culture within society, complete with unique customs, courtesies, values, traditions, historical experiences, and even language. Of particular relevance to the present study, service in the military frequently provides Veterans with a powerful and deeply-ingrained sense of meaning that often transcends the completion of service and may last a lifetime. Even Veterans who eschew "professional Veteran" status (as one participant called it) nonetheless served in a demanding profession that likely left deep and lasting impressions or scars on that Veteran.

Awareness of the profound and varied effects military service can have is of critical importance when working with Veterans. While some find meaning in their past service, others may be left with a deep sense of emptiness, lack of meaning, or even alienation. Clinicians should be acutely aware of this latter possibility in particular, and be aware of the significant risk factors it often entails.

Similarly, the spouses and partners of service members share in the unique culture of the military and also endure many unique hardships, particularly during times of war. Isolated partners of the National Guard and Reserve Components in particular seem to endure especially difficult times during war, precisely because they are so removed from sources of support and understanding. Meaning can help insulate such isolated partners from the loneliness and emptiness of life alone during a time of war; meaning is also socially constructed, and thus connecting these partners with even a small fraction of the vast array of resources available is likely to be a powerful intervention. These resources are widely accessible through websites such as Army OneSource, or through the unit's family support groups.

Many partners of service members are deeply patriotic and supportive of their Veterans. This may provide them with strong sources of emotional and psychological sustenance that clinicians can harness for growth. Conversely, several partners we met actively disliked the military and the demands it placed on their families. Obviously in such case the partners derived little if any sustaining meaning or purpose from the deployment, which made the deployment experience even more difficult. A sensitive understanding of this dynamic can be helpful, particularly if the partner struggles to cope with a deployment that is both difficult and perhaps senseless to them. In these instances, helping the partner find meaning elsewhere can be productive. Examples of this were common among the partners we interviewed; some found meaning in supporting their soldier, while others valued their new-found capabilities and growth.

Others found deep fulfillment in raising children, or in preparing for the soldier's return. Meaning is inherently idiosyncratic, so the list of possible sources is potentially endless.

Clinicians working with couples can also facilitate conversations about what they find meaningful in life, what they value, what they believe, and what they hope to accomplish during their lifetime. The goal of such conversations need not be to develop unanimity among partners, but to at least initiate the process of heightened engagement around topics of potentially great significance to partners. Aside from the obvious benefits of enhancing communication, couples may benefit from the shared knowledge in the future.

Finally, the study's somewhat surprising finding of widespread thoughts of suicide, losses of close peers to suicide, and even attempts among Veterans we interviewed punctuates the high-risk nature of this population, particularly since we had screened participants for risk factors. Clinicians working with Veterans should regularly and thoroughly screen for suicidal ideation, plans, or attempts, even among those who might not seem to be at risk. Veterans are often thoroughly familiar with death and the means of inflicting it, and may have sustained many losses of close friends or loved ones. In addition, they may be experiencing deep social isolation, in addition to mental disorders and/or substance abuse, all of which are significant risk factors for suicide ("Army Health Promotion, Risk Reduction, Suicide Prevention Report," 2010; Black, Gallaway, Bell, & Ritchie, 2011; Joiner, 2005). Of particular concern are those who report recent losses of significant sources of meaning: their careers, their spouses or partners, or the esteem of colleagues and friends as a result of legal problems. In such cases, helping the Veteran find new and robust sources of meaning – which has the added benefit of instilling greater future orientation – may be particularly crucial to reducing the risk of suicide, in addition to other standard interventions.

Future Implications

The two studies presented yielded rich insight into the processes used by Veterans and their partners to make and share meaning, and how they then use that meaning to sustain them during hardships. In addition, we more thoroughly illuminated the difficulties and risks associated with the loss of meaning, as well as the processes that lead to such anomie. In the future, studies of military populations would benefit from the inclusion of both quantitative measures of meaning and the search for meaning, such as Steger's Meaning in Life Questionnaire (Steger et al., 2006), as well as more qualitative inquiry about the processes involved in meaning making and meaning loss. Of particular concern is the relationship between meaning making and suicide, as well as meaning making processes in couples. In the present study we did not ask about suicidal ideation or plans, but given the scope of the problem in the military today as well as the strong empirical links between anomie and suicide, the issue warrants more exploration. Qualitative research may be of particular value given as it would allow researchers to explore the relationship in great depth.

Similarly, greater research into how couples make, share, or lose sources of meaning would be of benefit. War reliably places takes heavy tolls on families; research into how enhancing meaning in couples might help protect them from such hardships would likely yield considerable and valuable insights for leaders, clinicians, and policy makers alike. Children could also be included in such studies; the present studies asked relatively few questions about children and we did not interview them directly. Regardless, the stories children are told and tell themselves about the war likely have great significance in terms of their coping. Virtually nothing is known about these processes in the children of service members.

APPENDICES

Appendix A: Participant Consent Documents

Research Participant Information and Consent Form

You are being asked to take part in a research study that will take place in the state of Michigan. This paper has information about your rights as a participant in the study. Researchers are required to provide a consent form to inform you about the research study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. You should feel free to ask the researchers any questions you may have. The study is funded by the Department of Defense and involves researchers from Michigan State University, The Michigan Public Health Institute, the University of Michigan, and Virginia Tech.

Study Title: Risk, Resiliency, and Coping in National Guard Families
Sponsor: The Department of Defense

1. PURPOSE OF RESEARCH STUDY:

You are being asked to participate in a research study that aims to learn more about the experiences of National Guard Families as they move through the entire deployment cycle. You have been selected as a possible participant in this study because of your experiences with deployment. From this study, the researchers hope to understand more fully factors that contribute to the well-being of Michigan National Guard soldiers and their families, including services that will best meet the needs of these families. We will use the findings from our research to strengthen programs and services for Michigan National Guard families.

2. WHAT YOU WILL DO

Your participation in this study will involve participating in three separate interview clusters. Each interview cluster will consist of one 90-minute family interview and one or more 10-minute individual interviews. These interview clusters will take place over the course of three years. The individual time will provide you with time to meet with the interviewer alone in the event that you have information you would like to share privately, without your family present. There are three interview clusters in total – post-deployment, 1-year follow up, and 2-year follow up. We are interested in interviewing service members, service member spouses/significant others, and parents of service members. You will not be expected to discuss any topics that make you uncomfortable or do not wish to discuss.

3. POTENTIAL BENEFITS

You may not receive any personal benefits from being in this study. However, others may benefit as your input will help National Guard staff and their collaborators develop additional services to address deployment and reintegration needs of returning Veterans and their families.

4. POTENTIAL RISKS

The major risk of this study is loss of confidentiality. Even though we will not ask your name during the interview, there is still a small risk that individuals could identify you because of things you describe in your interview. The researchers will try to minimize this risk by deleting all audio-recordings after they have been transcribed and deleting any information from transcriptions that might allow someone to determine your personal identity. The interviews will be typed and stored electronically on password protected computers for analysis by researchers on the study team. After ten years, they will be permanently deleted. Your confidentiality will be protected to the maximum extent allowable by law.

Certain questions asked in this study may make you feel uncomfortable. The interviewer will ask you about your life experiences related to deployment and reunion, and about a variety of health behaviors and family relationships. Some of the questions will be about stressful or possibly disturbing events in your life. Thinking about these events presents a risk in that this process is likely to bring to your awareness memories you would rather not think about. If you experience any undue distress or discomfort because of completion of the interview, please let the interviewer know immediately or contact one of the members of the research team listed below, and we will set you up with a confidential consultation with a trained treatment provider. Trained treatment providers will reply to you within 24 hours of your request for a confidential debriefing and/or referral. You may also choose to contact a provider on the referral list we have provided. If a question makes you feel uncomfortable, you are free to skip that question. Individuals conducting the interviews are mandated reporters and are required by Michigan law to report to authorities if someone discloses their intent to harm self or others.

As with any research study, there may be additional risks that are unknown or unexpected.

5. PRIVACY AND CONFIDENTIALITY

Involvement in this study may result in a loss of privacy since members of your family and research staff may be aware of your participation. Information about you will be kept confidential to the maximum extent allowable by law. All research staff are required to keep your personal information private. Your responses to all questions will be confidential and stored in a secure manner. At no time will identifiable information be stored with your interview. You are free to decline to answer any specific question. Because others may observe your participation, the research team cannot guarantee complete privacy.

The interview will be audiotaped as a part of participation in the project. The interview will be transcribed, during which all identifying information will be deleted from the transcribed interview and after that, the audio recording will be deleted.

Involvement in this study may result in a loss of privacy since members of your family and research staff may be aware of your participation. All research staff are required to keep your personal information private. Your responses to all questions will be confidential and stored in a secure manner.

All research data collected as part of this study will be stored according to the privacy and security guidelines established by the Institutional Review Boards of participating organizations. Participants' names and identifiable health information will be stored separately from study data, and all electronic files will be password protected. Paper copies will be locked in filing cabinets

in locked offices of the study team. Only authorized research staff will have access to study data. Members of the research team will analyze the data collected from this study. The results of this study may be published in scholarly journals or presented at scientific meetings, but participants' names will never be mentioned.

If you indicate interest in future surveys and supply information regarding your telephone and email address, you may be contacted about additional studies by means of the contact information you provide today.

The following individuals will have access to the data:
- Researchers and Research Staff.
- Institutional Review Board (IRB) personnel should they choose to audit the study.
- Representatives of the DOD (sponsor) are authorized to review research records.
- In all cases, indentifying information will not be stored with or connected to study data.

6. YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW   Participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. You have the right to say no. You may change your mind at any time and withdraw. You may choose not to answer specific questions or to stop participating at any time. If you withdraw, your responses from previous participation will remain in the study. Participation in the study is voluntary and choosing not to participate will not affect your status within the National Guard.

7. COSTS AND COMPENSATION FOR BEING IN THE STUDY

There are no costs to your participation in the study. You and other adults in your family, 18 years of age and older will each receive a $50 gift certificate for participation in each interview.

8. ALTERNATIVE OPTIONS

You may choose not to participate in the study.

9. CONTACT INFORMATION

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact either researcher: Adrian Blow, PhD 3B Human Ecology, Michigan State University, (517) 432-7092, Lisa Gorman at (517) 324-7398, or Marcia Valenstein at (734) 232-0543.. Email: blowa@msu.edu or lgorman@mphi.org or marciav@med.umich.edu.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 408 W. Circle Dr., Room 207, East Lansing, MI 48824. You may also contact the MPHI

Office of Research Integrity Director, Sally Hiner at 517-324.7387 or email at ori@mphi.org. You may also contact the University of Michigan Institutional Review Board (IRBMED) at: Telephone (734) 763 4768, FAX (734) 763 9603 or email irbmed@umich.edu.   You can also contact the University of Michigan Review Board (IRBMED) by regular mail at 2800 Plymouth Road, Building 200, Room 2086, Ann Arbor, MI 48109-2800.

By proceeding and completing the interview, you are voluntarily consenting to participate in this project and have your responses included in the study.

10. DOCUMENTATION OF INFORMED CONSENT.

Your signature below means that you voluntarily agree to participate in this research study.

_____   _____
Signature   Date

You will be given a copy of this form to keep.

Appendix B: Qualitative Interview Guide, Round 1

<u>Spouse & Service Member Interview</u>
Thank you for agreeing to take part in this interview today. We would like to learn a little bit about you as we begin so if you could start by describing who is in your family and what a typical day is like in your home.

- How long have you been married or in a committed relationship with one another?

- Would like to know who is in the family. If for example there are step children or non-custodial children, how often they are in the home.

- Would like to know a little bit about work, school, extracurricular, and other related daily home routines.

<u>Deployment</u> - We are very interested in hearing about each of your different stories of deployment. Please describe your deployment experience including what were the most stressful things you faced during the deployment. (Service Member, Spouse, Parent(s)).
- Previous deployments

<u>Reintegration</u> - We are very interested in hearing about each of your different stories of reintegration. Please describe your reintegration experience including what were the most stressful things you faced during the reintegration.
A: STRESSOR EVENT
- Looking back, how did your life change when your soldier was deployed?
  - What was different in your day to day tasks or activities? What remained the same?
  - Did your behavior or attitude change when your soldier was deployed? If so, how? (e.g. changes in sleeping, eating, fights with parents or siblings/children, grades etc.)

- If we were to start with the oldest child and go one at a time:
  - What changes did you notice about each child during deployment?
  - What changes did you notice about each child after your service member got home?
  - If there were challenges, how did you help your child get through this?

- How did you deal with the milestone and life events that occurred while your soldier was away? (e.g. birthdays, deaths, school events, parties, weddings, etc.)

- Has your behavior or attitude changed since soldier has returned? If so, how? (e.g. changes in sleeping, eating, fights with parents or siblings/children, grades etc.)

- How has your life changed since soldier returned?
  - What is different in day to day tasks or activities? What is the same? (e.g. Roles at home, afterschool activities, Relationship with parent/siblings/children).

o Have you noticed changes in your behavior or attitude since [/spouse/son/daughter] has returned? Describe. (e.g. changes in sleeping, eating, fights with siblings/children, grades, etc.)

- What has it been like for you in your family since your return? What has been the biggest adjustment?
    - Probe: What has gone well? What hasn't gone well?
    - Were all family members receptive to your return? If not, who has struggled with the transition the most?

B: RESOURCES
What and/or who helped you get through the deployment? How did this help? Please Explain. Was anything you tried not helpful?
o Military
o Civilian
o Formal
o Informal

How did you use your support system (e.g. friends, family, school, community, programs, medical/therapy) when your [spouse/son/daughter] was deployed?
o How did they help you cope with the situation? (e.g. help you to feel loved, less lonely, etc.) – Has this changed since your [spouse/son/daughter] returned?

- Probe: Did you find that people were supportive of your situation? (Other parents, neighbors, friends, etc.)

- OR what blocked you from accessing your support system during the deployment? Did this change after your [spouse/son/daughter] returned?

C: MEANING MAKING
Some people report having a sense of life purpose or life meaning that keeps them going during a stressful time such as a deployment or reintegration. Is this true for you?
How did you make sense of the deployment experience? What life purpose helped you through deployment? Did this change during the deployment or after it was over?

- How has your experience with this whole process of deployment and reintegration influenced the way you think about:
    o How you view the world?
    o How you view the military?
    o The community in which you live?
    o Yourself?
    o Your family?
    o Your role as a husband/wife?
    o Your role as a father/mother?

- In what ways has the deployment and reintegration experiences challenged and/or strengthened your family? Did you grow as a result of the deployment? Expand on your answer.

- What do you tell your children about what your spouse does?
- What do you tell other adults about your spouse's work?
    - o   Probe: What are their reactions to you? How does that make you feel?
    - o   Probe: Do you feel people understand what life is like for your family? What is your perception of this upon return?

X: ADJUSTMENT

- What is your sense of how you are adjusting? (Any mental health issues – depression/PTSD etc?)
- How do you think the deployment experience has impacted your family?
    - ▪   Probe: What changes have you seen in your relationship with your spouse? With your children? How has your parenting changed? In your children's behavior at school or socializing with friends? How do you think your kids are doing?
- Some families say deployment brings them closer together or stronger, others say it drives them apart. Tell me about your experience. How do you think your family did during deployment? How do you think your family is doing now post-deployment?

What is one thing with regards to deployment survival that you wish someone would have told you or what would you say to a new NG family preparing for deployment, what advice would you give them?

Individual Service Member Interview
- Now I would like you to pick five words (adjectives) or phrases to describe your experiences with deployment. You may have talked a little bit about this already, but why don't you try to pull it together in five words? If participant has had multiple experiences, focus on this most recent experience/stage in the deployment cycle) *Give participant lots of encouragement & plenty of time to choose these phrases-- e.g., This can be hard, but I'd like you to try to pick five. You've already given me... However, if you feel that the participant cannot come up with five, then move on. The numbers are somewhat less important than the descriptions).*
- *After the participant gives you five words/phrases, ask the following two questions FOR EACH WORD, one at a time (always ask each question for each word- these are not optional probes):*
- You said: _____ (word/phrase). Can you tell me why you chose _____ to describe your experience? Ask for examples if none given.

A: STRESSOR EVENT

- Any additional stressors you didn't want to mention in front of the other family members?

C: MEANING MAKING
- What do you tell yourself about your deployment experience? How do you describe/explain your experiences to others (e.g. spouse/children/family/friends)?

  Probe: explore the why and how of their answer (e.g. if they don't talk about it, what is the block?; if they do talk about it, what do they say)

X: ADJUSTMENT
- How do you think your spouse is doing?
  - Probe: How often do you talk to him/her about the deployment experience? Do you find you can be open with your partner?
- What kinds of things do you choose to not talk about with your spouse?
- How did you decide not to share that information?
- Any information you didn't want to say in front of the whole family?

Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?

Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?

Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?

Individual and Spouse Interview:

- Now I would like you to pick five words (adjectives) or phrases to describe your experiences with deployment. You may have talked a little bit about this already, but why don't you try to pull it together in five words? If participant has had multiple experiences, focus on this most recent experience/stage in the deployment cycle) *Give participant lots of encouragement & plenty of time to choose these phrases-- e.g., This can be hard, but I'd like you to try to pick five. You've already given me... However, if you feel that the participant cannot come up with five, then move on. The numbers are somewhat less important than the descriptions).*
- *After the participant gives you five words/phrases, ask the following two questions FOR EACH WORD, one at a time (always ask each question for each word- these are not optional probes):*
- You said: _____ (word/phrase). Can you tell me why you chose _____ to describe your experience? Ask for examples if none given.

A: STRESSOR EVENT

- Any additional stressors you didn't want to mention in front of the other family members?

C: MEANING MAKING
- What do you tell yourself about your deployment experience? How do you describe/explain your experiences to others (e.g. spouse/children/family/friends)?

  Probe: explore the why and how of their answer (e.g. if they don't talk about it, what is the block?; if they do talk about it, what do they say)

X: ADJUSTMENT
- How do you think your spouse is doing?
  - Probe: How often do you talk to him/her about the deployment experience? Do you find you can be open with your partner?
- What kinds of things do you choose to not talk about with your spouse?
- How did you decide not to share that information?
- Any information you didn't want to say in front of the whole family?

Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?

Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?

Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?

Appendix C: Qualitative Interview Guide, Round 2

The following will occur with participants previously consented. Researcher will review the consent form, answer any questions, and ask if participants wish to continue in the study by participating in interview. (Each interview team must include one of two staff who conducted Time 1 interview with family).

We are conducting the second round interviews with returning National Guard members and their families to understand their deployment and reintegration experiences and what made these a challenge and or a success.

I'll be asking you open-ended questions. There are no right answers. You are the expert about your thoughts and experiences, and I'm here to learn from what you have to say. [This is a chance for you to talk in depth, and I encourage you to tell me as much as you can and use examples, because that is the kind of data that is the most useful for us.]

You are free to share any personal experiences related to what we discuss and your information will remain confidential, however you should not feel pressured to discuss anything you would prefer to keep private, as we are primarily interested in your opinions on how to get additional services to soldiers. The interview will last about 90 minutes.

1. You don't have to answer any question you don't want to.
   Just let me know and we'll skip it.

2. You can quit at any time. Please just tell me that you would like to stop.
3. We can take a break whenever you want.
4. You can ask me questions at any time.

Do you have any questions before we begin?

Last time we met we talked about a number of different things related to your family, your deployment, and your reintegration.

A: Stressor Event:

- What has been the biggest adjustment for you as a couple and as a family?
  o Probe: What has gone well? What hasn't gone well?

- How have your kids adjusted, now that you have been back for X months?
  o Probe: Any changes in their relationship to you? Your patience with them? Etc.

- What other events/milestones etc. have occurred since reintegration? We have a checklist of life events (life events checklist attached). We would like each of you to take a moment to review the list and check life events that you have experienced as an individual since your service member returned home from deployment.

- Were any of these stressors related to something that happened as a result of the service members deployment or military service? (e.g. injury; PTSD; time away? Etc.)

- Do you feel that your family's military experience contributed in a positive or negative way to how your family managed these life events? If so, explain

B: Resources:

Last time we met it sounded like you were doing xxxxxx in your readjustment.

- What has helped you get back in the routine of civilian work and family life? How did this help? Please Explain.

- Was anything you tried not helpful?
    o Military
    o Civilian
    o Formal
    o Informal

- What VA benefits have you taken advantage of, if any? (education, healthcare, disability)
    o What was most helpful or challenging about the services received?
    o Did you have trouble accessing any service that you needed?

- How did you use your support system (e.g. friends, family, school, community, programs, medical/therapy) as your family was getting back to the "new normal"?

- How did they help you cope with the situation? (e.g. help you to feel loved, less lonely, etc.)
    o Probe: Did you find that people were supportive of your situation? (Other parents, neighbors, friends, etc.)
    o OR what blocked you from accessing your support system during the reintegration?

- What have you noticed about the resources or supports your children have used? (Friends, groups, etc.)

C: Meaning Making:

People often say that they have a *purpose*, or *something that gives them self- worth*, or *something they do well* that gives their life meaning.

- Can you take a moment to think of five sources of meaning that give your life significance and purpose?   Which is most important to you and why?
   How is that list different today than before you deployed? What led to those
changes?

- Did you and your spouse/children/parents share important sources of meaning?
   Or did you disagree about some of them? (E.g., Service to the nation, to one's unit, to family, to God, etc.) Did you discuss these?

- How did you make sense of the deployment experience? What life purpose
   helped you through deployment? Did this change during the deployment or after it was over?

- Have you ever talked to your children about how they make sense of the deployment? Or heard them describe the experience to others? If so, what is your sense of how they made meaning?

X: Adjustment:

- How would you describe your quality of life? Is it similar or different from prior to deployment? If different, in what way?

- Do you have health concerns as a result of military service? (joint or back pain, post-concussive symptoms or other injury)

- How would you describe your overall mental health? (mood, feelings of sadness – depression/PTSD etc.?) Has that changed since in the past year since being home?

- Has doctor appointments, pain, etc. taken either partner away from spending time with your family/children?

- How has it impacted the couple relationship?

- How has it impacted your relationship with your children?

- How do you communicate health concerns with children and other family members?

- How would you describe your parenting? (able to show affection, guidance, listen, patience, etc.). Has this changed in the past year since deployment?

- What activities do you do with your child?

If we were to start with the oldest child and go one at a time:

- What changes did you notice about each child after your service member got home?

- If there were challenges, how did you help your child get through this?

- Do you worry about your child's school, social, physical, or emotional development? Probe if yes.

- Do your kids get on your nerves? How do you handle this as a family?

- What do you look forward to most in the next year?

Individual Interviews:

Next, we would like to meet with you individually to ask a few more questions if you are comfortable. Is there a space we can meet?

- What words would you use to describe your experiences in the past year?

- You said: _____(word/phrase). Can you tell me why you chose ___ to describe your experience? Ask for examples if none given.

- Is there anything you would like to expand on or discuss that you didn't feel comfortable in the group setting?

- What do you think has been the biggest change (positive or negative) in the past year since deployment?
  o Yourself
  o Your spouse/significant other
  o Children

- Anything else that could have helped you or [SIGNIFICANT OTHER] or [CHILD]?

- Can you think of anything else with regards to family, resilience, reintegration that you think we should discuss?

- ☐ Major personal injury, Illness, or other health related issue
- ☐ Detention in Jail or other institution
- ☐ Major change in religious activity (i.e. participating more or less than usual)
- ☐ Major change in social activities (i.e. clubs, movies, events, etc.)
- ☐ Major change in sleeping or eating habits
- ☐ Violations of the law (i.e. traffic tickets, disturbing the peace, DUI, etc.)
- ☐ Major change in usual type and/or amount of recreation
- ☐ Marriage
- ☐ Marital reconciliation with mate
- ☐ Divorce
- ☐ Marital Separation from mate
- ☐ Marital difficulties
- ☐ Major change in the number of arguments with spouse (more or less than usual)
- ☐ Pregnancy/Childbirth
- ☐ Major change in behaviors of child(ren)
- ☐ Change in family roles and responsibilities
- ☐ Changes to a new school or child enrolling in school
- ☐ Son or daughter leaving home (i.e. marriage, college, military, etc.)
- ☐ Death of a close family member
- ☐ Death of close friend or unit member
- ☐ Betrayal by trusted individual
- ☐ Major change in the number of family get-togethers
- ☐ Deployment of significant other or orders to re-deploy
- ☐ Change in duty status (i.e. ADS, AGR, Title 32, Discharge, Retirement, etc.)
- ☐ Change in employment status (i.e. new job, termination, lay off, etc.)
- ☐ Major change in responsibilities at work
- ☐ Major change in financial status
- ☐ Troubles with the boss
- ☐ Major changes in working hours or conditions
- ☐ Major change in living situation (move, new home, remodeling, lost lease, etc.)
- ☐ Homeownership (taking on a mortgage)
- ☐ Foreclosure
- ☐ Other _____

Closing: Thank you for participating in this interview.

Appendix D: Post-interview Reflection Form

Interviewer Name: _____   Interview date: _____

Person(s)
Interviewed: _____

Please describe the home environment:

_____
_____
_____
_____
_____

Please describe what makes this family unique:

_____
_____
_____
_____
_____

Please describe examples of resilience within this family:

_____
_____
_____
_____
_____

What made a difference for this family?

_____
_____
_____
_____
_____

What do you think is the key point from this interview?

_____
_____
_____
_____
_____

What question do you wish you had asked?

_____

_____

_____

What suggestions do you have? Are there changes that should be made?

_____

_____

_____

Table 1: Participant Demographics

Variable	Service Members (*n*=30) *n* (%)	Spouses/SO (*n*=30) *n* (%)	Total Sample[a] (*n*=60) *n* (%)
Age			
18-21	2 (6.7)	1 (3.3)	3 (5.0)
22-30	10 (33.3)	12 (40.0)	22 (36.7)
31-40	11 (36.7)	11 (36.7)	22 (36.7)
41-50	5 (16.7)	4 (13.3)	9 (15.0)
51-60+	1 (3.3)	1 (3.3)	2 (3.3)
Gender			
Female	1 (3.3)	29 (93.3)	30 (50.0)
Male	28 (93.3)	1 (3.3)	29 (48.3)
Ethnicity			
African American	2 (6.7)	1 (3.3)	3 (5.0)
Caucasian	23 (76.7)	22 (73.3)	45 (75.0)
Hispanic	1 (3.3)	3 (10.0)	4 (6.7)
Other	3 (10.0)	4 (13.3)	7 (11.7)
Education			
Some high school/GED	2 (6.7)	1 (3.3)	3 (5.0)
High school diploma	4 (13.3)	2 (6.7)	6 (10.0)
Some college	8 (26.7)	7 (23.3)	15 (25.0)
Associate degree/Technical certificate	2 (6.7)	5 (16.7)	7 (11.7)
Bachelor's degree	10 (33.3)	8 (26.7)	18 (30.0)
Graduate degree	3 (10.0)	6 (20.0)	9 (15.0)
Family Income			
Below $25,000	5 (16.7)	3 (10.0)	8 (13.3)
$25,001 to $50,000	12 (40.0)	12 (40.0)	24 (40.0)
$50,001 to $75,000	5 (16.7)	6 (20.0)	11 (18.3)
$75,001 to $100,000	4 (13.3)	7 (23.3)	11 (18.3)
Over $100,000	3 (10.0)	2 (6.7)	5 (8.3)

REFERENCES

REFERENCES

Adler, A. B., Bliese, P. D., & Castro, C. A. (2011). *Deployment Psychology: Evidence-based Strategies to Promote Mental Health in the Military*. American Psychological Association.

Akers, K. S., Mende, K., Cheatle, K. A., Zera, W. C., Yu, X., Beckius, M. L., Murray, C. K. (2014). Biofilms and persistent wound infections in United States military trauma patients: a case–control analysis. *BMC Infectious Diseases*, *14*, 190. http://doi.org/10.1186/1471-2334-14-190

Anderson, C. (2010). Presenting and Evaluating Qualitative Research. *American Journal of Pharmaceutical Education*, *74*(8). Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2987281/

Anestis, M. D., Bryan, C. J., Cornette, M. M., & Joiner, T. E. (2009). Understanding Suicidal Behavior in the Military: An Evaluation of Joiner's Interpersonal-Psychological Theory of Suicidal Behavior in Two Case Studies of Active Duty Post-Deployers. *Journal of Mental Health Counseling*, *31*(1), 60–75.

Anestis, M. D., Soberay, K. A., Gutierrez, P. M., Hernández, T. D., & Joiner, T. E. (2014). Reconsidering the link between impulsivity and suicidal behavior. *Personality and Social Psychology Review*, *18*(4), 366–386. http://doi.org/10.1177/1088868314535988

Army G1. (2014). Number of suicides in Army drops in 2013 | Article | The United States Army. Retrieved June 22, 2014, from http://www.army.mil/article/119301/

Army Health Promotion, Risk Reduction, Suicide Prevention Report. (2010). Retrieved February 27, 2013, from http://www.armyg1.army.mil/hr/suicide/docs/Commanders%20Tool%20Kit/HPRRSP_Report_2010_v00.pdf

Army Values. (n.d.). Retrieved October 31, 2013, from http://www.army.mil/values/

Bachynski, K. E., Canham-Chervak, M., Black, S. A., Dada, E. O., Millikan, A. M., & Jones, B. H. (2012). Mental health risk factors for suicides in the US Army, 2007-8. *Injury Prevention*, *18*(6), 405–412. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1136/injuryprev-2011-040112

Bandura, A. (1977). Self-Efficacy: Toward a Unifying Theory of Behavioral Change. *Psychological Review*, *84*(2), 191–215. http://doi.org/10.1037/0033-295X.84.2.191

Bandura, A., Caprara, G. V., Barbaranelli, C., Gerbino, M., & Pastorelli, C. (2003). Role of affective self-regulatory efficacy in diverse spheres of psychosocial functioning. *Child Development*, *74*(3), 769–782. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1111/1467-8624.00567

Battista, J., & Almond, R. (1973). The development of meaning in life. *Psychiatry: Journal for the Study of Interpersonal Processes*, *36*(4), 409–427.

Baumeister, R. F. (1990). Suicide as escape from self. *Psychological Review*, *97*(1), 90–113. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1037/0033-295X.97.1.90

Baumeister, R. F. (1991). *Meanings of Life*. Guilford Press.

Baumeister, R. F. (2005). *The Cultural Animal : Human Nature, Meaning, and Social Life: Human Nature, Meaning, and Social Life*. Oxford University Press.

Baumeister, R. F., & Tierney, J. (2011). *Willpower: Rediscovering the Greatest Human Strength*. Penguin.

Baumeister, R. F., & Vohs, K. D. (2007). Self-Regulation, Ego Depletion, and Motivation. *Social and Personality Psychology Compass*, *1*(1), 115–128. http://doi.org/10.1111/j.1751-9004.2007.00001.x

Baumeister, R. F., & Wilson, B. (1996). Life stories and the four needs for meaning. *Psychological Inquiry*, *7*(4), 322–325. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1207/s15327965pli0704_2

Beck, A. T., Brown, G., Berchick, R. J., Stewart, B. L., & Steer, R. A. (1990). Relationship between hopelessness and ultimate suicide: A replication with psychiatric outpatients. *The American Journal of Psychiatry*, *147*(2), 190–195.

Bennett, A. S., Elliott, L., & Golub, A. (2013). Opioid and other substance misuse, overdose risk, and the potential for prevention among a sample of OEF/OIF veterans in New York City. *Substance Use & Misuse*, *48*(10), 894–907. http://doi.org/10.3109/10826084.2013.796991

Berger, P., & Kellner, H. (1964). Marriage and the Construction of Reality: An Exercise in the Microsociology of Knowledge. *Diogenes*, *12*(46), 1–24.

Bergmann, J. S., Renshaw, K. D., Allen, E. S., Markman, H. J., & Stanley, S. M. (2014). Meaningfulness of service and marital satisfaction in Army couples. *Journal of Family Psychology*, *28*(5), 701–706. http://doi.org/10.1037/fam0000013

Betz, M. E., Barber, C., & Miller, M. (2011). Suicidal Behavior and Firearm Access: Results from the Second Injury Control and Risk Survey. *Suicide and Life-Threatening Behavior*, *41*(4), 384–391. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1111/j.1943-278X.2011.00036.x

Black, S. A., Gallaway, M. S., Bell, M. R., & Ritchie, E. C. (2011). Prevalence and risk factors associated with suicides of Army soldiers 2001–2009. *Military Psychology*, *23*(4), 433–451. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu/10.1037/h0094766

Blow, A. J., Gorman, L., Ganoczy, D., Kees, M., Kashy, D. A., Valenstein, M., … Chermack, S. (2013). Hazardous drinking and family functioning in National Guard veterans and

spouses postdeployment. *Journal of Family Psychology*, *27*(2), 303–313. http://doi.org/10.1037/a0031881

Boss, P. (2006). *Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss*. W. W. Norton & Company.

Bowlby, J. (1958). The nature of the child's tie to his mother. *The International Journal of Psychoanalysis*, *39*, 350–373.

Brancu, M., Thompson, N. L., Beckham, J. C., Green, K. T., Calhoun, P. S., Elbogen, E. B., … Wagner, H. R. (2014). The impact of social support on psychological distress for U.S. Afghanistan/Iraq era veterans with PTSD and other psychiatric diagnoses. *Psychiatry Research*, *217*(1-2), 86–92. http://doi.org/10.1016/j.psychres.2014.02.025

Bray, R. M., Pemberton, M. R., Lane, M. E., Hourani, L. L., Mattiko, M. J., & Babeu, L. A. (2010). Substance use and mental health trends among U.S. military active duty personnel: key findings from the 2008 DoD Health Behavior Survey. *Military Medicine*, *175*(6), 390–399.

Brenner, L. A., Gutierrez, P. M., Cornette, M. M., Betthauser, L. M., Bahraini, N., & Staves, P. J. (2008). A Qualitative study of potential suicide risk factors in returning combat veterans. *Journal of Mental Health Counseling*, *30*(3), 211–225.

Brenner, L. A., Ignacio, R. V., & Blow, F. C. (2011). Suicide and traumatic brain injury among individuals seeking Veterans Health Administration services. *The Journal of Head Trauma Rehabilitation*, *26*(4), 257–264. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1097/HTR.0b013e31821fdb6e

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health*, *21*(1), 87–108. http://doi.org/10.1080/14768320500230185

Brunger, H., Serrato, J., & Ogden, J. (2013). "No man"s land': The transition to civilian life. *Journal of Aggression, Conflict and Peace Research*, *5*(2), 86–100. http://doi.org/10.1108/17596591311313681

Bryan, C. J., & Clemans, T. A. (2013). Repetitive traumatic brain injury, psychological symptoms, and suicide risk in a clinical sample of deployed military personnel. *JAMA Psychiatry*, *70*(7), 686–691. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1001/jamapsychiatry.2013.1093

Bryan, C. J., Graham, E., & Roberge, E. (2015). Living a life worth living: Spirituality and suicide risk in military personnel. *Spirituality in Clinical Practice*, *2*(1), 74–78. http://doi.org/10.1037/scp0000056

Bureau of Labor Statistics. (2014). Employment Situation of Veterans Summary. Retrieved January 10, 2015, from http://www.bls.gov/news.release/vet.nr0.htm

Burnett-Zeigler, I., Ilgen, M., Valenstein, M., Zivin, K., Gorman, L., Blow, A., … Chermack, S. (2011). Prevalence and correlates of alcohol misuse among returning Afghanistan and Iraq veterans. *Addictive Behaviors*, *36*(8), 801–806. http://doi.org/10.1016/j.addbeh.2010.12.032

Buss, D. M. (1990). The Evolution of Anxiety and Social Exclusion. *Journal of Social and Clinical Psychology*, *9*(2), 196–201. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1521/jscp.1990.9.2.196

Capron, D. W., Norr, A. M., Macatee, R. J., & Schmidt, N. B. (2013). Distress tolerance and anxiety sensitivity cognitive concerns: Testing the incremental contributions of affect dysregulation constructs on suicidal ideation and suicide attempt. *Behavior Therapy*, *44*(3), 349–358. http://doi.org/10.1016/j.beth.2012.12.002

Casey, G. W. (2011). Comprehensive Soldier Fitness: A Vision for Psychological Resilience in the U.S. Army. *The American Psychologist*, *66*(1). Retrieved from http://search.proquest.com.proxy1.cl.msu.edu/docview/850838007/13D042C17D84CFF2B71/5?accountid=12598

Chamberlain, K., & Zika, S. (1988). Religiosity, Life Meaning and Wellbeing: Some Relationships in a Sample of Women. *Journal for the Scientific Study of Religion*, *27*(3), 411–420.

Charmaz, K. (2014). *Constructing Grounded Theory*. SAGE.

Cigrang, J. A., Talcott, G. W., Tatum, J., Baker, M., Cassidy, D., Sonnek, S., … Smith Slep, A. M. (2014). Intimate partner communication from the war zone: A prospective study of relationship functioning, communication frequency, and combat effectiveness. *Journal of Marital and Family Therapy*, *40*(3), 332–343. http://doi.org/10.1111/jmft.12043

Collins, R. L., Ellickson, P. L., & Klein, D. J. (2007). The role of substance use in young adult divorce. *Addiction*, *102*(5), 786–794. http://doi.org/10.1111/j.1360-0443.2007.01803.x

Conner, K. R., McCloskey, M. S., & Duberstein, P. R. (2008). Psychiatric risk factors for suicide in the alcohol-dependent patient. *Psychiatric Annals*, *38*(11), 742–748. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.3928/00485713-20081101-04

Cornum, R., Matthews, M. D., & Seligman, M. E. P. (2011). Comprehensive Soldier Fitness: Building resilience in a challenging institutional context. *American Psychologist*, *66*(1), 4–9. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1037/a0021420

Cox, K., & McAdams, D. P. (2014). Meaning making during high and low point life story episodes predicts emotion regulation two years later: How the past informs the future. *Journal of Research in Personality*, *50*, 66–70. http://doi.org/10.1016/j.jrp.2014.03.004

Cox, W. M., & Klinger, E. (2011). *Handbook of Motivational Counseling: Goal-Based Approaches to Assessment and Intervention with Addiction and Other Problems*. John Wiley & Sons.

Davidsen, A. S. (2013). Phenomenological Approaches in Psychology and Health Sciences. *Qualitative Research in Psychology*, *10*(3), 318–339. http://doi.org/10.1080/14780887.2011.608466

Debats, D. L., Van der Lubbe, P. M., & Wezeman, F. R. (1993). On the psychometric properties of the Life Regard Index (LRI): A measure of meaningful life: An evaluation in three independent samples based on the Dutch version. *Personality and Individual Differences*, *14*(2), 337–345. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1016/0191-8869(93)90132-M

de Figueiredo, J. M., & Frank, J. D. (1982). Subjective Incompetence, the Clinical Hallmark of Demoralization. *Comprehensive Psychiatry*, *23*(4), 353–363. http://doi.org/10.1016/0010-440X(82)90085-2

Department of Defense. (2014). Department of Defense Suicide Event Report 2013. Retrieved January 31, 2015, from http://www.suicideoutreach.org/SuicideData/DoDSER_Reports.htm

Desmarais, S. L., Reeves, K. A., Nicholls, T. L., Telford, R. P., & Fiebert, M. S. (2012a). Prevalence of Physical Violence in Intimate Relationships, Part 1: Rates of Male and Female Victimization. *Partner Abuse*, *3*(2), 140–169. http://doi.org/http://dx.doi.org.proxy.lib.wayne.edu/10.1891/1946-6560.3.2.140

Desmarais, S. L., Reeves, K. A., Nicholls, T. L., Telford, R. P., & Fiebert, M. S. (2012b). Prevalence of Physical Violence in Intimate Relationships, Part 2: Rates of Male and Female Perpetration. *Partner Abuse*, *3*(2), 170–198. http://doi.org/http://dx.doi.org.proxy.lib.wayne.edu/10.1891/1946-6560.3.2.170

DeWall, C. N., Gilman, R., Sharif, V., Carboni, I., & Rice, K. G. (2012). Left out, sluggardly, and blue: Low self-control mediates the relationship between ostracism and depression. *Personality and Individual Differences*, *53*(7), 832–837. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1016/j.paid.2012.05.025

Dowling, M. (2008). Atlas.ti Software. In L. Given (Ed.), *The SAGE Encyclopedia of Qualitative Research Methods* (pp. 37–38). Thousand Oaks: Sage Publications.

Doyle, M. E., & Peterson, K. A. (2005). Re-entry and reintegration: returning home after combat. *Psychiatric Quarterly*, *76*(4), 361–370. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1007/s11126-005-4972-z

Dube, S. R., Anda, R. F., Felitti, V. J., Chapman, D. P., & al, et. (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: Findings from the Adverse Childhood Experiences Study. *JAMA*, *286*(24), 3089–96.

Eaton, K. M., Hoge, C. W., Messer, S. C., Whitt, A. A., Cabrera, O. A., McGurk, D., … Castro, C. A. (2008). Prevalence of mental health problems, treatment need, and barriers to care among primary care-seeking spouses of military service members involved in Iraq and Afghanistan deployments. *Military Medicine*, *173*(11), 1051–1056.

Edwards, M. J., & Holden, R. R. (2001). Coping, meaning in life, and suicidal manifestations: Examining gender differences. *Journal of Clinical Psychology*, *57*(12), 1517–1534. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu/10.1002/jclp.1114

Eftekhari, A., Ruzek, J. I., Crowley, J. J., Rosen, C. S., Greenbaum, M. A., & Karlin, B. E. (2013). Effectiveness of national implementation of prolonged exposure therapy in veterans affairs care. *JAMA Psychiatry*, *70*(9), 949–955. http://doi.org/10.1001/jamapsychiatry.2013.36

Elbogen, E. B., Sullivan, C. P., Wolfe, J., Wagner, H. R., & Beckham, J. C. (2013). Homelessness and Money Mismanagement in Iraq and Afghanistan Veterans. *American Journal of Public Health*, *103*(Suppl 2), S248–S254. http://doi.org/10.2105/AJPH.2013.301335

Esposito, C., Spirito, A., Boergers, J., & Donaldson, D. (2003). Affective, behavioral, and cognitive functioning in adolescents with multiple suicide attempts. *Suicide and Life-Threatening Behavior*, *33*(4), 389–399. http://doi.org/10.1521/suli.33.4.389.25231

Falb, K. L., Carliner, H., & Silverman, J. G. (2011). The association between mental illness and intimate partner violence perpetration in a civilian and military community sample. *Comprehensive Psychiatry*, *52*(6). http://doi.org/http://dx.doi.org.proxy.lib.wayne.edu/10.1016/j.comppsych.2011.04.020

Fals-Stewart, W., O'Farrell, T. J., Birchler, G. R., Córdova, J., & Kelley, M. L. (2005). Behavioral Couples Therapy for Alcoholism and Drug Abuse: Where We've Been, Where We Are, and Where We're Going. *Journal of Cognitive Psychotherapy*, *19*(3), 229–246. http://doi.org/10.1891/jcop.2005.19.3.229

Falvo, M. J., Serrador, J. M., McAndrew, L. M., Chandler, H. K., Lu, S.-E., & Quigley, K. S. (2012). A retrospective cohort study of U.S. service members returning from Afghanistan and Iraq: is physical health worsening over time? *BMC Public Health*, *12*, 1124. http://doi.org/10.1186/1471-2458-12-1124

Feldman, D. B., & Snyder, C. R. (2005). Hope and the meaningful life: goal-directed thinking and life meaning. *Journal of Social and Clinical Psychology*, *24*(3), 401–421.

Foran, H. M., Heyman, R. E., Slep, A. M. S., & Snarr, J. D. (2012). Hazardous alcohol use and intimate partner violence in the military: Understanding protective factors. *Psychology of Addictive Behaviors*, *26*(3), 471–483. http://doi.org/10.1037/a0027688

Frankl, V. E. (1992). *Man's search for meaning: an introduction to logotherapy* (4th ed). Boston: Beacon Press.

Fromm-Reichmann, F. (1959). Loneliness. *Psychiatry: Journal for the Study of Interpersonal Processes*, *22*, 1–15.

Gadermann, A. M., Engel, C. C. C., Naifeh, J. A., Nock, M. K., Petukhova, M., Santiago, L. P. N., … Kessler, R. C. (2012). Prevalence of DSM-IV major depression among U.S. military personnel: Meta-analysis and simulation. *Military Medicine*, *177*(8 0), 47–59.

Gamache, G., Rosenheck, R., & Tessler, R. (2001). The proportion of veterans among homeless men: A decade later. *Social Psychiatry and Psychiatric Epidemiology*, *36*(10), 481–485. http://doi.org/10.1007/s001270170012

Gewirtz, A. H., Polusny, M. A., DeGarmo, D. S., Khaylis, A., Erbes, C. R., & agewirtz@umn.edu. (2010). Posttraumatic Stress Symptoms Among National Guard Soldiers Deployed to Iraq: Associations with Parenting Behaviors and Couple Adjustment. *Journal of Consulting and Clinical Psychology*, *78*(5), 599–610. http://doi.org/10.1037/a0020571

Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology*, *43*(1), 3–12. http://doi.org/10.1163/156916212X632934

Glaser, B. G., & Strauss, A. L. (2009). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Transaction Publishers.

Gorman, L. A., Blow, A. J., Ames, B. D., & Reed, P. L. (2011). National Guard families after combat: mental health, use of mental health services, and perceived treatment barriers. *Psychiatric Services*, *62*(1), 28–34. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1176/appi.ps.62.1.28

Gottman, J. M., Gottman, J. S., & Atkins, C. L. (2011). The Comprehensive Soldier Fitness Program: Family skills component. *American Psychologist*, *66*(1), 52–57. http://doi.org/10.1037/a0021706

Grassia, M., & Gibb, B. E. (2009). Rumination and lifetime history of suicide attempts. *International Journal of Cognitive Therapy*, *2*(4), 400–406. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1521/ijct.2009.2.4.400

Grassian, S., & Friedman, N. (1986). Effects of sensory deprivation in psychiatric seclusion and solitary confinement. *International Journal of Law and Psychiatry*, *8*(1), 49–65. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1016/0160-2527(86)90083-X

Greden, J. F., Valenstein, M., Spinner, J., Blow, A., Gorman, L. A., Dalack, G. W., … Kees, M. (2010). Buddy-to-Buddy, a citizen soldier peer support program to counteract stigma,

PTSD, depression, and suicide. *Annals of the New York Academy of Sciences*, *1208*(1), 90–97. http://doi.org/10.1111/j.1749-6632.2010.05719.x

Green, S., Nurius, P. S., & Lester, P. (2013). Spouse Psychological Well-Being: A Keystone to Military Family Health. *Journal Of Human Behavior In The Social Environment*, *23*(6). http://doi.org/10.1080/10911359.2013.795068

Griffin, G. A., & Harlow, H. F. (1966). Effects of three months of total social deprivation on social adjustment and learning in the rhesus monkey. *Child Development*, *37*(3), 533–547. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.2307/1126677

Griffith, J. (2012). Suicide in the Army National Guard: An empirical inquiry. *Suicide and Life-Threatening Behavior*, *42*(1), 104–119. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1111/j.1943-278X.2011.00075.x

Griffith, J., & Vaitkus, M. (2013). Perspectives on Suicide in the Army National Guard. *Armed Forces & Society*, *39*(4), 628–653. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1177/0095327X12471333

Haney, C. (2003). Mental health issues in long-term solitary and "supermax" confinement. *Crime and Delinquency*, *49*(1), 124–156.

Heidegger, M. (1962). *Being and time* (1st. English ed.). London: SCM Press.

Hicks, J. A., & King, L. A. (2007). Meaning in life and seeing the big picture: Positive affect and global focus. *Cognition and Emotion*, *21*(7), 1577–1584. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1080/02699930701347304

Hicks, J. A., & King, L. A. (2009). Positive mood and social relatedness as information about meaning in life. *The Journal of Positive Psychology*, *4*(6), 471–482. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1080/17439760903271108

Hill, R. (1971). *Families under stress: adjustment to the crises of war separation and reunion*. Greenwood Press.

Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *JAMA*, *295*(9), 1023–1032. http://doi.org/10.1001/jama.295.9.1023

Hoge, C. W., Castro, C. A., Messer, S. C., & McGurk, D. (2004). Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. *The New England Journal of Medicine*, *351*(1), 13–22.

Holland, J. M., Malott, J., & Currier, J. M. (2014). Meaning made of stress among veterans transitioning to college: Examining unique associations with suicide risk and life☐threatening behavior. *Suicide and Life-Threatening Behavior*, *44*(2), 218–231. http://doi.org/10.1111/sltb.12061

Huebner, A. J., Mancini, J. A., Wilcox, R. M., Grass, S. R., & Grass, G. A. (2007). Parental Deployment and Youth in Military Families: Exploring Uncertainty and Ambiguous Loss. *Family Relations*, *56*(2), 112–122.

Huffman, B. (2004). *Insurgency and Counterinsurgency in Iraq*.

Husserl, E., & Kersten, F. (1983). *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*. Springer Science & Business Media.

Hyman, J., Ireland, R., Frost, L., & Cottrell, L. (2012). Suicide Incidence and Risk Factors in an Active Duty US Military Population. *American Journal of Public Health*, *102*(S1), S138–46.

Ilgen, M. A., Bohnert, A. S. B., Ignacio, R. V., McCarthy, J. F., Valenstein, M. M., Kim, M., & Blow, F. C. (2010). Psychiatric diagnoses and risk of suicide in veterans. *Archives of General Psychiatry*, *67*(11), 1152–1158. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu/10.1001/archgenpsychiatry.2010.129

Interian, A., Kline, A., Callahan, L., & Losonczy, M. (2012). Readjustment Stressors and Early Mental Health Treatment Seeking by Returning National Guard Soldiers With PTSD. *Psychiatric Services*, *63*(9), 855–61.

Jamieson, J. P., Harkins, S. G., & Williams, K. D. (2010). Need Threat Can Motivate Performance After Ostracism. *Personality and Social Psychology Bulletin*, *36*(5), 690–702. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1177/014616720 9358882

Joiner, T. E. (2005). *Why people die by suicide*. Cambridge, Mass: Harvard University Press.

Joiner, T. E., Sachs-Ericsson, N. J., Wingate, L. R., Brown, J. S., Anestis, M. D., & Selby, E. A. (2007). Childhood physical and sexual abuse and lifetime number of suicide attempts: A persistent and theoretically important relationship. *Behaviour Research and Therapy*, *45*(3), 539–547. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1016/j.brat.2006.04.007

Kaplan, M. S., Huguet, N., McFarland, B. H., & Newsom, J. T. (2007). Suicide among male veterans: A prospective population-based study. *Journal of Epidemiology and Community Health*, *61*(7), 619–624.

Karney, B. R., & Crown, J. S. (2007). *Families Under Stress: An Assessment of Data, Theory, and Reseach on Marriage and Divorce in the Military*. Rand Corporation.

Kim, P. Y., Thomas, J. L., Wilk, J. E., Castro, C. A., & Hoge, C. W. (2010). Stigma, Barriers to Care, and Use of Mental Health Services Among Active Duty and National Guard Soldiers After Combat. *Psychiatric Services*, *61*(6), 582–8.

King, L. A., & Geise, A. C. (2011). Being forgotten: Implications for the experience of meaning in life. *The Journal of Social Psychology*, *151*(6), 696–709.

http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1080/00224545.2010.522620

King, L. A., Hicks, J. A., Krull, J. L., & Del Gaiso, A. K. (2006). Positive affect and the experience of meaning in life. *Journal of Personality and Social Psychology*, *90*(1), 179–196. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1037/0022-3514.90.1.179

Kleiman, E. M., & Beaver, J. K. (2013). A meaningful life is worth living: Meaning in life as a suicide resiliency factor. *Psychiatry Research*. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1016/j.psychres.2013.08.002

Knobloch, L. K., Ebata, A. T., McGlaughlin, P. C., & Ogolsky, B. (2013). Depressive symptoms, relational turbulence, and the reintegration difficulty of military couples following wartime deployment. *Health Communication*, *28*(8), 754–766. http://doi.org/10.1080/10410236.2013.800440

Krajniak, M., Miranda, R., & Wheeler, A. (2013). Rumination and pessimistic certainty as mediators of the relation between lifetime suicide attempt history and future suicidal ideation. *Archives of Suicide Research*, *17*(3), 196–211. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1080/13811118.2013.805638

Kuehn, B. M. (2010). Military Probes Epidemic of Suicide. *JAMA: The Journal of the American Medical Association*, *304*(13), 1427. http://doi.org/10.1001/jama.2010.1327

Lambert, N. M., Stillman, T. F., Hicks, J. A., Kamble, S., Baumeister, R. F., & Fincham, F. D. (2013). To Belong Is to Matter: Sense of Belonging Enhances Meaning in Life. *Personality and Social Psychology Bulletin*, *39*(11). Retrieved from http://search.proquest.com.proxy2.cl.msu.edu.proxy1.cl.msu.edu/docview/1444565080/14160CA86F83660E684/4?accountid=12598

Lane, M. E., Hourani, L. L., Bray, R. M., & Williams, J. (2012). Prevalence of Perceived Stress and Mental Health Indicators Among Reserve-Component and Active-Duty Military Personnel. *American Journal of Public Health*, *102*(6), 1213–1220. http://doi.org/10.2105/AJPH.2011.300280

Larkin, M., Eatough, V., & Osborn, M. (2011). Interpretative phenomenological analysis and embodied, active, situated cognition. *Theory & Psychology*, *21*(3), 318–337. http://doi.org/10.1177/0959354310377544

LeardMann, C. A., Powell, T. M., Smith, T. C., Bell, M. R., Smith, B., Boyko, E. J., … Hoge, C. W. (2013). Risk Factors Associated With Suicide in Current and Former US Military Personnel. *JAMA*, *310*(5). Retrieved from http://search.proquest.com.proxy1.cl.msu.edu/docview/1428114893/1416C8C1BCF300FC84/2?accountid=12598

Lewy, C. S., Oliver, C. M., & McFarland, B. H. (2014). Barriers to mental health treatment for military wives. *Psychiatric Services*, *65*(9), 1170–1173.

Lincoln, Y. S., & Guba, E. (1985). *Naturalistic Inquiry*. SAGE.

Li, Z., Page, A., Martin, G., & Taylor, R. (2011). Attributable risk of psychiatric and socio-economic factors for suicide from individual-level, population-based studies: A systematic review. *Social Science & Medicine*, *72*(4), 608–616. http://doi.org/10.1016/j.socscimed.2010.11.008

Loyd, A. (1999). *My war gone by, I miss it so* (1st American ed). New York: Atlantic Monthly Press.

Lyke, J. (2013). Associations among aspects of meaning in life and death anxiety in young adults. *Death Studies*, *37*(5), 471–482. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1080/07481187.2011.649939

Maddi, S. R. (1967). The existential neurosis. *Journal of Abnormal Psychology*, *72*(4), 311–325. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu.proxy2.cl.msu.edu/10.1037/h0020103

Manring, M. M., Hawk, A., Calhoun, J. H., & Andersen, R. C. (2009). Treatment of War Wounds: A Historical Review. *Clinical Orthopaedics and Related Research*, *467*(8), 2168–2191. http://doi.org/10.1007/s11999-009-0738-5

Mansfield, A. J., Kaufman, J. S., Marshall, S. W., Gaynes, B. N., Morrissey, J. P., & Engel, C. C. (2010). Deployment and the use of mental health services among U. S. Army wives. *The New England Journal of Medicine*, *362*(2), 101–109. http://doi.org/10.1056/NEJMoa0900177

Mascaro, N., & Rosen, D. H. (2005). Existential Meaning's Role in the Enhancement of Hope and Prevention of Depressive Symptoms. *Journal of Personality*, *73*(4), 985–1013. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1111/j.1467-6494.2005.00336.x

Mauritzson, M., Odby, E. B., Holmqvist, R., & Nilsson, D. (2015). The fog is lifting; Veils of mist come and go: An Interpretative Phenomenological Analysis of the experiences of six women recovering from pathological dissociation. *Journal of Interpersonal Violence*, *30*(1), 45–61. http://doi.org/10.1177/0886260514532528

McCormack, L., Hagger, M. S., & Joseph, S. (2011). Vicarious growth in wives of Vietnam veterans: A phenomenological investigation into decades of "lived" experience. *Journal of Humanistic Psychology*, *51*(3), 273–290. http://doi.org/10.1177/0022167810377506

McCormack, L., & Joseph, S. (2014). Psychological growth in aging Vietnam veterans: Redefining shame and betrayal. *Journal of Humanistic Psychology*, *54*(3), 336–355. http://doi.org/10.1177/0022167813501393

McGaffin, B. J., Lyons, G. C. B., & Deane, F. P. (2013). Self-forgiveness, shame, and guilt in recovery from drug and alcohol problems. *Substance Abuse*, *34*(4), 396–404. http://doi.org/10.1080/08897077.2013.781564

McGirr, A., Alda, M., Séguin, M., Cabot, S., Lesage, A., & Turecki, G. (2009). Familial Aggregation of Suicide Explained by Cluster B Traits: A Three-Group Family Study of

Suicide Controlling for Major Depressive Disorder. *The American Journal of Psychiatry*, *166*(10), 1124–34.

McGregor, L. M., Dickson, A., Flowers, P., Hayes, P. C., & O'Carroll, R. E. (2014). Reclaiming their lives: The decision-making process in living liver donation—An interpretative phenomenological case study analysis of one couple. *Psychology & Health*, *29*(12), 1373–1387. http://doi.org/10.1080/08870446.2014.940950

McIlwain, D. S., Gates, K., & Ciliax, D. (2008). Heritage of Army Audiology and the Road Ahead: The Army Hearing Program. *American Journal of Public Health*, *98*(12), 2167–2172. http://doi.org/10.2105/AJPH.2007.128504

Military Justice. (n.d.). Retrieved November 1, 2013, from http://www.apd.army.mil/jw2/xmldemo/r27_10/cover.asp

Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *JAMA*, *298*(18), 2141–2148. http://doi.org/10.1001/jama.298.18.2141

Miranda, R., Tsypes, A., Gallagher, M., & Rajappa, K. (2013). Rumination and hopelessness as mediators of the relation between perceived emotion dysregulation and suicidal ideation. *Cognitive Therapy and Research*, *37*(4), 786–795. http://doi.org/10.1007/s10608-013-9524-5

Moraal, M., Slatman, J., Pieters, T., Mert, A., & Widdershoven, G. (2013). A virtual rehabilitation program after amputation: A phenomenological exploration. *Disability and Rehabilitation: Assistive Technology*, *8*(6), 511–515. http://doi.org/10.3109/17483107.2012.744104

Morissette, S. B., Woodward, M., Kimbrel, N. A., Meyer, E. C., Kruse, M. I., Dolan, S., & Gulliver, S. B. (2011). Deployment-related TBI, persistent postconcussive symptoms, PTSD, and depression in OEF/OIF veterans. *Rehabilitation Psychology*, *56*(4), 340–350. http://doi.org/10.1037/a0025462

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, *52*(2), 250–260. http://doi.org/10.1037/0022-0167.52.2.250

Murphy, D., Hunt, E., Luzon, O., & Greenberg, N. (2014). Exploring positive pathways to care for members of the UK Armed Forces receiving treatment for PTSD: a qualitative study. *European Journal of Psychotraumatology*, *5*. http://doi.org/10.3402/ejpt.v5.21759

Mysliwiec, V., McGraw, L., Pierce, R., Smith, P., Trapp, B., & Roth, B. J. (2013). Sleep disorders and associated medical comorbidities in active duty military personnel. *Sleep: Journal of Sleep and Sleep Disorders Research*, *36*(2), 167–174.

Nicholson, T., Higgins, W., Turner, P., James, S., Stickle, F., & Pruitt, T. (1994). The relation between meaning in life and the occurrence of drug abuse: A retrospective study.

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Psychology of Addictive Behaviors, *8*(1), 24–28.
http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1037/0893-164X.8.1.24

Nietzsche, F. (2010). *The Gay Science: With a Prelude in Rhymes and an Appendix of Songs*.
Knopf Doubleday Publishing Group.

Nietzsche, F. W. (1968). *The will to power*. New York: Vintage Books.

Nietzsche, F. W. (2009). *The Twilight of the Idols and the Antichrist*. Digireads.com Publishing.

Nock, M. K., Deming, C. A., Fullerton, C. S., Gilman, S. E., Goldenberg, M., Kessler, R. C., …
Ursano, R. J. (2013). Suicide Among Soldiers: A Review of Psychosocial Risk and
Protective Factors. *Psychiatry*, *76*(2), 97–125.
http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/101521psyc201376297

Nock, M. K., Hwang, I., Sampson, N. A., & Kessler, R. C. (2010). Mental disorders,
comorbidity and suicidal behavior: results from the National Comorbidity Survey
Replication. *Molecular Psychiatry*, *15*(8), 868–876.
http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1038/mp.2009.29

O'Connor, R. C., O'Carroll, R. E., Ryan, C., & Smyth, R. (2012). Self-regulation of unattainable
goals in suicide attempters: A two year prospective study. *Journal of Affective Disorders*,
142(1-3), 248–255. http://doi.org/10.1016/j.jad.2012.04.035

Olson, R. G. (1962). *An Introduction to Existentialism*. Courier Corporation.

Orbuch, T. L., Veroff, J., & Holmberg, D. (1993). Becoming a Married Couple: The Emergence
of Meaning in the First Years of Marriage. *Journal of Marriage and Family*, *55*(4), 815–
826. http://doi.org/10.2307/352764

Owens, G. P., Steger, M. F., Whitesell, A. A., & Herrera, C. J. (2009). Posttraumatic stress
disorder, guilt, depression, and meaning in life among military veterans. *Journal of
Traumatic Stress*, *22*(6), 654–657.
http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1002/jts.20460

Padden, D. L., Connors, R. A., & Agazio, J. G. (2011). Stress, coping, and well-being in military
spouses during deployment separation. *Western Journal of Nursing Research*, *33*(2),
247–267. http://doi.org/10.1177/0193945910371319

Palmer, C. (2008). A theory of risk and resilience factors in military families. *Military
Psychology*, *20*(3), 205–217. http://doi.org/10.1080/08995600802118858

Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of
General Psychology*, *1*(2), 115–144.
http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1037/1089-2680.1.2.115

Patel, B. R. (2015). Caregivers of veterans with "invisible" injuries: What we know and
implications for social work practice. *Social Work*, *60*(1), 9–17.
http://doi.org/10.1093/sw/swu043

Phillips, E., Elander, J., & Montague, J. (2014). Managing multiple goals during fertility treatment: An interpretative phenomenological analysis. *Journal of Health Psychology*, *19*(4), 531–543. http://doi.org/10.1177/1359105312474915

Rajalin, M., Hirvikoski, T., & Jokinen, J. (2012). Family history of suicide and exposure to interpersonal violence in childhood predict suicide in male suicide attempters. *Journal of Affective Disorders*. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu/10.1016/j.jad.2012.11.055

Rajappa, K., Gallagher, M., & Miranda, R. (2012). Emotion dysregulation and vulnerability to suicidal ideation and attempts. *Cognitive Therapy and Research*, *36*(6), 833–839. http://doi.org/10.1007/s10608-011-9419-2

Ramasamy, A., Harrisson, S., Stewart, M., & Midwinter, M. (2009). Penetrating Missile Injuries During the Iraqi Insurgency. *Annals of The Royal College of Surgeons of England*, *91*(7), 551–558. http://doi.org/10.1308/003588409X464720

Ramasamy, A., Masouros, S. D., Newell, N., Hill, A. M., Proud, W. G., Brown, K. A., … Clasper, J. C. (2011). In-vehicle extremity injuries from improvised explosive devices: current and future foci. *Philosophical Transactions of the Royal Society B: Biological Sciences*, *366*(1562), 160–170. http://doi.org/10.1098/rstb.2010.0219

Reker, G. T., Peacock, E. J., & Wong, P. T. P. (1987). Meaning and Purpose in Life and Well-being: a Life-span Perspective. *Journal of Gerontology*, *42*(1), 44–49. http://doi.org/10.1093/geronj/42.1.44

Renshaw, K. D., Allen, E. S., Rhoades, G. K., Blais, R. K., Markman, H. J., & Stanley, S. M. (2011). Distress in spouses of service members with symptoms of combat-related PTSD: Secondary traumatic stress or general psychological distress? *Journal of Family Psychology*, *25*(4), 461–469. http://doi.org/10.1037/a0023994

Renshaw, K. D., & Campbell, S. B. (2011). Combat veterans' symptoms of PTSD and partners' distress: The role of partners' perceptions of veterans' deployment experiences. *Journal of Family Psychology*, *25*(6), 953–962. http://doi.org/10.1037/a0025871

Renshaw, K. D., Rodrigues, C. S., & Jones, D. H. (2008). Psychological symptoms and marital satisfaction in spouses of Operation Iraqi Freedom veterans: Relationships with spouses' perceptions of veterans' experiences and symptoms. *Journal of Family Psychology*, *22*(4), 586–594. http://doi.org/10.1037/0893-3200.22.3.586

Riessman, C. K. (1993). *Narrative Analysis*. SAGE.

Riggs, S. A., & Riggs, D. S. (2011). Risk and resilience in military families experiencing deployment: The role of the family attachment network. *Journal of Family Psychology*, *25*(5), 675–687. http://doi.org/10.1037/a0025286

Riggs, S. A., Riggs, D. S., & riggs@unt.edu. (2011). Risk and Resilience in Military Families Experiencing Deployment: The Role of the Family Attachment Network. *Journal of Family Psychology*, *25*(5), 675–687. http://doi.org/10.1037/a0025286

Risdall, J. E., & Menon, D. K. (2011). Traumatic brain injury. *Philosophical Transactions of the Royal Society B: Biological Sciences*, *366*(1562), 241–250. http://doi.org/10.1098/rstb.2010.0230

Riviere, L. A., Merrill, J. C., Thomas, J. L., Wilk, J. E., & Bliese, P. D. (2012). 2003-2009 Marital Functioning Trends Among U.S. Enlisted Soldiers Following Combat Deployments. *Military Medicine*, *177*(10), 1169–77.

Rodríguez Andrés, A., & Hempstead, K. (2011). Gun control and suicide: The impact of state firearm regulations in the United States, 1995–2004. *Health Policy*, *101*(1), 95–103. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1016/j.healthpol.2010.10.005

Rodriguez, L., & Smith, J. A. (2014). "Finding your own place": An interpretative phenomenological analysis of young men's experience of early recovery from addiction. *International Journal of Mental Health and Addiction*, *12*(4), 477–490. http://doi.org/10.1007/s11469-014-9479-0

Rosen, C., Adler, E., & Tiet, Q. (2013). Presenting Concerns of Veterans Entering Treatment for Posttraumatic Stress Disorder. *Journal of Traumatic Stress*, *26*(5), 640–643. http://doi.org/10.1002/jts.21841

Rossi, G. (2014). The complex relationship between values and couple patterns. *Journal of Comparative Family Studies*, *45*(2), 173–199.

Rothberg, J. M., Ursano, R. J., & Holloway, H. C. (1987). Suicide in the United States military. *Psychiatric Annals*, *17*(8), 545–548.

Sartre, J. P. (1964). *Nausea*. Norfolk, Conn.: New Directions Paperbook.

Sartre, J. P. (1965). *Being and nothingness; an essay in phenomenological ontology* (Special abridged ed). New York: Citadel Press.

Sayers, S. L., Farrow, V. A., Ross, J., & Oslin, D. W. (2009). Family problems among recently returned military veterans referred for a mental health evaluation. *Journal of Clinical Psychiatry*, *70*(2), 163–170. http://doi.org/10.4088/JCP.07m03863

Schneider, S. L. (2001). In search of realistic optimism: Meaning, knowledge, and warm fuzziness. *American Psychologist*, *56*(3), 250–263. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1037/0003-066X.56.3.250

Seal, K. H., Cohen, G., Waldrop, A., Cohen, B. E., Maguen, S., & Ren, L. (2011). Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001-2010: Implications for screening, diagnosis and treatment. *Drug and Alcohol Dependence*, *116*(1-3), 93–101. http://doi.org/10.1016/j.drugalcdep.2010.11.027

Seal, K. H., Shi, Y., Cohen, G., Cohen, B. E., Maguen, S., Krebs, E. E., & Neylan, T. C. (2012). Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. *JAMA*, *307*(9), 940–947. http://doi.org/10.1001/jama.2012.234

Seligman, M. E. P. (1975). *Helplessness: on depression, development, and death*. San Francisco: W. H. Freeman.

Shaw, M. E., & Hector, M. A. (2010). Listening to military members returning from Iraq and/or Afghanistan: A phenomenological investigation. *Professional Psychology: Research and Practice*, *41*(2), 128–134. http://doi.org/10.1037/a0018178

Shelef, L., Fruchter, E., Mann, J. j., & Yacobi, A. (2014). Correlations between interpersonal and cognitive difficulties: Relationship to suicidal ideation in military suicide attempters. *European Psychiatry*. http://doi.org/10.1016/j.eurpsy.2014.01.006

Shenton, A. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*(2), 63–75.

Shen, Y.-C., Arkes, J., & Williams, T. V. (2012). Effects of Iraq/Afghanistan deployments on major depression and substance use disorder: Analysis of active duty personnel in the US military. *American Journal of Public Health*, *102*(Suppl 1), S80–S87.

Singleton, J. A. G., Gibb, I. E., Hunt, N. C. A., Bull, A. M. J., & Clasper, J. C. (2013). Identifying future "unexpected" survivors: a retrospective cohort study of fatal injury patterns in victims of improvised explosive devices. *BMJ Open*, *3*(8). http://doi.org/10.1136/bmjopen-2013-003130

Skinta, M. D., Brandrett, B. D., Schenk, W. C., Wells, G., & Dilley, J. W. (2014). Shame, self-acceptance and disclosure in the lives of gay men living with HIV: An interpretative phenomenological analysis approach. *Psychology & Health*, *29*(5), 583–597. http://doi.org/10.1080/08870446.2013.871283

Skomorovsky, A. (2014). Deployment stress and well-being among military spouses: The role of social support. *Military Psychology*, *26*(1), 44–54. http://doi.org/10.1037/mil0000029

Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, *11*(2), 261–271. http://doi.org/10.1080/08870449608400256

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, *5*(1), 9–27. http://doi.org/10.1080/17437199.2010.510659

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Los Angeles: SAGE Publications Ltd.

Smith, J. A., & Rhodes, J. E. (2014). Being depleted and being shaken: An interpretative phenomenological analysis of the experiential features of a first episode of depression.

Psychology and Psychotherapy: Theory, Research and Practice.
http://doi.org/10.1111/papt.12034

Spera, C. (2009). Spouses' Ability to Cope with Deployment and Adjust to Air Force Family Demands Identification of Risk and Protective Factors. *Armed Forces & Society*, *35*(2), 286–306. http://doi.org/10.1177/0095327X08316150

Spokas, M., Wenzel, A., Brown, G. K., & Beck, A. T. (2012). Characteristics of individuals who make impulsive suicide attempts. *Journal of Affective Disorders*, *136*(3), 1121–1125. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu/10.1016/j.jad.2011.10.034

SteelFisher, G. K., Zaslavsky, A. M., & Blendon, R. J. (2008). Health-related impact of deployment extensions on spouses of active duty Army personnel. *Military Medicine*, *173*(3), 221–229.

Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, *53*(1), 80–93. http://doi.org/10.1037/0022-0167.53.1.80

Steger, M. F., & Kashdan, T. B. (2007). Stability and specificity of meaning in life and life satisfaction over one year. *Journal of Happiness Studies*, *8*(2), 161–179. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1007/s10902-006-9011-8

Steger, M. F., & Kashdan, T. B. (2013). The unbearable lightness of meaning: Well-being and unstable meaning in life. *The Journal of Positive Psychology*, *8*(2), 103–115. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1080/17439760.2013.771208

Steger, M. F., Oishi, S., & Kashdan, T. B. (2009). Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *The Journal of Positive Psychology*, *4*(1), 43–52. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1080/174397608 02303127

Steger, M. F., Oishi, S., & Kesebir, S. (2011). Is a life without meaning satisfying? The moderating role of the search for meaning in satisfaction with life judgments. *The Journal of Positive Psychology*, *6*(3), 173–180. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1080/17439760.2011.569171

Stillman, T. F., Baumeister, R. F., Lambert, N. M., Crescioni, A. W., DeWall, C. N., & Fincham, F. D. (2009). Alone and without purpose: life loses meaning following social exclusion. *Journal of Experimental Social Psychology*, *45*(4), 686–694. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1016/j.jesp.2009.03.007

Stillman, T. F., Lambert, N. M., Fincham, F. D., & Baumeister, R. F. (2011). Meaning as magnetic force: Evidence that meaning in life promotes interpersonal appeal. *Social Psychological and Personality Science*, *2*(1), 13–20. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1177/1948550610378382

Sullivan, H. S. (1938). Psychiatry: Introduction to the Study of Interpersonal Relations, I. *Psychiatry*, *1*(1). Retrieved from http://search.proquest.com.proxy2.cl.msu.edu.proxy1.cl.msu.edu/docview/1301443756/141747020DA15A1F979/2?accountid=12598

Surrence, K., Miranda, R., Marroquín, B. M., & Chan, S. (2009). Brooding and reflective rumination among suicide attempters: Cognitive vulnerability to suicidal ideation. *Behaviour Research and Therapy*, *47*(9). Retrieved from http://search.proquest.com.proxy2.cl.msu.edu.proxy1.cl.msu.edu/docview/214418823/1417ED3C413BA66706/3?accountid=12598

Tanielian, T. L., & Jaycox, L. (2008). *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Rand Corporation.

Thomas, J. L., Wilk, J. E., Riviere, L. A., McGurk, D., Castro, C. A., & Hoge, C. W. (2010). Prevalence of mental health problems and functional impairment among Active Component and National Guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry*, *67*(6), 614–623. http://doi.org/10.1001/archgenpsychiatry.2010.54

Tidemalm, D., Runeson, B., Waern, M., Frisell, T., Carlström, E., Lichtenstein, P., & Långström, N. (2011). Familial clustering of suicide risk: A total population study of 11.4 million individuals. *Psychological Medicine*, *41*(12), 2527–2534. http://doi.org/http://dx.doi.org.proxy1.cl.msu.edu/10.1017/S0033291711000833

Trieb, E. (n.d.). "Like an airborne disease": Concern grows about military suicides spreading within families - U.S. News. Retrieved January 28, 2015, from http://usnews.nbcnews.com/_news/2013/01/28/16540098-like-an-airborne-disease-concern-grows-about-military-suicides-spreading-within-families?lite

Tsai, J., Rosenheck, R. A., & Kane, V. (2014). Homeless female U.S. veterans in a national supported housing program: Comparison of individual characteristics and outcomes with male veterans. *Psychological Services*, *11*(3), 309–316. http://doi.org/10.1037/a0036323

Twenge, J. M., Catanese, K. R., & Baumeister, R. F. (2003). Social Exclusion and the Deconstructed State: Time Perception, Meaninglessness, Lethargy, Lack of Emotion, and Self-Awareness. *Journal of Personality and Social Psychology*, *85*(3), 409–423. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1037/0022-3514.85.3.409

United States Department of Defense (defense.gov). (n.d.). Retrieved January 4, 2015, from http://www.defense.gov/

Valenstein, M., Gorman, L., Blow, A. J., Ganoczy, D., Walters, H., Kees, M., … Dalack, G. W. (2014). Reported barriers to mental health care in three samples of U.S. Army National Guard soldiers at three time points. *Journal of Traumatic Stress*, *27*(4), 406–414. http://doi.org/10.1002/jts.21942

Vento, T. J., Calvano, T. P., Cole, D. W., Mende, K., Rini, E. A., Tully, C. C., … Murray, C. K. (2013). Staphylococcus aureus colonization of healthy military service members in the United States and Afghanistan. *BMC Infectious Diseases*, *13*, 325. http://doi.org/10.1186/1471-2334-13-325

Vento, T. J., Cole, D. W., Mende, K., Calvano, T. P., Rini, E. A., Tully, C. C., … Murray, C. K. (2013). Multidrug-resistant gram-negative bacteria colonization of healthy US military personnel in the US and Afghanistan. *BMC Infectious Diseases*, *13*, 68. http://doi.org/10.1186/1471-2334-13-68

Voon, D., Hasking, P., & Martin, G. (2014). The roles of emotion regulation and ruminative thoughts in non☐suicidal self☐injury. *British Journal of Clinical Psychology*, *53*(1), 95–113. http://doi.org/10.1111/bjc.12030

Warburton, W. A., Williams, K. D., & Cairns, D. R. (2006). When ostracism leads to aggression: The moderating effects of control deprivation. *Journal of Experimental Social Psychology*, *42*(2), 213–220. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1016/j.jesp.2005.03.005

Weishaar, M. E., & Beck, A. T. (1992). Hopelessness and suicide. *International Review of Psychiatry*, *4*(2), 177–184. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.3109/09540269209066315

Whisman, M. A., Uebelacker, L. A., & Bruce, M. L. (2006). Longitudinal association between marital dissatisfaction and alcohol use disorders in a community sample. *Journal of Family Psychology*, *20*(1), 164–167. http://doi.org/10.1037/0893-3200.20.1.164

Williams, K. D., & Warburton, W. A. (2003). Ostracism: A form of indirect aggression that can result in aggression. *Revue Internationale de Psychologie Sociale*, *16*(3), 101–126.

Williams, K. D., & Wesselmann, E. D. (2011). The link between ostracism and aggression., *13*, 37–51.

Wirth, J. H., Sacco, D. F., Hugenberg, K., & Williams, K. D. (2010). Eye Gaze as Relational Evaluation: Averted Eye Gaze Leads to Feelings of Ostracism and Relational Devaluation. *Personality and Social Psychology Bulletin*, *36*(7), 869–882. http://doi.org/http://dx.doi.org.proxy2.cl.msu.edu.proxy1.cl.msu.edu/10.1177/0146167210370032

Wodak, R., & Krzyżanowski, M. (2008). *Qualitative Discourse Analysis in the Social Sciences*. Palgrave Macmillan.

Wong, P. (2012). From logotherapy to meaning-centered counseling and therapy. In *The Human Quest for Meaning* (pp. 619–647). Retrieved from http://search.proquest.com.proxy1.cl.msu.edu/docview/1267032169/13CEE9856E13894F3C9/1?accountid=12598

Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.

Zwolinski, J. (2012). Psychological and neuroendocrine reactivity to ostracism. *Aggressive Behavior*, *38*(2), 108–125.