

AN EXPLORATION OF THE FORMULATION OF LIFE PURPOSE  
IN IRAQ WAR COMBAT VETERANS STRUGGLING WITH PTSD

by

Guy C. Macpherson

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Palo Alto, California

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I certify that I have read and approved the content and presentation of this dissertation:

\_\_\_\_\_  
Charlotte Lewis, Ph.D., Committee Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sarah Burdge, Ph.D., Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mario Mikulincer, Ph.D., Committee Member

\_\_\_\_\_  
Date

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Thousands of Iraq combat veterans are currently returning home from the war. A significant percentage of these soldiers are presenting with mental-health problems, foremost of which is post-traumatic stress disorder (PTSD), a debilitating condition which has psychological and psychosocial effects. Veterans traumatized in combat often struggle with finding purpose in their war experience. Few studies have qualitatively explored the relationship between the existential aspects of life purpose and combat PTSD. This study attempted to fill this gap in the literature by utilizing qualitative analysis with semistructured interviews of 8 Iraq combat veterans self-identified with post-traumatic stress disorder who have discovered purpose or are searching for purpose in their combat experience. The study findings revealed the existence of 6 themes which significantly influenced the veterans' search for and formulation of life purpose: (a) Psychological Effects of the Iraq War, outlined the deleterious effects on the veterans' soma and psyche of fighting an urban war; (b) Veterans' Perception of the Military, highlighted the degree to which veterans felt discarded by and disillusioned with the military after their PTSD diagnosis; (c) Before War/After War Comparison, captured the disparity between the veterans' health and enthusiasm before the war, and the devastating effects of PTSD on their lives after the war; (d) PTSD Due to the Iraq War, focused on the psychosocial effects of PTSD on the veterans' lives; (e) Religion And Spirituality, illuminated the religious/spiritual shift veterans experienced as a result of their time in combat; (f) Life Purpose, described the new relationship to life purpose veterans experienced due to their combat experience. Results may provide insight

into the relevance of the healing effects of spirituality on the lives of combat veterans with PTSD. In addition, results may further our understanding of the significance and process of life purpose in combat veterans with PTSD.

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## Chapter 1: Introduction

The purpose of this study was to qualitatively explore existential meaning making, specifically life purpose, in Iraq combat veterans with PTSD by addressing the following question: What is the subjective experience of life purpose within a sample of Iraq combat veterans with PTSD?

Throughout history individuals have written about the relationship between war and trauma with the understanding that exposure to extreme stress and terror can lead to such symptoms as troubling memories, avoidance of individuals or contexts reminiscent of the traumatic experience, hyperarousal, and feelings of guilt (Paquette, 2008; van der Kolk, Weisaeth, & van der Hart, 2007). Recently, research reveals that large numbers of U.S. soldiers returning from the military deployments in Iraq, in support of Operation Iraqi Freedom (OIF), and Afghanistan, in support of Operation Enduring Freedom (IEF), have been experiencing many of these same severe mental health problems. Their symptoms include depression, inability to retain employment, divorce, spousal abuse, substance abuse, as well as guilt over acts they may have committed during combat, or from the realization that they survived and their comrades did not (Paquette, 2008). More significantly, approximately 11% of soldiers returning from Iraq and 15% to 17% of those returning from Afghanistan will experience post-traumatic stress disorder (PTSD) (Lapierre, Schwegler, & LaBauve, 2007).

PTSD is the result of an interaction of several elements, only one of which is the actual traumatic event itself (Briere & Spinazzola, 2005). The modern literature on post-traumatic stress suggests that the development of PTSD is typically the result of an interaction of a number of factors, including a life history of victimization which may have involved extended child abuse, as well as a failed parent-child attachment system (Briere & Spinazzola, 2005). This stress and

the severe anxiety which such trauma produces has debilitating effects upon the victim. According to Janoff-Bulman (2006), one of these effects is the shattering of our most fundamental or basic assumptions about the world: that the world is (a) benevolent, (b) the world is meaningful, and (c) that the self is worthy. In the wake of a traumatic experience a person is faced with the restructuring their basic beliefs about the world and confronted with questions of meaning. Thus, as Janoff-Bulman states, the survivor's crisis is an existential one focused on the discovery of meaning.

Assigning meaning in the wake of trauma has been shown to be an integral part of recovery from traumatic sequelae (Decker, 2007; Frankl, 1946; Park, Edmondson, Fenster, & Blank, 2008; Schok, Kleber, Elands, & Weerts, 2008). For a long time, however, the professional literature has recognized and focused on the negative influences of traumatic experience (Fontana & Rosenheck, 1998). Recently though there has been an increasing attention given to the positive reactions and growth that may result from pain and loss associated with trauma (Janoff-Bulman, 2006). Several theorists have directed their attention to this subject (e.g., Gillies, & Neimeyer, 2006; Janoff-Bulman, 1992, 2006). One individual who has written extensively not only of the positive potential of stressful events but of "the truly horrific" (Fontana & Rosenheck, 1998, p. 486,) is Viktor Frankl (1946). As a result of his experiences in Nazi concentration camps, Frankl (1946) believed that people increased their chances of survival by the act of discovering meaning in their experience. It was his belief that individuals could find meaning and purpose even in the most severe situations in life.

For the soldier, however, discovering meaning from their combat experience presents its own challenges. First, as Decker (2007) states, the kind of meaning that war provides "is not only negative; it is also addictive and destructive" (p. 32), as "many combat veterans repeatedly

state that their experience of the meaningfulness of war was such that they ‘never felt so alive’” (2007, p. 33). Second, soldiers’ foundational beliefs become altered through training and the experience of combat, as they quickly learn that there are others trying to kill them and that it is now their job to kill these other individuals (p. 31). As Decker (2007) states, the veterans’ combat experiences continue, these beliefs become normalized and it is only later when they reintegrate back into society that this new system of beliefs is labeled a “disorder” (p. 31) and now something to be cured.

Though it is a widely accepted notion that finding meaning within highly stressful events is integral for recovery, the literature has produced conflicting findings (Park, 2008). Some studies have shown the search for meaning to be adaptive (Davis, Wortman, Lehman, & Silver, 2000), while others have found it be related to higher levels of distress (Bonanno, Papa, Lalande, Zhangm, & Noll, 2005). Park (2008) suggests that this inconsistency may be due to the great variation across studies of definition, design, and measurement.

According to Janoff-Bulman (1997) we become traumatized when our most fundamental beliefs about the world become shattered: these beliefs include (a) the world is benevolent; (b) the world is meaningful; and that (c) we, ourselves, are worthy. Traumatic events often force survivors to confront questions of meaning (Frankl, 1946; Janoff-Bulman, 1997). According to Frankl (1946), humans have a “will to meaning” (p. 123), a fundamental need to search for and attain meaning in life.

### *Meaning Defined*

Meaning can be defined in numerous ways including intent, sense, interpretation, signification, denotation, and purpose (Janoff-Bulman, 1997). Krause (2009), quoting Reker and Wong (2000), defines meaning as “a cognizance of order, coherence, and purpose in one’s

existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment” (p. 517). The study of meaning as it relates to life purpose has its roots in the works of Frankl (1946, 1978) (Adler, 1997), and refers to an individual’s beliefs that organize, justify, and motivate (Park & Folkman, 1997).

There is great diversity in both the conceptual and operational approaches to meaning making within the context of traumatic experience (Park & Folkman, 1997). According to Park and Folkman (1997), meaning has been conceptualized in terms of several perspectives, including (a) general life orientation, (b) personal significance, (c) the process of making a causal attribution about why an event occurred, and (d) as coping activities in which an individual finds redeeming or transcendent features in the event. This range of conceptual perspectives is reflected in a diverse array of operational definitions. Meaning within the process of coping with trauma has been assessed in terms of (a) reevaluating the event as positive, (b) asking why the event occurred (e.g., “Why me?”), (c) enumerating ways in which one’s life has changed because of the event, and (d) stating the degree to which one has found meaning in the event (Schok, 2006).

### *Purpose Defined*

The definition of purpose used throughout this dissertation is that of McKnight and Kashdan (2009) who define purpose as a “central, self-organizing life aim that organizes and stimulates goals, manages behaviors, and provides a sense of meaning” (p. 242). They state that purpose directs life goals and daily decisions by guiding the use of one’s personal resources, and “instead of governing behavior, purpose offers direction just as a compass offers direction to a navigator” (2009, p. 242). Whether or not one follows that compass, the authors explain, is optional, though “living in accord with one’s purpose, however, offers that person a self-



sustaining source of meaning through goal pursuit and goal attainment” (p. 242). According to these authors, purpose is a “relatively neglected” (p. 242) mechanism for longevity, health, and general well-being (McKnight & Kashdan, 2009).

### *Existential Meaning Making*

Meaning can also be defined in existential terms, as questions of existential meaning are at the heart of combat veterans’ explorations (Janoff-Bulman, 1997). According to Decker (2007), regardless of the pain and suffering combat veterans committed and/or endured, many of them state that never before had they felt “so purposeful, so worthwhile, so important, [and] so filled with meaning” (p. 33). For some veterans, the meaningfulness of war, including “the intensity of the horror” (p. 32), and the suffering and pain these veterans both endured and perpetrated, was such that they had never felt so alive (Decker, 2007).

Upon their return, however, these same veterans are confronted with a materialistic culture that provides little support for their search for meaning (Decker, 2007). As Janoff-Bulman (1997) states, this new-found world is one “that appears absurd, with no end to suffering, no cure for anxiety and no hope for universal safety” (p. 95), a world, in short, which forces these veterans to face their existential limits (Decker, 2007). Existential in this sense includes “all the meaning structures that tell us we are a valued and viable part of the fabric of life” (Greening, 1990, p. 323). This includes a quest for meaning in the form of (a) an “inner examination of one’s life” (Janoff-Bulman, 1997, p. 34); (b) a search for greater compassion for others and a more meaning spiritual life (Tedeschi, Calhoun, & Cann, 2007); and (c) a quest for meaning in terms of personal significance and life purpose which, according to Park and Folkman, (1997) “refers to beliefs that organize, justify, and direct a persona’s striving” (p. 119).

It is this striving to find meaning in life that, according to Frankl (1946) is one of the primary motivating forces throughout the lifecycle.

A review of the current literature on the subject of meaning making and trauma will provide an overview of the multiple conceptual and operational approaches to meaning making while at the same time highlighting the dearth of information on the search for life purpose of combat veterans with PTSD. In an effort to fill this gap in the literature, 8 combat veterans with mild PTSD symptomology, under the care and acknowledgement of a licensed clinician, were interviewed in order to explore the subjective experience of their search for life purpose.

### *Significance*

There is a scarcity of research on the concept of life purpose (McKnight & Kashdan, 2009). What research has been conducted has mainly focused on negative psychological outcomes. This fact is interesting and significant for this present study for at least two reasons: First, there exists empirical research proving that the ability to derive *both* positive and negative appraisals from stressful experiences is “critical” (Schok et al., 2008, p. 361) for psychological health” and that combat veterans who are able to do this have a healthier prognosis (Decker, 2006; Dohrenwend et al., 2004; Fontana & Rosenheck, 1998). Second, combat veterans with PTSD usually present with certain problematic symptoms including (a) a skewed locus of control, (b) a foreshortened sense of the future, (c) guilt and survivor guilt, and also (d) a loss of meaning and purpose in life (Southwick, Gilmartin, McDonough, & Morrissey, 2006).

There may be no more urgent time than the present to study the relationship between life purpose and PTSD in returning veterans of war. At no other point in the history of war has America had so few troops dying in combat and, thus, so many returning home (Gawande, 2004). In World War II, 30% of Americans injured in combat perished. In Vietnam, that

percentage dropped to 24% (2004, p. 2471). Now, in Iraq and Afghanistan, though as many soldiers have been injured in this war as in the Revolutionary War, the percentage of combat-related soldier fatalities has decreased to 10% (p. 2471). Though these studies reveal a smaller percentage of soldiers dying in combat, they in turn indicate a larger proportion of soldiers surviving their injuries, with a significant percentage returning home with PTSD symptomology (Lapierre et al., 2007). As Southwick, Gilmartin, McDonough, and Morrissey (2006) state, even when symptoms respond to treatment, soldiers who have “experienced the darkest side of human nature” (p. 162) are left with profound existential questions about the meaning of life. Given the ongoing military operations and the numbers of soldiers returning from these conflicts with mental health problems, early and effective interventions to determine an individual’s susceptibility to and risk for this disorder must be identified (Gerardi, Rothbaum, Ressler, Heekin, & Rizzo, 2008). In addition, specifically focusing on the soldier’s existential aspects of formulating purpose will attend to psychological issues which often go unnoticed by traditional therapies (Southwick et al., 2006).

Secondly, bringing attention to the needs of returning veterans with PTSD is urgent because only a small percentage of soldiers are receiving the care they need (Hoge, et al., 2004). This is primarily due to the stigma of PTSD and concern over how one might be perceived by one’s peers. Such findings, unfortunately, have immediate public health implications, as more veterans with PTSD symptomology are in the community relative to the number who are actually seeking help (Gould, Greenberg, & Hetherington, 2007).

A third reason for the significance of this study is the fact that there are many gaps in the understanding of the psychosocial impact of combat (Hoge et al., 2004). Most of the research that has examined the psychological effects of war was conducted on Vietnam veterans years

after they had returned from their military service. Thus, there is a scant information on the population of Iraq veterans returning from war and the impact their psychological health may have on society (Hoge et al., 2004). The research in this dissertation will contribute to this under-researched field and extend the research in the area of life purpose in combat veterans with PTSD.

Finally, as Schok et al. (2008) state, adopting the perspective of how one can benefit from the experiences of trauma broadens the scope to normal psychological functioning instead of pathologizing the response to trauma. This view supports and integrates the empirical research on the subject of resilience (e.g., Bonanno, 2004) and post-traumatic growth (PTG) (Tedeschi, Calhoun, & Cann, 2007) which has shown that a majority of individuals are able to recover from traumatic experiences (Bonanno, 2004, p. 25). In addition, by interviewing veterans about the purpose they derived from their combat experiences we are able to gain more insight into coping mechanisms from a personal viewpoint within the context of combat trauma (Shock et al., 2008).

### *Personal Motivations*

My motivation for doing this research was to both study and celebrate the subject of human strengths and potential within the context of combat-related PTSD and existential meaning making. I have always been intrigued by how individuals exist within and then work through crisis. How did they respond? What thoughts did they have? What personal beliefs either helped or hindered them during their experience? Were they prepared for what they would encounter? Finally, did their experience change or alter the sense of their life's purpose?

Frankl (1946, 1978), who served as a primary inspiration for this dissertation, speaks to this subject in his work and through the psychology he developed, *Logotherapy*, which literally translates into "healing through meaning" (Frankl, 1978, p. 19). Logotherapy is an existentially

based meaning-centered therapy whose main tenets can be expressed in what Frankl (1946) termed “tragic optimism” (Frankl, 1978, p. 161), optimism in the face of crisis, human suffering, and even death. Logotherapy shares an interest with Transpersonal Psychology in an emphasis on the human spirit and the belief that self-transcendence represents the peak of human potential (Southwick et al., 2006).

There is a second aspect to my motivation. Fifteen years ago my brother returned home from his final mission as a Navy SEAL. Though we were living 3,000 miles apart at the time of his return, we would speak often by phone. I was proud of my brother and interested in what he went through and so foolishly and ignorantly spent countless hours and untold energy trying to encourage him to speak to me about his experiences. He would not budge and simply replied: “I don’t feel like talking about it.” One month later I began to hear of his persistent nightmares and his refusal to leave the house. It was several years after that, when I began studying PTSD, that I realized the depth and significance of what my brother had experienced. My brother, on his own time, did eventually share with me some of his experiences, both the inspirational and the horrific. Fortunately, now he is doing well. It is in part because of my brother’s experiences that I wish to give my energy and passion to working to help individuals with PTSD discover the strength and meaning from their experiences in war.

### *Design Overview*

In order to explore the experience of life purpose within a sample of combat veterans with PTSD, qualitative analysis with semistructured interviews was used. The data were analyzed utilizing thematic analysis (TA). According to Braun and Clarke (2006), TA is a method for analyzing and reporting patterns or themes within data and can be used with various theoretical approaches, such as *essentialist*, *contextualist*, or *constructionist* methods. The

essentialist, or realist, method provides information on the experiences, meanings, and reality of the coparticipants (Braun & Clarke, 2006, p. 81). The constructionist method “examines the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society” (p. 81). Finally, the contextualist method, which situates itself between these two methods, focuses on the ways individuals make meaning of their experience while also recognizing and honoring the social influences upon those meanings (p. 81). The contextualist method was utilized in this research, thereby allowing for an in-depth analysis of the veterans’ subjective experiences while at the same time paying tribute to both their stories and the social influences surrounding those stories.

The research design included the following steps: (a) a prescreening phone questionnaire was utilized to identify 10 to 12 Iraq War combat veterans with PTSD who were willing to speak about their experience of searching for or discovering life purpose; (b) 8 of those coparticipants were selected based on the prescreening; (b) coparticipants were contacted via either e-mail or phone, and subsequently sent a consent form (see Appendix A); (c) coparticipants were then interviewed and recorded using a semistructured interview until 8 usable interviews were obtained; (d) data were analyzed, which included the generation of codes and themes, the details of which are outlined in Chapter 3, the methods section of this dissertation; and finally (e), results were presented.

### *Overview of Literature Review*

Herman (1992) defines trauma as “an affliction of the powerless” (p. 33). Whether it be natural disasters or atrocities committed by humans in combat, experiencing trauma is an essential aspect of the human condition (van der Kolk & MacFarlane, 2007). Psychological healing from trauma, and specifically from that experienced in combat, may depend on the

meaning ascribed to the experience (Decker, 2007; Lantz, 1992). This literature review is comprised of two sections. The first section provides a brief historical overview and definition of PTSD. The second section, divided into two parts, begins by exploring the theory and research of meaning making, specifically its relationship to life purpose by highlighting the work of Viktor Frankl, the theorist who has informed this dissertation. The second part offers an investigation of the different perspectives from which meaning has been researched, highlighting the limited studies performed in the field of combat PTSD and meaning, or life purpose.

## Chapter 2: Literature Review

This review highlights the dearth of research on the subject of PTSD's impact on purpose in life in combat veterans. The context for exploring this subject is established by presenting (a) a definition and brief history of PTSD, including diagnostic criteria and symptomology, (b) a summary of the research on combat veterans and PTSD, (c) the theory of Viktor Frankl, (d) a definition of meaning, and (e) the theory and current research on meaning.

### *PTSD: History and Definition*

Trauma and its effects have been referred to throughout history in such works as the Iliad and the Bible (Webber, Mascari, Dubi, & Gentry, 2003). However it has only been recently that there has been a large-scale scientific study of the effects of trauma on the brain and body (van der Kolk & MacFarlane, 2007). The psychiatric history of PTSD, as opposed to trauma in general, originates in the psychological and medical treatment given to the soldiers of World War I (Joyce & Berger, 2007). The initial symptoms of mental breakdown were originally attributed to “weakness and cowardice” (Webber et al., 2003, p. 17). During World War I, these symptoms were given the names *shell shock*, and in World War II, *combat fatigue* (Joyce & Berger, 2007). It was not until 1980, however, after the recognition that many Vietnam veterans had developed symptoms similar to those experienced by victims of rape and domestic violence—such as intrusion, and numbing—that PTSD became an official diagnosis and was entered into the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, or DSM-III (American Psychiatric Association [APA], 1980).

### *Trauma and PTSD Defined*

Herman (1992) defines trauma as “an affliction of the powerless” (p. 33). Trauma is an event during which the beliefs and “ordinary systems of care” (p. 33) upon which people rely



become overwhelmed, rendering the individual helpless. However, whether it be natural disasters or atrocities committed by humans, experiencing trauma is an essential aspect of the human condition (van der Kolk & MacFarlane, 2007). Whatever the event, it is an individual's subjective assessment of an event that determines whether the experience becomes traumatic. Most persons exposed to a traumatic event cope well and are able to go on with their lives without becoming haunted by the memories, or other symptoms of their traumatic experience (van der Kolk & MacFarlane, 2007). This does not mean, however, that the event goes unnoticed or that these individuals have not been affected.

Immediately after a traumatic event, many individuals become preoccupied with their experience and suffer from *intrusive memories*, one of the symptoms that comprises the symptom picture of PTSD. Such intrusions either help an individual learn from their experience and allow them to construct "restorative actions" (i.e., accommodation) (van der Kolk & MacFarlane, 2007, p. 8), or to gradually accept what has happened and readjust their expectations. Either way, the passage of time alters the way the brain processes the traumatic information: "either it is integrated into memory and stored as an unfortunate event belonging to the past, or the sensations and emotions belonging to the event start leading a life of their own" (van der Kolk & MacFarlane, 2007, p. 8). When this occurs and the traumatic memories are not integrated into one's memory schema, and the replaying of the event leads to increasing levels of distress, alterations in physiology, anxiety, and the memories become further etched into the brain as fixed experiences, as opposed to ordinary memories which are subject to change, PTSD has developed (Solomon & Heide, 2005). Integration of these traumatic memories is therefore crucial for the health of the individual, and it is one of the core issues in the treatment of the disorder. As van der Kolk and MacFarlane explain:

Even though psychodynamic psychiatry is invaluable in helping us understand the characterological adaptations to the memories of the trauma, the core issue in PTSD is that the primary symptoms are not symbolic, defensive, or driven by secondary gain. The core issue is the inability to integrate the reality of particular experiences, and the resulting repetitive replaying of the trauma in images, behaviors, feelings, physiological states, and interpersonal relationships. (van der Kolk & MacFarlane, 2007, p. 7)

One of the reasons these memories are not integrated, and that PTSD develops, is that the defensive survival reaction becomes interrupted, blocked, or remains incomplete (Ogden, Minton, & Pain, 2006). For example, an automotive accident victim may have wanted to turn the wheel to avoid hitting a tree, or a sexual abuse survivor may have wished to fight against her attacker but was unable. When such defensive actions become truncated, they may then go on to manifest as chronic symptoms, such as an exaggerated tendency to be triggered into anger or aggression, or a propensity for chronically tightening certain muscle groups, including those of the neck, shoulders, and legs (Ogden et al., 2006, p. 19).

In addition to the inability to integrate traumatic memories, and the experience of a truncated defensive response, another difference between those individuals who are merely temporarily affected by their trauma from those who go on to develop PTSD, is that the latter group begins organizing their lives around the trauma (van der Kolk & MacFarlane, 2007). Individuals who develop PTSD have lost the ability to modulate the vacillation from hyperarousal to numbing, a condition that is central in the experience of PTSD. Van der Kolk (1994) elucidates: "Instead of using feelings as cues to attend to incoming information, in people with PTSD arousal is likely to precipitate flight or fight reactions" (p. 2). He continues by stating that these individuals tend to go immediately from stimulus to reaction without comprehending the meaning of what they are experiencing. At this point, the traumatic memories, relived over and over again, become more and more etched into the brain, forming the basis of the biological

adaptations characteristic of PTSD: difficulty with arousal, attention, and other psychological defenses (van der Kolk & MacFarlane, 2007).

### *Diagnostic Criteria for 309.81 PTSD*

According to the DSM-IV-TR (APA, 2000) the diagnostic criteria for PTSD consists of six categories (A-E), and in order for a diagnosis of PTSD to be made, the “full symptom picture” (p. 463) must be present for more than 1 month. Category A refers to the traumatic event itself, and states that the person must have experienced an event that (a) threatened death or involved serious injury, and also that (b) the person’s response must have involved helplessness and fear. Category B refers to the frequency of the individual’s experience. Among the qualifications that must be met are (a) recurrent and disturbing recollections of the event, (b) distressing dreams surrounding the event, and (c) acting or feeling as if the traumatic event were recurring. Category C refers to the symptoms of avoidance and numbing and includes (a) efforts to avoid thoughts or conversations associated with the trauma, (b) inability to recall important details of the traumatic event, and (c) a limited range of affect and emotion. Category D describes the symptoms of arousal that include: (a) difficulty sleeping, (b) hypervigilance, and (c) an increase in irritability. Finally, in order for a diagnosis of PTSD to be made, the effects of the trauma must cause “clinically significant distress or impairment” (APA, 2000, p. 468) in the social, occupational, or other important areas of one’s life.

### *Symptomology*

A vast literature on combat trauma, crimes, rape, and imprisonment has shown that the symptoms of PTSD are *phasic* in nature, with periods of hyperarousal and hyper-reactivity to stimuli coexisting and alternating with avoidance and psychic numbing (van der Kolk, 1994; Keane, 1995). These responses to overwhelming and terrifying experiences are so consistent

regardless of the stimuli (i.e., kind of trauma) that this *biphasic* reaction appears to be the most common way that traumatic symptoms manifest (van der Kolk, 1994).

Individuals with PTSD find themselves at the mercy of these symptoms as they experience an almost never-ending pattern of chronic hyperarousal to trigger stimuli, followed by emotional numbing. A stimulus, whether directly related to the trauma or not, might cause an individual to experience flashbacks, nightmares, or intrusive memories as is experienced by many soldiers with PTSD.

Physical combat is a massive, potential traumatic stressor, because it exposes the combatant to situations that involve killing, as well as the constant possibility of being killed. It is not theoretical, nor can it be deferred into the future; the threat is now—a long, continuing, and seemingly endless “now.” (Paulson & Krippner, 2007, p. 14)

To counteract this experience, victims of PTSD appear to shut down both on a behavioral level, by avoiding situations or experiences that may remind them of the trauma, as well as on an emotional level, by numbing (van der Kolk, 1994). One theory that attempts to differentiate individuals who have experienced trauma but have not developed PTSD, from those who go on to develop PTSD, suggests that the latter have lost the ability to modulate this vacillation from hyperarousal to numbing, a condition that is central to the experience of PTSD.

This lack of affect modulation leads the traumatized individual to freeze, or alternatively, to overreact to even the most minor stimulus. Such a reaction then *fragments* what Herman (1992) refers to as “an integrated system of self-protection” (p. 34). It is precisely this inability to process or incorporate one’s experiences of the trauma into a coherent whole that then causes victims of PTSD to reexperience the traumatic events and thus behave as if they were living in the past (van der Kolk, 2002). In the case of Iraq combat veterans, they behave as if they are still on the battlefield, within range of snipers or improvised explosive devices (IEDs), when in actuality there is no real threat (Paulson & Krippner, 2007). This fragmentation and the failure to

incorporate new experiences and memories into one's autobiography are central to the symptomology of PTSD.

### *A Summary of PTSD Research With Veterans*

Much has been written about the study of post-traumatic stress disorder. The scientific literature on this subject is vast, defies attempts at quick mastery, and the knowledge of the subject is rife with controversy (McNally, 2003). To conduct a systematic summary of the extant empirical literature on combat trauma is beyond the scope of this dissertation. Therefore, this review will offer a concise summary of the seminal peer reviewed studies of the four most recent large-scale conflicts: The Vietnam War, the Persian Gulf War, and Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). As an introduction, this summary will begin with an overview of the research undertaken prior to PTSD's inclusion in the DSM-III published in 1980.

*Trauma prior to PTSD.* The study of PTSD, prior to its formulation as a diagnostic category in 1980, consists of several pioneering individuals. Freud, together with his mentor Joseph Breuer, were two physicians who contributed significantly to the study of trauma (van der Kolk et al., 2007). In 1893 these authors published *The Phenomenology of Hysteria* (1893) in which they addressed most of "the critical questions about the relationship between trauma, memory, and the therapeutic process" (van der Kolk, 2002, p. 50). The main question put forth in their paper centered on memories, specifically: "What is it about memories that makes them impervious to the normal wearing away processes typical of all memory?" (p. 50). During this same time, Freud revived Janet's idea of "vehement emotions" (p. 55) being at the root of traumatic stress. In 1920 Freud testified against Wagner-Jauregg, a leading Viennese psychiatrist and Nobel laureate, who was accused of using "brutal electric treatments" (p. 55) to torture

patients suffering from traumatic stress. In his statement before the commission, Freud outlined three aspects of neurosis: (a) that every neurosis has a purpose (b) that every neurosis “constitutes a flight into illness by subconscious intentions” (p. 55), and that (c) at the end of the war, a soldier’s war neuroses would disappear. As van der Kolk et al. (2007) explain, Freud would be proven wrong on “on all three counts” (p. 55).

Another pioneer of psychological trauma who followed in Freud’s wake was Abram Kardiner (1941, 1947) (van der Kolk, 2007). Kardiner’s works, *The Traumatic Neuroses of War* (1941) and *War Stress and Neurotic Illness* (1947) are considered seminal PTSD texts. Among Kardiner’s (1941) contributions were the recognition that individuals suffering from traumatic neurosis develop what van der Kolk (2007) describes as an “enduring vigilance” (p. 18) to environmental threat, as well as the realization that the organizing principle of the neurosis is a “physioneurosis, because it describes more precisely the province of the ego involved, that connected with organ function, and the specific psycho-physical integrations” (Kardiner, 1941, p. 195). In addition, Kardiner recognized that individuals become “stuck” (p. 181) in the trauma, and that “the subject acts as if the original traumatic situation were still in existence and engages in protective devices which failed on the original occasion. This means in effect that his conception of the outer world and his conception of himself have been permanently altered” (p. 82). This idea of being stuck in the trauma, and the idea of a physioneurosis were central themes in Kardiner’s thinking (van der Kolk et al., 2007).

Building on Kardiner’s (1941) contributions, Grinker and Spiegel (1945) contributed to the study of PTSD with their work *Men Under Stress* (1945). Together Grinker and Spiegel acknowledged that the traumatic memories on the psyche are not like the “writings on a slate” (p. 371) that can simply be erased. Instead, they asserted that “combat leaves a lasting impression on

mens' minds, changing them as radically as any crucial experience through which they live” (p. 371). In addition, these authors contributed the idea that situations of constant threat led soldiers to develop an emotional dependency on their leaders and comrades. The best protection against this psychological collapse, they realized, was the morale and leadership of their close-knit combat unit. This work by these two psychiatrists is widely considered to be the definitive study of psychiatric problems among the soldiers of World War II (Egendorf, 1985).

*PTSD and Vietnam War.* Much of what is known about PTSD is based on reports from veterans of the Vietnam War (McNally, 2003). One of the largest studies to date is the National Vietnam Veterans Readjustment Study (NVVRS), a study conducted in response to a congressional mandate in 1983 to investigate PTSD in Vietnam veterans (Price, 2009). The purpose of the NVVRS was to obtain accurate prevalence rates of postwar psychological problems. The study utilized self-report and clinical interviews to retrospectively compare combat and non-combat soldiers. Among the findings the authors concluded that 15 years after the war, 36% of veterans exposed to heavy combat still qualified for a diagnosis of PTSD (Price). In contrast, 9% of veterans with low to moderate combat exposure, 4% of veterans who had not been sent to Vietnam, and 1% of civilians suffered from PTSD (Herman, 1992).

Another study focusing on Vietnam veterans was that by Schnurr, Lunney, Sengupta, and Waelde (2003). By utilizing secondary analysis from two large scale studies, the NVVRS (mentioned above) as well as the Hawaii Vietnam Veterans Project (HVVP, Friedman et al., 1997), the authors set out “to characterize aspects of chronicity and empirically define subtypes of PTSD chronicity” (p. 546). Findings from Schnurr et al. focused on the extent of chronicity and the extent of delayed onset. First, in examining chronicity, Schnurr et al. revealed contrasting findings to the NVVRS study. Whereas the NVVRS initially found that 15.2% of males reported

current PTSD symptoms, Schnurr et al. found that “a large majority of Vietnam veterans struggled with PTSD symptoms” (Price, 2009, p. 1), with 1 in 5 Vietnam veterans reporting chronic PTSD symptomology when interviewed 20 to 25 years after the war (Schnurr et al., 2003). Examining delayed onset, Schnurr et al. found that delayed onset of PTSD symptomology was “relatively common” (p. 551), with “almost 40% of the sample” reporting the occurrence of symptoms 2 or more years after entering the Vietnam War. Schnurr et al. state that though their study was not designed to “provide a conclusive estimate of the prevalence of delayed onset” (p. 551), the findings do indicate that delayed onset is not as rare as what was previously reported (e.g., Op den Velde et al., 1993; Priegeron et al., 2001).

Bremner, Southwick, Darnell, and Charney (1996) also focused on Vietnam veterans. The authors examined the longitudinal course of PTSD and alcohol use in 61 Vietnam veterans over the 20 years since the war’s end. Patients were evaluated with the Mississippi Scale for Combat-Related Post-Traumatic Stress Disorder and the Combat Exposure Scale. Findings revealed that most of the soldiers did not develop PTSD symptoms until several years after the war. For example, only nine of the 61 veterans (15%) experienced symptoms during their combat tour. However, 38 of the 61 soldiers (62%) did not meet PTSD criteria until 2 years after their combat tour. Clarifying these findings, Bremner et al. (1996) stated that

symptoms typically increased steadily in the first few years and then plateaued, with the average subject experiencing five symptoms during Vietnam, 11 symptoms within 2 years after his tour, and 12 symptoms within 4 years after his tour, following which there was a gradual increase until the present, when there was an average of 15 symptoms. (p. 371)

Regarding findings of specific PTSD symptomology, 35 (63%) veterans reported that symptoms in the hyperarousal cluster (e.g., being on guard and easily startled) were the first to develop. In addition, it was found that the course of alcohol and substance abuse mirrored the course of



PTSD progression, for example becoming prominent several years post-war, with veterans reporting alcohol and heroin “helpful for symptoms in the intrusive and hyperarousal categories” (Bremner, Southwick, Darnell, & Charney, p. 372), benzodiazepines and marijuana helpful for hyperarousal symptoms, and with cocaine tending to worsen hyperarousal symptoms (Bremner et al., 1996). Finally, the authors note that not 1 of the 61 veterans interviewed for the study experienced a time when they *did not meet* [italics added] the criteria for PTSD after the initial onset of the disorder.

*PTSD and Gulf War.* The greatest volume of literature on the subject of combat PTSD and veterans has been generated from studies of the Gulf War veterans (Cozza, 2005). The conclusion of the Gulf War in 1991 generated a variety of research on the specifics of war time exposure and outcome (Wolfe, 1996). Immediately following the war, research focused on issues such as domestic adjustment and job interruption, while “investigations targeting PTSD as an outcome in veterans were relatively limited” (Wolfe, 1996, p. 1). It was not until 5 years after the war, however, that the scope of research began to broaden, with studies examining longitudinal psychological adjustment and post-war physical health (Wolfe, 1996).

One study, by Wolfe et al. (1993), investigated rates of PTSD at two points post-war. Wolfe et al. followed 3,000 veterans, and utilizing self-report measures (The Ft. Devens Operation Desert Storm Reunion Survey) at T1 and T2 18 to 24 months later, found that PTSD rates five days post-war were “modest, between 4-9%” (p. 1). In addition, female soldiers reported higher rates (8%) than men (3%), and consistent with previous research, the authors found a strong correlation between intensity of stressor and psychological outcome (Wolfe).

In a longitudinal study with Gulf War veterans, Southwick et al. (1995) examined the effects of the Gulf War on PTSD symptomology in two National Guard units. Individuals

completed both the Mississippi Scale for Combat-Related PTSD and a DSM-III-R-based PTSD symptom scale 1 month, 6 months, and 2 years post-war. At 1 month post-return, only 2 of 84 soldiers met PTSD criteria. At 6 months an additional 4 soldiers had PTSD symptoms, with symptoms of hyperarousal being the most severe, thus suggesting that “it may take time for the consequences of traumatic exposure to become apparent” (Southwick et al., 1995, p. 1158). The authors state that though previous retrospective studies (e.g., the NVVRS) have shown a relationship “between severity and degree of traumatic exposure 10 to 15 years after the trauma” (p. 1154) their findings indicate that such a relationship may not be present initially, but can develop over time. Finally, the authors stated that a high degree of combat exposure may be significant in determining the development of PTSD symptomology (Southwick et al., 1995).

Sutker, Uddo, Davis, and Ditta (1994) measured *demographic* and *personal characteristics* constructs, such as gender, education, and intellectual sophistication; *personality disposition* was measured via hardiness and coping style, and *environmental domain* was measured via perceived social support and family relationship support. The authors found that combat troops with PTSD ( $n = 97$ ) showed “more avoidance, wishful thinking, and self-blame coping, and less problem-focused coping strategies” (p. 447) than troops without PTSD ( $n = 484$ ). In addition, soldiers with PTSD also scored lower on dimensions of hardiness and commitment, and revealed less satisfaction with social support and perceived family cohesion (Sutker et al., 1994). The authors found that personal resource variables, such as coping styles and hardiness, were more strongly related to psychological vulnerability and resistance than environmental factors such as those representing social support and family relationship. In summary, Sutker et al. (1994) stated that the “inclinations to involve oneself in and experience purposefulness in activities” (p. 449) may guard against the negative effects of threatening

situations. This finding is relevant to the current research. Sutker et al. (1994) clarify by stating that the ability to find purpose in activities may “protect against the negative effect of stressful events” (p. 449). Continuing on, the authors state that individuals “high in commitment” (p. 449) are generally characterized by a sense of purpose that allows them to discover and identify meaning in their life.

*PTSD and OIF/OEF.* The wars in Iraq and Afghanistan are distinct from the previous wars mentioned for several reasons. First, OIF/OEF are the most sustained combat operations since the Vietnam War (Litz, 2007). Second, most of the epidemiological studies of wars and veterans have been conducted years after the soldiers’ return (Litz, 2007). This is not the case with OIF/OEF. Thus, one aim of research being undertaken as the war is ongoing is an increase in understanding of the risk and resilience of veterans exposed to combat (Litz, 2007). Third, 37% of OIF/OEF soldiers have been deployed multiple times. Given that it has been shown that repeated exposure to threatening events is associated with high risk of developing PTSD, this then becomes a significant fact when considering the study of PTSD. As a result, there is good reason to be concerned for the mental health of these veterans (Litz, 2007).

Hoge et al. (2004), in one of the earliest comprehensive studies of OIF ( $n = 2530$ ) and OEF ( $n = 3671$ ) veterans, conducted anonymous assessments of Army and Marine combat troops using the PTSD checklist (PCL) 1 week predeployment and 4 months postdeployment. The authors found that the prevalence of PTSD to be 9% predeployment, with postdeployment rates significantly higher at 12% for OEF troops and 18% for OIF troops. In addition, the authors found a strong correlation between combat experiences (e.g., being shot at, handling dead bodies, or knowing someone who was killed) and rate of PTSD. For example, in Iraq veterans the rate of PTSD increased linearly with the number of firefights experienced: 4.5% for no firefights, 9.3%

for one to two, 12.7% for three to five, and 19.3% for more than five. In another finding, of those veterans who met the criteria for PTSD, only 38% to 45% expressed interest in receiving help, with only 23% to 40% actually receiving professional help in the last year. Hoge et al. conclude by stating that concern about stigma was “disproportionately greatest” (p. 17) among those soldiers most in need of mental health services. Such findings, the authors point out, have immediate public health implications and should be addressed by the military in the form of outreach, education, and changes in the form of health care delivery.

Schell and Marshall (2008) interviewed 1,965 previously deployed OIF/OEF veterans via telephone to determine the prevalence of PTSD and to assess for utilization of mental health care. Schell and Marshall found that “significant numbers of previously deployed personnel currently suffer from PTSD and major depression” (p. 103). Nineteen percent of respondents met criteria for either PTSD or depression, and 31% met criteria for PTSD, TBI, or depression, with these latter three conditions “tending to co-occur” (Schell & Marshall, 2008, p. 96). Risk factors for PTSD included status as a member of the National guard or reserve, female, and Hispanic ethnicity, more lengthy deployment, and more extensive combat exposure. Regarding utilization of health services, of those individuals who reported having a need for services, only 30% reported having received adequate treatment (i.e., at least eight sessions of psychotherapy or a minimal course of medication), 18% reported receiving minimally adequate psychotherapy, and 22% reported receiving a minimally adequate course of pharmacotherapy. Finally, 40% of individuals who needed care believed that seeking care could harm their career. Schell and Marshall conclude by stating that their results document “a large—and largely unmet—need” (2008, p. 108) for psychological care for combat veterans.

### *Current Research on Meaning*

This section will provide an overview of the current research of meaning and meaning making within the context of trauma, and in the process highlight the dearth of studies on the impact of PTSD on life purpose with combat veterans with PTSD. This section will begin with an introduction of the philosophy and work of Viktor Frankl (1946, 1978), one of the first psychotherapists to recognize that within experiences of great pain come opportunities for self-transcendence (Lantz, 1992), and whose work inspired this dissertation. The section will then continue with a discussion comparing meaning making and illness to meaning making and combat trauma. Finally, current research will be reviewed.

### *Viktor Frankl*

Viktor Frankl (1946, 1978) founded the school of psychology called Logotherapy (the literal translation of which is “healing through meaning”—Frankl, 1978, p. 19) that draws from the tradition of existential psychology. Logotherapy is a meaning-centered approach to treatment that directly addresses many of the problems exhibited by veterans with PTSD (Southwick et al., 2006). Frankl developed his existential therapy prior to World War II, but found his psychological beliefs tested as a Nazi concentration camp inmate for 3 years. It was as a result of this experience that Frankl wrote what became his best known work, *Man’s Search for Meaning* (1959). Logotherapy focuses on an individual’s strengths and their personal search for meaning and purpose in life, and it is this search, within Logotherapy, which is considered “the basic and most important reason for most human behavior” (Lantz, 1992). Because many veterans live with profound doubts about meaning and existence as a result of combat experience, Logotherapy and its focus on strength, is well suited for this population (Southwick et al., 2006).

Three Franklian concepts will be explored here: (a) “the will to meaning” (Frankl, 1978, p. 29) which according to Logotherapy is considered to be the fundamental reason for human behavior; (b) the noetic or existential unconscious, and, (c) self-transcendence.

*The will to meaning.* According to Frankl (1978), man is always searching for or always preparing for his search for meaning. He describes this as “the will to meaning” (Frankl, 1959, p. 29), and states that this is the most basic and important human behavior. Frankl (1978, citing Abraham Maslow) explained that “the will to meaning is even to be regarded as ‘man’s primary concern” (p. 33).

Maslow’s distinction between higher and lower needs does not take into account that when lower needs are *not* satisfied, a higher need, such as the will to meaning, may become most urgent. Just consider such situations as are met in death camps, or simply on deathbeds: who would deny that in such circumstances the thirst for meaning, even ultimate meaning, breaks through irresistibly? (1978, p. 33)

Throughout his life, Frankl (1959, 1978) documented numerous examples of individuals in Nazi death camps who subjugated their lives for meaning and meaningful activities, other people, or causes (Lantz, 1992). He says that in the Nazi death camps, a will to meaning and purpose were “only a necessary condition of survival, not a sufficient condition” (p. 34). As a result, he mourns the millions who died in spite of their beliefs and purpose. Neither meaning nor purpose could save their lives. He does assert however, that “it did enable them to meet their death with heads held high” (p. 34). The will to meaning represents man at his highest and best, man’s greatest potential.

Finally, in Frankl’s (1959, 1978) system of treatment, Logotherapy (the goal of which is to stimulate the will to meaning—Kimble & Ellor, 2000), the will to meaning is more important than sex, safety, pleasure, achievement or power (Lantz, 1992). This is not something that the

therapist can define for the client, but rather something which is most often found in a self-transcendent encounter with the world (Lantz, 1992).

*Self-transcendence.* For Frankl (1959, 1978), survival within the concentration camps depended on the ability to look outward. As he states, survival “depended on the direction to a ‘what for,’ or a ‘whom for.’ In a word, existence was dependent on ‘self-transcendence” (Frankl, 1978, p. 35). Most often, it was those individuals who had someone or something waiting for them at home who were most likely to survive. Frankl (1978) understood this aspect of always being directed outward to something or someone, to a meaning or purpose other than oneself as a primordial anthropological fact of being human. Only to the extent that we as individuals are able to live out this self-transcendence of our existence, are we able to fully become ourselves.

*The existential unconscious.* The third Franklian concept which will be explored here, and that which is directly related to the will to meaning, is the existential unconscious, sometimes referred to as the meaning unconscious or the noetic unconscious. As Frankl (1959, 1978) states, meaning and meaning potentials can be clouded, covered, or repressed—due to illness, environmental problems, fear, or to the emotional pain of a trauma (Lantz, 1992). This repression of meaning then leaves a vacuum on the conscious level of awareness (Frankl, 1959), which is thus replaced by the development of depression, anxiety, substance abuse, or other forms of compulsive behavior (Lantz, 1992). According to Frankl (1959), each of these are created by the individual to ward off and avoid feelings of existential depression.

*The difference between meaning making in illness and war.* A distinction can also be made between the search for meaning/meaning making and life-threatening illness (e.g., cancer), and the search for meaning/meaning making and the combat veteran. The existential concerns triggered by a cancer diagnosis often lead individuals to seek meaning in their illness, however

as in the broader literature, there are inconsistencies within the field of psycho-oncology literature as well (Kernan & Lepore, 2009). Kernan (2006), in a systematic review of the oncology literature, identified 21 studies on searching for meaning and meaning made, and found that none of the studies revealed the search for meaning to be associated with positive mental outcomes (Kernan, 2006). Kernan and Lepore state that in one study of men with localized prostate cancer, the search for meaning “was associated with poorer physical and mental functioning and more cancer-related intrusive thoughts” (p. 1177). Kernan and Lepore elaborate on this finding by stating that

The limited evidence suggests that people who search for meaning in the aftermath of cancer are no more or less likely to make meaning and that searching for meaning may be associated with poor emotional outcomes. This raises some questions about the utility of searching for meaning and suggests that people may have difficulty independently resolving cancer-induced existential concerns. (p. 1177)

Individuals typically believe that their world is ordered, coherent and fair (i.e., their global meaning) (Park et al., 2008). A cancer violates this belief. A cancer survivor’s attempt to understand this inconsistency “entails attempts to fit their understanding of the cancer together with their global meaning to reduce the discrepancy between them” (p. 864). Although this process of searching for meaning is initially considered to be beneficial, it can devolve into “maladaptive brooding” (p. 864) if no resolution or satisfactory meanings are made (Kernan, 2006).

There is a distinction that can be made between the search for meaning of survivors of chronic illness such as cancer, or other events, for example, automobile accidents or rape, and the combat veteran who has suffered trauma. As Decker (2007) states, veterans have not only endured great suffering and pain, but they have *perpetrated* it as well. Regardless of the extent of this suffering, many veterans “often state that it was a singular moment; never again in their lives



have they felt so purposeful, so worthwhile, so important, so filled with meaning” (Decker, 2007, p. 33). Despite making such statements though, veterans are ashamed of these feelings and realize “the negative meaning inherent in their love of killing. They are haunted by their guilt over their revelry in killing and their joy in its intensity” (Decker, 2007, p. 33). Upon returning home, this same veteran who described himself as a good, reasonable, and fair person prior to the war “may now question the truth of these statements” (Williams, 1983, p. 10). As William explains, in the case of the Vietnam veteran, they are now faced with fitting the atrocities they committed, the killing of civilians and soldiers, into the reality of their self identity. One way individuals decrease this discord between their behavior and their self concept is through denial (Williams, 1983). For example, the use of technology has allowed a physical distance between the enemy or opposing forces, allowing the veterans not to see “the direct consequences of his action” (Decker, 2007, p. 10) However, the soldiers of the Vietnam War who faced their enemy during jungle maneuvers, hand-to-hand combat and sneak ambushes, frequently did not have the advantage of this distance (Williams, 1983). For the combat veterans of the Iraq War, the guerilla warfare and constant threat of roadside bombs make the circumstances and conditions, as well as the psychological toll, very similar (Litz, 2007).

That the combat veteran must work through the pain and suffering they both endured *and* perpetrated epitomizes the uniqueness of the veteran’s search for meaning. In a study by Lund and Strachan (1981), 35% of soldiers reported they had killed civilians during their tour of duty (Williams, 1983). While still in the military these veterans reported that the psychological toll of their actions was “minimal” (Lund & Strachan, 1981, p. 11). After leaving the service, however, these same veterans reported that it was more stressful and difficult to work through. In another study by Laufer et al. (1981), Vietnam veterans who had not sought psychological help later

admitted feeling sad when they had witnessed Vietnamese being killed or wounded (Williams, 1983). Thus, as Williams states, “War may only suppress but not eradicate man’s humanness” (p. 11). It is this dichotomous behavior of man’s, however, that may typify and distinguish the veteran’s search for meaning (Williams, 1983).

### *Current Literature*

The majority of research on the subject of meaning has focused on its relation to negative psychological outcomes, such as distress, negative affect, aimlessness and hopelessness (Zika & Chamberlain, 1992). Similarly, most of the studies on the psychological consequences of combat have been conducted from a pathogenic viewpoint (Dohrenwend et al., 2004). Some studies of veterans of the Vietnam War (Elder & Clipp, 1989), studies of individuals who have cancer (Park et al., 2008) or have experienced other types of trauma (Tedeschi et al., 2007) have discovered that there are individuals that report positive changes. Though there is a breadth of literature on the subject of discovering meaning in adversity, be that in trauma or cancer (Kernan & Lepore, 2009; Schok et al., 2008; Tedeschi et al., 2007), less research has been conducted with combat veterans with PTSD, and even less which includes the construct of purpose in life (Adler, 1997; Zika & Chamberlain, 1992). This dissertation, by examining the extant literature, attempts to bridge this gap.

Fontana and Rosenheck (1998), using data from the National Vietnam Veterans Readjustment Study (NVVRS), the most comprehensive investigation to date of the psychological consequences of war, employed what Schok, Kleber, Elands, and Weerts (2008) called “a more extended definition” (p. 359) of meaning to study psychological benefits and liabilities. Psychological benefits and liabilities were defined as “positive and negative changes, respectively, in the kind of person one considers oneself to be, either through the acquisition of

new attitudes, ideas, feelings, habits or skills or through changes in existing ones” (Fontana & Rosenheck, 1998, p. 488). Psychological benefits and liabilities were analyzed through a series of questions with structured response categories. Fighting, which included (a) firing on the enemy, (b) being fired upon, (c) being ambushed and, (d) going on patrols, was measured using two scales: the Revised Combat Scale, and the Combat Exposure Scale. Killing/injuring others was measured by asking the veterans “whether they were responsible personally for this action” (p. 492). Traumatic exposure, perceived threat, and participation in atrocities were also measured. Fontana and Rosenheck (1998) found that due to the multidimensional nature of most sets of circumstances, and even within the horrors of war, it was possible for individuals to concurrently experience *both* positive and negative reactions. As a result, of these findings Fontana and Rosenheck warned against interpreting “logical opposites as psychological opposites” (p. 501), in other words, against assuming that the presence of the positive implies the absence of the negative and vice versa.

Though the above mentioned study by Fontana and Rosenheck (1998) does not directly explore the constructs of meaning and life purpose, it does focus on several relevant issues within the context of a war zone. First, though prior studies have examined positive and negative effects within the context of trauma (e.g., Aldwin, Levenson, & Spiro, 1994), Fontana and Rosenheck, while including these issues, in addition wanted to “focus on [the] psychological changes in the person as the hallmark of the consequences of interest” (p. 488). Secondly, the authors made a distinction between the constructs *psychological benefits* (and *liabilities*) and *positive effects*. Positive effects are defined as, for example, gaining greater self confidence, which, the authors state, can result from war time experience. In addition, other positive effects can include the opportunity to travel and receiving post-war educational benefits. In contrast,

psychological benefits and psychological liabilities include the aforementioned benefits but extend to encompass the positive and negative changes in the kind of person one considers themselves to be through the acquisition of new ideas, attitudes or beliefs, or *as the result of* certain experiences. Psychological benefits and liabilities exclude *experiences* themselves, which they define as events that happen *to* people or to which people are exposed. This distinction is significant for the current study as it presages an investigation into the constructs of *meaning* and *life purpose*, constructs whose definitions involve and incorporate an individual's attitudes and beliefs.

Dohrenwend et al. (2004), as in the above mentioned study, also used data from the NVVRS, and similarly focused on both positive and negative appraisals of combat experience, but investigated a separate aspect of meaning, what Janoff-Bulman (1992) called *tertiary appraisals*. Whereas *primary appraisals* involve judgments about whether an individual is safe or not during an actual traumatic event, and *secondary appraisals* refer to the resources an individual has in responding to the event, a tertiary appraisal "consists of the ongoing evaluation, sometimes over many years, of the impact of an experience after it has occurred" (Dohrenwend et al., 2004, p. 417). The authors found that the majority (71%) of Vietnam veterans stated that their war time experience had a mainly positive impact on their present lives. Over 40% of these veterans felt that the war's influence was still "highly important in their lives" (Dohrenwend et al., 2004, p. 430). Veterans who had made mostly positive tertiary appraisals about their war time experience, in comparison to those who had made mainly negative appraisals, showed superior functioning postwar as measured by employment, educational, and marital status. Most significantly, however, it was found that though most of the reports from these veterans were mainly positive, almost all gave examples of negative effects of Vietnam on their present lives,

as well. It was this last component, the inclusion of both positive *and* negative appraisals, reflecting the reality of the experience in addition to allowing for a context of growth, which proved to be most adaptive in interpreting one's war time experience (Dohrenwend et al., 2004).

This study by Dohrenwend et al. (2004) is integral to an exploration of meaning and life purpose within combat veterans. First, the examination of tertiary appraisals within the lives of combat veterans, though it represents a single aspect (i.e., definition) of meaning and life purpose, represents a noteworthy one, as it compliments the definitions of both primary and secondary appraisals. Secondly, the findings by Dohrenwend et al., which corroborate those of Fontana and Rosenheck (1998) previously mentioned, that the combat veterans who are able to derive concurrent positive and negative interpretations from experience are able to minimize postwar functioning, add to the empirical findings (e.g., Elder & Clipp, 1989) that individuals have the capability of deriving both positive *and* negative meaning within the context of war. On the other hand, certain outcome measures, such as post-war functioning (e.g., marital status), as the authors state, lack the detail and subjectivity that the semi-structured interviews of this present research will contain.

Sledge, Boydstun, and Rabe (1980) investigated another dimension of meaning: meaning in relation to perceived threat. In what Dohrenwend et al. (2004) stated was one of the best designed studies of meaning and veterans, Sledge et al. investigated meaning in relation to perceived threat by examining tertiary appraisals with U.S. Air Force Vietnam prisoners of war (POWs). Understanding that the perception of personal benefit can serve different functions for different individuals, Sledge et al. compared POWs with controls and hypothesized that the individuals who experienced the greatest stress and frustration would derive the most benefit from their experience. For some POWs, deriving a positive effect from their captivity experience

was “clearly a defensive maneuver aimed at denying a deeper sense of having been impaired by captivity” (Sledge, Boydstun, & Rabe, 1980, p. 43). For others, however, the challenge of captivity was an opportunity to experience and test their human limits. The authors found that 61% of the POWs reported “significant mental changes” (p. 443) whereas only 32% of the controls reported benefiting from their experience. Sledge et al. explained that “rather than viewing this perceived beneficial change as either a defensive rationalization or an actual fact, we view it as an adaptive attempt to make the most of an otherwise extraordinarily stressful situation” (p. 443). POWs in the benefited group reported greater patience, greater insight into self, and a greater ability to distinguish the important from the trivial. Such findings support the idea that “a higher perceived threat results in a higher need in attributing meaning to the experience” (Schok et al., 2008, p. 364). This study supported the authors’ hypothesis that perceived benefit positively correlated with harshness of experience. A finding which supports objective of this present dissertation: the exploration of life purpose within combat veterans with PTSD.

The study by Sledge et al. (1980) is directly applicable to the topic of the present dissertation and at the same time reveals its gaps in life purpose. First, by investigating a singular facet of meaning, namely in comparing the severity of traumatic exposure to the degree of positive appraisals of an event, Sledge et al. contribute to the study of meaning within the context of war veterans, as well as to the findings that positive benefits can be derived from traumatic experiences. The study by Sledge et al. does not, however, isolate the construct of life purpose, a consideration that may provide greater insight into the existential experiences of the individual (Southwick et al., 2006); neither does it explore the unique population (and experiences) of Iraq

combat veterans who, upon returning home, may experience increased negative impact of their trauma due to the public's eroded opinion of war (Litz, 2007).

Elder and Clipp (1989), in one of the few longitudinal studies with veterans, investigated the meaning of combat later in life, together with pre- and postwar psychological functioning of 149 World War II and Korean War combat soldiers. Data were collected annually from 1928-1930 and then at four points during adulthood—1960, 1970, 1982, and 1985. Measures included the California Q-Sort that measured goal orientation, self-inadequacy, social competency, and ego resilience. Data on PTSD was collected via self-report survey. Degree of combat exposure was measured using a 3-point scale and included (a) exposure to the dying, (b) exposure to gunfire, and (c) duration of combat experience. As was reported in the previously mentioned study by Dohrenwend et al., (2004), Clipp and Elder found that there were positive, as well as negative, effects of military combat, signifying the human capacity to derive both pain and growth from the same event. Between 60% and 70% of the veterans stated that they had learned to cope with adversity, developed more self-discipline, and gained a broader perspective. Negative effects were reported by between 40% and 50% of veterans and included a disrupted life, pain from the separation of loved ones, and a delayed career. Finally, and in support of the Elder and Clipp's hypothesis, the men who experienced the heaviest combat were more likely to value human life compared to those less exposed to atrocities. Again, as was seen in the studies above, the ability to obtain a balance of a positive as well as negative meaning from war experiences was shown to be "critical" (Schok et al., 2008, p. 361) for psychological health.

The study by Elder and Clipp (1989) contains several strengths and weaknesses, and in so doing leaves certain areas of interest of this present research untouched. Two of the strengths of this study are first, its longitudinal nature, and second, its examination of the veterans'

psychological health in the adolescent years via self-reports. The first strength provides the researchers the ability to observe how the emotional health of their coparticipants changed over the course of many years, thus providing strong support for their findings. The second strength helped Elder and Clipp find that, compared to “other men in the sample, heavy combat veterans become significantly *less* helpless and *more* resilient between adolescence and mid-life” (p. 337). Two of the weaknesses of this study involve the sample of veterans. First, though Elder and Clipp included both World War II and Korean era veterans in their sample, they carried combat measurements only for World War II veterans due to their “higher rate of combat” (p. 323), omitting combat measurements for Korean veterans, stating that “the intercorrelation matrices of combat items in the two groups are very similar” (p. 323). Elder and Clipp, however, offer no support or evidence of these assertions. Secondly, this research is based upon information of and interviews with veterans many years after their service. One of the problems with such studies, as Hoge (2004) states, is “the long recall period after exposure to trauma” (p. 14). The present research will have the benefit of utilizing a sample of veterans from a single, ongoing war.

In a recent study more closely aligned with the existential focus of this dissertation, Fontana and Rosenheck (2005) examined loss of meaning in Vietnam veterans in relation to pastoral care. They hypothesized that Vietnam veterans who reported a high loss of meaning due to their combat experience would be more likely to seek help from clergy compared to veterans who did not report a high loss of meaning. Clergy were defined as “priests, ministers, or rabbis” (p. 134) and loss of meaning was defined using Janoff-Bulman’s (1992) conception which states that loss of meaning involves “the shattering of a fundamental assumption about the nature of the world” (p. 133). According to Janoff-Bulman’s schema, predictability and control are the two essential elements of meaninglessness. Quoting Janoff-Bulman the authors explain that



the psychological basis for having a sense of personal control has its counterpart in the religious realm through the “belief in a God who rewards a moral existence . . .” Existential issues, therefore, are intimately connected to concerns about the meaningfulness of the world. In this study we consider loss of meaning to be a parallel concept to the weakening of religious faith. (1992, p. 133)

Fontana and Rosenheck measured meaning using seven 5-point items, including (a) two *predictability* items: a sense of purposelessness, and not knowing what was happening during time in Vietnam, (b) three items labeled *lack of control*: not counting as an individual, loss of freedom of movement, and lack of privacy, and finally (c) two items that represented features from both categories: feeling that the Vietnamese did not want the U.S. troops there, and feeling out of contact with the rest of the world. Results showed that veterans who reported a high loss of meaning (15%) were more likely to seek help from clergy compared to veterans who did not report a high loss of meaning (8%). In addition, among veterans who sought care from mental health professionals, those who reported a higher loss of meaning were more likely to seek help from the Department of Veterans Affairs’ (VA) (54%), than from non-VA mental-health professionals (35%). These results signified to Fontana and Rosenheck that those veterans who reported a high loss of meaning were “particularly desirous of achieving a restoration of meaning that is specific to their loss” (p. 135). In addition, those veterans who reported a high loss of meaning and who sought help from the VA were more likely to seek out help from clergy. Fontana and Rosenheck asserted that “this quest for meaning sustains a continued pursuit of mental health treatment, especially among those who seek help from the VA” (p. 135) and that the study contributed to their belief that greater consideration be given to addressing the existential concerns of veterans with PTSD.

One of the strengths of the study by Fontana and Rosenheck (2005), and one of the reasons for its inclusion in this literature review, is its focus on the existential aspect of meaning

making. This focus is a strength as it contributes to the growing literature on the assessment of the meaning in life construct (Morgan & Farsides, 2009), while specifically highlighting the importance of exploring existential concerns amongst combat veterans. What Fontana and Rosenheck do not do, however, is isolate the life purpose construct, which is one of the foci of this present research.

In another study emphasizing existential treatment with veterans, Southwick, Gilmartin, McDonough, and Morrissey (2006), utilized Frankl's Logotherapy with combat veterans in their program at the Connecticut Veterans' Hospital. Southwick et al. (2006) chronicled the treatment with Logotherapy in three separate case studies including a 4-month inpatient psychosocial rehabilitation program, an ongoing outpatient treatment group, and an individual therapy case. Logotherapy was chosen, the authors explained, "because it directly addresses a number of problematic symptoms and/or worldviews commonly seen in this patient population" (p. 163): (a) a severely skewed external locus of control, (b) a foreshortened sense of future, (c) guilt and survivor guilt, and (d) a loss of meaning and purpose. Together Southwick et al. (2006) labeled these as the four core existential issues unique to veterans with PTSD. Logotherapy specifically addressed these core issues by focusing on an individual's strengths, search for meaning, and purpose in life (Southwick et al., 2006). Specific techniques used to facilitate this included (a) self-distancing (learning to gain distance from oneself and others), (b) paradoxical intention (wishing for or doing what one fears), (c) Socratic dialogue (interviewing designed to reveal the veteran's own wisdom), and (d) dereflection (encouraging the client to redirect attention from themselves to others and meaningful goals—Southwick et al., 2006). Results in both the inpatient and outpatient groups centered on identifying shifts in locus of control as veterans began to "view themselves less as victims of circumstances and more as

agents of change” (Southwick et al., 2006, p. 171). Volunteerism and group service helped to effect this change as it challenged the veterans’ negative personal views. The sense of a foreshortened future was another area in which change occurred. This was apparent in some of the veterans’ statements, for example

A veteran in the inpatient program who volunteered as a school tutor and returned home on weekend passes said: “I never thought I’d look in the mirror and see a 52 year old staring back. Never dreamed I’d live this long and I feel like I’ve wasted a lot of time just waiting for the ax to fall.”

Statements such as these are typically gradual, but inspired by the inscription above the group therapy room door: “the dress rehearsal is over” (Southwick et al., 2006, p. 172).

Finally, veterans also revealed growth in the area of meaning fulfillment. Though meanings are unique to each individual, the cases shared common themes. Some veterans found meaning in reaching beyond themselves to help others, “particularly in ways that draw upon the veteran’s own experience of trauma and suffering” (Southwick et al., 2006, p. 172). One veteran who delivered meals to a frightened elderly woman discovered that he was able to understand her fear at a deep level *because* of his own hypervigilance, and “in this way his own symptoms facilitate[d] his ability to empathically connect with her” (p. 173). The veteran in the individual therapy case learned through Socratic dialogue that both the atrocities he had witnessed on the battlefield and his own suffering could increase his empathy and abilities working as a nurse. The findings of the present dissertation corroborate these examples of combat veterans reaching out to help others despite their PTSD symptoms, and these actions playing a vital role in their life purpose.

By utilizing Frankl’s (1959, 1978) Logotherapy with its emphasis on an individual’s personal search for existential meaning and life purpose, this study by Southwick et al. (2006) offers direct and clear support for the present research question. There are, however, several

weaknesses to the study. First, as the authors state, their findings are preliminary, as well as based on case examples and clinical observations alone. In addition, Southwick et al. also note that “controlled studies should include measures of PTSD symptoms and comorbid conditions, such as depression and substance use, and psycho-social functioning” (2006, p. 174), none of which were included in this study. As a result, Southwick et al. explain that it is not yet clear whether their model presented here can be replicated with other trauma populations.

Though most research indicates that finding personal meaning in relation to traumatic events is integral to psychological recovery, several studies have revealed inconsistent findings, including the finding that the *search for* meaning can produce higher levels of stress and dysfunction (Decker, 2007; Park, 2008). One study which hypothesized that the search for meaning is not integral to recovery is that by Roberts, Lepore and Helgeson (2006). This study, one within the growing field of meaning-related research in oncology, examined whether social support might increase health-related quality of life (HRQoL) by reducing intrusive thoughts and search for meaning in a study of 89 men with prostate cancer. The authors hypothesized that “engaging in an *ongoing* [italics added] search for meaning following a stressful or traumatic event is associated with poorer psychosocial adjustment” (p. 184), whereas *finding* or *discovering* meaning is associated with healthier adjustment. Men were interviewed once at baseline (T1) and then 3 months later (T2). HRQoL (mental and physical functioning) was measured using the 36-item mental outcome study short form (which rated among other items, physical limitations in performing daily activities, and general health perceptions); (b) intrusive thoughts were measured using the 5-point impact of events scale with participants indicating how often during the past month they had recurring thoughts of their cancer; (c) searching for meaning was measured using two questions: “How often have you found yourself searching to

make sense of your illness?” and “How often have you found yourself wondering why you got cancer or asking, ‘Why me?’” (p. 186), and (d) social support was measured using the social provisions scale, which contained 12 “Likert-type” (p. 186) items including guidance, reassurance of worth, and attachment. Between *T1* and *T2* men reported statistically significant (i.e., increased) levels of physical functioning ( $T1 = 44.7$ ,  $T2 = 48.9$ ) with a moderate level or increase of searching for meaning ( $T1 = 1.92$ ,  $T2 = 1.84$ ) which did not significantly change over time: “Most of the men reported that they had adequate social support [and] relatively little searching for meaning” (Roberts et al., 2006, p. 189). Thus, the finding that the search for meaning is not integral to mental and physical functioning within a population of men with prostate cancer offers support for the authors’ hypothesis, a finding which contributes to the inconsistent data within the meaning-related research.

One of the strengths of the study by Roberts, Lepore, and Helgeson (2006) is the distinction it makes between *searching for* and *finding* meaning. This distinction adds to what Park (2008) states is a “more precise delineation and operationalization of the two distinct components of the meaning-making process” (p. 863). There are limitations to this study as well. First, as is mentioned by Roberts et al., the sample of men interviewed, in an effort to present themselves in a “socially desirable manner” (p. 189), may have under-reported their distress, thus raising the possibility that the search for meaning may have played a more significant role in their recovery than was found. Second, Roberts et al. measured meaning by asking two questions: (a) “How often have you found yourself searching to make sense of your illness?” and (b) “How often have you found yourself wondering why you got cancer or asking, ‘Why me?’” (p. 186). The latter question, “Why me?” implies what Park and Folkman (1997) describe as an *upward comparison* process in which individuals compare their distress to others who have not

experienced the traumatic event and perceive it as unfair. As Roberts, Lepore, and Helgeson admit, such a “comparison process can be maladaptive, leading to passivity or helplessness” (p. 186). If this is true, this then supports the possibility that the men in the sample may have been inclined to present themselves in a socially desirable way, thus less likely to admit their search for meaning.

Another study which found that the search for meaning is not integral to recovery and in fact may be distressing is that by Kernan and Lepore (2009). The authors distinguished between and questioned the benefits of *searching for meaning* (SFM) and *meaning making* (MM) in the aftermath of breast cancer in 72 women over an 18 month period. The authors hypothesized that women with a higher level of searching for meaning would have greater levels of distress and negative affect, and that based on prior research, “the positive relation between searching for meaning and negative affect would be mitigated by having made meaning” (p. 1177).

Participants’ emotional adjustment was measured using the 10-item negative affect scale from the Positive and Negative Affect Scale (PANAS), rating how much they experienced each of ten negative moods. Meaning was measured with two questions (a) How often have you found yourself searching to make sense or meaning of your illness?, and (b) Have you been successful in making sense of your illness? To better understand the variability of searching for meaning over time, Kernan and Lepore (2009) characterized four different search patterns of meaning, including (a) exiguous (never or rarely searched for meaning), (b) continuous (sometimes or often), (c) delayed (relatively low level at *T1* and relatively high level at *T2*), and, (d) resolved (those who reported a relatively high search at *T1* and low search at *T2*). Data were collected at two intervals over the 18 month period. Results revealed “no significant concurrent longitudinal association between searching for meaning and made meaning” (p. 1180). More importantly,

women who reported a continuous search for meaning revealed more distress than those who reported an exiguous or resolved search. Additionally, of the women at *T2* who reported making meaning, 50% still reported a “concurrent high search for meaning” (p. 1180) suggesting that an active search for meaning does not affect the probability of finding meaning, contributing to the theory that finding meaning does not necessarily end the search for meaning. Finally, the authors used chi-square analyses to examine the interaction between *T1* search for meaning and meaning made and *T2* negative effect, and found “no significant main effect” (p. 1179) which they stated fails to support the theory that individuals who discover meaning are less distressed when they find it compared to when they do not find it.

One of the strengths of the above-mentioned study is its characterization of the search for meaning into four distinct patterns (exiguous, continuous, delayed, and resolved). This allowed the researcher’s to account for individual variability within the search for meaning. However, the study did contain several limitations. First, only “single-item” (p. 1181) measures were used for defining searching for meaning and meanings made, eliminating the possibility that other definitions of searching for and making meaning could be considered, including life purpose, the focus of this present study. Second, because meaning variables were not assessed until 11 months after diagnosis, the possibility is raised that during that time individuals could have already initiated and stopped their search for meaning. Finally, and in direct contrast to the present study, Kernan and Lepore (2009) do not address the variant ways individuals search for and discover meaning (e.g., through finding benefits, or reassessing life goals), and whether these different ways might correspond to distinct ways of adjustment.

### *Conclusion*

This literature review has summarized a selection of the current research on the subject of meaning and life purpose as it relates to trauma with combat veterans suffering with PTSD. The researcher offers his summary of the major themes which emerged in relation to the study of meaning and life purpose in combat veterans with PTSD. First, though there is an extensive amount of research on the subject of meaning, the findings within the literature to date, due to variations in definition, measurement, and design, have been inconsistent (Park et al., 2008).

Second, it is generally assumed that assigning meaning to stressful events aids in psychological recovery (Park et al., 2008; Schok et al., 2008). However, there has been research in support of the contrary as well, specifically in the context of cancer (Park et al., 2008).

Third, most of the research which has examined the psychological effects of combat have been carried out with Vietnam veterans years after they have returned home from their military duty (Hoge et al., 2004). As a result, there is a long recall period after the exposure to combat and thus the research gained provides only minimally useful information to guide healthcare policy. The present qualitative research with a younger, and underrepresented generation of Iraq combat veterans with PTSD aims to contribute to the research in the area of life purpose.

Fourth, it has been estimated that psychological recovery from combat trauma may depend on discovering meaning and life purpose within the experience (Decker, 2007). Frankl (1946) initiated the psychological attention to the constructs of meaning and purpose in life through his writings (Adler, 1997). This dissertation attempts to extend the paucity of research into this area with Iraq combat veterans.



### Chapter 3: Methods

The qualitative approach of this study was informed by Boyatzis' (1998) data-driven methodology and utilized thematic analysis (TA), as described by Braun and Clarke (2006), to explore the major themes related to life purpose within a sample of 8 Iraq combat veterans with PTSD. TA was chosen in order to aid in the exploration and uncovering of themes and patterns within the reality of the combat veterans' experiences (Braun & Clarke, 2006). As Braud and Anderson (1998) state, this depth of exploration "would not be accessible through more superficial methods" (p. 281). The method of analysis chosen for this study was the *contextualist* theoretical framework as I believe this acknowledged both the manner in which the veterans interpreted the meaning of their experience, as well as the way in which the "broader social context impinges on [that] meaning, while retaining focus on the material and other limits of 'reality'" (Braun & Clarke, 2006, p. 81). Eight Iraq combat veterans were interviewed using semistructured interview questions to evoke details of their search for meaning and purpose in life. The interviews were analyzed by hand.

This chapter will consist of six sections: first, it will begin by offering an overview of the research design; second, it will present an explanation of TA, including the development of codes and themes; third, it will provide a rationale for the method; fourth, it will present a description of the coparticipants; Finally, it will provide a summary of the measures, data collection, and analytic procedures.

#### *Overview of Design*

Study participants consisted of 8 Iraq combat veterans previously diagnosed with PTSD. Ten to 12 coparticipants were interviewed until eight usable interviews were obtained. Veterans were recruited with flyers using purposeful and snowball sampling strategies, through internet

websites and social networking sites, specifically Facebook. Veterans were then prescreened with a questionnaire over the phone (see Appendix B) (Mertens, 1998). Eligible participants met the following criteria, (a) diagnosed with PTSD post combat, (b) currently searching for meaning and specifically life purpose within their combat experience, (c) experiencing at the most, mild symptoms of PTSD (i.e., participants were not suicidal at the time of the interview; they were able to perform daily tasks of living; and their symptoms did not preclude them from participating in this interview), and (d) under the care of therapist/psychologist/psychiatrist. Ten to 12 exemplars were selected from this screening to comprise a group who were then interviewed either by phone or in person at a mutually agreed upon and neutral location. Coparticipants who lived outside a driving radius of 100 miles would be interviewed by phone. All others were given the choice of being interviewed by phone or in person. Any diversity that arose as a result of recruitment was taken into consideration during the analysis of the results. Prior to the interview, participants were mailed a consent form (see Appendix A) to be signed and returned, a synopsis of the research study, and were also given the option of receiving a synopsis of the research results. Data were collected by semistructured interviews and analyzed for themes and patterns. Data were then transcribed by this researcher who signed the *Transcriber Confidentiality Agreement* (see Appendix D) before the analyzed data were sent to the REC.

#### *Overview of Thematic Analysis*

Thematic analysis (TA) was selected to analyze data and to explore, in rich detail, the subjective experience of combat veterans' search for life purpose. Boyatzis (1998) describes TA as a method of "seeing" (p. 1) and of "systematically observing a person, an interaction, [or] a group" (p. 5). It is also a process that is used to analyze and interpret qualitative information, and

rather than being simply “another qualitative method” (Boyatzis, 1998, p. 4), it is one that can be utilized with most, if not all, other methods, and if desired, can facilitate the translation of qualitative data into quantitative data. Furthermore, Boyatzis explains that TA is a process whereby “recognizing an important moment (seeing) precedes encoding it (seeing it as something), which in turn precedes interpretation” (p. 1). As a method, TA leads the researcher through each of these steps.

*Benefits of TA.* There are several benefits to utilizing TA. First, TA is flexible (Braun & Clarke, 2006). Whereas certain qualitative methods, such as *conversation analysis* and *interpretive phenomenological analysis* are “tied to, or stemming from” (Braun & Clarke, 2006, p. 81) certain theoretical or epistemological perspectives, TA is not “wedded to any pre-existing theoretical framework” (2006, p. 81). Second, as TA is not strictly tied to a theoretical framework, it can therefore be applied with a variety of theoretical approaches and as a result offers a more “accessible” (p. 81) form of analysis. For example, TA can be an *essentialist* method which reports the meanings and experiences of the coparticipants, or can also be a *constructionist* method which explores the ways that realities, experiences, and events are the result of society’s influences (Braun & Clarke, 2006). As indicated earlier, the *contextualist* was employed to aid in the honoring of the personal way that soldiers make meaning of their experiences, as well the way in which they account for the influences from the war and home environment, thus allowing for a more complete picture of the soldiers’ stories to unfold.

*Research paradigm.* Data were analyzed within a contextualist paradigm. Fox (2008) states that a worldview is a broad category comprised of an “informally organized epistemology and ontology” (p. 3). As opposed to an essentialist or realist method which reflects simply on the reality and meaning of the participants, or the constructionist method which reports on the

ways in which the meaning, experiences, and the reality of participants are the result of a collection of societal discourses, contextualism sits between these two methods and honors and acknowledges the ways in which “individuals make meaning of their experience, and, in turn, the ways the broader social context impinges on those meaning, while retaining focus on the material and other limits of “reality” (Braun & Clarke, 2006, p. 81). As a result, focus was placed on the ways the coparticipants made meaning of their experience while also recognizing and honoring the social influences upon those meanings (Braun & Clarke, 2006, p. 81). Data are, therefore, presented less as *the* definitive reality but rather as one reality described by the coparticipant with the aid of this researcher. In addition, an inductive driven semantic approach was utilized which, as Braun and Clarke (2006) describe, is a process of identifying the explicit and/or surface meaning of the data and then coding that data without trying to fit it into any “pre-existing coding frame, or the researcher’s analytic preconceptions” (p. 83).

A contextualist approach to this research was made evident throughout this dissertation. For example, the contextualist paradigm can be seen within the interview questions (see appendix C) themselves. Collectively the questions honor the possibility of veterans making meaning from experience, as well as the influence the soldier’s environment had on that meaning. Additionally, during the analysis of data, a contextualist perspective acknowledged and paid particular attention to how soldiers interpreted their combat experiences, what meaning and purpose they gave to their combat experiences, while also noting the influences of the social context within that meaning.

#### *Treatment of the Data*

*Data recording.* All interviews were recorded using an iPhone with the help of the digital application Recorder. Data were then immediately downloaded to a hard disc and kept in a

locked cabinet, accessible only to this researcher. All computer files were password protected and stored on a non-internet storage device available only to this researcher.

*Developing codes.* TA is a method for encoding information. A code, according to Boyatzis (1998), is “a list of themes; a complex model with themes, indicators, and qualifications that are causally related” (p vi). The aim of this research was to categorize the subjective experience of the search for life purpose of combat veterans via the themes revealed in their stories. As a result, coding suits this aim as it is a stage in the analytic process that involves naming and categorizing such phenomena within the data (Mertens, 1998). Codes identify features that are interesting to the researcher, and as Braun and Clarke (2006) state, “refer to the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (p. 88). During this initial stage of analysis the interviews were read and reread several times through the contextualist lens so that an awareness could be maintained of the ways in which the veterans interpreted and made meaning of their experience, as well as the ways their “broader social context” (Braun & Clarke, 2006, p. 81) influenced those meanings. Interviews were then broken down into discrete parts and compared for similarities and differences. The object of coding, Boyatzis explains, is to “understand the raw information, internalize as much of it as possible (i.e., bring it into consciousness functioning and at least medium-term memory), and reduce it to a manageable size” (p. 69). This reduction of the information and the time spent re-reading the data allowed for easier comparison across the data set in preparation for the development of themes.

*Developing themes.* This next stage involved re-focusing the analysis of the data at a broader level and sorting the codes to develop themes. More specifically, according to Braun and Clarke (2006), in this step the researcher is “starting to analyze [the] codes and consider how

different codes may combine to form an overarching theme” (p. 89). A theme, as defined by Boyatzis (1998), is “a pattern found in the information that at minimum describes and organizes the possible observations and at maximum interprets aspects of the phenomenon” (p. 4). Some of the initial codes developed into themes, others fit into categories of subthemes, while other codes no longer relevant. What determined whether a theme was relevant or not was ultimately due to the judgment of this researcher and ultimately “whether it capture[d] something important in relation to the overall research question” (Braun & Clarke, 2006). One of the objectives of this stage was to acquire a sense of the significance of the individual themes, and how they related to one another, to form what is called a thematic map (Braun & Clarke, 2006). Several iterations of a thematic map was utilized throughout the analytic process in order to help determine thematic relationships and hierarchy.

*Refining themes.* The next stage involved reviewing and refining the themes. According to Braun and Clarke (2006), this stage is comprised of two phases. The first required reviewing each of the themes and determining whether or not they formed a coherent pattern. If the themes formed a coherent pattern, this stage was complete. If not, and certain themes appeared no longer to be relevant, then Braun and Clarke advise taking the following steps:

consider whether the theme itself is problematic, or whether some of the data extracts within it simply do not fit there—in which case, you would rework your theme, creating a new theme, finding a home for those extracts that do not currently work in an already-existing theme, or discarding them from the analysis. (2006, p. 91)

In several instances, themes were thrown out because there was not enough attributes, examples, or data to support them, or because they simply fit as sub themes into already established themes. Once the themes adequately represented the “contours of the coded data” (p. 91), once a thematic map had been developed, the second phase could begin.

The second phase in the development of themes was similar to the first, however the validity of the themes were considered in relation to the *entire* data set. During this stage, the data set was reread once again for two purposes, (a) to ascertain whether the themes worked in conjunction with the entire data set, and (b) to code any additional data within themes that may have been overlooked (Braun & Clarke, 2006). After this re-reading it was decided that the thematic map adequately represented the themes and the story of the data.

*Rationale.* The study explored how PTSD impacts meaning and life purpose within Iraq combat veterans. The qualitative method was selected in order to best facilitate this exploration for several reasons: (a) the exploratory nature of the study, (b) to present what Creswell (1998) states is a “detailed view” (p. 17) of this understudied subject, and (c) because the qualitative research method offers what Sandelowski and Barroso (2003) describe as “the subtleties and complexities of human responses to disease and its treatment that is essential to the construction of effective and developmentally and culturally sensitive interventions” (p. 782). There is a dearth of empirical information on the subject of life purpose within Iraq combat veterans with PTSD. As Zoroya (2009) states in a recent USA Today article, quoting Brig. Gen. Rhonda Cornum, “We never ask if anybody had some positive outcomes. We only ask about this laundry list of illnesses” (p. 1). It was this researcher’s hope that interviewing veterans up close about their personal combat experiences and what they garnered from them would provide a concentrated focus into their world and allow for a detailed view of their lives, possibly enabling other GIs about to deploy to Iraq to hear the positive experiences of service members who came before them.

*Coparticipant recruitment and selection process.* Coparticipants were recruited via word of mouth, through online veteran websites, as well as through the social networking website

Facebook, which proved to be invaluable as it allowed one individual in particular to connect with many others who, in turn, expressed interest in participating in this study.

The 8 coparticipants who participated in this study were selected using the following criteria: (a) they were Iraq War combat veterans (male or female) self-identified with PTSD; (b) they were either regularly seeing a therapist or under a therapist's care, and (c) they were chosen with special attention given to selecting a group of participants from various ethnic backgrounds, with no bias as to sex, gender, race or religious affiliation. Participants were then prescreened over the phone (see Appendix B). Those veterans who were eligible for the study were then notified by this researcher via the phone of their acceptance into the study. Next, consent forms (see Appendix A) were mailed out. After consent forms were returned signed to this researcher, interview times were arranged. Interviews took place over the phone or in person and lasted for approximately 1 hour.

*Outline of the interview.* The interview for this research consisted of a questionnaire comprised of semistructured interview questions (Mertens, 1998). Interviewees were offered fifty dollars for their participation. Two of the interviewees, however, declined to accept payment, stating that they wanted to do anything they could to help other veterans, and for that they did not need to be paid. A questionnaire was utilized for the purposes of, as Mertens suggests, "ensuring that the investigator covers all the terrain in the same order for each respondent" (p. 323), while at the same time allowing for "exploratory, unstructured responses" (p. 323). The interview lasted for approximately 1 hour. Seven of the interviews took place over the phone, one took place in person at the coparticipant's place of residence. As Ochberg (2009) advises, when interviewing trauma survivors "there is the possibility that a survivor might be more comfortable at home or might want to be out of the family circle" (p. 1). In order to honor



this possibility, and because “some [survivors] might feel more secure with a friend or relative present” (Ochberg, 2009, p. 1), every effort was made to accommodate the coparticipants’ wishes for safety and confidentiality.

*Validity and reliability.* Meyrick (2006) states that in the case of quantitative studies, the subject of validity and reliability falls upon the reader. So too, she points out, should it be with qualitative studies. For example, with regards to validity, or specifically, internal validity, that is, how accurate the methods represent the coparticipants being studied, he states that “this can be accounted for through, again, detail of the steps the researcher took from data to conclusions, detail of interview technique and also reflection on how the researcher, participant or situation influenced this process” (p. 806). It was this researcher’s goals to follow these guidelines and suggestions, as well as to incorporate transparency and systematicity which Meyrick defines as the starting point for determining rigour within a study. Transparency was employed by this researcher in the form of noting and expressing his biases in the results, where and when they exist.

Every effort was taken to avoid biasing effects. This interviewer assumed a “neutral role” (Mertens, 1998, p. 137) so that the differences in the coparticipants’ responses were attributable to the differences in themselves rather than to any effects of this interviewer. In addition, the following aspects of the interview itself were standardized (Mertens, 1998): (a) the way this researcher presented himself and the study, (b) the delivery of the questions, (c) the way answers were probed and recorded, and (d) the manner in which interpersonal aspects of the interview were conducted (e.g., this researcher greeted each coparticipant similarly and professionally, Ochberg, 2009).

*Ethical considerations.* There were several ethical issues which had to be considered within this dissertation. The most important ethical issue involved safety and the considerations of working with individuals with PTSD. The safety of the coparticipants was addressed through the following means: (a) during the phone prescreening, individuals were advised of the nature and subject of this dissertation which involved showing respect for all aspects of coparticipants' participation (e.g., their feelings, and pace at which they felt comfortable sharing their story, etc.); (b) in the case of in-person interviews, coparticipants were invited to bring along a loved one or friend if this made them feel more at ease (1 coparticipant was accompanied by his dog), and (c) coparticipants were informed that they could stop the interview at any time.

Furthermore, regarding the safety of the coparticipants, it should be stated that this researcher has had previous experience working with clients with PTSD (e.g., recognizing and working with flooding, grounding clients, and tracking clients sensorimotor states) at the Pacific Institute for the Elderly in San Francisco, at Ohlhoff Recovery Center in San Francisco, and during a 2-year trauma training with Sensorimotor Institute.

## Chapter 4: Results

This chapter presents the results of data reduction and will be divided into two sections. This first section provides a summary of the demographic data, the second section presents the results of analyzing 8 in-depth semi-structured interviews with emphasis placed on common themes and patterns within a sample of Iraq combat veterans with PTSD on the subject of life purpose. The Discussion section that follows in chapter five will interpret and discuss these results. The intent of this research was not to propose a substantive theory of life purpose with regards to Iraq combat veterans with PTSD, but rather to provide a rich description of that experience.

### *Demographic Information*

Eight Iraq combat veterans were interviewed for this study. Five females and 3 males participated. The fact that the majority of coparticipants were female is a direct representation of the fact that the majority of people who responded to participate in the study were female. An in-depth analysis of why this is so is beyond the scope of this study, however, a topic for future research. Initials or pseudonyms of coparticipants were used to protect identity. General demographic information of the 8 coparticipants is provided below in Table 1.

Several themes emerged across the data set as a result of the thematic analysis. Six themes were chosen to be explicated here for three reasons, (a) because they were consistently and richly articulated by each of the coparticipants (Braun & Clarke, 2006), (b) for the way in which they collectively answered and illuminated the question of this dissertation: What is the subjective experience of life purpose within a sample of 8 Iraq combat veterans with PTSD? And, (c) because together these six themes represent a rich and multifaceted description of

Table 1

*Coparticipant Demographic Information*

Name	Age	Sex	Ethnicity	Marital status	# Tours	Branch of Service
AP	31	F	Caucasian	Single	2	Army
LC	48	F	Caucasian	Divorced	1	Navy
FM	35	F	African American	Separated	1	Army
Doc	34	F	Caucasian	Divorced	1	Army
Inspiration	35	F	African American	Single	2	Army
Dusty	33	M	Caucasian	Single	2	Air Force
JB	36	M	Caucasian	Married	2	Army
Mark	49	M	Caucasian	Divorced	4	Army

specific components of the veterans' lives which significantly impacted their formation of life purpose (Figure G1 in Appendix G). The six themes are listed here with their definitions (Boyatzis, 1998): (a) Psychological Effects of Fighting in the Iraq War: any reflection on the Iraq War with specific attention paid to the psychological impact of the lives of the veterans; (b) Perception of the Military: direct reference made to the veterans' experience of being in, or treatment by, the military or a specific branch of service and its impact on one's life and/or sense of identity; (c) Before War/After War Comparison: any explicit description of a relative change in one's personality or character from the before the war to after the war; (d) Any reference to PTSD Due to the Iraq War, its symptoms or treatment, and to its impact on the psychosocial lives of the veterans; (e) Religion and Spirituality: any description of one's religious and/or spiritual views and its specific relation to the Iraq War; and, finally, (f) Life Purpose: any

reference made to life purpose or meaning making (for definition see Chapter 1) in relation to one's experience in the war.

A brief biographic outline of the coparticipants will help put the below results in context.

Mark is 49 years old, served in the Army, received two medals for valor, and was deployed four times, twice to Iraq. He returned from Iraq in 2008 and was the eldest veteran interviewed for this study.

AP is 31 years old, she also served in the Army, was deployed once, and returned home in 2003.

LC is 48 years old, she spent 22 years as a corpsman in the Marines and was deployed once. She has been back from Iraq since 2005.

FM is 35 years old. She was a paralegal in the Army, and Iraq was her sole deployment.

Dusty is 33 years old. He repaired jets in the Air force and was deployed twice. He has been back from the war since 2005.

Doc is 34 and served as a medic in the Army. She was deployed once to Iraq and has been back since 2005.

Inspiration is 35 years old. She served in the Army and was deployed two times to Iraq. She returned in 2005.

JB is 36 years old. He served in the infantry of the Army and was deployed twice. He returned from Iraq in 2005.

### *Summary of Results*

Psychological *effects of fighting* in the Iraq War. This section discusses the subtheme of Psychological Effects of Fighting in the Iraq War. This includes any reflection on fighting in the Iraq War with specific attention paid to the psychological impact on the lives of the veterans.

The subject of the Iraq War played a significant role in all 8 of the coparticipants' responses. Multiple readings of the text revealed several subthemes of which three will be discussed here: (a) Psychological impact of the Iraqi land and culture, (b) the war as a threat to a sense of identity, and (c) the war as a source of hope and personal direction. Not surprisingly each of the coparticipants had strong feelings about the war and each stated that they were changed in ways they could never have imagined, both positively and negatively.

*Psychological impact of the Iraqi land and culture.* Iraq had a profound impact on the veterans' lives. Many veterans spoke about the desolateness and harshness of the land and that it was almost like being in another world. Some commented on the feelings of utter and complete isolation, of how trying and draining it was to be so distant from one's friends, family, and one's own country. Then there was the constant, unmitigated fear that had to be suppressed in order to simply survive and cope. There was the fear when out on patrol, but also the constant, ever-present trepidation that accompanied the veterans while sleeping, or walking around base—of when the next Iraqi mortar was going to be launched. As Dusty states, “You never felt safe when you were on the base.” Or, as Mark explains:

There were times over there when it was . . . it was so terrifying . . . that you would almost become paralyzed, your legs wouldn't move. I fought in the battle of Nijhad, and it was . . . chased 'em around the Wadi a Saline cemetery. It's the largest cemetery in the world, and uh, everything's above ground, mausoleum-type crypts. And, we chased 'em around that cemetery for 3 weeks. And the level of terror . . . is hard to describe, and uh . . . I have lost your question.—Mark

Just as the fighting and IEDs, together with the site and sounds of comrades being killed in combat contributed to the veterans' trauma, so too did the foreignness of the people and landscape of Iraq itself play a role as a stressful backdrop to the trauma these veterans experienced. This sense of continuous uncertainty and the strangeness of being in this country

during war, along with the difficulty of transitioning back to the states, is epitomized in the following quote:

Everything is burning all the time, and you know that effect on your psyche when you're constantly exposed to not only danger but, you know, the other combination of sensations in your brain, and then you come back to completely the opposite? It's as if you have been gone forever, even though it's 1 year. And, then you come back to this place of . . . It's gotta be similar to someone who lives in . . . a horrendous country, Uganda, you know, some totalitarian state and then, suddenly, come to the United States where you have freedom and peace, and no worries about, you know, you know some element of the government breaking into your home and killing your family and you . . . come to this. You have no concerns. And, the shock of that, going from that extreme, to another extreme, bad extreme to a good extreme is just very difficult to deal with, very difficult.—Mark

*The war as a threat to a sense of identity.* All of the veterans interviewed expressed a disorienting threat to their sense of identity due to the horrors and trauma of war, and the experience of being in combat. Many of the veterans shared the perspective that their sense of who they once thought themselves to be—defined in some instances by their profession, their former accomplishments, or even by the degree to which they once felt safe in the world—relative to who they are now, had shifted dramatically. This shift has caused the veterans to think about themselves in new ways, and to define themselves without specific and familiar aspects or traits they once had valued. For some veterans that included the way they interacted in the world around them, or the ability to plan, or the realization that the compassion they once had for others is no longer there.

Before I was kind of like “the world was my oyster” you know what I mean? And, let's see what we can experience and have fun playing in the world. And now it's kind of like a retreat. Like now I don't want to play in the world. Like my belief before, before combat I thought the world was like a safe place and lots of fun stuff to do and people to see and all these exciting . . . opportunities out there, you know? And now, I'd say I'm more like scared of the world. Now, I don't want to play around in it.—AP

And, that's another change I definitely witnessed, I used to be a really good planner and I really just used to be able to plan things and then execute them for myself. You have like a 1-year plan and, you know, I was able to accomplish a lot doing that, and these days,

you know, I'm in school now [laughs] but it's like I just deal with like each course as it comes. I try not to overwhelm myself with, you know, looking too far . . . and, I think a lot of that might have to do with like I said, you know, that life is fleeting and then also just with the trouble, the troubles and the turbulence I've been through in the last couple years. I just, you know, I don't still have the trust in myself I guess, you know.—FM

Well, I'll say this much, I've spent over 20 years as a medical professional, and I was doing what I was doing 'cause I loved what I did, you know. I had a real compassion for patients, and taking care of them, you know, but one thing I noticed was that I was beginning to [not care] . . . that was the start of me losing the capacity to care; to have compassion. My heart was hardening. Like today, it's as solid as a rock. Nothing can get in, nothing can get out.—LC

*The war as source of hope and personal direction.* Despite the fact that many of the veterans interviewed experienced a threat to their sense of identity, and despite the trauma each of them experienced, every veteran here, in at least some small measure, stated that the war served both as a source of hope and as a guide which pointed them in a new direction for their life as they returned home. Many of the veterans interviewed for this study shared that, in spite of the ordeal and trauma of war, they came home with a more clearly defined sense of what was important to them, of how they wanted to spend their lives, and, in some instances, the desire for a spiritual life. Though a certain clarity of sight and direction was gained, it was not won without great struggle and, in some cases, this hope did not evidence itself until years after the veteran's return home. This sense of hope in the future, amidst the struggle of the present, dictated in large measure by the symptoms of PTSD, is exemplified in the following quote:

As much as I hate, as much as I hate my everyday symptoms, and the bad days are still outnumbering the good days, I no longer believe that that's going to be, how it goes. The more I'm practicing my mindfulness and what I tell myself and just getting closer, you know, spiritually to . . . myself even, even to myself, I wouldn't trade having gone through what I went through, 'cause I know I'm on the right track now. I'm no longer trying to run away from something. I'm trying to run toward something, if that makes sense?—Doc



*Perception of the military.* This section discusses participant feedback, specifically any direct reference made to the veterans' experience of being in, or their perception of their treatment by, the military or a specific branch of service, and its impact on their life and/or sense of identity.

Each of the veterans who participated in this study had joined the military out of a strong sense of pride in their country and a belief that they were working towards something positive in their lives. For some this was a career, for others it was the experience of serving their country in the short term by helping their fellow citizens. One of the veterans had served for 22 years. Another had deployed four times. In the interviews, many of the veterans were sternly critical of the military for its lack of medical and psychological support offered in the wake of their PTSD diagnoses. Others were critical yet still managed to retain a sense of pride in the military and for the service they, themselves, had rendered as soldiers. Two subthemes will be highlighted here: (a) the disillusion of the military, and (b) discarded by the military. The following quotes highlight the grave disparity and tension many of the veterans felt, and still feel, regarding the military.

*The disillusion of the military.* Most all of the veterans expressed the sentiment that they had been misled in some way by the military. Several felt they were led to believe that what they were fighting for in Iraq was sound and just, only to discover that while in the midst of the war, this was not the case. FM's experience typifies this sentiment. She joined the Army with the hopes of gaining legal experience and then pursuing law school when she returned home. Her experience as a paralegal in the Army, however, dramatically shifted that focus.

One of the claims that I was adjudicating which never got adjudicated was back in 2004 and 2005. The Army went and took all these properties from Iraqi families. They basically went up to the Iraqi family, went to their house and said okay you guys got to leave. And, sometimes they'd pay the Iraqi family \$500, but most of the time they'd just

kick the Iraqi family out of their house and then took over the house to use as a forward operating base. When the Iraqi Army started getting more and more stronger and consistent and whatnot, the Army gave those bases, these homes basically to the Iraqi Army. So now, there's like all these families just wandering around homeless, around Iraq and Syria, in Syria now or Jordan now and whatnot. So, I was working on some of these claims with some of these families and I ended up taking it to my brigade level and we ended up submitting them to the division level and it was just heartbreaking. The division said they didn't, they basically said that these people didn't have a claim. Which is bogus, it was as if they totally took the claims regulation and threw it out the window and that's exactly what my Major, actually an attorney, the Brigade Attorney, she said it's like they took the regulation and threw it out the window.—FM

Others felt that by joining the military they were automatically becoming part of an organization that was going to look after them, not only during the war, but certainly after the war should they ever need medical attention. When many of the veterans realized that this was not the case, this only added to their symptoms of depression. In addition, several veterans interviewed not only felt that the military was ill-equipped and ill-informed with regard to treating the many veterans returning with PTSD, but to this day most of them are continuing to struggle with the VA over obtaining adequate care for their PTSD.

I thought I was crazy you know. But, then they started telling me, this is what you have, it's PTSD. And, I'm like what the hell is that? I didn't even hear of it before then because it was so early and nobody, you know what I mean, we don't talk about that when you're in the war or anything. And, then they would give you like papers like it's okay this is what you have, now go home and read about it. And then, I'm like—holy shit—I'm crazy, you know. So, it wasn't a good thing, no.—AP

It kind of impacted my relationships that I had. I ended up getting divorced cause my ex-wife couldn't really handle it, she didn't know. Through some fault of her own she didn't know how to handle it, and through some fault of the military she didn't know how to handle it, prepare her for it, prepare me for it, of course. Her way of dealing with it was just to pretend that it wasn't there and . . . distance herself and that didn't do too good on the marriage.—Dusty

*Discarded by the military.* In addition to being disillusioned, several of the veterans expressed language of being abandoned by the military. Upon their return home, and suddenly with a diagnosis of PTSD diagnosis and a lack of medical and psychological care, many of the

veterans felt as if they had been forgotten by the organization for which they had given and sacrificed so much. For many of the veterans interviewed, this sense of abandonment contributed to an already shattered sense of identity, security, and safety.

I mean I should not have to be home trying to figure out if they're going to come and tell me that, you know, I'm going to have to move out of my house because I can't work, because I have too many injuries. But at the same time, I'd go right back to the military tomorrow if they'd let me. So, I'm torn. I feel discarded and ignored, but that's not going to stop me from what I believe in.—Inspiration

Yeah definitely. I couldn't lead soldiers anymore with all the symptoms I was having, you know. And, to like lose your job, I mean that felt like, that's probably what fueled my addiction the most. The Army doesn't want you anymore, you're not good enough. And, then I just felt like well I might as well kill myself 'cause I'm 25 and I'm disabled, are you kidding me, you know?—AP

Things are starting to help now, but I suffered a long time, without any . . . I even tried therapy and stuff, but the therapy, she's so overbooked, it's once every month and that's for 15 minutes. You know the next thing they do is they stick you on a bunch of drugs and numb you to the world in general, then you have no passion for anything. I mean, I couldn't even get up to, you know, long enough to put my daughter on the bus, and that was that. You know, and then I sleep most of the day, you know, but as far as . . . it's not any way to re-integrate, no, I mean basically they drug you and stick you off to the side.—Doc

*Before war/after war comparison.* This section discusses participants' responses regarding their lives before the war when compared to after the war. This means any explicit description of a relative change in one's personality or character from before the war to after the war.

No other theme revealed the stark realities and consequences of war, together with the destruction to the veterans' lives, more so than this one. Each of the veterans experienced a drastic change and cataclysmic shift in the person they became after the war compared to who they were before they enlisted. Several of the veterans, in describing what they were like before the war, used terms such as, "social," "loved life," and "Type A." Most stated that they had once been able to participate in activities that many people take for granted—for example, going to

malls, shopping for food, attending college, or picking up their children from school. Now, many of these veterans describe themselves using very different terms, and state that they feel like mere shadows of who they once were. In many instances, this has led to families being severed and relationships lost. In almost all cases, the physical and mental health of each of these individuals was permanently altered and the quality of these veterans' lives decreased. For the veterans interviewed here, this dichotomous shift was entirely due to their PTSD symptomology, and/or the related complications, such as drug or alcohol abuse, or suicidality. As a group, these veterans have managed this shift with varying degrees of success.

I was very sociable. I had friends. I dated a lot. You know what I mean, I was . . . I was a real social butterfly, you know? I was always going to this party or this function, you know? Pretty flirtatious (laughs) and now I'm nothing like that. I don't interact well with others. Not at all, um . . . primarily because I'm very distrustful and very suspicious, and my mind set is that, you know, that I'm in battle mode and you know I'm under the impression that everybody is wanting to start a fight with me. And all I can think about is fighting back.—LC

People would call me smiley cause I'd smile all the time and I walked with a spring in my step. I was very much interested in being healthy, you know just working on my body, you know. Like I'd definitely go out and party and have a good time but within moderation for sure. I just felt, I don't know it was just a different reality. When I came back I think my transition really started happening in 2007 and 2008, I just became this very reclusive. When I came back I barely saw my friends. I didn't really want to see anybody. I just . . . when I got out of the mental hospital in 2008 and started therapy, all of the 2008 I considered a lost year because I just never, I never left the house.—FM

I'm not the same person I was. I'm not the happy go-lucky guy I used to be. I'm paranoid most of the time. I don't like going out in public. It really drains me, to go out in public, when I go shopping. If I go shop at 2 o'clock in the morning that's fine, but if I shop in like the middle of the day, you know, it's like I got to go home and take a nap. 'Cause it's just, it really drains me. I need a break. Anxiety attacks will pop up out of nowhere.—Dusty

*PTSD.* This section discusses participant feedback regarding post-traumatic stress disorder. It includes any reference to PTSD due to the Iraq War, its symptoms or treatment, and to its impact on the psychosocial lives of the veterans.

PTSD affected these veterans' lives on multiple levels and, in each case, with devastating effect. Some veterans who, before the war, had enjoyed, for example, socializing with friends, once back from the war suddenly found themselves craving isolation due to their symptomology. Others returned home to spouses or children who, to no fault of their own, were not equipped to manage the severity of their loved one's symptoms. The breadth and gravity of the effects of PTSD was evidenced in the number and scope of the subthemes that came to light during the data analysis. Though there is desperation in many of these veterans' voices, there are some that, despite their combat experience and PTSD, reveal clear vestiges of hope. Three subthemes will be represented here: (a) symptoms, (b) living with PTSD, and (c) service animals.

Symptoms. Each veteran interviewed has been, and continues to be, profoundly affected by their symptoms (for a more detailed description of PTSD symptoms, see the *symptomology* section presented earlier)—the nightmares and flashbacks, the sense of feeling numb and isolated, and the hyper-vigilance and feeling on edge. The following participant excerpts illustrate the extent to which these symptoms have penetrated and impacted these veterans' lives, leaving not one facet of their lives untouched.

It's made me very jumpy. Very, very angry. It's affected my energy level majorly. It takes a lot for me to get up and do anything. There's a lot of disturbances . . . there's sleep problems, and there's nightmares, and there's racing thoughts, you know. It feels a lot like my mind's not really my own anymore, like there's something taking over.—JB

And, so I kind of felt like I was back in the war but I'm like, no, you're in Fort Loos Washington, you know. But nobody else in my new unit had been [to war] yet so they thought I was crazy. 'Cause I was reacting to stuff that they were not reacting to, you know? Um . . . other stuff like I lost interest and like, like, taking care of myself, you know, like putting makeup on and doing my hair and going somewhere for fun, like I just wanted to stay in my room all the time.—AP

Yeah, I'm more content being away from people. I mean I make contact with people and I do what I have to do and that's pretty much it. I don't have any friends. I don't want any. I've cut off ties with the few people that I did know from my past and people have crawled out of the wood work, you know, like to find me on Facebook or whatever.

And, I've had to tell that them, you know, you're part of my past and you need to stay there [laughs].—LC

I'm hard to date, I'm very mean, I wake up fighting [laughs]. You can't wake me out of my sleep. I'm violent because I'm having nightmares all the time so when I wake up everybody looks like an Iraqi.—Inspiration

But right now, when I walk my service dog, that's all I think about is Iraq. That's all I think about right now. As we're talking I, I'm formulating sentences in my mind to answer your questions, but every single thought you know, you know how our brains work, you're thinking about different things right now, your drive home and so forth even though you're listening to my answers. I'm doing the same thing formulating the answers to your questions, but in the back of my mind, I replay events in Iraq over and over and over and over and over and over.—Mark

Living with PTSD. PTSD has had a severe impact on both the health and life of these veterans. The very act of learning to live with the many severe symptoms of the disorder has, thus, been the most drastic adjustment they have had to make since returning home. The reach of PTSD does not simply stop with or at the individual. Rather, it radiates outward, continuing to significantly invade one's friends, family, social network, and employment setting. The following quotes illustrate the variety of ways the veterans' lives have been impacted. *Panic attacks* limit one veteran's ability to move freely in public which, in turn, impacts one's relationships. Being cut off from one's emotions for so long has detached another from what he termed his spirit. Because PTSD affects one's ability to gauge and monitor fear and danger, another veteran finds her ability to judge and interpret the safety of her surroundings severely diminished.

You know, every noise, you know every crowd, crowds in Iraq were dangerous, really, really dangerous. And um, I'll give you an example of how bad it got for me. When my daughter graduated from high school, they have, you know, the big auditoriums with thousands of people. I actually typed up a fake set of orders . . . to tell my wife I had to travel to southern California, and then I, I stayed in my office for several days, so that I would not have to be exposed to that crowd because I just couldn't do it. Crowds cause panic attacks, and then you start having panic attacks because you're afraid of having panic attacks.—Mark

I don't want more vets coming back like this and not have a more spiritually based practice to combat PTSD because I really think PTSD is just a very good way of being severed from your own spirit. I mean that's what it truly is, you don't even know what you want or who you are anymore. And, when you don't have any of those feelings because you shut 'em off for 350 or 365 days or more, over and over and over again, you don't know, you don't know how to connect with other people . . . you don't even know how to connect with yourself.—Doc

And, then there's the danger, there's no danger, like things happen around me, there was a fight at a party, the guys had knives and they're all fighting and I'm thinking it's just knives, you know, what can they do? And, before you know it they're all just about in front of me, knocked me over, because I didn't get out of the way because I didn't have the fear. So I've lost fear. And, so it puts me in predicaments that could be dangerous for me because I don't have the capacity to feel like something can happen to me cause I think the worst thing has already happened to me.—Inspiration

And, I just remember 1 day I woke up like crying, you know, in my sleep. I just woke myself up crying and I think that's pretty much where everything went south after that. Finally, it took, at that point I was just, everything went south and it was, I think it was January . . . I tried to commit suicide and ended up being interned at a mental hospital through the VA. That's when I was diagnosed with PTSD and depression, clinical depression, and suicidal ideation.—FM

*Service animals.* Three of the veterans interviewed expressed a deep connection with their pets or service animals. Two are currently using a service dog, though one veteran's family does not understand the need for it and so does not allow it in their house. A third veteran explained that at a time when no one else would listen, it was her African Grey parrot that was there for her.

So he picked me up and brought me home to St. Louis and I went to rehab but, like my family, they just like don't even try to get it, you know what I mean? They don't . . . Like now, I have a service dog and my family members are like "You can't bring your dog over here." He's a service dog. They don't understand, they don't really get it, you know. And, I've tried the whole thing with like, send them a pamphlet in the mail so they can read about it, or something, and they, it's like they don't even read it you know.—AP

I have an African Grey talking bird, and I've had him since he was an egg, and he's now, now he's 13 but during all that, he didn't ask a lot of questions, I mean, yeah, he talked but he didn't, he wasn't like my family members who wanted to know exactly what happened, why it happened, you know. I didn't have answers for them because I was protective of them. So the biggest thing that kind of helped me through this was my parrot, because he listened and he just loved for me to talk to him. And, I mean of course

he did things. If you know anything about African Greys, they have the intelligence of a 5-year-old child and so they're extremely analytical. And, just him learning and that stuff that he could learn and the things he would talk about . . . you could tell that there was something wrong but, it kind of helped me.—AP

*Religion and spirituality.* This section discusses the veterans' feedback in regard to religion and spirituality. This includes any description of the veterans' religious and/or spiritual views and its specific relation to the Iraq War.

Each of the veterans interviewed experienced a strong transformation in their spiritual and/or religious views and beliefs as a direct result of their combat experience, particularly the experience of witnessing deaths and/or taking part in killings. In many instances, this shift was profound, characterized by the adoption of an entirely different set of beliefs upon their return home from Iraq. As Doc explains, after returning from Iraq she began seeking spirituality unlike the religion she had known before the war and with which she had been raised.

Since I've been back I have to say that I've really been researching different religions and trying to find my own spirituality that's not based on a religion, because, religion tends to . . . especially being raised Lutheran . . . [have] a lot of guilt associated with that and I'm carrying enough guilt with, you know, over there that . . . I would rather find a sense of peace and calm and spirituality rather than religion because that's still got the negative connotation to me, you know. But, I don't ever feel better coming out of church than when I went in actually, but . . . I read the Dalai Lama or stuff from the Buddha which I never explored before. And, I wouldn't say that I think God let me down 'cause I still believe there's higher power, I just believe that it's not what I've been taught as a child.—Doc

Three subthemes will be explored in this section; they are: (a) God, (b) the struggle for spirituality, and (c) acceptance.

*God.* Many of the veterans experienced an intensified relationship to God as a result of their combat experience. Some returned home from combat incredulous at how people could kill one another in the name of their God. Others returned home, newly diagnosed with PTSD, wondering why God hated them. There were other veterans who continued their search for their



own form of God. For example, LC said “I mean, I was very angry with God and, you know, I didn’t understand, you know, all the things that were happening to me.”

When I came back I barely saw my friends. I didn’t really want to see anybody. . . . When I got out of the mental hospital in 2008 and started therapy, all of 2008 I considered a lost year because I just never, I never left the house. I was very agoraphobic in a lot of sense, senses like I didn’t want to go outside. I had a lot of anxiety issues and I think that was when I started really hating God and really . . . just turning my back on spiritual faith.  
—FM

Okay um, where do I start with that? Let’s see . . . okay, spiritual beliefs, yes. I would say, um, before that I was like mildly religious but more like agnostic, like I wasn’t really sure. And, then the war caused me to like have secondary trauma, you know like I had an abusive husband that was also in Iraq and he had PTSD . . . so I got like more trauma after that. And, then um a drug addiction to like self-medicate because I wasn’t really getting help from the army, so then that caused me to have like more spiritual pursuits because I didn’t get it, you know what I mean? I thought like God hated me and he wanted me to have PTSD and suffer, you know?—AP

Yeah, I don’t have as much time left that I think I do. I mean I survived for a reason. So now that I’m here, I know I was spared by God to do something and I have to figure it out.—Inspiration

*The struggle for spirituality.* Many of the veterans interviewed returned home with a strong need for spirituality or religion, and a deep desire to connect with their community. In most instances, this desire and seeking was fueled by the realization that where they had just come from—combat—and what they had been doing—witnessing and/or taking part in killing other soldiers in Iraq—was in direct opposition to what was fundamentally and morally just. Not 1 veteran claimed that this search for spirituality came without effort. For each one, finding their spirituality came with much contemplation and struggle.

I didn’t think I was a bad person you know but I couldn’t figure out why I never felt comfortable in a church. I’ve read a couple books before but, you know, all through the war, I mean I relied on God as I knew him . . . [from] my Christian upbringing. That’s how, you know, when I prayed to him, that’s the thought that was in my head. More, you know, the sense of a higher power that God is in Jesus, you know, the holy spirit and all that. That’s what I relied on when I was in war because, that’s just what I was taught. But, when I came back I got back into the church, not right away, after I took an ethics class, you know, and tried to decipher whether I was a murderer or not. And, some

psychology classes and other things, sociology . . . just, you know, all of that, and then, like I said, the ethics and the philosophy class all then started coming together.—Mark.

I had read *A New Earth* because he was all the rage, and Eckhart Tolle, and that opened a big door for me and I was like okay, this man's speaking what I believe, okay. So, from there on it led to books by the Dalai Lama or, you know, written with the Dalai Lama, and books on Buddhism and that, and even Wicken books. Anything and everything that I thought would go with the way that I was thinking more in my head than what I was ever taught at church.—Doc

Um, okay, I'll tell you right now: because when you're in Iraq and you see how mean people can be to each other, all in the name of God, like it makes you question like "Why am I on this planet?" because I don't understand how people are so evil. It's so you basically, you get to see all these evil people trying to kill you just because of who you are, and like that just kind of blew me for a loop, you know. I'm like, I'm a good person why are you trying to kill me, you know? There's a lot of questioning in there. Um, but you just see how evil humans can be, and like, and they say they do it because of God and that just didn't make sense, you know?—AP

If you can follow me on this because it's very difficult for me to explain: that the human body has, I firmly believe, a soul that is as real as the heart that beats in your chest. You might not be able to touch it or do surgery on it. But it is as real as any other vital organ in your body. And, the things that go on in Iraq have a dramatic impact on a person's soul that . . . and, let me back up a bit, that the soul is one of those things that it's very difficult to influence. You know it is what it is, you can't necessarily change it maybe somebody finds God in that . . . you know, truly finds spiritual awareness and that affects their soul. But very few things truly affect your soul. But places like Iraq do remarkable things to your soul that are, uh, irreparable. And, um . . . I don't think people here get it that when we come back that there is a major part of our being that has been transformed, into something that, that . . . it was not.—Mark

*Acceptance.* For many of the veterans, acceptance has come slowly, with much effort and pain, and on many fronts. There has been and, in many instances, continues to be the hard-fought acceptance of the fact that they are no longer the person they were before the war, and that they are now someone much different. Many veterans continue to struggle each day with the fact that they have PTSD. In the wake of their combat experience, several veterans have expressed their acceptance of the reality that life is fleeting which, in turn, has inspired them as they have returned home.

I definitely stopped playing music and stopped doing things that I enjoyed doing, like going for a walk, for instance, or going running. I just basically, it's just like I just stopped living, like I think my soul just . . . you know, I went from just being a super brilliant happy person, to, to just a broken bitter soul. And, I really, I still feel that way today in a lot of respects. But I just feel, the thing I feel more realistic about it [laughs] you know, and I mean I definitely don't want to go around being a bitter person and I like to develop my faith but I feel like I have to approach it differently. I'm starting to accept that I'm not going to be who I was, you know. But, at the same time, I'm trying to find some sort of strength in who I am now, and based on those experiences . . . from the past.—FM

And, now it's just like, see ya later, you're a piece of shit now. I mean I think I even now after I got clean I was kind of in denial, like now I'm out of the Army, get over it, you know what I mean? That's not what I have. I just stressed out at the time or something. So then, like it took me a while, I had to like read other books and just totally deny that that was really what was going on, you know. My therapist was by me and stuff and now she was like, now it's time you need to look at this, 'cause that's what's going on, you know. And, then she gently like brought it up and then I started reading about it on my own way, and—"Oh shit"—that is what I got, you know? So trying to kind of accept it instead of running away from it at all times.—AP

Yeah, sometimes it's almost like, you know, I'm mourning a death, you know. I feel sad, and I feel sad and remorseful for everything that happened but, you know, like everything else you just can't wish, you know, things could be different. They are what they are. Having to accept, it's very hard, you know? I mean before, besides the career thing, there was a job I had, a steady job, and I made money doing it, you know, and I didn't have to worry about buying anything for myself, for my kids, you know taking care of my life. And, since I've been back, you know, I mean I've been unemployed, I've been broke, and I've had to ask assistance from, you know, like food stamps and churches and stuff. It's been very humiliating.—LC

*Life purpose.* This section discuss the participants' feedback regarding life purpose.

This includes any reference made to life purpose and/or meaning making in relation to their experience in the war.

Each of the veterans interviewed developed a new relationship to his or her life purpose. For some, this meant the concept of life purpose moved from the background of their lives into the foreground—with a sense of urgency. Some of the veterans, upon their return home, began thinking about purpose for the first time in their lives. For others, this meant finding themselves back home and conflicted, left with the realization of the importance of life purpose, but

questioning what this meant for them. Several veterans returned home with a renewed sense of direction, stating that their life purpose was now to know themselves as best they could. All of the veterans, however, expressed the clear desire and, in many instances, the actual need to help others and, specifically, other veterans just like themselves who would be returning from Iraq with little support from the military or the civilian world.

My purpose? Well, I would like to be on the other end of it. Having found, I'd like to say a decisive way, but it's going to be . . . every individual's own journey to find it. But I would like, I would like to be on the other end, saying this worked, this worked, and this worked. This didn't work, but hey, and helping other veterans so they don't spend 5 years of their life in misery before they're finally like, okay I've had enough, and this pill's not working and that pill's not working, and you know.—Doc

I would say the only purpose I've gotten out of it is that I have to work on my inside. I don't know any other purpose that is there right now. Like, I can't even like set a goal, like okay I want to go to college in 2 years, because, like right now it won't even let me look past that. Like this is why you're on disability is to, you know, clean out the inside kind of . . . I wish it was like, for me to help people or save the world or something but that's just not it.—AP

I've always been a humanitarian I'd like to say. And, you know, I'm still a humanitarian but I would just burn out, like I just, I want to help people, but it's like—I'm sorry, I'm about ready to cry [crying] . . . it's like I can't. I just like don't want to go through that anymore. I don't want to, you know, have that experience where I can't help somebody. You know and it's just, it's just heartbreaking and I think that's definitely one thing like coming back, it's just . . . I want to volunteer, I want to do all these things, I want to get into my community but I just am so afraid to do that. I'm just really afraid to do that . . . you know, 'cause I just don't want to like work for a lost cause.—FM

So the only thing that I said that makes me happy is helping other people. My purpose is to help soldiers transition. I'm going to start a business venture for veterans, an entrepreneur business venture, where we help develop businesses for disabled veterans, and I don't know anything about being an entrepreneur. In the military they tell you everything, you don't figure out anything. And so, this is something that is outside of what I know, and I feel like my focus will be to assist transitioning soldiers. I'm great at training. I'm great at being a speaker. I'm great at motivating people.—Inspiration

There's times it inhibits me . . . angers me, because you know they're getting treated so shitty . . . [It] inhibits me because I get treated so shitty, so it, it drives me a little bit more. Knowing that I don't want them to go through the same shit that I go through, [have] gone through. If I can, you know, help them out, ease their, you know, their pain, make a phone call for 'em if I have to, have 'em call me up in the middle of the night,

you know. Just talk, volunteer for, somebody. A friend of mine was starting up a warrior distress line. Vets can call you up in the middle of the night and say look, you know, I feel like jumping off a building or something or . . . I also blog for “NotAlone.com,” you know, share my experiences there of how I’m trying to make myself normal.—Dusty

Several themes were revealed during data analysis. Six of those themes were chosen for presentation in the preceding sections because, (a) they were each described by the 8 coparticipants, (b) the complete and descriptive way the themes answered the question of this dissertation, and (c) because taken together, these themes represent disparate aspects of the veterans’ lives which significantly influenced how and to what degree the veterans formulated life purpose. The six themes are: (a) Psychological Effects of the War, (b) Perception of the Military, (c) Before War/After War Comparison, (d) Any reference to PTSD Due to the Iraq War, (e) Religion and Spirituality, and (f) Life Purpose.

## Chapter 5: Discussion

It is an unfortunate certainty that the wars in Iraq and Afghanistan are producing a new generation of men and women at risk for chronic mental-health problems, in part, due to the stress and trauma that results from combat experience (Litz, 2007). This reality has been outlined previously most notably by Hoge et al. (2004), who examined the reports from active-duty soldiers in Iraq and Afghanistan on war zone experiences and the rate of mental-health problems. What is less certain, however, is whether or not these veterans will be able to make meaning and discover life purpose from their experiences. According to Davis et al. (1998), the construction of life purpose as part of the psychological adjustment to traumatic experiences consists of two pathways. First the veteran needs to make sense of the event by answering the question: What happened, how, and why? Secondly, the veteran needs to find personal significance in the event. Most of the 8 veterans interviewed for this study have been able, at least, in part to make sense of their combat experiences. In addition, most have discovered personal significance from their time in Iraq. How these veterans and the many others like them, those deployed and those about to be deployed, answer these questions is important for the treatment of veterans, because as Schok et al. (2007) explain:

By asking veterans how they look back on their military mission, we can get more insight on coping mechanisms from a personal point of view and find out more about positive and negative outcomes related to stressful and threatening events. (p. 358)

I began this study with an affirmed curiosity about the subjective experience of life purpose in Iraq combat veterans with PTSD. Eight veterans were interviewed using semi-structured interviews. Data were analyzed using thematic analysis together with the contextualist method. The contextualist method served as an apt lens through which to view and interpret the following results as it allowed this researcher to consider the manner in which these veterans

were able to formulate life purpose and meaning from their combat experience, while additionally taking into consideration the impact any attendant circumstances and societal influences may have had on their life purpose (Braun & Clarke, 2006). As a result, the discussion of the results places special emphasis on how the veterans' circumstances, societal influences (e.g., relationships with friends, spiritual community, or the military community) may have influenced and/or affected the veterans' formulation of life purpose. At the same time, this methodology allowed for an in-depth analysis of the veterans' subjective experiences, while honoring both their individual stories and the social influences that informed those stories.

JB's experience, which is elaborated in more detail below, is a fitting example. Of all the influences that impacted JB's formulation of life purpose, none had as far reaching an effect as did the various relationships in his life. JB shared that when he returned from combat, his relationship with his wife disintegrated quickly. However, in the wake of his suicide attempt, and primarily due to his wife's support, their relationship was slowly rebuilt. The struggle JB experienced with this relationship, and the inability he expressed in developing and cultivating friendships, severely affected his formation of life purpose. The contextualist method provided the framework for this researcher to consider the impact of both his struggles with relationships, and the subjective experience of those struggles, on his formulation of life purpose.

The semi-structured interviews revealed the existence and importance of certain inextricable influences on the veterans' lives (see Figure G1) Six of these influences, in turn, became the themes chosen for data analysis: (a) Psychological Effects of Fighting in the Iraq War, (b) Perception of the Military, (c) Before War/After War Comparison, (d) Any reference to PTSD Due to the Iraq War, (e) Religion and Spirituality, and (f) Life Purpose. Taken together, these themes represent a broad picture of an array of aspects of the veterans' lives. These aspects

were then uniquely impacted by the Iraq War, and strongly affected the manner in which the veterans formulated life purpose.

The remainder of this chapter will present an interpretation of these results while placing special emphasis on the themes' impact to the veterans' formation of life purpose. Four themes are discussed below: (a) Psychological Effects of Fighting in the Iraq War, (b) Perception of the Military, (c) Before War/After War Comparison, and (d) Religion and Spirituality. A discussion of the two themes PTSD, and Life Purpose, and their impact on the veterans' formation of life purpose, are subsumed within the analysis of the previously mentioned four themes. Limitations and delimitations are presented next, followed by unexpected findings, and then implications for transpersonal psychology and future research.

#### *Psychological Effects of Fighting in the Iraq War and Life Purpose*

The theme, Psychological Effects of Fighting in the Iraq War was described as any reflection on the war with specific attention paid to the psychological impact on the lives of the veterans. Subthemes included (a) psychological impact of the Iraqi land and culture, (b) the war as a threat to a sense of identity, and (c) the war as a source of hope and personal direction.

The war in Iraq (along with the war in Afghanistan) is unique for several reasons and, as a result, continually places soldiers in potentially traumatizing circumstances. For one, it is the most-sustained combat operation since the Vietnam War (Hoge, 2004). More so than in any other war, soldiers have been forced to maintain an "unprecedented degree of vigilance" (Litz, 2007, p. 2) and to respond to threats with extreme caution. Roadside bombs are prevalent and a constant hazard. Given the urban environment of the conflict, there is no safe place and no safe duty for soldiers. Soldiers are also continually on guard for fear that they will mistake civilians for combatants, a fact which forces them to maintain a constant state of hyper-vigilance.



Exposure to combat operations for Iraq War veterans is significantly higher than for those deployed to Afghanistan. Finally, because of the advances both in medical care and protective gear, the Iraq War, relative to any other war in United States history, has the highest ratio of wounded to killed-in-action. As a result, the soldiers in Iraq are at great risk for being maimed, and/or witnessing or suffering from the aftermath of violence (Litz, 2007). Taken together, these criteria place the generation of men and women returning from Iraq in great danger of incurring mental-health problems (Litz, 2007).

Many of the veterans' experiences of these same unique aspects of the war appeared to support the findings of the current research (Drescher et al., 2007; Hoge et al., 2004; Litz, 2007; Schok et al., 2007), which state that the all-volunteer force and the unusual aspects of the urban combat operations of the Iraq War are very different from previous wars. In addition, these findings also highlight the continued and urgent need for studies of Iraq combat veterans. Moreover, the veterans' experiences of these circumstances played a primary role in influencing their formulation of life purpose. For example, several of the veterans interviewed spoke of the debilitating effects of engaging in guerilla warfare in an urban environment. Many expressed the stress of the constant threat of being attacked, whether out on patrol or on base. All of the veterans cited these experiences as the cause for them being in a continual state of hyper-vigilance in Iraq, and recognized this same state upon their return home. As a result, most spoke of the almost impossible task of then existing in the civilian world in this debilitating psychological state and the effects this had on multiple facets of their lives, including their relationships and the task of finding and keeping employment. However, in keeping with the findings of Fontana and Rosenheck (1998) who stated that the strength of positive consequences is directly proportional to the strength of the traumatic experience, many of these combat

veterans also shared that this experience of being under constant threat of death encouraged them to realize what many of them called “the fleeting quality of life” and, in turn, led them to consider, in ways they never had previously, their priorities and what was important to them. For many of the veterans this was their family, or going back to school. For all of the veterans, however, foremost on their list was helping others and, specifically, other veterans. Finally, many of the veterans stated that even though their experience in combat was horrific, they took with them the knowledge that, from now on, they could confidently meet whatever they encountered in life, because nothing could ever be as bad as what they had already experienced. This ability to hold these positive and negative aspects of a traumatic war-zone experience appears to support the conclusions of both Schok et al. (2007) and Dohrenwend et al. (2004) who found that the capability to consider and benefit from concurrent positive *and* negative circumstances not only reflects the reality of the experience, but is also critical for providing a context for growth.

#### *Perception of the Military and Life Purpose*

The veterans’ experience with, and their perception of, the treatment they received by the military played a direct and significant role in their formation of life purpose. As was discussed earlier, many of the veterans expressed feelings of both disillusionment and an experience of being discarded by the military. These feelings served to reveal themselves primarily after the veterans returned home, when they needed, though did not receive, adequate psychological care. This experience played a major role in contributing to the veterans’ experiences of depressive symptoms and anger which, in turn, initially inhibited and prevented their striving to search for life purpose. These feelings of being abandoned by the military and of not being equipped to manage their new psychological state, and the subsequent impact this had on discovering

meaning, appear to confirm Decker's (2007) findings. Decker speaks of the combat training the military provides for the soldiers and of its necessity and effectiveness on the battlefield, but also of the manner in which this training then leaves the veteran, who has returned home, physically and psychologically unmoored.

Most research indicates that finding personal meaning in a traumatic event is a critical factor in recovery from the traumatic sequelae. This seems reasonable, as the very nature of the trauma is such that it attacks our basic beliefs and challenges our processes of accommodation and assimilation. However, soldiers, through training and experience, alter their belief schemas (i.e., accommodation) to include the information that in war other people are trying to kill them and that it is the soldier's job to try and kill those other people (now labeled the enemy, the bad guys, and other appellations). As combat experience continues, the new belief systems become normalized, and it is only later when soldiers, now veterans, return to civilian life that we label their belief systems a "disorder." We ask the veteran to again change their belief schemas (albeit this time without any training) to no longer include the information that kept them alive in the violent hostile environment of war. (Decker, 2007, p. 31)

Many of the veterans shared that it took them at least 2 years after their return home, specifically as a result of their PTSD symptoms, to even begin considering the idea of life purpose. Each of the veterans spoke of how debilitating their depressive symptoms were. After the passage of these 2 years, and together with psychological and psychiatric care, the thought of finding a purpose became something they could consider. Whereas it was the depressive symptoms which, in most cases, inhibited the veterans from beginning this search for purpose; many stated that it was their anger at the military for the lack of psychological support they received once home that served to direct their purpose to helping other veterans. Several veterans stated that it had now become their goal to do everything they could to prevent other veterans from going through the pain they, themselves, had endured: the pain of thinking that they cannot get better, the pain of falsely believing that no one cares for them, and most importantly, the pain of waiting too long to seek psychological care. Again, this ability to hold concurrent positive and

negative appraisals from a combat experience supports the research of both Schok et al. (2007) and Dohrenwend et al. (2004) cited earlier.

The importance of the military and, specifically, the importance of the veterans' perceptions of the military and its relation to life purpose was one of the unexpected findings of this study, and deserves further consideration and research. It would be beneficial to identify (a) ways in which the military could mitigate the negative feelings of veterans returning with PTSD, (b) ways to dissipate the stigma around seeking and receiving care, as well as (c) ways to investigate how the military could adequately, and in a more timely manner, treat returning veterans with PTSD and help them in developing new schemas which better fit their new reality of civilian life.

#### *Before War/After War Comparison and Life Purpose*

The degree to which each of the veterans interviewed for this study were deleteriously affected by their combat experience was sobering. All 8 of the veterans described themselves, before their combat experience, as outgoing, social, excited about their lives, and trusting of others. Their descriptions of themselves upon returning home, however, were, for the most part, much more bleak and defined in large measure by their PTSD symptoms. Several stated that they felt as if they were now a "blank page" with nothing left of the person they were before. One individual was able to derive some positivity in this, viewing this as an opportunity to "start again." All, however, spoke of the isolation and depressive symptoms that had overtaken them, and of how they now "shy away" from people. Several mentioned their difficulty finding jobs, made challenging by their hyper-vigilance, anxiety, and depressive symptoms, and of keeping jobs and staying in college, often made immensely difficult by the same symptoms.

This difference in how the veterans perceived themselves, before the war to after the war, has had a direct impact on how and when the veterans formulated life purpose. An analysis of this contrast reveals a complex relationship between the positive effects of the veterans' combat experience and the debilitating impact of the symptoms of PTSD, as well as the collective force these have had on the veterans' formation of life purpose. For example, upon their return home, most of the veterans, due to their symptoms of PTSD, found themselves inhibited in their ability, or even desire, to formulate life purpose. Many of the veterans experienced symptoms of hyper-vigilance, nightmares, flashbacks, depression, and anger—all of which hindered them from performing many simple daily tasks, finding employment, or engaging with their family and friends, let alone considering the idea of life purpose. However, once the veterans were ready, and on average this took approximately 2 years after their return home, it was the veterans' experiences in combat, the powerful sense of the camaraderie of war and the feelings of exhilaration for the fact that never in their lives had they felt more purposeful, which inspired them to find purpose in their experience. When given the opportunity to speak about their purpose, each of the veterans expressed the common theme of helping other veterans, whether that was through support groups, hotlines, or even just being available to talk. In addition, many of the soldiers described how giving back to other veterans was one of the most integral aspects to their own healing regiment, and for some it had become their new life's calling.

This intricate relationship between how the veterans perceived themselves before the war to after the war, mediated by the positive effects of combat and the negative influences of PTSD, can be epitomized by JB's thoughts on the subject of friends. JB, who described himself as "carefree" before the war and as "very, very unhappy, very depressed" after, did not begin taking any steps toward healing until 6 years after his return home. Devastated by depression, substance

abuse, and suicidality, JB stated that he had given up on getting better, and only after a suicide attempt did he begin to make shifts in his life toward healing. With his wife's support, he began attending process groups for veterans, was struck by how much it helped him and, shortly after, began attending leader workshops, and eventually became one of the group leaders. When asked about the subject of friends, however, JB stated that though he wanted friends, since his return from combat—and due to his anger, nervousness, and impatience—he had stopped caring. “After a certain amount of time it’s almost like: Well, I don’t want to get connected to this person. So, I move on,” he stated. When asked to reflect on this seeming contradiction between the caring he was offering others in the groups, specifically other veterans, and his feeling of being unable to interact with and care for another as a friend, JB spoke to this intricate relationship described above, and to the difficult challenges many of the veterans face when re-entering civilian life.

Just ‘cause I want to help somebody doesn’t mean I want to know them, you know. I can sit down with someone and maybe talk to them a little bit and they’ll leave a little bit better. Once that’s done, I got nothing more to say. I’ll be happy to sit down and, you know, can I do something to help you? Do you need to talk? Yeah, okay, did you get something out of this? Okay, great. I’ll see you later. And, that’s it. I don’t really develop relationships past that point. But, it’s not because I don’t care about the person, because I do want them to get better and follow their own path and get past all their symptoms and everything. But, I don’t know that I care to be connected to them or even really have them as a friend. I would just like to maybe help them and let them move on, and then I move on. Pretty simple.—JB

From this description, there appears to be an obvious disconnect or inherent tension existing in the way that JB passionately wants to help others, specifically other veterans, yet does not want or, perhaps, is not able to get close to them, share, and connect with them on an emotional level. This was a pattern evident in most of the veterans interviewed in the study. Each veteran, at the time of the interview, was either (a) experiencing relationship problems directly related to their PTSD symptomology, (b) was having difficulty dating as a result of their PTSD symptomology, (c) was not interested in, or even fearful of, becoming intimately involved,

and/or (d) was divorced. Yet, despite this seeming inability or difficulty in connecting on an intimate level, there remained the overpowering need to have this human contact in the form of helping other veterans.

An exhaustive examination of this topic is beyond the scope of this dissertation, however, a closer look at some of the extant literature on military PTSD and intimate partner relationships may provide further insight into the tension that many of these veterans shared, and continue to experience.

### *Military PTSD and Intimate Partner Relationships*

Specific PTSD symptoms have been shown to be implicated in the dissatisfaction of many military relationships. According to Monson, Taft, and Fredman (2009), the PTSD symptom cluster most strongly associated with intimate-partner dissatisfaction is that of avoidance/numbing. In another study, Solomon, Dekel, and Mikulincer, (2008) explored the mediating role of self-disclosure and verbal aggression in a sample of Israeli former prisoners of war, and found that self-disclosure, in part, mediated these connections between the avoidance symptoms of PTSD and relationship intimacy.

Only a few theories to date have been put forth documenting the association between PTSD and intimate-partner relationships. Most of the theories have proposed a causal pathway from traumatization or PTSD to intimate partner dissatisfaction (Monson et al., 2009; Nelson Goff, & Smith, 2005). Other theories have proposed a bidirectional association. For example, Monson, Fredman, and Dekel (in press) proposed a cognitive-behavioral interpersonal theory of PTSD and romantic and non-romantic adult close relationships functioning. The authors hypothesized that there are cognitive, behavioral, and emotional variables that interact

dynamically within each individual. In turn, these variables then interact at with, and affect, the dyadic level to impact the relationship.

Monson et al. (2009) make two additional assumptions in their theory. First, they theorize that PTSD is a disorder which is characterized by disruptions in a range of emotions in addition to anxiety (e.g., guilt, shame, and anger). The authors also extend the symptom of avoidance to include avoidance of emotional experience and expression. Emotional-process disturbances have been identified with PTSD (Monson et al., 2009). These emotional-process disturbances have also been associated with emotional-communication deficits and relationship complications. The second assumption in their theory states that *poor communication* is another behavioral mechanism which relates PTSD and relationship difficulties. Communication deficits are theorized to maintain PTSD in the combat veteran, and contribute to the relationship problems due to inadequate trauma disclosure and poor conflict-resolution capabilities. This avoidance of emotional expression and experience coupled with poor communication, leading to relationship challenges and avoidance, is exactly what many of the veterans evinced in their interviews for this study.

Another related theory which may account for military-related PTSD and intimate-partner relationship deficits is that of *moral disengagement* (Bandura, 1999, 2004; McAlister, Bandura, & Owen, 2006). Combat operations pose serious moral predicaments due to the fact that they require men to kill (McAlister et al., 2006). Therefore, a nation which goes to war must then create the condition for men to inflict death, destruction, and suffering without a heavy moral toll. In order to do this, according to the theory of *moral disengagement*, soldiers must suspend their moral “self-sanctions” (McAlister et al., 2006, p. 142). Various means include distorting, minimizing, and disputing the harmful effects of one’s actions. Though not clearly or



explicitly expressed in the interviews, the moral disengagement the veterans developed in order to engage in combat and killing, may account for this fear of intimacy many of them expressed in their interviews. The possible connection between military-related PTSD and intimate-partner relationships is a subject for future research which could add to and expand treatment for the many combat veterans returning home.

### *Religion, Spirituality, and Life Purpose*

According to Janoff-Bulman (2006), traumas are shocks to our basic worldview against which ordinary defenses are powerless. Traumatic events shatter our sense of safety and our most fundamental assumptions about the world: (a) that the world is benevolent, (b) that the world is meaningful, and (c) that the self is worthy (Janoff-Bulman, 2006). In the wake of a traumatic experience, a person is faced with restructuring these basic beliefs about the world and this crisis then becomes an existential one, focused on the discovery of meaning (Janoff-Bulman, 2006). These fundamental assumptions about the world, which were true for each of the veterans interviewed for this study, appeared to support the current literature on the subject of spirituality and war (Decker, 1993, 2007; Janoff-Bulman, 1997, 2006). Each of these veterans returned home with their sense of safety in the world shattered. Each of them was burdened with profound depressive symptoms that destabilized their formerly solid sense of self-worth; and, each of these veterans, in their own unique ways and time, found themselves on an existential journey to discover their own form of spirituality or religion. In all cases, this search for, and discovery of, spirituality directly informed their purpose in life.

This section will focus on the veterans' search for spirituality, including one of its integral components—existential questioning and, finally, how this search later informed the veterans' purpose in life.

Data analysis revealed several constituent elements to the veterans' search for spirituality. One of these elements, fundamental to this spiritual search, involved an intense period of existential questioning. As the veterans returned home, each of them found themselves not only bereft of psychological support from the military but also, as was stated earlier, without the familiar foundation of their long-held assumptions with which they had entered the war. Without this psychological safety net and together with their new symptoms of PTSD (depressive symptoms and substance abuse among them), each of these veterans embarked on a challenging, stop-and-start period of questioning which, for some, encompassed several years.

As Decker (2007) explains, this questioning on the part of the veterans is a direct response to the ill-equipped environment into which the veterans returned, one which emphasizes materialism and deemphasizes meaning and purpose: "The lack of meaning in material life forces them to face their existential limit, and religion may provide a balm for their resulting anxiety" (p. 34). For all of the soldiers, this questioning was rooted in the horrors and, more specifically, the killing they witnessed and/or perpetrated in combat. Once home and suffering with PTSD symptoms, many veterans continually asked themselves how could such a thing take place? Or, why would anyone want to kill me? This stage is epitomized in this excerpt from AP:

Um, Okay, I'll tell you right now: because when you're in Iraq and you see how mean people can be to each other, all in the name of God, like it makes you question like "Why am I on this planet?" Because I don't understand how people are so evil. It's so you, basically, you get to see all these evil people trying to kill you just because of who you are, and like that just kind of blew me for a loop, you know. I'm like, I'm a good person why are you trying to kill me, you know? There's a lot of questioning in there.—AP

Another aspect, pertaining to all but 1 of the veterans' search for spirituality, was that of God. Several of them turned to God for answers during their period of existential questioning. For many, their combat experience inspired a new relationship with God. For some veterans this

involved becoming angry at God for the first time in their lives. For example, LC expressed anger at her PTSD symptoms: “I was very angry with God and, you know, I didn’t understand, you know, you know, all things that were happening to me.” FM had a similar experience.

When I got out of the mental hospital in 2008 and started therapy, all of 2008 I considered a lost year because I just never, I never left the house. I was very agoraphobic in a lot of sense, senses like I didn’t want to go outside. I had a lot of anxiety issues and I think that was when I started really hating God and really . . . just turning my back on spiritual faith.—FM

For others still, this process meant the renunciation of the religion and rituals with which they had been raised as children and, ultimately, the severing of long-held ties to God. Such was the case for Doc, who stated that “I wouldn’t say that I think God let me down cause I still believe there’s a higher power; I just believe that it’s not what I’ve been taught as a child.” Similarly, AP explained that before the war she was agnostic. Then, as a result of her combat experience, she thought that “God was like a scary guy that hated me and wanted me to die and all this stuff.” Now she reports that she is *non-dualistic*, and that her period of questioning God, together with her beliefs, led her to a continual practice of “reading, reading, and reading.” She found solace in authors such as The Dalai Lama, Eckhart Tolle, and Byron Katie. AP also stated that she was learning to trust her intuition.

The veterans’ search for spirituality, including the continual questioning of God, had a direct impact on their formation of life purpose. In all but one case, the veterans stated that their main priority since returning from combat was to help other veterans. This purpose, in relation to the veterans’ religion and spirituality, appeared to arise primarily out of two elements of their combat experience: (a) the realization that life is fleeting, which inspired the veterans toward a greater appreciation for life, and (b) a passion for helping other veterans avoid the pain and struggles they themselves had experienced. This finding appeared to support the research of

Decker (1993), who explained that the despair that often follows in the wake of trauma may serve as the beginning of genuine spiritual development which, in turn, may lead to integration of the trauma. This despair can be overcome, however, Decker (1993) explains, only if the veteran is able to act out of the “innate/transpersonal Self instead of the interactively formed ego” (p. 41). Decker (1993) defines the Self here as “altruism or simply the act of service without needing a material reward” (p. 41). Again, this was the case for most of the 8 veterans of this study. For example, when Dusty was asked his reason for wanting to help other combat veterans with PTSD he shared this:

‘Cause I went through hell for the last 5 years and, to a point, I’m still going through hell every so often. And, if I can help somebody to not go through the hell or have an easier time, get into the system, or just, you know, someone to vent to, then, you know, it makes me feel good that I’ve helped them out. So that’s kind of my point behind wanting to help ‘em.—Dusty

JB, who struggled with suicidal ideation, also discovered his purpose as a result of his combat experience.

Well, it’s put me, you know, personally, I feel like it’s put me in a unique position to help other people that have gone through what I’ve gone through. Then me having learned the things that they haven’t learned yet . . . or haven’t had that awakening to come out of their, out of their funk and into their recovery. So, I mean it’s really, in its own way, given me a brand-new purpose in life, which is going great, you know with running these support groups and doing all these things, it’s really healing for me, to help other people.—JB

When asked if her PTSD had an impact on her development of life purpose, Doc, who was severely debilitated by her depression, responded with this:

I would say it has, at this point I would say it has defined my purpose, because my purpose . . . I’m walking through this so that—and I wrote this on Facebook—I’m walking through this so that others may not have to later.—Doc

In contrast to the veterans mentioned above, AP, who spent 4 years on what she called a spiritual quest, stated that her purpose in life now was simply to heal and to do her own *inner work*.

I would say the only purpose I've gotten out of it [combat experience] is that I have to work on my inside. I don't know any other purpose that is there right now. Like I can't even like set a goal, like, okay I want to go to college in 2 years, because, like right now it won't even let me look past that. Like, this is why you're on disability is to, you know, clean out the inside, kind of.—AP

Each of the veterans interviewed here were involved in a spiritual search that was directly inspired by their combat experience. In turn, this spiritual quest had a significant impact on the veterans' formation of life purpose; and, for most of the soldiers, this purpose, which then became the driving priority of their lives, centered around the selfless goal of aiding other veterans.

### *Limitations*

Several limitations existed within this research study. First, there were inherent weaknesses within the study of the subject itself. Several authors have cautioned that exploring existential issues with trauma survivors is rife with ambiguity (Decker, 1995, 2007; Fontana & Rosenheck, 2005). For example, Decker (2007) urges clinicians to remember that oftentimes veterans “have been irrevocably changed by trauma” (p. 37) and that “they cannot go back and regain their ordinary self (i.e., the interactive self)” (p. 37). He continues by stating that because many veterans have lived with their symptoms for many years, they have, thus, come to identify with them. As a result, if clinicians work too hard at trying to take away or mitigate these symptoms *without* “offering a greater and less environmentally bound identity (greater than their memory of their ordinary self) we are doomed to perpetuate the environmentally bound reality” (Decker, 2007, p. 37). Fontana and Rosenheck (1995) add to this by cautioning that it has often been found that there is a fine line between imposing one's own beliefs and merely exploring them. As a result, this researcher was assiduous in maintaining an awareness of that line by guarding against imposing his own beliefs during the interview process. For example, during the

interview question on spirituality, I was conscious of the importance of maintaining an awareness of and respect for inclusivity of all spiritual and religious beliefs. This was accomplished by primarily two ways. First, as Ochberg (2009) suggests, I made a conscious effort to “set the stage” (p. 1) of respect by introducing the subject of the interview and letting the veterans know that I was open to whatever spirituality or religion they wanted to speak about and/or share. Second, there were moments when veterans became very emotional. During these times, I remained respectful and calm and put the control of the interview with the veteran by stating that if they wished to move on to another subject we could do that, or if they needed to we could postpone the interview and resume at their leisure.

A second limitation centered around the challenges of interviewing trauma survivors, specifically combat veterans. As Decker (2007) aptly points out

The establishment of rapport with a combat veteran is problematic at best. The veteran generally does not have a high regard for psychotherapy, is relatively uneducated regarding its process, struggles with the stigma of needing help, and does not believe that the nonveteran therapist is able to understand the experiences of combat. (p. 40)

I am not a veteran and though my brother is and I am, therefore, somewhat familiar with military culture, I do believe that I had to put more effort into establishing rapport with the coparticipants. I attempted to do this utilizing three methods: (a) letting the veterans know, through my sincerity, that I valued their willingness to participate in this study, (b) making it clear to them that I respected their dedication to our country, and (c) communicating to the veterans that I honored their courage in sharing their story.

Finally, a third limitation of this study involved the qualitative methodology. Though thematic analysis (TA) is a widely used method, it is generally considered “poorly demarcated and rarely acknowledged” (Braun & Clarke, 2006, p. 77). Meyrick (2006), states that in order to combat this challenge it is important to demonstrate rigor in those shared areas between

qualitative and quantitative research; for example, *transparency* which she defines as the disclosure of all relevant processes and *systematicity*, the use of set data-collection processes. In addition, Braun and Clarke (2006) list *transcription* and *analysis* as two criteria among several which must be monitored in order to maintain rigour and transparency. Several approaches were used to maximize transcriptive and interpretative accuracy. First, each transcription was diligently checked against the audio for accuracy. Second, mindfulness techniques, such as meditation prior to transcribing, were utilized to aid with accuracy and objectiveness. In addition, when I felt tired or unable to focus adequately, I took a break and resumed transcription when I was more rested. Third, I utilized the peer review of dissertation committee members to challenge and/or confirm findings.

#### *Delimitations*

Delimitations were inherent within this research design. The first delimitation involved the small (i.e., 8) number of coparticipants. Though analyzing 8 exemplar/coparticipant interviews with TA allowed for a data set “rich” (Braun & Clarke, 2006, p. 79) in detail, it is understood that a larger and more diverse sample would have contributed to greater generalizability of future research. Second, the sample included a disproportionate number of women (5) to men (3) which may have skewed the data that were collected and, hence, the results. Third, personal bias is a potential area of concern in qualitative research (Mertens, 1998) and may have affected how I interpreted data and results. For example, not being a veteran myself, though being the brother of one with combat PTSD, could have influenced how I interpreted the findings. Specifically, there is the chance that my brother being a former Navy SEAL may have influenced me interpreting the results in a more favorable direction, leading to depicting the veterans in more of a positive light than was actually true. Fourth, using solely

McKnight and Kashdan's (2009) definition of life purpose is limiting and, hence, may have restricted the scope of the research. Finally, as Ochberg (2009) states, some veterans may feel more comfortable being interviewed in the presence of a loved one or companion. However, given both time and accessibility to coparticipants, this was not an option as all but 1 of the veterans lived out of state and, thus, interviewed by phone. It should be noted, that the 1 veteran who was interviewed in person, did request that he bring along his service dog.

### *Unexpected Findings*

There were two unexpected findings in the current study. The first was the degree to which each of these 8 combat veterans felt completely abandoned by the military, and the far-reaching impact this had on their symptoms. The second, was the level of significance that spirituality attained in the lives of these veterans and the effect this had on their formation of life purpose.

In the popular literature there is no shortage of stories on the subject of veterans and the lack of psychological, psychiatric, and medical care they receive by the VA. What became evident in this study, though, was the impact that this lack of psychological care had on the veterans and the degree to which these feelings of being abandoned appeared to contribute to the veterans' PTSD symptoms, specifically depression. Many, if not all, of the veterans in this study were experiencing symptoms of depression, and many stated that these feelings were exacerbated by their abandonment by military, the lack of psychological support they received upon exiting the military, and then once they were home. Several veterans spoke of hopelessness, and many expressed bewilderment and anger over the fact that they were discarded after having fought and sacrificed for their country. Future research might highlight this subject of abandonment and its deleterious effects on the veterans' lives.



Several studies on the subject of spirituality and combat veterans that have been cited in the present research address the subject of spirituality in recovery from trauma (Connor et al., 2003; Decker, 1993, 2007; Drescher, 2007; Falsetti et al., 2003; Fontana & Rosenheck, 1999, 2005; Paquette, 2008). What was unique in the findings of this research, however, was the level of importance that spirituality played in the lives of the veterans and the influence this then had on the veterans' formation of purpose. Most of the veterans interviewed here spent years seeking answers to what happened to them in combat, or for the acts they committed or witnessed. Most of them directed their questions at God and read spiritual texts with a passion. In addition, many of those who formerly believed in God, shifted their focus to Eastern spiritual practices such as the teachings of The Dalai Lama or Buddha, and less mainstream teachings such as Bryon Katie, Wicca, and Shamanism. What followed as a result of this exploration, for many of the veterans, simply put, was the need to reach out to others. In almost all cases this meant helping other veterans. Future research on the subject of spirituality and recovery from war-zone trauma might benefit from investigating the connection to the subject of life purpose.

#### *Implications for Transpersonal Psychology and Future Research*

The findings of the current study may contribute to the field of transpersonal psychology and future research in the following ways. First, the findings may increase our understanding of the relevance of the healing effects of spirituality on the lives of combat veterans with PTSD. Though the subject of spirituality was not the focus of this study, the findings seemed to suggest that spirituality was important in the lives of these combat veterans in two ways: (a) in coping with the symptoms of PTSD; and (b) in helping to heal, make sense of, and integrate the veterans' traumatic memories. As Drescher et al. (2007) states, this relationship between spirituality and war, and the healing effects of spirituality on combat trauma, has only recently

begun to be studied. This is a topic for future research that may provide a clearer understanding of how the search for and practice of spirituality may be implemented into combat training, and how this subject can be addressed explicitly in treatment. Second, the findings of the present study may further our understanding of both the importance and formulation of life purpose in combat veterans with PTSD. McKnight and Kashdan (2009) state, as a mechanism for general health and well-being, the study of life purpose is relatively overlooked within the literature. Recognizing the small sample size of this study, it is important to note that each of the veterans interviewed stated the formulation of a life purpose that was directly related to their combat experience. In addition, many of them acknowledged the significance of this purpose within the hierarchy of their lives. This finding appears to support the research of McKnight and Kashdan (2009) who define purpose along a three-dimensional continuum: (a) scope: which refers to how ubiquitous purpose is within an individual's life; (b) strength: defined as the tendency for purpose to influence the thoughts and actions that pertain to it; and (c) awareness: described as the extent to which an individual can articulate their purpose. Each of the veterans interviewed here, to lesser or greater degrees, described their purpose along this continuum. Future research might investigate differences in purpose between combat veterans with and without PTSD, as well as between combat veterans and non-combat veterans.

There exist several areas of possible future research relative to the present dissertation. One area might explore and investigate the differences in life-purpose formulation in combat veterans of various religious affiliations and spiritualities. For instance, an example of a research question might be: What is the difference in life purpose formulation between a population of Iraq combat veterans of Buddhist and Christian faiths? Another area of future research might

incorporate more traditional, that is, quantitative studies of combat PTSD and life purpose, with under-utilized qualitative studies such as this present research.

Future research might also include explorations into stages of faith relative to combat veterans with PTSD. Several of the veterans interviewed in this study spoke of transformative shifts in their spirituality and/or religion, as well as in their relationship to God; for example, becoming angry at God, or altering their belief about God, as a result of their combat experience and PTSD diagnosis. An area of future study might investigate in more depth, for example, the impact that shifting one's relationship to God has on one's ability to integrate combat trauma and facilitate the healing process.

Finally, future research might explore other traumatic events along with, and in addition to, a greater variety of socio-demographic factors. The present study explored the formulation of combat PTSD within a population of 5 female and 3 male Iraq combat veterans. Future studies might consider the formulation of life purpose given various traumatic events including, for example, rape, automotive accidents, and earthquakes. In addition, other socio-demographic factors might include (a) level of hardiness, (b) various cultural backgrounds, (c) degrees of attachment, and (d) aspects of family history and their impact on life-purpose formation.

### *Conclusion*

Eight Iraq combat veterans self-identified with post-traumatic stress who have discovered purpose or are still searching for purpose in their combat experience were interviewed utilizing qualitative analysis with semi-structured interviews. The findings revealed the existence of six themes which significantly influenced the veterans' lives and, in turn, their formulation of life purpose.

1. The theme, *Psychological Effects of the Iraq War*, outlined the deleterious effects on the veterans soma and psyche of fighting an urban war. Many veterans spoke of the almost impossible task of returning from combat to then exist in the civilian world in their debilitating psychological state. This was revealed to effect multiple facets of the veterans' lives, including their relationships and keeping employment. In addition, many veterans shared that their experience of being under constant threat of death encouraged them to realize what many of them called "the fleeting quality of life," which, subsequently, inspired them to reprioritize their lives and begin focusing on helping others, specifically other combat veterans.
2. The theme, *Veterans' Perception of the Military*, highlighted the degree to which veterans felt discarded by and disillusioned with the military after their PTSD diagnosis. This experience was found to play a major role in contributing to their experiences of depression and anger, which in turn initially inhibited, but then subsequently inspired the veterans to discover purpose in their combat experience.
3. The theme, *Before War/After War Comparison*, captured the disparity between the veterans' health and enthusiasm prior to the war, and the devastating effects of PTSD on their lives after the war. Many of the veterans described themselves before their combat experience, as outgoing, social, and excited about their lives. Their description of themselves after the war, however, was much more somber, and defined in large measure by their PTSD symptoms. This disparity was shown to have a great effect on the veterans' search for and formulation of life purpose.
4. The theme, *PTSD Due to the Iraq War*, focused on the psychosocial effects of PTSD on the veterans' lives. PTSD has had a severe impact on both the health and life of

these veterans. Symptoms included nightmares and flashbacks, numbing and isolation, hyper-vigilance and feeling on-edge. Panic attacks, for example, severed some veterans' ability to move freely in public. Sublimating emotions for so long served to detach others from what they termed their spirit. Still, other veterans, who before the war, would have described themselves as social, once back from the war suddenly found themselves craving isolation due to the severity of their depression. These symptoms negatively impacted the veterans' ability to formulate life purpose.

5. The theme, *Religion and Spirituality*, illuminated the religious and/or spiritual shift the veterans experienced as a result of their time in combat. Each of the veterans interviewed experienced a strong transformation in their spiritual and/or religious views as a direct result of their combat experience, particularly the experience of witnessing and/or taking part in killings. Data analysis revealed several constituent elements to the veterans' search for spirituality, including a renouncing of a relationship with God, and a period of existential questioning. Findings supported the current literature explaining that the despair that often follows in the wake of trauma may serve as the beginning of genuine spiritual development which, in turn, may lead to integration of the trauma.
6. The theme, *Life Purpose*, described the new relationship to life purpose veterans experienced due to their combat experience. For some veterans, the concept of life purpose suddenly shifted from the background of their lives into the foreground with a sense of urgency. Some veterans began thinking about purpose for the first time in their lives. For others still, once they returned home they found themselves conflicted, left with the realization of the importance of life purpose, but questioning what this

meant for them. All of the veterans, revealed a passion for assisting other combat veterans, individuals like themselves, who would be returning from Iraq with little support from the military or the civilian world.

Finally, there remain several integrative aspects of this study which deserve mentioning as they may aid in further explaining the findings, as well as provide context for future research. First, in answering the question of this dissertation—What is the subjective experience of life purpose within a sample of Iraq combat veterans with PTSD?—the data analysis revealed that the six themes outlined above worked together to impact the veterans' formulation of life purpose. For example, several of the veterans' before war/after war comparisons had an impact on their level and severity of PTSD symptomology (e.g., depressive symptoms) which, in turn, directly affected their ability to formulate life purpose. One veteran who described herself as an A-type personality before the war, experienced severe depressive symptoms after the war due to her continued struggle to achieve the same drive and success she had attained before the war. These depressive symptoms initially inhibited this soldier's ability to conceive of searching for and then discovering purpose from her combat experience. This finding was not planned, nor was it expected. However, it was clearly evident across each of the 8 veterans' narratives relating to life-purpose formulation.

Second, there exists much in the extant literature relative to combat veterans and resiliency (e.g., Bonnano, 2004; Bonanno et al., 2005). However, it was evident as a result of interviewing these 8 veterans, and in the subsequent data analysis, that each of these soldiers was unquestionably resilient. What became additionally apparent in speaking with them, and in conjunction with data analysis, however, was that each of the veterans, in spite of the incredible hardships they were experiencing due to their symptoms of PTSD, developed an overriding *need*

to reach beyond themselves and connect with other individuals (whether spirituality or secularly) and, more specifically, to help other veterans. The existence of this subject of a *need*, distinct from the quality of resiliency, to reach beyond oneself to help others within the context of PTSD symptomology, could be a relevant topic of future research.

Third, the data analysis revealed the existence of several relationships across the different themes among positive and negative aspects of war-zone trauma. For instance, within the theme, the war as a threat to a sense of identity, data analysis showed that even though the veterans were under constant threat of death, several realized and developed, as a result, an appreciation for the fleeing quality of life which inspired them to find purpose in their experience. Another example can be found within the theme, Perception of the Military. As was discussed above, many of the veterans shared that it took them at least 2 years after returning home, due to their PTSD symptoms, to even begin considering the idea of life purpose. One of the relationships which served to propel the veterans' formulation of purpose was the existence of a tension and relationship between their depressive symptoms and anger, as was outlined earlier. These relationships of varying aspects of war-zone trauma—some opposing each other, others existing in a tense duality—appeared to support the conclusions of Schok et al. (2007) and Dohrenwend et al. (2004) who found that this ability to hold both positive *and* negative aspects concurrently, was critical for both providing a foundation for growth, as well as for integrating aspects of the trauma in the service of healing.

This study has highlighted several factors which have collectively impacted the formulation of life purpose within a small population of Iraq combat veterans with PTSD. The findings of this research could have implications in (a) the future treatment of combat veterans with PTSD, (b) expanding the knowledge of the role of spirituality and religion within the

context of combat veterans with PTSD and life purpose, and, finally, (c) increasing our understanding of, and opportunities for, the formulation of life purpose of combat veterans with PTSD. It is the wish of this researcher that the findings of this study will benefit those dedicated veterans who have served, and continue to serve, in our armed forces.



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## Appendix A: Informed Consent Agreement

Dear (coparticipant's name):

You are invited to participate in a study to explore how combat PTSD has impacted your search for meaning, and specifically life purpose. As a coparticipant in this research you will help other veterans understand the effects of their PTSD and potentially help pave the way for future research in this field. In addition, you may also gain insight into your own life purpose and meaning.

This study is designed to minimize risk to you. The study will involve a 1.5 hour (+/-) recorded interview, either via the phone, or in person at a neutral location to be mutually agreed upon. Discussing your experiences may bring up uncomfortable thoughts, memories, or symptoms, such as hyper-arousal, numbing, or intrusive thoughts. You will be required to be under the care of a therapist or health care professional at the time of your participation in this research and will agree to inform the health care professional of your participation in the research and inquire whether they will be available by phone should you need their services after the interview. In addition, prior to the interview we will discuss steps to take should symptoms arise, for example calling your therapist, health care professional or pastoral counselor, or engaging in relaxation exercises etc. If at any time you have any concerns or questions, I will make every effort to discuss them with you and inform you of options for resolving your concerns.

For the protection of your privacy, all information received from you will be kept confidential as to source and your identity will be protected. Interviews will be transcribed only after the transcriber has signed a Transcriber Confidentiality Agreement. All information, digital or otherwise, will be kept in a locked cabinet in the researcher's home and your identity will be protected through the use of a pseudonym of your choice.

In the reporting of information in published material, any information that might identify you will be altered to ensure your anonymity.

If you have any questions or concerns, you may call me collect at 800.800.8000 (study.e-mail@gmail.com) or Charlotte W. Lewis, Ph.D. at 650-494-4430 x 27 (charw33@comcast.net) or Frederick Luskin, Ph.D, the head of Ethics Committee of the Institute of Transpersonal Psychology, at 650.493.4430 (learningtoforgive@comcast.net).

If you decide to participate in this research, you may withdraw your consent and discontinue your participation at any time during the conduct of the study and for any reason without penalty or prejudice.

At the conclusion of the dissertation process, you may request a summary of the research findings by providing your mailing address with your signature.

I attest that I have read and understood this form and have had any questions about this research answered to my satisfaction. My participation in this research is entirely voluntary. My signature indicates my willingness to be a coparticipant in this research.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Mailing Address (if you want summary of research findings):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Date

Researcher's address

Researcher's phone number

Researcher's e-mail address

## Appendix B: Coparticipant Phone Prescreening Questionnaire

Please answer all questions. All responses will remain confidential.

1. Are you an Operation Iraqi Freedom (OIF) veteran? yes/no
2. Were you diagnosed with PTSD upon your return from combat in Iraq? yes/no
3. Are you presently under the care of a psychiatrist/psychologist/medical doctor (MD)/or other for your PTSD? yes/no/explain
4. Are you currently taking medication(s) for you PTSD? yes/no/explain
5. Are you currently experiencing PTSD-related symptoms (nightmares/flashbacks/depression/anxiety/suicidal ideation/other)? yes/no/explain
6. The last time you experienced PTSD-related symptoms was within the last: 3, 6, 9, 12, 15 months/longer.
7. How many times have you been deployed?
8. How many months/years have you been back from your deployment?
9. Have you talked with others about your combat experience: yes/no
10. Do you feel comfortable talking about your combat experience? yes/no
11. Would you like to talk about your combat experience but do not feel capable at this time?  
yes/no
12. Have you found meaning within your combat experience? yes/no/explain
13. Are you still searching for the meaning within your combat experience? yes/no/explain
14. Would you say that you have a purpose in life? yes/no
15. Do you believe your combat PTSD has influenced/changed your purpose in life? yes/no
16. Has your purpose in life changed since your return from the war? yes/no
17. Has your purpose in life changed as a result of your PTSD? yes/no

## Appendix C: Interview Question Protocol

### Introduction:

“Before we begin I would like to take the time to again thank you for agreeing to share your experiences. We will be exploring how combat PTSD has impacted or affected your search for meaning and purpose in life. During this interview I want to make every effort to understand what you are saying, so from time to time I may interrupt or ask you to pause in order to gain clarification. Also, if at any time you feel uncomfortable—for any reason—please do not hesitate to let me know and we can make the necessary readjustments.”

1. How long has it been since you returned from the war?  
Probes if needed:
  - a. What was that transition like for you?
  - b. Was there anything that made it easier or more difficult?
  - c. Was there anything about your experiences there that helped you make the transition?
  
2. How do you feel/think/believe you have changed since returning from the war?  
Probes if needed:
  - a. Have there been changes in your beliefs, spiritual or religious beliefs, attitudes, or values?
  - b. Were there shifts in your priorities?
  
3. How would you describe yourself before the war, before your combat experience?  
Probes if needed:
  - a. Were there things that became more important to you after you returned from the war? Could you speak about that?
  - b. Why do you think that happened?
  
4. What effects do you feel (the/your) PTSD has had on you?  
Probes if needed:
  - a. How has it affected your interactions with others, for example, your family members, friends, partner etc.
  - b. In what ways has it impacted the person you are since returning from the war?
  
5. What purpose do you give to your combat experience?  
Probes if needed:
  - a. What does it mean, personally, for you, to have gone through your combat experience?
  - b. Has the purpose you assigned to your experience changed at all since you've returned?
  
6. How has assigning purpose to your experience personally helped you?

7. What do you believe to be your purpose in life right now?  
Probes if needed:
  - a. Has this changed since your return from the war?
  - b. How has your combat experience affected/influenced that?
  - c. In what ways?
8. How, if at all, do you feel PTSD has affected your purpose in life?
9. Is there anything else that has not been addressed in this interview that you would like to share about being a combat veteran with PTSD and your purpose in life?

## Appendix D: Transcriber Confidentiality Agreement

I, \_\_\_\_\_, the Transcriber, agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the Researcher(s).
2. Keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.
3. Return all research information in any form or format (e.g., disks, tapes, transcripts) to the Researcher(s) when I have completed the research tasks.
4. After consulting with the Researcher(s), erase or destroy all research information in any form or format regarding this research project that is not returnable to the Researcher(s) (e.g., information stored on computer hard drive).

\_\_\_\_\_  
Transcriber Date

\_\_\_\_\_  
Researcher Date

## OIF Combat Veterans, PTSD & Life Purpose

*How has your combat experience and PTSD impacted your life purpose?*

- I would like to interview you to learn about your experience of being in combat, having PTSD, and defining your purpose in life since returning from the war.
- Your participation in the study will be confidential and interviews will be conducted one on one (unless you request otherwise) by me.

- **To qualify for the study you will:**

Be an Operation Iraqi Freedom combat veteran with Post-traumatic Stress Disorder

Be willing to speak about your combat experience, PTSD, and your search for life purpose

Be currently under the care of a mental health professional (i.e., psychologist, therapist, psychiatrist, etc.)

Currently not experiencing severe symptoms

**I am a doctoral student at the Institute of Transpersonal Psychology in Palo Alto, CA. This research will be included in my doctoral dissertation.**

Please contact Guy at 800.800.8000 or [study.e-mail@gmail.com](mailto:study.e-mail@gmail.com)



## Appendix F: Final Coding Structure

1. Psychological Effects of the War: Any reflection on the Iraq War with specific attention paid to the psychological impact on the lives of the veterans.
  - a. Iraq and it's psychological impact
  - b. The war as a threat to a sense of identity
  - c. The war as a source of hope and direction
2. Perception of the Military: Direct reference made to the veterans' experience of being in, or their perception of their treatment by, Perception of the Military or a specific branch of service and its impact on one's life and/or sense of identity.
  - a. The disillusion of military service
  - b. Discarded by the military
3. Before War/After war Comparison: Any explicit description of a relative change in one's personality or character from before the war to after the war.
  - a. Before Iraq
  - b. After Iraq
4. Any Reference to PTSD due to the Iraq War
  - a. Symptoms
  - b. Living with PTSD
  - c. Service Animals
5. Religion and Spirituality: Any description of one's religious and/or spiritual views and its specific relation to the Iraq War.
  - a. God
  - b. The struggle of spirituality
  - c. Acceptance
6. Life purpose: Any reference made to life purpose or meaning making in relation to one's experience in the war.

## Appendix G: Thematic Map

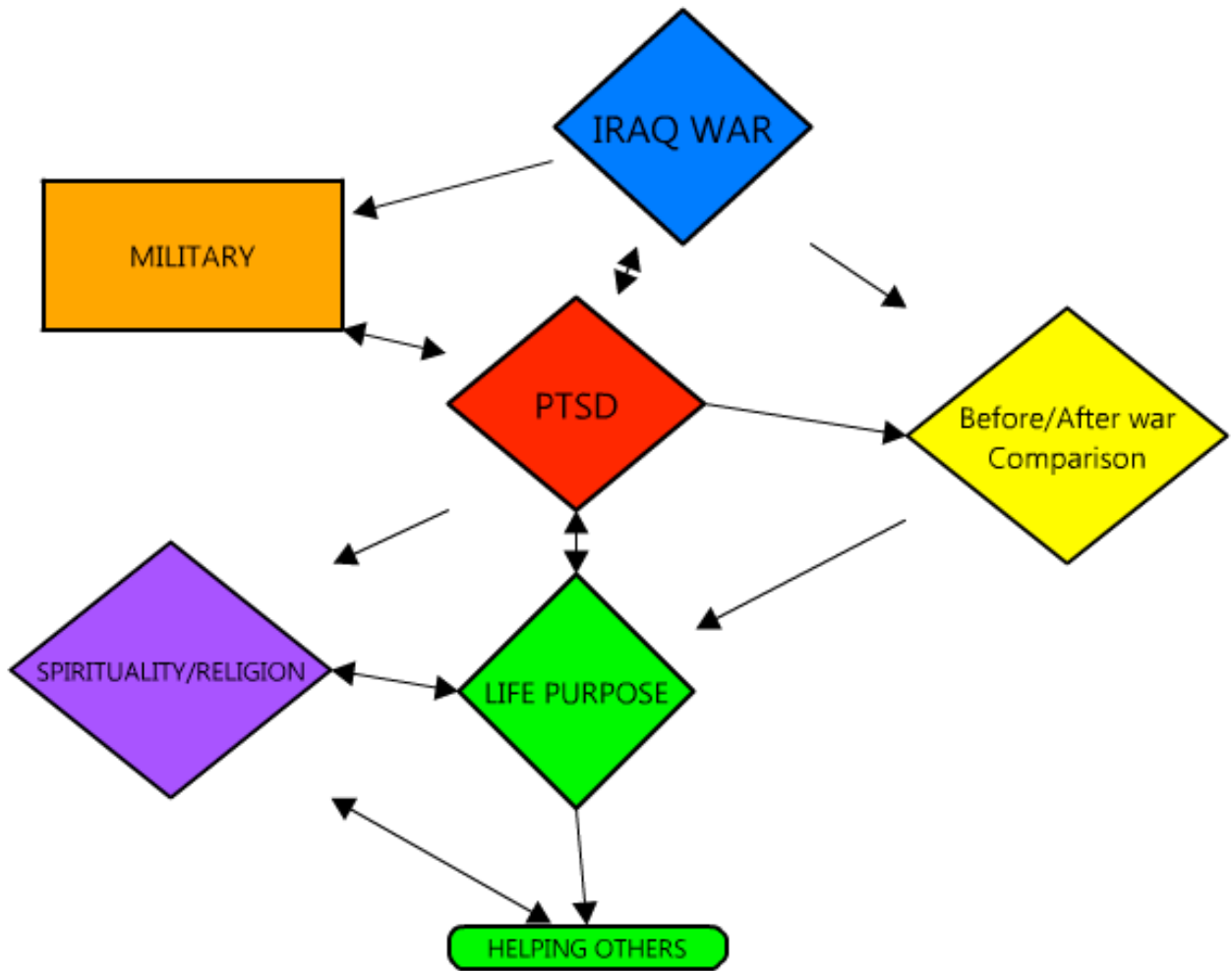
Made with [lovelycharts.com](https://lovelycharts.com)

Figure G1. Map depicting relationship of themes.