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ANXIETY BUFFER DISRUPTION THEORY: A QUALITATIVE CASE
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Dedication

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Abstract

Studies continue to show U.S. military veterans are committing suicide at an alarming rate. The Department of Veterans Affairs is a reactionary force which provides counseling and mental health assistance after the service member returns from conflict. By then, some veterans have experienced a disruption in their personal cultural worldview of family, country, religion, and self-esteem which are the staples for Anxiety Buffer Disruption Theory (ABDT). The need for this study is to illustrate how Posttraumatic Stress Disorder (PTSD) and the Anxiety Buffer Disruption explain the effects of trauma on lives.

The primary data collection tool in this study was a semi-structured interview with observation and document review. This study analyzed five U.S. Army veterans who served in leadership roles with combat arms job skills during deployments to Iraq. Each soldier has been diagnosed with PTSD. The reflections focus on the veteran's belief system and the personal cultural worldview before and after deployments.



Chris Koehler

Mental Combat – Popular Science March 2013

With Artist Permission

Chapter 1: Introduction

This study focuses on five veterans and their time in Iraq dealing with the prospect of death, their life after service, and their fight with PTSD. Using a phenomenological approach, data were collected through a variety of methods including observation, interviews, and document review. This qualitative research allows me to gain a first-person view of the veterans' coping abilities when mortality is salient and the anxiety buffer, which includes a person's Cultural Worldview (CWV) which are based on religion, family, love of country or patriotism, and self-esteem (Greenberg, Pyszczynski, & Solomon, 1986, p. 197), close personal relationships, and self-esteem, has been disrupted. An offshoot of Terror Management Theory (TMT) which acknowledges that human beings construct a dual-component anxiety buffer to tone down the potential terror their impending death imposes. According to TMT, humans subscribe to and embrace a particular CWV to bolster themselves psychologically against the existential anxiety, tension, and indeed the terror produced by the understanding that one's death is certain and inevitable. As Miller and Landau (2007) note, people feel a need to believe their CWV is correct. However, logically, because there are so many different CWVs, how could everyone's can be correct?

TMT, which proposes that we rely on an anxiety buffer to cope when death is unexplainable and inevitable, ABDT (Pyszczynski & Kesebir, 2011, p. 3) proposes that our trauma has the potential to compromise a healthy anxiety buffer function because traumatic experiences involve a direct or indirect confrontation

with death. ABDT suggests that, when a person's anxiety buffer has been damaged by the experiences of trauma, PTSD results from overwhelming experiences of death anxiety (Yalom, 2008). "Because of the disruption in their anxiety-buffering mechanisms, individuals with PTSD symptoms do not respond to mortality reminders in the defensive ways that psychologically healthier individuals do" (Pyszczynski & Kesebir, 2011, p. 3).

The experience of these service members may have a lasting effect on how the U.S. military trains its soldiers when preparing for a deployment. The main goal is to encourage the military command to prepare service members for combat deployments. These data may encourage leaders to offer soldiers time during duty hours to spend time with family, in prayer, at patriotic functions, or in a classroom to help reduce stress and anxiety and increase self-esteem before deployment.

Statement of the Problem

Veterans are dying. Families are broken. Faith is being lost. Patriotism is disappearing. Self-confidence is fading and Veterans' CWV are changing. Redirecting fears, as much as anything, allows people to survive. TMT emphasizes humans rely on their CWVs. When the anxiety buffer is working properly, it allows a person to maintain psychological well-being in the face of death. When the anxiety buffer is disrupted, a person's mental capacity to cope is compromised.

The Brazilian author Paulo Coelho (1987, p. 97) writes in his novel *The Pilgrimage*,

Human beings are the only ones in nature who are aware that they will die. For that reason and only for that reason, I have a profound respect for the human race, and I believe that its future is going to be much better than its present. Even knowing that their days are numbered and that everything will end when they least expect it, people make of their lives a battle that is worthy of a being with eternal life. What people regard as vanity - leaving great works, having children, acting in such a way as to prevent one's name from being forgotten - I regard as the highest expression of human dignity.

But what if your buffer to the fear of death is disrupted? How would you view the inevitability of death? When mortality is salient, humans are typically able to manage their fear.

Death

Data from the National Vital Statistics System provides the best estimate of suicides. According to this, our veterans far exceed the national average for civilians. “From 1999-2010, the suicide rate in the US population among males was 19.4 per 100,000, compared to 4.9 per 100,000 in females. Based on the most recent data available, in fiscal year 2009, the suicide rate among male veteran VA users was 38.3 per 100,000, compared to 12.8 per 100,000 in females” (Hudenko,

Homaifar, and Wortzel, 2016, para. 5). PTSD plays a part in these suicide attempts. “A study using the Canadian Community Health Survey data also found that respondents with PTSD were at higher risk for suicide attempts after controlling for physical illness and other mental disorders” (Sareen, 2007, p. 452).

Families

PTSD can cause hardship on the family and cause the veteran to retreat and not share the same interaction with family or not show the same desire to be part of a family, which is an important part of the TMT theory. “It may be because those suffering with PTSD have a hard time feeling emotions. They may feel detached from others. This can cause problems in personal relationships, and may even lead to behavior problems in their children. The numbing and avoidance that occurs with PTSD is linked with lower satisfaction in parenting” (Carlson, 2016, para. 3).

Faith

Rick Weidman, a combat medic, says about his suffering with PTSD, “It’s a lifetime sentence” and “A lot of guys come back angry with God — how could the God we understood and were raised to believe in let this war stuff go on? We witnessed and participated in so much horror, that was in such violence with the value structure in which we were raised” (Wood, 2012, para. 34). The questions sometimes asked by our veterans also break down the CWVs thus disrupting the buffer.

Country

Humans need an enemy to hate. Basically, it is our country against yours or our beliefs versus yours. I believe hatred sets people apart and makes us view a person less as a part of the same species, but rather as an animal with different ideals. These are ideals which go against our own values and are perceived as radical. It helps us survive.

Self-Confidence

Not only can PTSD effect how you perceive things around you, it can also affect how you view yourself. In a 2005 study of 40 veterans, titled *Fragile Self-Esteem and Affective Instability in Posttraumatic Stress Disorder*, the veterans with PTSD reported a higher rate of self-esteem instability.

Individuals with more fragile self-esteem and affect instability may be more vulnerable to experiencing major life disruptions in response to the natural flux in distress following life-threatening situations. Thus, levels of instability may be an interesting candidate for future research examining predictors of differential trajectories in the aftermath of traumatic events” (Kashdan, 2006, p. 1617).

If the self-esteem or self-confidence of a veteran is broken, this could affect his or her buffer when mortality is salient.

Need for the Study

The need for this study was argued on the scarcity of research done on military leaders suffering with PTSD after combat. Although our soldiers have been in combat continuously since the 9-11 attacks, there have only been a handful of research projects or dissertations that try to connect the dots between PTSD and ABDT/TMT. None of the studies have provided a qualitative glimpse of a soldier's views prior to and after a deployment or have given an indication of how, in their own words, soldiers are coping with their diagnoses and either succeeding or failing in their communities. With over 2.7 million Americans serving in Iraq or Afghanistan, as of September of 2014, and according to RAND (Research and Development Corporation), at least 20% of these veterans having PTSD (Veterans Statistics, 2015, para. 5), it is important to help our veterans and bring a light to the issues they are facing. A study of this importance could also assist with other service-related positions, such as police officers, fire fighters, and paramedics, to name a few. If we can understand what these men are experiencing, we may be able to assist them and others going through the same problems.

The men I interviewed are combat veterans and were tasked to leadership positions during their deployments to Iraq. Although there are no formal mentoring positions for veterans at Fort Campbell, KY to help counsel other veterans coping with PTSD, I believe it is obvious these men, and others like them, could function in such a position. It is important for other leaders and military administrators, that is, General Staff, Operational Commanders,

Regimental and Battalion Officers, and Non-Commissioned Officers, to “hear” these five men’s perceptions of their stories. This may give them an understanding of some of the effects fighting in Iraq or Afghanistan may be having on our soldiers. It should also have some bearing on how we deploy our soldiers in the future.

It is also important for the participants I interviewed to see and read their stories in print. One veteran commented after the interview concluded, until his wife actually saw the Veterans Affairs disability compensation rating on paper and saw the compensation payment arrive in their bank account, she really did not believe he had a problem. It was as if until a doctor said there was an issue, she could not understand what he was going through. The reflection of their experiences legitimizes their pain.

Another reason to conduct this study is to understand the personal, psychological tolls being paid by soldiers that go far beyond the mere financial costs of the war in Iraq. Is the amount of dollars spent on our veterans worth the gains we receive by deploying them in the first place? Alan Zarembo wrote in a 2014 article for the LA Times, the government spent \$3 billion for PTSD treatments for veterans in 2012 and another \$294 million more for service members. However, only 50% of those with PTSD seek treatment (Veterans Statistics, 2015, para. 7). If all our veterans who have PTSD sought treatment, it could greatly magnify the costs associated with the diagnosis. As the war rages

on, more veterans will need attention and treatment, and the monetary cost could climb even higher. The cost does not stop there. Many family members are now seeking treatment through the military and VA systems. According to the National Center for PTSD (2016, para. 10), many family members who have a veteran with PTSD in the family suffer from depression, fear and worry, avoidance, anger, drug and alcohol abuse, sleep problems, and other related health problems which they could hand down to their children for generations to come. Not only is this a monetary cost, but an emotional one.

I am not advocating that the only solution is stopping the war, nor am I suggesting I have all the answers to help prevent PTSD, but this study, at the least, may illuminate the issues surrounding our veterans. This is also why qualitative methodology was used in this study. As Boodhoo and Purmessur (2009, p. 6) suggested, “qualitative research provides a more realistic feel of the world that cannot be experienced in the numerical data” and “the use of primary and unstructured data gives qualitative research a descriptive capability.” The need for this study is to illustrate how PTSD and the process of anxiety buffer disruption are affecting people’s lives.

Significance of the Study

The study illuminates the paths of five soldiers in leadership roles during the Iraq war who have been diagnosed with PTSD and their journey after deployment and provides recommendations on how other leaders might be able to

cope after combat related incidents and possible ideas of how to prevent exposure to trauma. In spite of the continuous projected deployments of our soldiers to harm's way, the leadership has an extraordinary opportunity to save men and women from a lifetime sentence. "Post-traumatic stress disorder is a misnomer. It is an injury. Disorder suggests the victim is somehow responsible for not functioning normally. PTSD victims are frightened and powerless but not responsible for their injuries (Westry, 2014, p. 1). The soldier does not choose to see the traumatic events that lead to their injury. The men in this study provided important insights and recommendations by reflecting on their experiences while making sense of the problems they have in their day to day lives, with their families, belief in country, religion, self-esteem, and their CWV. They also give approaches to overcome them to be able to at least function.

The experiences of these five service members may have a lasting effect on how U.S. military trains its soldiers when preparing for a deployment and how they are treated upon returning from combat. The main goal is to encourage the military command to prepare service members for combat deployments and to assess how service members' CWVs will help them cope with mortality salience and to give them and their families the help they need after returning home.

The military fosters strong allegiance to the "military" family, which does buffer some of the stressors of military duty. The military values of integrity, personal courage, honesty, loyalty, dedication, respect, and selfless service are

instilled into a soldier from day one of basic training (Army Regulation 600-100, p. 32). Those men who exemplify these values will realize faster promotion and enhanced self-worth. The military leadership believes to buffer the stress of war, they must have a group who believes in itself and its culture, strives for self-achievement, and is willing to destroy someone who does not have the same CWV. This is only one part of the equation. Soldiers all discharge from the military for one reason or another. It is my belief the military is forgetting the individual person and the individual's family and how this affects a person after deployment. No one can stay around their military family forever. Our veterans need training, counseling, and assistance.

Research Questions

The overarching question of this study is: How do soldiers in leadership positions who have deployed to combat view their CWV before a combat deployment and after returning home with a diagnosis of PTSD? The following sub-questions will be explored:

- a. Using a phenomenological approach, what significance did country, family, religion, and self-esteem play in their CWV before deployment?
- b. Using a phenomenological approach, what meaning does country, family, religion, and self-esteem play in their CWV after being diagnosed with PTSD?

- c. What recommendations can these combat-tested men make to other soldiers who will deploy to combat and to military leaders who are responsible for their well being?

Disclosure of Personal Interest

The third line of the Ranger Creed begins with these six words, “Never shall I fail my comrades” (U.S. Army Infantry School, 2006, p. i). For my entire adult life, I have been connected to the Department of the Army in one way or another. I served with 2nd Ranger Battalion at Ft. Lewis in Washington State and after service became an Education Guidance Counselor. Over the years, I have been directly associated with men serving in combat related job skill positions; Rangers, Special Forces, Tankers, and Infantryman to name a few. Although I am an Education Counselor, each day I hear war stories, see disabled soldiers and veterans, and listen to problems relating to PTSD from the veterans themselves and their family members. People very close to me struggle to get up out of bed and face the day. I have spent countless hours at Veterans Affairs clinics and hospitals seeing what I perceived as a sadness that cannot be compared to other professions. On July 17, 1997 I took an Oath of Allegiance to my Ranger Regiment. I lived those words each day I grew up at Ranger Battalion. It carries over to this day. I cannot fail my comrades. Many times, I have thought about leaving the Army community. There would be better paying jobs, the change would get me away from the reminders of war, but it would also take me away from my commitment to these men that have given a part of themselves. I process

new soldiers to the Education Center each day. Young men about 18 years old are assigned to the 101st Airborne Division at Ft. Campbell in Kentucky. They all will deploy to Iraq or Afghanistan, as I can see the projected deployments over the next two years. Statistically, many of them will be diagnosed with PTSD. It pains me to no end to know this.

I myself have been interviewed for PTSD-related symptoms. I understand how beliefs can sometimes affect the world around individuals and how the world around you can affect your beliefs. The five men I interviewed for this study have changed since their deployments. They know it. In this study, I was interested in finding out what these five brave leaders understood about their lives and the direction they took and are taking before and after their deployments and diagnoses.

Design of the Study

This study was limited to a series of semi-structured interviews with five male combat arms leaders who have been deployed to Iraq and have seen combat, and are diagnosed with PTSD. They are all veterans and/or soldiers who deployed with the 101st Airborne Division out of Ft. Campbell in Kentucky.

The assumptions of the study were as follows:

1. These men have seen and experienced horrible things in combat and because of that, they have been diagnosed with PTSD.

2. Their CWVs before deployment could be different after their diagnoses and return from combat.
3. These men will have recommendations and strategies to cope with their anxiety buffer disruption.
4. These men provided truthful and honest information in response to the survey based on their memory.
5. However, there is the possibility that some or all of these men may have memory problems and issues associated with their PTSD.

Because of the qualitative nature of the study, the assumption is the interviews will give a descriptive view of certain aspects of the Department of the Army. However, the findings may not be generalizable to other military organizations, or to all combat arms groups in general.

Also, as with any interview after-the-fact, the interviewee's memory and interpretations of the events before deployment and after rely heavily on their ability to remember. These men struggle with PTSD and have problems with recollection, understanding, and communication. Also, answers are always reliant on honesty and objectivity. The perception of their feelings has the ability to change.

Because the research was also done by a person who is diagnosed with a head injury sustained in the Army and is under evaluation for PTSD, and has trouble with organization and memory, there may be a support of these men and a

desire to direct the study based on how the interviewer feels or perceives their issues. However, I attempted to compartmentalize the questions and answers so there would be the ability to code and therefore have more of an objective view of the many complex issues involved.

Also, even though I am employed by the Department of the Army and my results could cast a certain shadow of negativity upon the organization, I am distanced from the leadership in terms of social interaction and none of the General Staff have interactions with me. Also, I was not personally acquainted with any of the participants before this research began, and although I counsel soldiers daily, none of the soldiers interviewed within this study have ever been counseled by me prior to this research. All five of the participants have left the Army, and I have since had no contact with them. This study is about moments in time, and how they each felt at those moments during their interviews.

It is possible or even likely that another researcher interviewing the same or similar participants in the same or a similar branch of service could reach very different conclusions about the men's perspectives. However, my research is aimed at providing a modest addition to the field of study informed by terror management processes, as well as ABDT.

Summary

Soldiers continue to come back from deployment and suffer from the effects of war and their diagnoses of PTSD. This study attempts to determine how

the soldiers' CWV may have changed after deployment, and if any anxiety buffer disruption that may have occurred could be alleviated or ameliorated in some way. Also, I seek to examine if the participants interviewed had any recommendations to curb the symptoms and to help the military leadership prepare for deployments and to assist in the aftermath of redeployments. In Chapter 2, I provide a review of the literature related to ABDT, TMT, and PTSD.

Chapter 2: Review of the Literature

Even though death is an inevitable life experience, it sometimes takes life-altering events such as 9-11 for us to more profoundly be reminded of how mortality is indeed an ominous and unavoidable certainty. Terror management theory (TMT; Greenberg, Pyszczynski, & Solomon, 1986) offers a framework for understanding how soldiers might protect themselves from stressors through validating their CWV before deployment. As a matter of course, the U.S. military routinely exposes its employees to high levels of danger and trauma, so it is no surprise there has been much research done on the psychological factors influencing battlefield and combat-related stress (Cooper, 2000). However, there have been few studies looking at what can be done in advance to prevent these stressors before deployment or repair the veterans after one's anxiety buffer has been disrupted – anxiety buffer-disruption theory (ABDT; Pyszczynski & Kesebir, 2011, p. 3) - and post-traumatic stress disorder (PTSD; Marx, 2009, p. 671) is diagnosed and the soldier returns home. In this chapter I will define the theoretical approaches of this study, which include, TMT, ABDT, and PTSD.

Terror Management Theory

The development of TMT was based on the writings of cultural anthropologist Ernest Becker. His books, *The Birth and Death of Meaning* and *The Denial of Death*, assert that human beings, with their evolutionary-

programmed desire for survival, paired with the knowledge of their inevitable death, experience the potential for paralyzing terror (Becker, 1962, 1973).

TMT states that individuals construct a cultural reality for themselves in order to provide some semblance of stability and order in a world filled with unpredictability and death. Individuals' self-esteem or lack thereof comes from how they are able to live within the cultural reality they have constructed through their personal beliefs.

According to Becker, the need for self-esteem is equivalent to a need for a sense of personal value that may be obtained by believing in two things: the validity of one's CWV, and the notion that one is living up to the standards laid down within that CWV. Self-esteem allows a person to be conscious about the here and now as opposed to a self-conscious person who may have a more negative outlook about life and may indeed think more about death. Building a person's self-esteem, according to TMT allows the person to buffer their psychological wellbeing against the anxiety, hence, terror engendered by their thoughts about the inevitability of their own death.

Humans construct a CWV to provide them "...with a coherent and meaningful framework of understanding; one that is useful in organizing (their) experience and making sense of (their) existence" (Miller & Landau, 2007, p.5). By constructing a CWV, humans protect (i.e., buffer) themselves from the anxiety created by death thought awareness (DTA), also referred to as mortality salience (MS). The MS hypothesis states that, to the extent a psychological structure (such

as one's CWV, and/or sense of self-esteem) provides protection against existential anxiety. MS, within the TMT literature, connects the conflict that humans want to avoid death completely and their intellectual knowledge that avoiding death is ultimately pointless. MS will then remind individuals of the source of their anxiety and then support a positive reaction towards those things that support their CWV and a negative reaction to those who threaten it (Pyszczynski, et al., 1999, p. 836).

As such, there is an enormous amount of effort placed in strengthening one's CWV and ensuring its survival into the future. To put it simply, the individual survives along with, and as long as, his or her CWV survives and he or she is provided with consensus from others to help bolster it. A threat to one's culture is the same as a threat to one's self. Miller and Landau also point out,

TMT posits that maintaining stable conceptions of others serves a terror management function by making the social world seem more predictable, meaningful, and orderly. That is, stereotypes provide us with simple and coherent ways of thinking about others, and while such knowledge can be practically useful, it also allows us to lend meanings, (however erroneous), to the social world. (2007, p. 12)

After discharge, when the battlefield is a million miles away, some soldiers begin to fight a mental war. Some are diagnosed with PTSD and struggle with their mortality being salient on a nearly constant basis. Engelhard asserts, in a study on Dutch soldiers, some show signs of PTSD after discharge, but not

necessarily after deployment (2007, p. 142). After soldiers separate from their units and have lost a bond with others that have gone through similar life-threatening events, they are disconnected from others around them that have not shared the same experiences. According to the Nebraska Department of Veterans' Affairs, some veterans... "think that they will have a shortened life span" (2013, para. 8). This fear of death may be able to be contained through the tenets of TMT, which maintains a belief in a CWV which is supported by country, family, religion, and self-esteem which some soldiers are disconnected from after deployment. Can the same training and support that a soldier receives going into combat help a person "survive" after discharge?

Mortality salience is an essential part of TMT research. Research by Greenberg et al. has substantiated the fact that MS bolsters the positive affinity individuals have with others holding a similar CWV, while, at the same time, produces negative reactions to those with differing CWVs (1989, p. 311). The research they conducted involved Christian and Jewish introductory psychology students who were subjected to a MS manipulation, placed at the end of a questionnaire packet, and asked to evaluate, both positively and negatively, members of the other religious group. The specific MS manipulation involved asking the students to write about what they believed would happen to them as they physically die and to describe the emotions that thoughts of their death aroused in them. In addition to the MS manipulated group, there was also a control group that was not subjected to any MS manipulation.

The Christian and Jewish students were then asked to rate each other's intelligence, knowledge of current events, ability to adjust, and several other descriptions found on Byrne's Interpersonal Judgment Scale. The researchers also included several negative stereotypic traits often portrayed in anti-Semitic literature, such as stinginess, arrogance, snobbishness, and obnoxiousness.

The results of the research supported the hypotheses associated with TMT. In short, when reminded of their mortality, both Christians and Jews rated members of their own religion more positively and members of the other religion more negatively, while no difference was indicated with the control group whose mortality was not made salient.

In another research study, Hirschberger and Ein-Dor tested whether or not right-wing Israeli students would be more willing to support violence against Israeli government officials acting to dislodge Israeli citizens from illegal settlements after MS manipulation (2006, p. 765). The authors assumed that rightwing students would have a CWV that included the belief that the lands from which the settlers were to be disengaged were mandated to them by God, and any opinion to the contrary amounted to a threat to their CWV.

Again, as with the previous cited study, the researchers found that those students manipulated with MS were statistically more likely to support violence against the Israeli government in support of the settlers, while those not manipulated were no more likely to do so. Although most TMT research points to the fact that MS manipulation leads to increased affiliation with one's in-group

and increased bias towards out-groups, Greenberg et al. have discovered that this is not always the case. In an experiment observing college students who described themselves as either conservative or liberal, Greenberg et al. (1986) found that, after MS manipulation, liberal students (i.e. soldiers who would like to reach a common ground with their enemies through verbal negotiation) actually became less biased and more tolerant towards the conservative (out-group) students, although the conservative students became more biased towards the liberal students after MS manipulation. Greenberg et al. (1989) theorized that the liberal students' worldview construction was based on the idea of tolerance, so not being tolerant toward others would be anathema, thus resulting in the lack of bias after MS was induced. Similarly, conservative students did not rely on tolerance as a construct in their worldview, which is why it did not increase after MS, and in fact, as would be expected, it increased the amount of bias towards the liberal student out-group (Greenberg et al., 1992, p. 630).

The previously mentioned research may hold promise in eventually minimizing soldiers' stress if the Army could incorporate tolerance education in military units with high probabilities of deployment to places with differing CWVs, a potentiality that exists today in the Afghanistan and/or Iraq.

Because this research is concerned with actuating distal worldview defense in the participants, a short treatment of the method is warranted. According to previous research: Distal defenses address the problem of death in a symbolic approach by providing a sense that one is a contributor to a meaningful,

external universe. Rather than pushing the problem of death out of consciousness distal defenses provide safety by making one's life seem meaningful and enduring. This attempt to deal with threats indirectly, in a meaningful way, is the meaning of distal defense. (Pyszczynski, et al., 1999, p. 839)

TMT is an interdisciplinary idea that follows a basic premise that people have a "basic biological predisposition toward self-preservation: that is people like to continue living" (Miller & Landau, 2007, p. 4). Becker (1973) goes on to state that humans manage to survive daily because of their intelligence and self-awareness. However, that same self-awareness and cognitive sophistication makes people aware and sensitive to their own death. "That is, despite all the sublime joy that can arise from knowing we are alive, there is also the knowledge that we are mortal and our lives may well end at any moment for reasons we can no more anticipate than control" (Miller & Landau, 2007, p. 4). According to Becker, this idea that death looms over us conflicts with our will to live and the knowledge of our own mortality could overwhelm us with terror.

TMT agrees with this suggestion that fear of death could cripple a person, so when a person must ask the questions: Where do I come from? What am I doing here? Where am I going when I'm no longer here? CWV helps answer these questions with a meaning, order, and eternalness. CWV sets a set of appropriate social roles that a person must accept to "get through the day." CWV also provides a person with the ability to feel a sense of immortality, whether it is being awarded symbolic recognition like statues or prizes (Nobel), cultural

(example sports feats), or symbolic – i.e. heaven or paradise. The only problem is both “armies” believe the same thing. The United States military teaches its soldiers the Medal of Honor is the ultimate award. It is an award that is given for sacrificing a person’s safety and many times his or her life. There are not many recipients that are living at the time the award is given. Our enemy also believes in this and teaches that giving of your own life will make you a martyr. Both armies are suggesting the same CWV, which leads to a lack of communication between the two groups. Again, the literature suggests that a person is looking for immortality. This could be a way to relieve a person’s fear of death by getting him/her to believe in life after death.

One way the Army may be approaching this issue is the creation of a combat simulation through video games. After Sergeant First Class Paul Smith gave his life to save dozens of others, he was awarded the first Medal of Honor in the Iraqi War. “The Army sought to recreate that as one soldier’s ‘Call to Duty’” said Colonel Casey Wardynski, creator and director for America’s Army, the popular video game produced by the service (Brinkley, 2007, para. 10). This is an attempt to have a video that simulates what it will be like when a soldier goes into combat. It is a training aid, and it is used to lessen the stress of the men. After talking to several 1st Armored Division soldiers who deployed, a majority of these men said, “it scared the shit out of them.” This posits that the military is attempting to educate soldiers, but it is more military training. This training could be viewed as a physical aspect of sorts instead of a mental training with such

classes as Psychology, Negotiating, and Sociology, which may give a unique look into the enemy's mind frame.

It is easy to see that the Army places a huge emphasis on the loyalty towards one's country part of understanding a person's CWV. Once in the military, your CWV changes because of the indoctrination and it is not hard to see how the Army paints a negative view of the enemy. In the case of our military action, no matter what the rest of the world thinks about the U.S. being in Afghanistan, soldiers see this mission as what is right and justified. All they have to do is throw up a picture of airplanes going through buildings, and virtually every soldier will be motivated to sacrifice him- or herself for the "right" cause.

This is why it is so difficult for the policymakers to decide what is more important. On the one hand, we could emphasize completing the mission by preparing these men and women with extensive training. Or, on the other hand we could do it in a way that helps the soldier cope by giving them more time with family or time for prayer within their church, but maybe does not get the soldier to know his/her job automatically. For example, Rangers can take a weapon apart blindfolded and put it back together in a very short amount of time. Everything they do is automatic because they practice constantly. If they spent less time being trained, they probably would not be the machines they are.

For non-military policymakers, this is much more cut and dry. Too many soldiers are coming back from the Middle East with problems. PTSD is rampant not only among soldiers but also among family members because they have to

listen to the stories about the carnage. Mothers and children are showing symptoms of PTSD. The Department of the Army set up a study of soldiers from Wiesbaden, Germany who were ready to deploy. The goal was to find out which soldiers would be more prone to come back with PTSD. The results are classified and will be released by the Army at a time of their choosing. This is an example of how the military policymakers hold information from the public because they have one goal in mind, which is to win the war at any cost. The non-military policymaker would have shouted the results as loud as they could to any news media, medical journal, and so on, to get the information out on how we can help these soldiers.

What non-military policymakers are stressing currently is more time at home with family before a deployment. The USAREUR (Army Headquarters in Europe) staff of civilians wrote policy that guaranteed soldiers at least one four-day weekend per month after the local military chain of command took away pay-day events that allowed a soldier to go home at noon twice a month on pay-day. The reason was that the soldiers needed training. However, the soldiers also need time with family and friends to calm their stresses. As civilians understand, stress can cause exhaustion, high blood pressure, insomnia, psychological depression, neurosis, anxiety, behavioral problems, use of drugs, alcohol abuse, increased risk-taking etc. (Edwards, et al., 1998, p. 4), something that no unit can afford to have before deployment.

The non-military policy makers are also stressing more time being evaluated before deployment. The Department of Defense mandatory pre-deployment mental health assessment was only administered to 1 in 300 troops and 98% of troops seeking help for emotional issues were returned back to their units. In other words, the concern is that these soldiers are physically trained, but not mentally ready for combat.

No matter how the military acts on this, soldiers should never be left alone before a deployment. Whether the soldier is hanging out with friends, family, in a church setting, or with other soldiers, people and conversation will help a soldier deal with MS because they are surrounding themselves with other people that care about them. Solomon, Mikulincer, and Hobfoll (1986, p. 1271) believe loneliness is the best predictor of combat stress.

The literature suggests there is an upside and a downside to soldiers knowing that their life may expire as soon as they step off that plane in the desert. MS, from a leader's standpoint allows a chance to focus their troops in a way that they may not be able to in time of peace. Intrapersonal resources such as control, commitment, change, self-confidence, motivation, and social support including group cohesion, loyalty and morale, are key buffers against combat anxiety (Milgram, Orenstrin & Zafrir, 1989, p. 191). Basically, this is the one chance a leader has to mold his/her troops into a tight-knit fighting machine where each individual loves his comrades more than anything else.

“Army Strong” is the current recruiting slogan used by the Department of the Army, replacing the previous slogan of “Army of One.” In regards to TMT and the idea that a person’s behavior is directly related to a person’s CWV, the new slogan is a step in the right direction to make our soldiers feel that they are the most well-equipped, best trained, and most elite fighting force in the world. The idea is to boost a person’s self-esteem and to give them a sense of pride in their nation, family, and religion before they deploy to Afghanistan and Iraq.

TMT provides a system to understand how soldiers can protect themselves from life-threatening stressors through validating their CWV, enhancing self-esteem, and seeking closer personal relationships to family and God, or a belief of faith. Our military leadership places importance on an advertised CWV, systems that increase self-esteem, and need for achievement. Currently, our soldiers are in the mist of combat and deployments and the leadership is doing everything possible to give the façade of a strong Army. In strength, we see wanting to recruit people by giving them a sense of pride and convincing them that they are elite individuals before they even enlist. This can be seen in online advertising and communication with recruits. For example, the following is from the U.S. Army website, www.goarmy.com:

Welcome to [goarmy.com](http://www.goarmy.com). You’ve taken the first step to becoming stronger than you ever imagined you could be. Here you’ll discover adventure. The chance to give something back to your country. And the kind of training that truly prepares you for the future. Now hear what it’s like to be a

soldier from real soldiers. And explore over 150 careers. There's strong and then there's Army Strong (U.S. Army, 2017, para. 5).

This quote taken from the website is a direct attempt to convince our future soldiers that they owe something to our country, to suggest that our country is the greatest in the world. The military's advertising can never start too early with what our enemies would call propaganda. The literature posits that the mere existence that someone else is endorsing a fundamentally differing belief than our CWV could expose us to overwhelming existential anxiety i.e., terror. By bolstering the Army's stance to its new recruits, it averts that fear and stress. These ads make our Army look stronger with better equipment, uniforms, and discipline. By doing so, we take away the challenge posed by a person with a different CWV.

Another example of how TMT and CWV may be considered in preparing troops for combat is what our leadership is doing in Europe and Korea to validate faith. The military is running commercials on American Forces Network (AFN) called "A Touch of God." These messages are in direct violation of separation of church and state mandates. This network is the only American television in Europe and Korea. The Americans in these foreign countries do not receive regular stateside commercials because of the advertising fees, so instead networks give the families stationed there television programs for free, but in turn AFN creates their own commercials. Most are public service announcements, but others are religious in nature. This is another way the military leadership promotes a

specific CWV to their soldiers and families. This is an attempt to let soldiers know that someone above is watching over them. It is attempt to lower the anxiety and stress in the soldier. Again, this is another way to educate our soldiers, but instead of giving them a view of what others believe about religion, our Army is trying to solidify the CWV by making it a forgone conclusion. In contrast, literature states that more universities are offering new courses throughout the United States on the subject of Islam and 9-11 which soldiers are not generally receiving (Herpert & Wingert, 2001, p. 46).

The military also has built numerous getaway vacation spots that soldiers and their families can visit to help reduce levels of stress. These resorts are marketed as family resorts and are located around the world. The Edelweiss Lodge and Resort in Germany, Hale Koa Armed Forces Recreation Center in Hawaii, and the Dragon Hill Lodge in Korea give the soldiers a chance to relax and spend time with their families to reduce stress and helps give the notion that the Army does care about family increasing the person's CWV about how important family is.

The above-mentioned activities show that the Army cares about its soldiers and is attempting to connect with the soldier and create a CWV that is hard to break. The idea is that if anyone threatens our way of life, it is okay to engage them. Knowing that others believe in country, family, and faith allows the soldier the ability to calmly (without stress or at least with less anxiety) go to war.

Another aspect of the CWV is religion. To make someone believe that God is on their side may be exactly why there is no peace in the Middle East. For example, there may never be peace between the Muslims and Israelis. The two groups share too much. Their land is sacred to both parties, and both sides believe that God is on their side. The Muslims feel like their land has been stolen and both have the same CWVs that are being threatened by one another. Both groups believe that the other is a community of brutality, uncivilized people, and heartless natives. They are both right and they are both wrong.

TMT suggests that to be right and to relieve stress in a place that makes mortality salient, you must have a strong core of family, religion, and country. These two groups (the Muslims and Israelis) have just that. “It has been suggested that faith in the validity of one’s worldview and its effectiveness as an anxiety buffer is strengthened by the knowledge that this worldview is shared by most people in the in-group” (Lee, 2005, p. 6). Faith is the problem here. Although the two groups have strong ties to family and country, it is their religious differences that threaten their mortality. A cease-fire only lasts so long when both claim the same area as holy land. Although General Rick Lynch stated at a recent re-enlistment at Fort Campbell, “You’re doing it to protect our freedom and our way of life,” he neglected to ask anyone other than the group standing in front of him why they were not reenlisting. Many families expressed the desire to leave the military to spend time together after they had had enough of the deployment scene. Spending time with one’s family is the real way of life.

Leaders in the military have a hard time balancing what they need to do as leaders to achieve a mission and what they need to do as leaders to protect their soldiers. The key is to build self-esteem in a team rather than in an individual. Soldiers may gain their self-worth by being part of a group or a cause that is bigger than themselves. Being a contributing member of a society that has meaning assists in the anxiety buffering and death-denying. (Miller & Landau, 2007, p. 15). In the Army, that world of meaning is the military. This is one reason why the Army went away from their “Army of one” slogan in 2006. It did not make the soldier feel part of something larger.

Our enemies have the same CWV as I mentioned above; they believe in family, religion, and country, but their self-esteem is nonexistent. Miller and Landau write, “An unmet need for self-esteem can only increase the attractiveness of an ideology which offers a clearly defined route to self-worth, a guarantee of martyrdom, and glory through inclusion in a cosmically significant battle against evil” (2007, p. 23).

In our military, we create self-esteem by building a person up, i.e. giving them medals, certificates, and awards to make their uniforms look pretty, whereas the enemy breaks their people down in order to get them to kill. These people will not realize self-esteem until their death. In wartime, it is of the utmost importance that we build our people up with organizations like *America Supports You* and the *USO*. But, it is important to understand know that our enemy is breaking their people down to feel that life is worthless and it is the afterlife that matters most.

We see the idealism of our enemies as blind aggression, not seeing the true meaning of life. Obviously, seeking accurate information and schooling that will help a person see different ideas and social aspects as things that are validated would seem a logical step for developed countries. But we are not talking about developed countries. We are wrong and they are right is the aim. Extremists follow our pattern for in-group identity. Our military is one subculture within America. Within our CWV, we share the same workplace, values, morals, and ideas. Sometimes, the fact that two soldiers served in the same unit or were stationed at the same post allows for a camaraderie that is hard to break. Following 9-11, even though citizens did not share the same church, workplace, values, and morals, we did, according to TMT, confront death head on, and we became a group that had experienced the same CWV. That in-group is Americans.

Because we were Americans, we came to a consensual conclusion that our CWV had meaning. That meaning acts as an anxiety buffer. Following 9-11, Yale and Columbia students began advocating for ROTC to return to their campuses (Wild, 2005, p. 35). Patriotism skyrocketed, and unfortunately, if individuals were perceived as stereotypically Muslim, they were more likely to be ostracized. At campuses around the country, students felt terrified, could not sleep, changed their traditional dress, and expressed fears and experienced intolerance (Herpert & Wingert, 2001, p. 50). This hostility is one more way that a people can buffer their anxiety, by finding a scapegoat for all their pains and humiliations. When mortality is made salient, humans tend to take out their aggressions on others.

The literature shows that, following the 9-11 attacks, the FBI reported having to investigate over 500 hate crimes against Sikh Americans, Arab, and Muslims (FBI, 2003, para. 9). They also went on to state that the year after 9-11, authorities prosecuted 80 hate crimes against persons that looked like the enemy. Individuals of Indian, Native American, and of Latin decent were mistaken for Arab Muslims and were beaten and killed in some instances. Part of TMT suggests we have a defense that leads us to blame others and sometimes reach causal judgments against others when actions suggest that death could be near (Miller & Landau, 2007, p. 13). Both groups may feel the same way, and that even though it buffers a person's anxiety, it also means that the enemies feel the same way and that the two groups will never come to a peaceful resolution. Communication between two groups may alter this.

Prior Studies Using Anxiety-Buffer Disruption Theory

Once our CWV is interrupted, once our self-esteem is shattered, once our faith is crushed, we are left with a disrupted anxiety buffer system that could play a causal role in the development of PTSD. Greenberg, Pyszczynski and Solomon (1986, p. 198) posit that humans rely on an anxiety buffer based on a *cultural worldview* that gives meaning and purpose and close personal *relationships* that provide a buffer from existential anxiety and thus help protect us from psychological harm. As a derivative of TMT, ABDT (Pyszczynski & Kesebir, 2011) suggests trauma can compromise the anxiety buffer because relevant

experiences are both directly and indirectly linked to death. “ABDT therefore suggests that, when a person’s anxiety buffer has been undermined by the experience of trauma, PTSD results from overwhelming experiences of death anxiety” (Yalom, 1980, p. 211). Once a person’s anxiety buffer is damaged, there is nothing to protect him or her from feeling vulnerable when mortality is salient. When this happens, individuals may find themselves overcome with anxiety (Pyszczynski & Kesebir, 2011, p. 14). Why is this important to our military and our veterans? In my opinion, we cannot afford to have a military with a lack of confidence spearhead our combat forces and we cannot afford ethically to leave our psychologically vulnerable warriors to shoulder the entire burden of combat.

Four major studies have been conducted that have examined the central tenets of ABDT (Bolster, 2015, p. 53). These qualitative study/interviews are written and documented to enhance the body of work already available. The first was a two-part study with survivors of a 2005 earthquake in southeast Iran. Abdollahi, Pyszczynski, Maxfield, and Luszczynska explored the possible role of disrupted distal defenses in the set of causes of PTSD (2011, p. 329). They predicted “that if PTSD derives from a disruption in the CWV, then individuals with PTSD would not defend their CWV in response to a mortality reminder or an earthquake reminder (Bolster, 2015, p. 53). Their prediction was right, as university students who demonstrated a high dissociation one month after the earthquake and as a follow up, students with high PTSD symptoms, did not defend their CWV, compared to those students with lower symptoms. The

group's initial test of ADBT supports the hypothesis that "traumatized individuals with high levels of dissociation do not respond to death reminders in the same manner as individuals with low levels of dissociation" (Pyszczynski & Kesebir, 2011, p. 13).

In the next study conducted by Kesebir, Luszczynska, Pyszczynski, and Benight in 2011, they found similar results with female survivors of abuse in Poland. Kesebir et al. showed the female survivors with high PTSD symptoms, high peritraumatic dissociation, and low coping self-efficacy did not defend their CWV relative to those women with lower symptoms when there were mortality salience reminders (2011, p. 14).

In the third major study, Chatard et al. (2012, p. 47) looked at survivors of the Ivory Coast civil war (2002-2007) in a two-part setup. The research team reasoned if PTSD is a result of ADBT and the inability to suppress conscious thoughts of death, then reminding the participants of mortality salience, would result in an instant increase in death thought. Chatard et al. indeed found that university students with high PTSD symptoms had an increase in elevation of death thoughts compared with students with lower symptoms. For the second part of the study, Chatard et al. hypothesized if there was a connection between death thoughts and PTSD symptoms, a person with high risk of developing PTSD would report a higher level of symptomatology for PTSD if they were forced to think about their own mortality. The study showed the students who lived in an area with high war exposure in the Ivory Coast, and were at more risk of

developing PTSD, “reported an elevation in PTSD symptom severity after being asked multiple questions about the possibility of being killed during the civil war” (Bolster, 2015, p. 55).

Finally, building on the research from the study of Chatard, Edmondson et al. (2012, p. 49) investigated whether a mortality reminder would increase death thought among American university students exposed to trauma. Like Chatard, Edmondson et al. found that only students with a diagnosis of moderate to severe PTSD showed an elevation in death-thought following a mortality reminder. These students also did not defend their CWV compared to those students with lower symptoms.

Effects of Post-Traumatic Stress Disorder

Individuals, including combat veterans, see a decreased belief in the goodness of the world if they are victims of traumatic events. (Dekel, Solomon, Elklit, & Ginzburg, 2004, p. 408). ABDT posits that fracturing a person’s worldview could be devastating because ABDT helps manage a person’s fear (Pyszczynski & Kesebir, 2011, p. 15). Assumably, a soldier must have a sense of self-worth or self-esteem at a higher level to go into combat knowing they may not survive the conflict. As explained by TMT, soldiers are able to face mortality salience because of their belief in relationships, CWV, and self-esteem. If this is shattered, soldiers may have difficulty facing combat situations. “According to the ABDT analysis, this renders them particularly vulnerable in the face of anxiety,

given that self-worth is an integral part of the individual's anxiety-buffering mechanism" (Pyszczynski & Kesebir, 2011, p. 10).

A soldier may be ordered to a situation where their anxiety buffer may be disrupted. As a former Infantry soldier, I understand the potential for deployment is always high. Soldiers know the possibility of combat, but still enlist for combat arms job specialties. However, when a traumatic event happens, we all internalize it differently. Some, as mentioned before, will form and be diagnosed with PTSD. PTSD is a debilitating condition that can develop in some people following traumatic events. The American Psychiatric Association (APA) defines a traumatic event as an experience involving "Exposure to actual or threatened death, serious injury, or sexual violence" (APA, 2013, p. 271). Individuals living in war zones (Pham, Weinstein, & Longman, 2004, p. 604) are at an increased risk of developing the condition. Soldiers can deploy anywhere from thirty days to fifteen months while living in war torn areas. Once a soldier's anxiety buffer is disrupted and there is a diagnosis of PTSD, there are many effects on their well-being.

A large number of individuals with PTSD may also suffer from panic disorder (Barrera, Graham, Dunn, & Teng, 2013, p. 170), social phobia (Zayfert, DeViva, & Hoffman, 2005, p. 96), or substance abuse disorders (Jacobson, Southwick, & Kosten, 2001, p. 1187). There are also others issues some individuals encounter such as schizophrenia or bipolar disorder (Grubaugh, Zinzow, Paul, Egede, & Frueh, 2011, p. 889). Also, PTSD can cause physical

health problems. Soldiers and individuals with PTSD, “experience more quality of life impairments than those with anxiety disorders” (Bolster, 2015, p. 7).

Another effect of PTSD is the monetary cost. There are mental and physical problems associated with PTSD as mentioned above. Therefore, it is not surprising that there are production losses related to PTSD in the United States which have been estimated to exceed three billion dollars (Brunello et al., 2001, p. 152; Kessler, 2000, p. 10). This puts a burden on the family, health institutions, and society. Similarly, the United Kingdom’s National Institute for Clinical Excellence in 2005 stated, “PTSD presents an enormous economic burden for families, the national health services and the society as a whole” (p. 43).

Although this is a snapshot of the burden placed on the nation as a whole, it affects the smaller group of military communities just the same.

Demographics of Affected Service Members

According to the Veterans Affairs’ National Center for PTSD, about 6 of every 10 men (or 60%) and 5 of every 10 women (or 50%) experience at least one trauma in their lives. “Men are more likely to experience accidents, physical assault, combat, disaster, or witness death or injury” (2017, para. 8). The research goes on to say that in the U.S. population, 7 or 8 out of every 100 people will have PTSD at some point in their lives. However, there are a number of factors which could increase the chance of someone developing PTSD. For example, if a person was injured or lived through a traumatic event, they are more likely to

develop PTSD. Our service members are at a greater risk than the general population simply because the opportunity to see combat is much greater than a civilian.

The VA reports varying numbers of veterans with PTSD by service era (Veterans Affairs, 2017, para. 12). The following statistics give a snapshot of the issues soldiers and veterans are facing. PTSD is not an isolated issue concerning only recent conflict participants. Without the proper mentality going forward, our future service members may encounter the same results following combat.

- **Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF):** About 11-20 out of every 100 veterans (or between 11-20%) who served in OIF or OEF have PTSD in a given year.
- **Gulf War (Desert Storm):** About 12 out of every 100 Gulf War veterans (or 12%) have PTSD in a given year.
- **Vietnam War:** About 15 out of every 100 Vietnam veterans (or 15%) were currently diagnosed with PTSD at the time of the most recent study in the late 1980s, the National Vietnam Veterans Readjustment Study (NVVRS). It is estimated that about 30 out of every 100 (or 30%) of Vietnam veterans have had PTSD in their lifetime.

This could suggest, with the Vietnam numbers estimated higher than reported, the two most recent conflicts could have higher numbers of soldiers with PTSD as well.

The RAND Corporation is a nonprofit, nonpartisan organization who conducted their own research. The numbers are similar to those of the governmental Veterans Affairs research.

The RAND reports of veterans with PTSD include: (Veterans Statistics, 2015, para. 5)

- At least 20% of Iraq and Afghanistan veterans have PTSD and/or depression. The number climbs higher when combined with Traumatic Brain Injury.
- Among soldiers aged 18 years or older returning from Iraq and Afghanistan, rates range from 9% shortly after returning from deployment to 31% a year after deployment.
- 50% of those with PTSD do not seek treatment.
- Veteran suicides are much higher than previously thought, as much as five to eight thousand a year (22 a day, up from a low of 18-a-year in 2007, based on a 2012 VA Suicide Data Report).
- Army has 67% of PTSD cases among all services.

U.S. Military and Veterans Affairs Issues: Stigma

As mentioned before, it is estimated 50% of soldiers with PTSD do not seek treatment. Being a veteran myself, I have seen first-hand the stigma associated with soldiers who seek help for injury. After a fall from a 25-foot damaged tree which was leaned over at a 45-degree angle during a night land navigation exercise during my Expert Infantryman Training with 2nd Ranger Battalion at Ft. Lewis in Washington, I suffered from my first of many concussions. I was diagnosed with Traumatic Brain Injury by the Veterans Affairs many years later. Like so many other soldiers, it has affected my memory, balance, concentration, sleep, and motivation. Because of my concussion, I was given a medical profile which did not allow me to participate in any deployments or training for a set amount of time to allow for observation by the medical staff. Upon hearing that I would miss a movement to train in Panama, some in my chain of command began to verbally harass me and told me to check my intestinal fortitude.

It was not long before I was cleared for training by the medical staff. After, I completed at least ten more missions and other activities as a rifleman, squad automatic weapon gunner, grenadier, and combat search and rescue team leader. However, I learned very quickly not to rock the boat, not to report any injuries, and to “Never fail my comrades, I will always keep myself mentally alert, physically strong and morally straight and I will shoulder more than my share of the task whatever it may be, one-hundred-percent and then some” (U.S. Army Infantry School, 2006, p. i).

During my time in service, this was the prevalent thought process. Soldiers did not go to a professional healthcare provider for worry of repercussion. Being seen as weak could affect promotions and the ability to continue your career. The soldiers of today are in a far better place with understanding from their chains of command. Because this war has gone on so long, unlike Vietnam and the first Gulf War, the leadership of today were in the trenches and on the ground and have “been there and done that” when they were younger. They have seen the effects of the war and been part of the ground combat, giving them a better understanding as they have progressed through the ranks, of how the younger troops are seeing the war. They understand better. Even so, soldiers face the stigma, and some refuse to get help.

The majority of service members with PTSD do not seek treatment, and many who do seek treatment drop out before they can benefit. There are many reasons for this, including stigma, other barriers to care, and negative perceptions of mental health care. Lack of trust in military behavioral health professionals has been identified as one predictor of service members not utilizing services (Institute of Medicine, 2012). Many medical groups would share medical information with the help-seeking soldier. This could cause a prejudice against the soldier for seeking assistance.

One of the major changes the Army and VA have made recently is to change the way they define PTSD. In the past, “For years, the standard definition

for PTSD had a key feature that did not fit for the military. It said that the standard victim responds to the trauma he or she has experienced with ‘helplessness and fear’” (Abramson, 2012, para. 5). However, even though the soldier could have disrupted their anxiety buffer and it could be true they are broken because of the trauma, the stigma that goes with this does not allow the soldier to continue. There is a Catch-22 here. Why would we want to change the definition? Allowing there to be an out for the soldier to receive treatment may only allow him or her to be thrown back in the fire of combat after a doctor says he or she is good to return to the field, when instead they are in no way ready to do so. But, by not changing the definition we are possibly pushing soldiers away from treatment and forcing them to continue in combat knowing they have a buffer disruption. So instead, maybe a better idea is to just encourage treatment.

“New Army guidance says; don’t expect military men and women to respond to trauma this way. Even if they are ‘soldiering through’ the pain, they may still need treatment for post-traumatic stress” (Abramson, 2012, para. 12). Acceptance is the key, and the VA and Army are showing how much they care by making sure there are programs and personnel in place. Lt. Gen. Robert Brown, I Corps Commander at Ft. Lewis stated, “Cost doesn’t play a part in military medicine. We want them to have world-class medical care” (Vergun, 2012, para. 14).

The Army is moving away from the psychiatric view and moving more into the Comprehensive Soldier Fitness that places more emphasis on the soldier's overall body, not just the mind. This involves moving into things that may help the soldier such as exercise, religion, and family involvement. In other words, it takes a community and the soldier is not alone with his or her thoughts.

But, to make sure the number of soldiers not seeking help decreases, the Army still recognizes the most important piece of this is the stigma, which they are having difficulty tackling. No matter what they do with treatments, the number of professionals they have on staff, or the money they put into a program, nothing can change unless the stigma surrounding mental issues changes. Maj. Gen. Richard W. Thomas, Commander, Western Regional Medical Command stated, "It is critical as leaders to get rid of the stigma involved. There is still a stigma in society and in the Army, but I've seen an improvement over the years. We want soldiers to reach out and seek help from the Army or even outside the base if they so desire". He went on to say, "It's not a normal thing asking soldiers to seek help. We need to get across that it's normal" (Vergun, 2012, para. 32).

Barriers Faced by Combat Veterans in Leadership Roles

How to lead a group of individuals who cannot fight, cope, and soldier through the issues of PTSD and anxiety buffer disruption could be equally as pressing as the issues soldiers have when they return home and seek help. When a person is out of theatre, they have time to reflect (which can be damaging) and

seek help. But to the leader who is on the ground in the thick of war, the obvious issue at that moment is to fight on to the objective, meet the mission requirements, and live to see another day. As a leader, he or she must find a way to meet these tasks. A major barrier for a combat leader is when and how to get their soldier the help they need.

In Israel, researchers “have hypothesized that injecting patients with hydrocortisone immediately after a traumatic event could, by interrupting stress pathways, help stop symptoms of PTSD from later emerging.” In 2011, the “Pentagon awarded \$11 million to study the drug D-Cycloserine could help reduce fear associated with traumatic memories” (Aikins, 2013, para. 36). This may not be what all soldiers could use, but it does reflect on choices the leader must make when sending their soldiers to get medical treatment.

At Bagram Airfield in Afghanistan, behavioral specialists have set up a home away from home where soldiers can relieve stress. There are sofas, video games, DVD players, and at times, therapy dogs in this make-shift man-cave. But, not every soldier can go at one time. There must be a rotation within the unit to not compromise the strength in numbers that a unit has. A leader must be responsible for having all the personnel they need to achieve their mission.

During World War II, Army researcher Col. S.L.A. Marshall interviewed a large set of infantrymen immediately after an intense combat and found “80 to 85 percent, when faced with an enemy target, didn’t fire their rifles” (Aikins,

2013, para. 38). According to other findings, Aikins reported, “other researchers have come up with similar findings at battlefields such as Gettysburg, where 90 percent of 27,574 abandoned muskets recovered after battle were still loaded” (2013, para 38). Killing is not easy.

Because of this, the combat leaders must compartmentalize what they are doing during training and have the ability to refocus their men when returning home. However, unlike wars of the past like WWI, WWII, Korea, Vietnam, and the first Gulf War, most of our soldiers are returning to the combat theatre numerous times, making it much more difficult to lead and cope themselves. For example, after the Korean War, training changed. “Egos are broken down and rebuilt within the context of group unity and loyalty. The verbal abuse of the drill instructor, the firing drills, the hand-to-hand combat – all are intended to get them accustomed to violence” (Aikins, 2013, para. 39). In the Aikins report, the training vastly improved, “the willingness of U.S. soldiers to fire their weapons in battle, from 55 percent in the Korean War to approximately 90 percent in Vietnam” (2013, para. 39). Our soldiers have learned how to kill and according to these statistics, they are willing to now shoot their weapons. However, unlike most conflicts when soldiers served one tour and were then able to come home for good, soldiers now are expected to return to conflict on a rotational basis. This gives time for rest and recuperation, but it also gives time for the soldier to reflect, knowing they have to go back to the horrors of war. If a soldier has anxiety buffer disruption, going back to war with PTSD may be a detriment to his/her unit.

As a leader, whether the answer is medical, counseling, or rest, the barriers they have forces them to find a balance.

Issues Facing Family Members

Tony Stevens, a friend, former professional baseball player in the Minnesota Twins organization, a Marine, and a disabled veteran who has been diagnosed with PTSD, holds the unofficial record for surviving more IED explosions than any other Service member during the Iraq and Afghanistan wars. He and his record, which stands at 11, were also mentioned in the Nicholas Sparks book *The Lucky One*. During his time in service, Tony was married and had three children. After the explosions and returning home after discharge, his first marriage did not last and he and his former wife divorced. This is the norm in the military.

His former wife stated in an interview with *The Log*, a newspaper in Florida, that, “Immediately, when I saw his eyes, I knew something was wrong. I saw almost like a deadness in his eyes” (Rudman, 2012, para. 2). She continued, “I just yelled at him. I would just yell at him... and I did a lot of leaving. There would be strange eruptions. They would only be verbal and, as soon as he turned on, they would be turned off again” (2012, para. 4 & 11).

Although it is typically the soldier who is diagnosed and must deal with the PTSD, the family is, by proximity, forced to deal with the issues as well. The support a soldier receives from his or her family is critical to recovery. However,

the family is at risk because they themselves do not have access to the same care the soldier does. Through conversations with family members, while being stationed as a civilian at Ft. Lewis, Wiesbaden Army Airfield and now Ft. Campbell, I have learned many of the family members are a sounding board for the soldiers. They hear many conversations about what the soldier went through during war and are now living it as if they were there and participating. According to the National Center for PTSD, research showed that “Vietnam veterans have more marital problems and family violence. Their partners have more distress. Their children have more behavioral problems than those of veterans without PTSD. Veterans with the most severe symptoms had families with the worst functioning” (2016, para. 8).

The National Council on Disability released the following information in 2009:

- PTSD can create a circular momentum where the service member’s PTSD increases the stress in the spouse, which puts stress on the relationship, which then intensifies the PTSD symptoms in the soldier.
- The veteran’s PTSD impacts the psychological health of the other members and caretakers. This has important implications for the well-being of these individuals, as well as for their ability to support the service member (Galovski and Lyons, 2004).

Not only must the family try to assist the soldier, but they may end up with what is called secondary traumatization. This occurs when the parents, spouses, and even children display symptoms of PTSD “because they are upset by the service member’s symptoms” (NCD, 2009, para. 12). The military community realizes this and has begun increasing support for the family members. Each unit on a military installation has a Family Readiness Group (FRG). Because most of the time Chaplains are deployed at the same time as a soldier and many times the TRICARE health system is overwhelmed, these FRG’s are instrumental in helping family members get access to information and social groups for support. The military also offers family members access to counselors and certified health care providers via telephone, internet, and e-mail through numerous organizations including Military OneSource. It is a confidential resource which allows families help. However, just as the soldiers sometimes have difficulty getting help or feeling that something, of the many different options of care is helping, they also are not convinced their families are getting the right help. “Only 21 percent of soldiers serving in Iraq are satisfied with the type of support the military is providing to their families, and only 22 percent think the Family Readiness Group has helped their family” (US Army Surgeon General, 2008, p. 54).

Summary

In this chapter, I discussed the theoretical approaches of this study: TMT, ABDT, and PTSD. There have been few studies that have looked at what can be

done to prevent stressors before a deployment or how to repair veterans after their anxiety buffers have been disrupted. The literature review section revealed stigmas, barriers faced by soldiers, and issues facing family members. In Chapter 3, I will discuss the research design for this study, how the data were collected, and the risks to participants. I will introduce the participants, and summarize and critique the validity of the study.

Chapter 3: Research Design

Introduction

This phenomenological study analyzed five Combat Army veteran leaders and how they made meaning of their service time which culminated in a PTSD diagnosis after participating and enduring the traumas of Operation Iraqi Freedom. In this study, through interviews, I collected veterans' feelings, emotions, and experiences to determine common links in understanding the experiences while serving as leaders in their respective units. In a phenomenological study, "phenomenological approaches are based in a paradigm of personal knowledge and subjectivity, and emphasize the importance of personal perspective and interpretation" (Lester, 1999, p.1). The culture of Army is a tight group and because of my prior service and my ties to the community as a counselor, I understood their jargon and lingo and could open myself to the stories and information they felt comfortable revealing.

As mentioned earlier, my choice of a qualitative study reflects on my desire to be a story teller and to record feelings and emotions rather than numerical data. I originally chose a phenomenological study because I enjoy the interview process. I feel I have the ability to connect with soldiers. Allison (1995, p. 25) said it starts with an assertion that "any situation, circumstances or event offered, in itself has the possibility for inquiry." She goes on to suggest phenomenological studies are prominent in the social sciences. Allison also

believed that some studies were of more interest than others and researchers were more drawn to some subjects. I am drawn to these issues because of my military ties. She goes on to state researchers who adopted the phenomenological method did not form precise questions prior to the research even though the researchers had a general feel of the complex nature of the state of affairs to be studied. The individuals I interviewed share an important commonality; they are all experienced leaders who have much to offer future generations of combat soldiers and leaders because of the experiences they have lived through. What they share could assist others to keep their Anxiety Buffer intact.

I did go into my interviews with specific questions to start the conversations. These questions were approved by my committee chair and the University IRB. However, my questions were open-ended, and I allowed the veteran to speak without interruption, hoping to collect usable information. To add to the body of research, I deliberately chose this study to be qualitative in order to present voices instead of statistics. I believe the interview connects the reader to the subject on a more personal level. “Essentially, the emphasis of qualitative research lies in the exploration of a particular phenomenon at length, typically through the collection and analysis of subjective data from a relatively small number of ‘participants’ involved in the processes, circumstances or situations at the heart of the inquiry” (Shenton & Dixon, 2004, p. 1). This study attempted to reflect on the experiences of the veterans and to alert the reader to the usefulness of their stories in dealing with PTSD.

To agree with Hickman (2006, p. 39), in my opinion, qualitative research allows the subject to open up and talk about his or her experiences. This allows the researcher to connect the dots and make sense of the interview and interpret meaning behind the interviews. I chose to interview the participants on a military base, not only for convenience, but I believe a person may feel closer to their culture when they are physically near it. It allows for memories to flood back easier. In his 1944 work, *Mirror for Man: The Relation of Anthropology to Modern Life*, Clyde Kluckhohn offers the following definitions of culture: The total way of life of a people, the social legacy the individual acquires from his group, a way of thinking, feeling, and believing, learned behavior, and a storehouse of pooled learning. (Zemliansky, 2008, p. 421). These veterans are alumni who fit the definition of culture and their witnessing violence and trauma give them absolute importance on the subject matter.

One of the biggest issues a researcher who has previously been involved with the subjects' community has is to set aside any preconceived ideas or beliefs. Because I have served in the Army and have been involved with missions and deployments, I have my own opinions on the research topic. However, "prior beliefs about the phenomenon of interest are temporarily put aside, or bracketed, so as not to interfere with seeing or intuiting the elements or structure of the phenomenon" (Merriam, 1998, p. 15-16). This study is a small addition to the research on the participants of TMT and ABDT using a qualitative phenomenological tool.

Data Collection and Analysis

According to Merriam's (1998, p. 16) vision of the task of a phenomenologist, to give subjects a voice, I focused on having the informants talk about their everyday lives before and after their deployment. Inevitably, the veterans would talk about their deployments and how the war shaped their CWV. I used semi-structured interviews, probing to pull the conversation out of the veterans being interviewed. My only regret is feeling if the subjects would have known the questions beforehand, the quality of answers may have been more fruitful. To recruit the subjects for my study, I talked to the Veterans Affairs certifying officials for Austin Peay State University and Hopkinsville Community College, the Financial Aid director at Ft. Campbell, the campus director at Embry-Riddle Aeronautical University, the Guidance Counselors at Ft. Campbell, and the Murray State University director. I told each official about the study in a general way and asked if they had any students who had deployed and were diagnosed with PTSD. Within days, I had five volunteers contact me by phone to be part of the study.

I believe if I had met with some of the participants before the interviews, the conversations would have been deeper and the informants would have exposed themselves even more than they did. However, because of my military background, I believe I was able to build immediate rapport. Friendly relations and rapport "may well have a direct impact on how forthcoming respondents are

and hence the quantity (if not the quality) of the data collected” (Phoenix, 1994, p. 50).

At the beginning of the interview, the Informants were given a brief demographic questionnaire (see Appendix I). I used this to “break the ice” and find common ground before the interview questions started. I was able to find some background commonality with each Informant; military service, occupation, disability/surgery, age, marital status, and parent status to name a few.

The interviews were conducted at the Ft. Campbell Education Center with permission from the Education Services Officer on Post. The date and time was left up to the subjects at their convenience. The interviews were tape-recorded with the permission of the informants. The informants were allowed to stop the interview at any time. There was one interruption because of a classroom scheduling issue. Fortunately, we were able to shift our interview to the next classroom over immediately. I transcribed the interviews. The shortest interview lasted 51 minutes and the longest one hour and 42 minutes, and I followed the Interview Protocol (Appendix II). As the interviews progressed, I asked related questions or probes to help keep the flow of the interviews going, depending on the comfort level of the informants.

Following a peer’s advice, I followed Everett’s (1992, p. 16) recommendations for post-interview processes.

- The interviewer should listen to the recordings shortly after the interview.
- During the review, expand upon the interview notes to clarify any garbles in the recording.
- Prepare an interview summary that records the topics discussed.

After the interviews were transcribed, I divided the information into clusters so I could tie all the different categories together, i.e. CWV, religions, family, self-esteem, etc. The coding process was most intense. I gave the research questions and theories the most attention. I attempted to take the experiences of each informant and categorize it into sections that pertained to TMT and ABDT and put the statements into meaningful categories. Because qualitative subjects can be subjective and open to interpretation, it was important for me to be thorough, honest, and transparent in the coding process. I also checked back to the theories making sure what I was reading fit into the specific categories.

Although it is recommended by Everett (1992, p. 18) to give a copy of the transcription to the interviewees to clarify any comments, none of the informants wanted to see the transcription or add anything to the interview. I kept all written notes, transcriptions, tapes, and interview logs (Appendix III) that were written before and after the interviews for transparency and to have a paper trail as suggested by the University's IRB for any outside reader if they wish to trace the data back to the original conversations.

My biggest worry was whether or not I would have enough information and data to find connections across interviews. After my fourth interview, I knew there were themes that resonated with all informants. I kept the last interview scheduled out of a courtesy to the veteran and to add more validity to the research. Gerdes and Conn (2001, p. 187) state, “When you find that your data is beginning to reflect the same kinds of ‘themes’ or ‘patterns’ or when your participants have ceased to offer new insights or they reiterate statements made earlier concerning the given line of interview questioning, or when the information being collected begins to reflect the same things, you have reached redundancy.”

Credibility for this research was established through trust-worthiness in the interviews, the interview log and transcription, and analysis of the literature.

Transcription and Process

I taped all five interviews with my personal recording equipment. Before each interview, I told the participants they could opt out of the study at any time. I made sure they understood I would never twist their words and would quote verbatim anything they said. They understood, after discussion, the study was a collaborative effort and the research for this study may later be presented to the leadership at Ft. Campbell and those in and around the military. Each soldier was informed their answers would in no way be linked back to them.

I also informed the participants the goal of the study was to have their stories heard. Going into the study, I was not sure if there would be a consistent

narrative in their reflections. Although each soldier/veteran has been diagnosed with PTSD, they all had different specialty skills, led different numbers of troops, were in different geographical locations in theater, had different experiences growing up, and had different ideas about religion, family, and country. This led me to wonder if they had different CWVs and whether they saw things differently after their war experiences.

Next, I went over the interview process. I informed the participants we would start with the biographic and demographic survey as an icebreaker. This would give them a chance to become comfortable with me and the process. I let them know that after the interviews, I would be transcribing the interviews and they would be able to review the transcripts to elaborate or make any corrections. I also told them they would have the opportunity to delete anything they did not want in the transcription after consideration. I also informed the participants I would be changing their names in the study so no one would be able to link them to the interviews. Each participant understood the minimal risks involved and if they had any reservations about the possible risks they did not voice any concerns at the time.

Finally, I informed them this study would be used as part of the requirements for my doctoral studies. My research, including their interviews would be used for my dissertation and the paper would be reviewed by my committee Chair before being published. I also reminded them I might come back

to any questions and ask them to elaborate on the topic. Also, during their later review of the transcripts they could add anything to the interview if they felt like they left anything out of it. Not one participant wanted to review the transcripts or add anything to the interview. I can only speculate as to why they did not want to review their tapes, but it may be they trusted me to tell their stories accurately.

After each interview, I labeled the recording, made a copy of it and started the transcription process. This process was lengthy and took triple the time of the interviews.

Risk for Participants

Because of the small sample population in this study, I acknowledge the participants may have been placed at risk; but only minimally. At the time of the interviews, only one informant was still on active duty and was near separation. The other veterans were fine with all of the questions as long as I did not use their names in any of the written drafts. After the interviews were completed, only two of the informants stayed in the local area. Three of the participants have moved. Potential risks to the informants were negative recommendations for future employment and for the one active duty soldier, possible negative performance appraisal. Because there is still a stigma in the military community as mentioned numerous times in this paper, the potential for prejudices exist if the participants were to seek employment in and around the military community as civilians. Overall, on-going conversations with the Informants before they moved and

continuous talks with the local participants indicate, they were comfortable with the risks.

Formal informed consent took place after I received approval from the University of Oklahoma's Institutional Review Board and from my dissertation chair and committee. Informal consent to use the Education Center facilities for interviews was given by the current Education Services Officer.

Summary and Critique of Validity of Study

I believe we validate our life with the stories we tell ourselves and others. I find myself realizing as I get older that after my daughter and possibly her children, no one will care about me or my stories. So, I tell them now and I listen to others because we all feel pain, love, and a desire to understand what happened to us in this short life here on earth. I do not test a person or challenge them when they tell their stories. I listen and hear mostly desperation when a soldier speaks; especially a war veteran; especially a disabled veteran.

I chose to conduct a qualitative research study because it is theory building. The TMT and its offshoot ABDT propose that we rely on an anxiety buffer to cope when death is unexplainable and inevitable when mortality is salient. The stories these veterans told of the trauma they endured and witnessed were significant to build on the theories. To statistically analyze their words was not appropriate. However, this does not mean that data was not collected. Gerdes and Conn state, "the analytical process involves an interactive, creative, and

intuitive examination of the data, all in the search for patterns, themes, or emerging insights, each unfolding from the research process and grounded in the data” (2001, p. 5).

Gerdes and Conn (2001, p. 5) go on to propose that to verify the data analysis process was rigorous and legitimate the following must have occurred:

- Collected data are disassembled, and then reassembled to find uniqueness in pattern or principle of process or behavior.
- Data are coded so that they can be traced back to the original interview (via transcript), document, or observation for purposes of a conformability audit to verify the process and research method.
- Data are analyzed and synthesized through a developmental process to sort through categories, units, themes, and theory.

The validity of a qualitative study stems from the ability to trust the data. It is open to interpretation many times, but because there are conversations recorded, ideas notated, and observations documented, the trustworthiness of the study can be traced back to the documentation. Gerdes and Conn (2001, p. 6-7) address the legitimacy of a qualitative study and data collection. Paper trails, transcription, logs, and recordings allow for a researcher to confirm and validate the information presented.

The idea for this study evolved over years of conversations with my peers, professors, classmates, committee members, and soldiers. The trust achieved

between my informants and myself flourished because of my ability to connect with them as a veteran myself. The intent of the design of this study was to provide descriptive conversation for study and to provide meaning in the veterans and soldiers experiences.

In Chapter 4, I will share the results of this study.

Chapter 4: Results and Discussion

This chapter presents the information found in the surveys, interviews (Appendix I and Appendix II), field notes, and the interview log (Appendix III) on the five soldiers in this study.

The researcher organized the results in the following way: a) Background information from the researcher's field notes; b) demographic and biographic information about the five soldiers; c) significance of country, family, religion, and self-esteem relating to their CWV before and after deployments and being diagnosed with PTSD; d) their recommendations to other soldiers who will deploy to combat and to the military leaders who are responsible for their well-being.

Reflections from My Notes

Finding five soldiers who were in leadership positions while deployed to Iraq and who were subsequently diagnosed with PTSD was one of the many perceived challenges I thought I would encounter. Although I work as an Education Guidance Counselor at Ft. Campbell and interact with hundreds of soldiers on a weekly basis, I do not talk to the soldiers about their medical conditions unless they bring up the conversation. My original plan was to work on a case study involving one soldier or Marine and follow that individual's story to see where it led. However, after direction from my committee chair, it was decided I would find five soldiers who met the above specifications. I thought I

would be fortunate enough to find two soldiers who were willing to offer their time, energy, and stories for this study. Many soldiers double as leaders with veteran organizations in their communities or at church. They are fathers and husbands as well, and finding time to schedule interviews seemed daunting. I also had to consider my own schedule with work and family. A few times, I considered revisiting the direction of my study and to seek approval to shift my design to a case study as originally planned, with one or two soldiers at the most. I thought it might be more conducive to my time constraints and the subject I would be interviewing.

However, I quickly learned when word got out in the community about my study, many soldiers from the Wounded Warrior units were eager to participate and tell me about their experiences. These men were so eager that each one of them came to me at my place of work during the duty day to be interviewed, saving me time from traveling to meet them. This allowed me to secure a safe environment which was free of interruptions. These men fit me into their hectic schedules to be part of this study. I never needed to reschedule as these soldiers/veterans were always on time and ready to contribute. I allotted two-hour time slots for each interview and never went over the scheduled time. I do believe, however, some of these men could have talked for hours on end. They were passionate about the topic. I can only assume this was because it meant so much to them to share their thoughts and feelings. Each subject was very forthcoming about how they felt about each topic.

Each of the participants was able to reflect on the questions and give honest feedback. Each subject said they understood the significance of the study and his role in it. All subjects exhibited a sincere effort to provide insight into their personal stories because it might help future leaders and soldiers. My feelings about the interviews were that the participants were getting things off their chests. There was laughter, sadness when reflecting on events in their life, concern about the future, happiness when thinking about their friends in the military, and sometimes confusion about how they ended up with PTSD and how the changes in their lives have had consequences for the people surrounding them. It was beyond a doubt, extraordinary.

After speaking and listening, I came to these conclusions. If we cannot open channels of communication to a country or region that has a closed mind, then the next best thing we can do is educate our soldiers on the ways of their enemies' culture. While in Iraq and Afghanistan, it is our soldiers' secondary mission to communicate with the Muslim youth. Handing out candy, clothes, books, and essential living items allows us to have a communication link in the future. Our soldiers must learn through Sociology, Psychology, and other Social Sciences classes, that the children in the Middle East are taught their hatred and we have a golden opportunity to break the cycle by presenting ourselves in a loving way. By showing our extreme dislike to their children, we are opening ourselves up to a war that will never end. It is indeed hard to break a cycle that has been going on for

thousands of years; it will be harder to stop a war from a new generation of terrorists.

Instead of manipulating soldiers to think that all Arabs are enemy, we need to be concerned with soldiers and their connection to their own welfare. The CWV the soldier holds gives him or her personal value. If this worldview includes family and religion, instead of the negative image our government is trying to portray of the Arab community that suggests brutality, uncivilized people, and heartless natives, then our soldiers may have less anxiety before deployment.

Introduction of the Participants

Informant 1

Informant 1 is a male, age 29, who is now married after one divorce. He is the father of 1 son and 1 stepdaughter who lives at his place of residence. He is currently a full-time student receiving funding from the Post 9-11 GI Bill and from his 100% VA disability rating. Before being honorably discharged from the Army, he was a Staff Sergeant in charge of a platoon. While deployed to Iraq, he held the rank of E-5 Sergeant and was in charge and led a squad of five to six soldiers. He reported feeling like he grew up in poverty, but his current family household income is now \$100-\$149,000 a year. His education is listed currently as completing one year of college. He has been diagnosed with PTSD by the Army and the Veterans Affairs. He is a practicing Baptist. He deployed to Iraq twice and to Afghanistan twice. The subject is of Hispanic decent, raised

Catholic, and grew up in a large family in East Los Angeles and South Central Los Angeles. “Cousins, aunts, I’m Hispanic so we have 90,000 people in one car.” Like many soldiers, there was an attempted humor when talking to him.

Informant 2

Informant 2 is 36 years old and married. He has no children. He is currently a full-time student using funding from the Montgomery GI Bill and his 90% VA disability rating. He also serves in the US Army Reserves. Before being honorably discharged from the military, he was a Combat Engineer and Infantryman during two tours of Iraq. During deployment he held the rank of E-5 Sergeant and was in charge and led a squad of five to six soldiers. The subject is a white male, non-religious, and grew up homeless, in foster care, and in halfway houses in the Portland, Oregon area. He reports that he feels like he grew up in extreme poverty and his current family household income is \$20-29,000 a year. He reports he is “living off the VA.” His education is listed currently as completing two years of college after earning his GED. He served in the Army and has now been diagnosed with PTSD by the Army and the Veterans Affairs. Informant 2 has practiced numerous religions in the past. He has also been diagnosed with Traumatic Brain Injury. He is one class shy of his Associates degree. Informant 2 is also retired through the Army. During his second deployment, he lost his military rank due to misconduct, but earned it back in a

short period of time. This interview had a lot of laughter. He seemed to think what he said was funny or he was possible nervous. It was hard to tell at times.

Informant 3

Informant 3 is a 38-year-old white male, who is currently married after two divorces. He has two biological children who live with their mother in another state, and he has two step-children currently living in his house. He is a full-time student using funding from the VA and his 100% VA disability rating. Before being honorably discharged from the Army, he was a Cannon Crewmember in the Artillery branch during one tour in Iraq and one tour in Afghanistan. During deployment, he held the rank of E-5 Sergeant and was in charge of a platoon and led 25-30 soldiers. The subject grew up Baptist, but he does not want to talk about religion now. He grew up as a dependent or “military brat” in the Navy with two sisters, but he considers his parents absent because of the military. His current family household income is \$60-\$69,000 a year with most of the earnings coming from his retirement from the military and his Veterans Affairs disability payment. He has completed one year of college. He served in the Army and has now been diagnosed with PTSD by the Army and the Veterans Affairs. Informant 3 has also been diagnosed with Traumatic Brain Injury. His deployment to Iraq lasted ten months and his deployment to Afghanistan was 11.5 months long. This interview lasted the longest. He was very animated in his speech. He was very comfortable during the interview.

Informant 4

Informant 4 is a 33-year-old white male, who is currently married. He has one child currently living in his house. He is a commissioned officer on active duty, preparing for separation from the military and has learned he has a 70% VA disability rating. During his stint in the Army, he served as a Petroleum Supply Specialist during two tours in Iraq. During deployment he held the rank of 2nd Lieutenant and was the Executive Officer in a platoon of 25-30 soldiers. The subject grew up Baptist, but he now is unsure about religion. His current family household income is \$80-\$89,000 a year with all of the earnings coming from his active duty pay. He has completed his Bachelor's degree and is currently working on his Masters. He has been diagnosed with PTSD by the Army and the Veterans Affairs. Informant 4 has also been diagnosed with Traumatic Brain Injury. His deployments were both 9 months long. He currently owns a home and planned to stay in the Ft. Campbell area after discharge. Of all the participants, he was the only commissioned officer in the group. He came across as very professional and it was obvious he chose his words very carefully before answering. Unlike all the enlisted soldiers I interviewed, he did not joke around during the process. He only smiled once when describing an incident he had with a military spouse. Also, he had the lowest VA disability percentage of all the participants.

Informant 5

Informant 5 is a 41-year-old Native American Indian male, who is currently single after two divorces. He has no children. He is a full-time student using funding from the VA and his 80% VA disability rating, but he is looking for employment. Before being honorably discharged from the Army, he was a Utilities Equipment Repairer during one tour in Iraq. During deployment, he held the rank of E-4 Specialist and led a squad of five to six soldiers. The subject grew up with no religion taught at home, and he does not practice currently. His current income is \$10-\$19,000 a year with all of the earnings coming from his Veterans Affairs disability payment. He has completed one year of college. He served in the Army and has now been diagnosed with PTSD, like all of the informants after a traumatic event, by the Army and the Veterans Affairs. Informant 5 was renting an apartment but voiced a desire to find a place in the woods where “he doesn’t have to be bothered.” Among all the participants, Informant 5 was earning the least money.

Although, the (Appendix I) survey was not used in this study, the information obtained could be used in future studies to explore connections to the participants’ size of family, denomination or religious preferences, income level, percentage of disability, earnings, times deployed, marital status, and generation in which the informant grew up in. For this study, it did not give me information

usable in my design other than being used as an icebreaker. However, it is still worth noting.

Pre-Deployment Perceptions and Barriers Reported by Informants

In interviewing each participant, I was given a firsthand account of the issues, ideals, and opinions each soldier/veteran leader had about his pre- and post-deployment situation. It was intriguing to hear their perceived barriers in regards to their military participation and their diagnosed PTSD. Each soldier was asked about their family life, religious beliefs, patriotism, and self-confidence before and after deployment. Although the subjects knew my study was based on ABDT and TMT, none of the participants asked me to elaborate on the theories. I also asked questions about their leadership and how they viewed those military leaders before and after deployment. The latter questions were to get a glimpse of how this study could grow into a new study at a later date.

Nothing is perfect. However, I believe as children, many people start to gain a sense of who they are and what the world around them is like. We have a sense of pride when we reflect on our family, our country, our religious preference. We form a CWV, and as described earlier, this gives us a buffer from anxiety. This thing, with our self-esteem allows us to manage the terror that surrounds us. It could be said we are the only living species that realizes we will at one time in our life, face death. It is inevitable. We will all die. However, humans have a way to compartmentalize death into something that will happen

later; not today. Terror Management allows us to live day to day without the knowledge of impending death crippling us. However, when one's anxiety buffer is disrupted by something that does not match our CWV, it destroys prior perceptions and may lead to changed outlook. The CWV of individuals may change, which may include a change of how they view their family unit, religious choices, and the love for our country. This change can also affect our self-esteem. Police officers, fire fighters, first responders, and soldiers have occupations that have predicted outcomes. Each one of them sees things, I believe, that the mind has a hard time calculating. Death and horror can be part of the job. It amazes me, with all the data and research, stories, and experiences, we have an all-volunteer force in the military. It makes me feel as if the younger generation does not know, or better yet, understand the changes they may endure.

Family

Each of the men interviewed for this study has been diagnosed with PTSD by the Army or Veterans Affairs. Because each soldier goes through a medical assessment before joining the military, it can be assumed each veteran encountered issues for their diagnoses during their service in the Army. However, it must be noted, not all of the participants had a perfect childhood. Informant 5's father also suffered from PTSD, "although it wasn't diagnosed back then." It has not been until recently that the VA and military have gotten so involved with the well-being of our veterans even though signs of PTSD have been recorded in

many previous wars. However, the response was often brutal. During the Revolutionary War, “Punishment for mental health problems and desertion was harsh and included flogging, running the gauntlet, tar and feathering, and shackles. Offenders might find themselves placed in a cage complete with wooden spikes, which was moved by a horse” (Nidiffer, p. 16).

Informant 3 reported his mother was crazy and his father was always gone while serving in the Navy during our Cold War with Russia. Informant 4 said about his parents, “They weren’t loving. Disagreements through the course of growing up. My father, you would consider him an alcoholic.” Informant 2 never had to worry about two parents disagreeing or fighting in front of him because he was “completely homeless since the age of five.” He went on to reveal that he was incredibly alone. When he was 15, he was taken in by another family, but their trailer burned down and he lost another family. Whether he was looking for a forever family or not, he was able to find roots in the military after joining.

Informant 5 believes that the military becoming a substitute family was the case. Whatever he missed out on during his upbringing, he claims, “My family before deployment was my unit. A bunch of good kids. I got along with them. They expected things of me. I was the oldest. Since I was older, I was their father figure.”

Informant 1 was different. He had a father and mother and a very large family. Even though he believes he grew up in poverty, he has good memories of

his childhood. Informant 1 also has fond memories. “I was close to my family. Raised in a dual (two-parent) family. I’m the oldest, have siblings, was very close to my family.”

As adults, we then create our own family; some get married and raise children. So, even though we have an idea of what a family unit is from a child’s perspective, it could change as an adult and affect our CWV. Informant 3’s wife claims she was raped. She would not file a police report. He would later find out she was having relations with other men. Informant 4’s spouse was supportive about his deployment. “I think by having to go to (Army) schools to train, she kind of got use to it, me being gone.”

Religion

When mortality is salient, our buffer allows us to function as human beings. A perceived ideal that permits people from not worrying about death is what comes after death. Some believe if you have a strong religious background or belief in a higher power or being, this will prevent one from having overwhelming anxiety. The participants in the study gave some insight into their religious beliefs before deployment. The theme I discovered after comparing the notes of each participant is that most of the subjects had some sort of introduction to a religion and each had already formed some belief. Informant 5 was never baptized, “but it was great that my Mom took us (to church) because I learned a lot about Christianity. My Mom took us to church which I think was great.”

Informant 1 took it a step further. He was very involved in church. “I grew up a devout Catholic. I did my first communion. Very, very religious. My parents got me involved in the church. I would go Sunday and if there was any volunteer that we were required to do, I would go then.”

Just like the family aspect, nothing is perfect and as a reflection of their upbringing, religion was not always positive. However, all of this forms a person’s CWV. Informant 2 says, as mentioned before, that his Mom was crazy, but she was also religious. “She would do some weird things. Pails of Holy Water. I can’t even compare what she did.” Informant 3 reports, “The religious atmosphere in my family was hypocritical. I attended church every week. My family was hard-lined Baptist. Almost like a cult. They used to scare the hell out of us with movies, like you’re going to hell.” Informant 5 had similar ideals. “My Grandparents use to make me go to church with them. That was the worst experience of my life. Catholics, up and down, up and down.” All of this set a foundation for their future and their beliefs.

Formal religion is a basis for a person’s beliefs about life after death. There seemed to be a connection the men had to religion and their ideas about the afterlife. Informant 5, who grew up visiting a Catholic church with his grandparents, stated, “I believed in God, heaven and hell and sh*t like that. I had my own theories on how it works. If you’re a good person at heart (you’ll go to heaven).” Informant 1 who grew up as a devout Catholic always believed in

heaven and hell, but he was worried about the deployment because of the things he was taught in church about killing others. “You need the priest’s consent to go to war, and we never really got that consent. I was always afraid if I thought into it, that if I killed someone I would go to hell. The less you know, the easier it is.” And finally, Informant 2, whose mother was “crazy” and was very religious, said before he deployed, he was “pretty sure there wasn’t anything after that. We’d be lucky if anything survives.” Each participant had some sort of introduction to religion and part of their CWV was shaped because of this. Obviously, some were stronger than others based on their personal relationships with the people who attempted to mold that belief.

Patriotism

It starts when we are little; when we are young. How we view our country and the place we grow up is important to our CWV. It gives us a foundation. My take away from the interviews was that each one of the soldiers felt they were part of something bigger.

Informant 2 had this to say about the Pledge of Allegiance, “Something about it makes me feel good. Even though the US didn’t do anything for me at that time, I still felt that I would do anything for it. Seemed like a good idea.” Informant 3 continued with a demonstration of the love for country, “Like, you couldn’t tell me nothing. America walked on water.” It continued for some of the participants in the Army before deployment. Informant 1 who claims he was not

overly patriotic when he was growing up, had this to say, “The minute I joined the military, I was straight-laced, they drilled into my head, hey dude, you aren’t here just for yourself. This is something for your country and I realized how important this is.”

Self-Esteem

Each of the aforementioned topics helps create our self-esteem. Our family and personal relationships, religion, and love of country also help us form our CWV. It is important to have strong self-esteem to help manage terror and buffer our anxiety. The participants in this study had differing thoughts about their own self-esteem. This may have had a direct correlation into their diagnoses with PTSD. Besides the above-mentioned issues with family, religion, and patriotism which help form your self-esteem, the subjects had this to add: Informant 3 - Just not satisfied with life. Informant 4 – I felt good about myself. Positive attitude? Yes.

I believed some of the participants had low self-esteem based on the answers they provided about their family issues, problems with personal relationships, religious upbringings. Without any concrete data, I believe some were trying to find themselves and become part of something bigger when they joined the military, to create self-esteem.

Trauma

Although many of the soldiers/veterans interviewed were witnesses to traumatic events before they joined the military, none were ever diagnosed with PTSD. By all accounts, each person was a highly functioning person and a contributing member and leader of their Army units. The National Institute of Mental Health states that not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD (2016). Some of these individuals were exposed at an early age to traumatic events, but they were still able to join and function in the military before deployments. Informant 2 was “stabbed twice and beaten with a bat. I guess the bat didn’t work, so they used a knife. But a Swiss Army knife isn’t the best choice... It was more traumatic when I stabbed him. It felt right. He got what he deserved. Everything goes in slow motion when things are going wrong. I was there in the moment, but everything was in slow motion. It wasn’t shocking to me.” Informant 3 claimed his parents would fight all the time. “My Mom would throw things all the time.” Finally, Informant 1 stated he would see drive-bys all the time and would see people hit with bullets. “My Dad was picking up something from an apartment. My Mom was pregnant. Two gang-bangers started fighting outside of the car and they both ran in the apartment in opposite ways and started shooting at each other. My Mom told me to get down, but she couldn’t because she was pregnant. So, she would cover me.” Each one of these examples could constitute witnessing a traumatic event.

Post-Deployment Perceptions and Barriers Reported by Informants

Each informant changed after deployment. Their beliefs, their relationships, their love of country, their self-esteem, and their CWV changed after going to war in Iraq. As written above, not each participant in this study was close to family, believed in God or life after death, had a high self-esteem, or was patriotic. Even though each had their own conflicts before deployment, it was evident they were changed men after deployment and being diagnosed with PTSD.

Family

The ties were there, but the strength of the ties had weakened. Informant 1 had this to say about his family relationships. “Before deployment, I would call my mother at least once every other week. Usually every week. After deployment, maybe once a month. My siblings would try to reach out to me, but I didn’t call them.” Informant 2 saw a strain on the relationship between him and his spouse. “It really felt a little more estranged. She’s out working. I’m sitting around doing nothing (because of the disability). I mean, we spend time together, but we are farther apart. She gets fed up. In fact, she doesn’t care about my hurt back. She wants me to rub hers.” Informant 3 found courage to stand up to his family. “I stood up to my family more. My Dad is very... I would now tell him, you’re a di*k. I don’t need to hear your mouth. He would tell me, you can’t talk to me like that. I would be like, I just did. Deal with it or stop talking to me. We stopped talking for about two and a half years.”

Not all relationships were lost. Some of the participants found a need to be closer to their families. They tried to strengthen their buffer. Informant 4 reported, “You realize a lot of things during deployment about how much people mean to you. You try and get to know them. If anything happens. So, I started talking to them more.” Also, Informant 5 realized the potential shortness of life. “I got closer to my Mom. Just because she’s getting older and life is short. And she really wanted to see me more just because of that deployment. Because I couldn’t really tell her what happened when I was over there.”

Religion

The biggest surprise for me was the amount of time the participants spent answering questions relating to how they felt about religion and life after death following the deployments and after their PTSD diagnosis. There were numerous changes of ideals. Although a few subjects grew up in a religious family or were at least introduced to the ideals, none of the subjects were believers in a specific faith. Instead, they were more open to the idea of good vs. evil while searching for answers. Here are a few points made during the interviews:

- I think it’s a waste of time. I think we could be doing more for humanity. That’s my other saying... there is no God or Devil, but there is good and evil and we bring it on ourselves. We are the problem and the solution. – Informant 2

- I am currently searching for answers. I need to know. I'm just reading a lot of books. Being very thorough. Comes from my Philosophy class, the religion part of it. Very interesting, I do not attend church. If I'm searching for answers, I'm probably further away from God. – Informant 5
- Is it really worth all that time out of my life? I don't know it's true. It goes, we could probably talk about this all day, but there are so many views and religions out there. That's what always gets me; if there was one creator, then why are there all these different outlooks. Creators. What it comes down to me is, treat people right. - Informant 4
- My beliefs are more solidified the way they work now. I would say I believe in mankind. There isn't life after death. - Informant 2
- I'm unsure. It's my philosophy, you treat others right. And if someone's going to judge you, you hope they see you've tried to do right your whole life. So, but I don't have any preferences. I claim I'm Christian just because I want to believe there is something out there. I'm still unsure. I'm still not 100% devoted. - Informant 4
- I guess you could say, I'm a little more open, a little more accepting. It can't hurt to have an open mind. If you believe in every religion, eventually one might be right. - Informant 1

- You can roll your dice all day long. Who's to say that Jesus was really Jesus and it wasn't just some dude hopping everyone up on some peyote. Hey, check this dude out, he's dead and bam, he's awake. You don't really know. It's cool to be a believer and have faith. I have faith. – Informant One
- You die and that's it. Like any living thing on this earth. – Informant 4

Patriotism

Following the topic of religion, the ideals of patriotism also took a turn. Where once, these men were very patriotic, they have different outlooks today. Part of Terror Management is the love of country and when there is a traumatic event and the buffers are disrupted, there is a possible shift in those thoughts. Here are a few points from the interviews. Informant 2 stated he was still proud, however it “drives him nuts” because the saddest part was that families were now torn apart. He reported he tried to avoid funerals because he did not want to relive hearing his friends' names being called at after dying overseas. Informant 3 went a step further and considered renouncing his citizenship. His wife had to talk him out of it. Informant 5 looked at America as a “piece of dirt. It's a location on a map.” He reported a disconnect now with his love of country, even though he still says there was nowhere else he would rather be. He also voiced a concern, like

many others, in the leadership of the military. In conversation, it was evident to me, patriotism and military leadership went hand in hand for these men.

Self-Esteem

Although not every one of the participants had high self-esteem before deployment, it was apparent the group as a whole had a positive self-image and was highly self-confident. After the deployment and their diagnosis with PTSD, this shifted. In my opinion it is hard to be a soldier when your self-esteem is low. When I served with the Rangers, it was obvious the unit was made up of Alphas. There was no room for self-doubt. To say I believe this group of participants is no longer cut out for the Army after deployment is an understatement. These men can no longer lead in the state they are in. Nor could they follow orders with their beliefs in the enemy, in the leaders, and in themselves. Here are a few examples of how their self-esteem became void.

- I'm totally dissatisfied. The loss of independence. I use to be the guy that did marathons. I was really active. A junkie. Now, I can't even tie my shoes. Very off-putting. This was not the plan. I do not have any respect for myself anymore. I can't do what I use to be able to do, I don't do rehab any more. A lot of people tag the cost of war as monetary, but that they need to look at the cost of families. The cost goes on for generations. I love killing bad guys, but just not a kid that is trying to defend his family. I was that kid

at one time. Kind of what is upsetting. It's not clear who the enemy is. We haven't learned anything from World War I. We go places we don't belong repeatedly. – Informant 2

- (Suicide) Yes, I've considered it twice. I have a hard time making decisions. Last time I made a real decision, someone lost their life. I think it's bled into my daily decisions. I'm afraid to pick out my shoes because it might not match my shirt. – Informant 1

Trauma

The questions I asked during my interviews were not specific in nature to try to have the participants relive their experiences (Appendix II). However, with any questions about trauma, it unfortunately brings up the past and forces many to think about what caused them to arrive at this point in their life. As mentioned previously, each subject has been diagnosed with PTSD. Many have also been diagnosed with Traumatic Brain Injury and other physical issues. It is my belief that each disability works hand in hand with the other issues to create issues and problems which make it more difficult to get a grasp on one specific problem. The body and the mind work together. For this study, I tried to only concentrate on the mind and asked questions relating to PTSD and not physical ailments. However, for future studies, I believe it would be beneficial to see the connections between PTSD and physical disabilities.

Trauma and witnessing traumatic events have been directly linked to PTSD. This is a major cause of one having his anxiety buffer disrupted. The following are a few quotes from my interviews when asked about trauma.

- I almost flipped out one day. This was almost 7 or 8 months ago.

When I was back, my wife and I went out on a bike ride and it was hunting season and I didn't put two and two together. We were on our way back and bullets started zinging. So, I have my wife and I think, Oh. So, we find this house and I call the cops immediately and say we are being shot at... cannons on the morning, gunshots. Those things trigger it. – Informant 4

- I could tell you how many times the rocket missed my bunk.

Where I was sleeping. Because I'm just getting out (of service), My psychiatrist asked me if I wanted out (of service). I said no. But, it was his recommendation to put me out. That was the trigger that started everything. – Informant 5

- I can't take my kids to the 4th of July. I can't take my kids to a water park. I can't even go to a mall on Saturdays. Because there is way too many people. I tried taking my kids to the movies and I ended up throwing up. Think about it, these are kids that have to see their Dad throwing up in front of people. No kid should see their parent going through that. – Informant 1

- Thought about suicide. I think it was survivor's guilt. Medication makes me so lazy. I feel like a bum. – Informant 3
- I cry almost every day. Thinking about one soldier in particular. I don't go to counseling. I'm tired of people telling me I'm all fu*ked up. – Informant 3
- Fourth of July sucks because of the loud booms. But I go out there anyways. I think it's part of my recovery process to be introduced to a safe environment when it is happening. – Informant 4

The soldiers I interviewed all went through, in my opinion, horrific and traumatic things while deployed in harm's way. There is no doubt in my mind these events caused them to change their minds, their ideals, their beliefs. Each person is different and I cannot say the level of each person's change. But, the overall theme was that the informants in this study had a definite change in their personal relationships with family. They also had a change in their religious beliefs as well as a change in their patriotism. Most now have self-esteem issues and their CWVs have changed.

The men in my study do not see the enemy as wrong. They see different circumstances now after being subjected to war. Informant 4 had this to say:

There are bad people everywhere. I don't generalize. I mean it's ignorant to say all Afghans are the enemy. That's like saying all Americans are criminals. I met a lot of decent Afghans or they presented themselves as

decent. I see their point and understand why they fight. I don't agree, but I see their point. I gained a lot of knowledge. It was then that I saw that their culture and outlook is reason for all this. I have changed my mind and now see why they do what they do.

Informant 5 also changed his CWV. "I understand their view. We were/are considered to be desecrating their holy land. They are really big on an eye for an eye. So, if an innocent bystander dies even if the bullet comes from the Taliban, they want payback. Before I deployed, I didn't understand. Now I do."

Finally, as an example of this shift in beliefs; Informant 3 stated this, "I can see why they fight. I am more open to why they fight. My ideologies are different. I am more open to thoughts now."

Summary of Findings

The men in this study have experienced the horrors of war, the traumatic events which led to their PTSD diagnosis, changes at home, and physical injuries which have left some defeated and each changing a portion of their CWV. All of these men were forthcoming and honest in their answers during the interviews. They did not come across as having any sort of agenda and I can say in the limited amount of time we spent together, they are men I would like to get to know more. Their stories are intriguing and, at the same time, very sad. These are men who volunteered to join the military, to join combat arms, and to fight. Each of these men could be studied individually as a case study, but I think the group

offered more diversity as suggested by my committee. Although the readers of this dissertation will never know the identity of these men, I believe (being around the military for the last twenty years) they are a true snapshot of the men serving across the military.

By creating a positive CWV with courses and pre-deployment counseling before a soldier leaves, we may be able to create a better buffer between the soldier and their anxiety about death (Carlson, 2016, para. 8). Most Americans have an idea of what it means to believe. But the religious fanatics believe beyond a shadow of a doubt that they will be rewarded upon death which elevates the anxiety of combat. “For the highly committed individual, (religiosity) not only promises a reward in the afterlife but it diminishes the fear ascribed to death from secular society” (Leming, 1980, p.355-356). Interestingly, the terrorists are non-death fearing soldiers. This flash of insight into the culture of their people solidifies the TMT. “TMT emphasizes that existential terror is managed by a cultural anxiety buffer. By identifying with one’s culture, one can transcend death either symbolically, through real immortality, or through belief in a just world” (Moskalenko, 2003, p.63).

Because some distressed soldiers cannot buffer their anxiety, the Army plans to hire 20% more mental healthcare workers to include more psychologists, social workers, and psychiatrists. The announcement calls for an additional \$40 million dollars and 150 new employees. The Senate Armed Services Committee reports an approved legislation measure that would improve medical assistance

for service members returning from downrange. The action would provide \$50 million to improve treatment for veterans with PTSD (National Center for PTSD, 2017, para. 13). The plan would call for more counseling of soldiers and family members upon return. Again, this reflects the nation's commitment to solving the problem after it happens instead of educating soldiers before they deploy. The Band-Aid will not fix the problem. We need preventative medicine.

After my study concluded, I went back to my initial questions posed in the Research Questions section of Chapter 1. I believe each of these men found their CWV in country, family, religion, and self-esteem before deployment. None of these men had the picture-perfect childhood, but they all had a similar CWV, which allowed them to deploy in harm's way even though mortality was salient. However, after the deployment and facing traumatic events, their anxiety buffer was disrupted and their CWV changed. They had more issues with country, family, and religion, did not have the same belief in country, and their self-esteem was less. I believe these men could be an invaluable resource to future soldiers as well as the leadership in the military. I am not convinced they could offer words of wisdom to the younger soldiers, but their stories can assist the military leadership when trying to formulate a pre- and post-deployment plan that may help our soldiers come back from a deployment with a CWV that mirrors the one they had before they encounter a traumatic event. My hope is these men serve as a reminder and inspiration to our military leadership. There is a cost to this war.

Chapter 5: Suggestions and Lessons Learned

Illustration: Samuel grew up in South Central Los Angeles. He was the oldest sibling and very close to his family. He describes his neighborhood as one where people would watch out for you. His grandparents and cousins lived in the same house where he was raised in the Roman Catholic faith. His parents got him involved in the church. He would attend church every Sunday. Before his deployment to Iraq, Samuel states religion was very important to him.

Growing up, Samuel felt he had to serve his country. He loved GI Joe. Upon joining the Army, the military drilled into his head that he was not there just for himself. He realized this was for his country and how important serving was.

Samuel never had a problem with self-esteem before deploying to combat. He was self-assured and confident in himself and his abilities. His CWV and belief about country, family, and religion allowed him to believe that “if something goes down, I (he) lived a pretty good life and that I (he) could still sneak into heaven.” He was able to compartmentalize his duties and still function knowing even though his mortality was salient, especially during a deployment as an Infantryman, he could do his duty and everything would be okay in the after-life.

After deployment, his ideas changed. Family was not as important, religion was not as clear cut, he questioned the leadership of his country, and his

self-esteem has been lost. He is not satisfied with his life. He has been diagnosed with PTSD.

Unfortunately, two centuries of advances in psychiatry, psychology, and leadership have not altered the fundamental dynamic of human response to stressful experiences in combat. PTSD has been referred to by Army personnel as “one of the signature injuries of the active duty service men and women who are deployed to Afghanistan or Iraq” (Baker, 2011, p. 3).

When I began my study, I assumed all five men would come to the same conclusions, whatever those may be. Because all five of my participants deployed from Ft. Campbell, were all assigned to combat units, and all deployed to the same theater, I assumed they would share the same experiences. This was not the case. Although they all share one specific commonality, PTSD, each person had their own unique outlook on this war. I liken it to the men who stormed the beaches during the D-Day invasion in World War II. Each beach was different; Utah, Omaha, Gold, Juno, and Sword gave soldiers different perspectives from their vantage point on how the war began.

Each participant also had a different upbringing. Their CWVs were not the same. Some of the soldiers had wonderful childhoods while others suffered. Their religious experiences were different as well. Even the level of their patriotism and self-esteem would differ from one another. Each subject faced different obstacles during the war and different obstacles today. It was evident some of these

veterans have support on the home front while others are still trying to find their way. What all five men do share is the need to adapt to and overcome the diagnosis they have been given. Each soldier has been involved in at least one traumatic event. According to Psyszczynski and Kesebir (2011) ADBT suggests PTSD results from a person's anxiety buffer being disturbed from experiences of death anxiety.

What did surprise me is the negative feedback I received about the Veterans Affairs. My personal experience with the VA has always been positive. Wait times can be longer, but I am always able to get the care I need, my medications are easily obtained, and I am able to contact my provider within 24-48 hours. When I had my total hip replacement, because the VA was backlogged, I was able to make arrangements to have my surgery in the civilian sector. My experiences may be different for numerous reasons. I am proactive about my health, my appointments, and my insurance situation. I can only speculate as to why I feel differently than my participants. Here are a few things the informants had to say about the VA. Two participants said this: "I think the VA is useless." Other comments included, "Just check the block when I have to see them," and "they are limited to the number of appointments."

This is the premier organization that is tasked to help a soldier in their journey to heal. These men have lost their self-esteem which is an essential part of a person's CWV. Becker (1973) suggests that self-esteem allows a person to live

in the here and now and someone who is self-conscious has more of a negative outlook. With a negative outlook towards the organization that is supposed to help, it may be harder to build self-esteem if you don't believe in the mission.

Another lesson I took away from my study is, in my opinion, veterans are very willing to talk about their experiences if you make them feel comfortable. It may be the veterans felt I was trustworthy. Because I am prior service, I think I had an immediate connection with the participants. I understood their lingo, mannerisms, and their experiences in the military.

Regarding the interview process, I was very pleased with how the interviews went. By talking to them and listening, I feel I was given data that came from within the soldier. Their feelings were displayed. However, the limited time of the interviews may have prohibited the soldiers from opening up even more. This was a snapshot of what may come in future studies, if conducted.

Challenges of the Study

The major challenge of this study was separating myself from the topics and the input I received from my participants. Also, a weakness of any volunteer to a research study will be the volunteer's bias and trying to generalize their stories. However, I believe these volunteers give a snapshot of what some soldiers are going through. When reporting my findings, I had to connect what the subjects were saying to the theories. I attempted to shut out any ideas of what I might find to not sway my interviews and the participants' answers. I did not

know how they would answer certain questions. However, looking back, I see that this war and their experiences left these men with more questions than answers. Their CWV's have been turned upside down and although the dialogue does not prove anything, it does give enough information to continue researching these topics. Miller and Landau (2007, p. 12) point out that our CWV makes our social world more predictable, meaningful, and orderly and when the CWV has been turned upside down, it is harder to buffer anxiety.

The information on this topic is growing, but needs to be researched more. The topic may not fully be realized until this war is closed. Unfortunately, there will be more subjects to interview because there is no projected end in sight for this war. Because of this knowledge, I found myself more and more angered, knowing the new enlistees of today could possibly be interviewed for a similar study at a later date.

Another challenge I encountered was the challenge of time. Like so many other students, being a full-time employee as a Guidance Counselor at Ft. Campbell, being a contributing member of my family as a husband and a father, and attempting to keep up with my doctor's appointments for my service-connected medical issues at times seemed daunting. It was only with the support of this committee and my family that I was able to complete this study.

Strategies for Success

The Department of Veterans Affairs sees success as identifying soldiers, veterans, and family members in need and then treating them. Treatment can come in different approaches. They are outlined with the National Center for PTSD as follows (2016, para. 16).

1. Cognitive Therapy – A therapist helps you understand and change how you think about your trauma and its aftermath. The goal is to understand how certain thoughts about your trauma causes your stress and how they make your symptoms worse. Here, you will replace those thoughts with other less distressing thoughts and also learn ways to cope with feelings such as anger, guilt, and fear.
2. Exposure Therapy – Here, you will learn how to control your fears by talking about them repeatedly. At first, reminding yourself about the traumatic events may seem strange, but by thinking about them and talking about them over and over, you realize you don't have to be afraid of the memories.
3. Eye movement desensitization and reprocessing (EMDR) – While thinking about your memories, you focus on other stimuli. You are focusing on other movements to help your mind focus on the activity and not on the memory. Typically, you are changing the association of your memory to a movement, lessening stress.

4. Medication – Certain types of anti-depressants can help a person feels less sad and worried. Prescription drugs like Prozac, Paxil, and Zoloft may assist the person with PTSD.
5. Group Therapy – Talking with others who share similar experiences may help. It may help form relationships and trust with others. Also, others may give examples of how they are coping with trauma.
6. Brief Psychodynamic Psychotherapy – This one on one counseling helps a person identify triggers, makes a person more aware of their thoughts and feelings to help a person cope with their feelings as they raise their self-esteem.
7. Family therapy – because a family unit may be affected as mentioned earlier, this therapy helps the entire family communicate, maintain good relationships, and cope with memories and emotions.

These types of counseling sessions typically last from three to six months with the goal of reducing PTSD symptoms, learning to live with the symptoms, while feeling less guilty, improving relationships, and communication with friends and family. Basically, the idea is to build the anxiety buffer to connect with people and to create a CWV that allows a person to protect themselves and connect with family, friends, possibly religion and create self-esteem.

Psyszczynski et al. point out there is an enormous amount of effort placed in

strengthening one's CWV because it can protect against anxiety and can help guard against negative thoughts (1999, p. 836).

Recommendations for Military Leaders and Future Combat Soldiers

Although a leader may never be able to predict which of his soldiers will be diagnosed with PTSD or which soldier will experience trauma, there are recommendations that may help the future combat Service member and the leader cope and prepare.

With the fragile state of the human psyche, it is important to assist as many soldiers as possible to keep their CWV intact and prevent soldiers from having an anxiety buffer disruption. To do this, the Veterans Affairs (2017, para. 9), suggests the following may help:

1. Prevent family breakdown.
2. Prevent social withdrawal and isolation.
3. Prevent problems with employment during Garrison.
4. Prevent alcohol and drug abuse.

Prevention is the key. The Army's signature program, developed a few years into the war and still used today, is the mandatory Battlemind training program. Prior to deployment, soldiers received a 45-minute block of instruction about what they are likely to see, hear, think and feel. Upon returning from combat, soldiers are given classes on what is acceptable and normal. It highlights

“the problems that can occur when the skills needed for effective combat are carried over into the home environment” (NCD, 2009, para. 3). An initial survey showed soldiers who were briefed before deployment were less likely to screen for mental problems while deployed in Iraq. (US Army Surgeon General, 2008, p. 64). The program now has separate pre-deployment training modules for unit leaders as well.

It is the responsibility of the leaders to make sure not only are they seeking care, but they are watching over their soldiers so they can get the pre- and post-deployment classes and health care recommended by the VA and the Army. Although numbers of PTSD and other associated issues are increasing, the organizations are doing numerous things to assist our soldiers and families. As a future soldier, it is your responsibility to seek out what the VA and Army has to offer.

Implications for Military Leaders

Knowing how men can be changed by war and the traumatic events that go hand in hand should be a pressing issue for our military leadership. This research may encourage the military command to prepare service members for combat deployments and to assess how our soldiers’ CWVs will help buffer their anxiety when mortality is salient (Greenberg, Pyszczynski, & Solomon, 1986; Kashdan, 2006; Pyszczynski & Kesebir, 2011). These data may encourage military leaders to offer soldiers time during duty hours to spend with family, in

prayer, at patriotic functions, or in a classroom to help reduce stress and anxiety before deployment to bolster their CWV, to help the soldier build close personal relationships, and to help build self-esteem which are tenets of TMT.

Recommendations to Leaders

After interviewing and sifting through all the information projected by the participants, it was evident their lives had changed. Each subject has been diagnosed with PTSD. Currently, there is not a way to see the damage an incident can cause a person. However, what we do know is a person tries to manage terror with their anxiety buffer and if it is disrupted, there will be a shift of ideals and CWV (Greenberg, Pyszczynski, & Solomon, 1986; Kashdan, 2006; Pyszczynski & Kesebir, 2011). Typically, from my experience, a person is never only diagnosed with PTSD. They may have other physical ailments including Traumatic Brain Injury. It is hard to predict who will be injured and who will not. However, the military must prepare our warriors the best they can for a deployment.

Family

One of the participants claimed his unit was his family. While serving in the Army, I saw first-hand how a military platoon or squad could be considered family. These men and women form bonds that are rarely broken. However, as the saying goes, blood is thicker than water. Units break up. Soldiers discharge from the military, change jobs because of promotion, people die, and units are never the

same from year to year. However, family is considered to last forever. One suggestion would be to allow soldiers more time with their family and friends before deployment to help solidify those relationships. It may be difficult with the training needed to go to combat, but a balance may possibly help strengthen ties for soldier when redeploying (Carlson, 2016, para. 6).

Religion

My Chaplain at 2nd Ranger Battalion had a habit of praying to God to help us kill the enemy. His gruff voice could be heard all over the company areas during deployments. He stressed how we were right and the enemy is wrong. He had seen combat as well and was the only Chaplain I ever saw carry a weapon. Most have assistants to do the heavy lifting. Not once during a training exercise did I feel a connection to the religion I grew up with. Each unit had a Chaplain assigned to it, and the denomination did not matter. Although I knew this person was a caring person, the typical combat unit Chaplain is there to counsel. However, a recommendation would be to allow access to a chaplain of the soldiers' denomination and give more time before deployment to visit the church of choice. This may also strengthen the ties before deployment. As mentioned before, Lee suggests faith in one's CWV can strengthen a person's anxiety buffer (2005, p. 6). If there is a way to solidify a person's faith, it may strengthen the buffer.

Patriotism

The idea of counterinsurgency goes against everything a soldier is trained to do. A soldier is trained to kill an enemy. It allows the soldier to believe we are stronger, faster, and better. The idea of going over to the Middle East and making friends and convincing a civilian population we are there to help is counterproductive. However, TMT posits the way to co-exist when two people have a different CWV is to talk and have dialogue (Pyszczynski & Kesebir, 2011, p. 22). This goes against creating a positive idea of patriotism. Our soldiers do not have confidence in our leaders because they are not allowing them to engage. Informant 5 sums it up in his opinion by stating, "They think it's my way or the highway and the president (Obama) doesn't know anything about his job. No one has the courage to tell him he needs to lead. To go in there and say get things done. Just nominate Ronald Reagan. I know he's dead, but who cares." Informant 2 agrees. "No faith in the country's leadership. They could have made better choices. We could have been done with Iraq in six months... I don't have a lot of faith. It will probably be an uphill battle for anyone in that (President's) office. Even to this day, there feels like there is no direction." As recently as June of 2017, Ft. Campbell lost three more soldiers working in the area of counterinsurgency when a terrorist opened fire on our soldiers after dressing as a local police force. This does nothing to create patriotism for the young and upcoming soldiers. It is recommended to have a clear objective and to allow soldiers to do what they are trained to do. This may not be a popular suggestion, but a better suggestion would be to pull the troops out of Iraq and Afghanistan.

The idea is to create a stronger soldier at home before deployment. If the buffers are already stressed, then they may break more easily when confronted with issues and experiences a soldier comes across while deployed. But, it may be possible to strengthen a soldier's tie to family, religion, and patriotism, which in turn may strengthen their anxiety buffers (Aikins, 2013, para. 42). Their self-esteem may also increase because of this.

Recommendations for Future Study

Because the Anxiety Buffer has been disrupted, the veteran with PTSD does not have the same perception against his/her enemies as he/she did before the deployments. Instead, after interviewing these five leaders, it appears that most have more ill-will towards their own leadership for sending them into harm's way than they do towards their enemies. They have the ability to understand why the enemy was doing what they were told as well. The CWV has been shattered and their belief in patriotism has lessened. A study that warrants further discussion would be to see who these soldiers believe is their new enemy, if any.

WAR – Edwin Starr

Oooh, War, has shattered many a young man's dreams
Made him disabled, bitter and mean
Life is much too short and precious to spend
Fighting these wars these days

War can't give life; it can only take it away

War, good God ya'll

What is it good for?

Absolutely nothing...



Chris Koehler

Operation Brain Science – Popular Science March 2013

With Artist Permission

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Appendix 1: Demographic Survey

DEMOGRPHICS SURVEY FOR - *ABDT: A Case Study*

Marc CB Maxwell - Interviewer

Q. Gender

What is your sex?

- Male
- Female

Q. Age

In what year were you born? _____

Q. Marital Status

What is your marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

Q. Parental Status

- No Children
- 1 Child
- 2 Children
- 3 or more Children

Q. Education

What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Nursery school to 8th grade
- 9th, 10th or 11th grade
- 12th grade, no diploma
- High school graduate - high school diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree



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- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

Q. Employment Status

Are you currently...?

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Retired
- Unable to work

Q. Employer Type

Please describe your work.

- Employee of a for-profit company or business or of an individual, for wages, salary, or commissions
- Employee of a not-for-profit, tax-exempt, or charitable organization
- Local government employee (city, county, etc.)
- State government employee
- Federal government employee
- Self-employed in own not-incorporated business, professional practice, or farm
- Self-employed in own incorporated business, professional practice, or farm
- Working without pay in family business or farm

Q. Housing

Is this house, apartment, or mobile home:

Owned by you or someone in this household with a mortgage or loan?

- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented for cash rent?
- Occupied without payment of cash rent?



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Q. Household Income

What is your total household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

Q. Ethnicity

Please specify your ethnicity.

- Hispanic or Latino
- Not Hispanic or Latino

Q. Race

Please specify your race.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other – Please explain

Q. Religious Background

Please specify your Religious Affiliation.

- Catholic
- Methodist
- Lutheran
- Christian
- Baptist
- Other – Please explain



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Q. Military Branch

Please specify your Branch of Service

- Army
- Navy
- Air Force
- Marines
- Coast Guard

Q. Percentage of Disability with the VA

- 30%
- 40%
- 50%
- 60%
- 70% or Higher – please explain.

Q. Have you been diagnosed with PTSD or TBI

- PTSD
- TBI
- Both



IRB NUMBER: 4466
IRB APPROVAL DATE: 07/16/2014

Appendix 2: Interview Guide

Interview Guide
ABDT: A Case Study
Marc CB Maxwell

Beliefs BEFORE and AFTER Deployment: Questions will be direct with open and closed answers as possibilities.

BEFORE – Family:

- Growing up, were you close to your family? Why/Why not?
- Was your family large or small?
- Where did you grow up? City/State – Tell me about it.
- Was it a good place to raise a family? Why/Why not?
- What do you remember about your parents/siblings/extended family?
- Describe your neighborhood.
- Before your deployment, how would you describe your family unit? Close? Not close? Explain.

BEFORE – Religion:

- Did you grow up as a member of a church?
- What was the religious atmosphere like in your family?
- If you did attend church, did you do it often?
- What experiences do you remember about any religious activities as a child? As an adult before deployment?
- Did you pray at the dinner table before deployment?
- Was religion an important part of your life before deployment?
- Before deployment, did you attend worship on a regular basis? Explain.
- What were your thoughts about life after death?

BEFORE – Patriotism:

- Growing up, do you remember saying the Pledge of Allegiance? How did it make you feel? Explain.
- Did your family celebrate Veterans Day or the 4th of July before you deployed?
- As a young person, before deployment, would you say you were proud to be an American?
- Before enlisting, did you feel it was important to serve your country?
- What MOS or job specialty did you enlist for? I.e. Infantry/Personnel?
- Before deploying, did you watch the Olympics? Did you feel pride when an American won? Why?
- Before deploying, what did you feel when you saw the American Flag flying?
- Before deployment, would you say you were proud to be an American?
- How did 9/11 make you feel? Explain.
- Before deploying, were you in favor of deploying to Iraq? Why/Why not?



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- Did you have faith in your country's leadership?

BEFORE – Self-Esteem:

- Growing up, did you feel that you were able to do things as well as others?
- Did you ever go through a time in your life before deployment, where you considered suicide?
- Before deployment, would you say you were satisfied with your overall life?
- Before deploying, did you ever remember feeling useless?
- Did you have respect for yourself?
- Would you for the most part, have a positive attitude toward yourself?

BEFORE – Traumatic Event:

- Did you ever witness any serious industrial, farm, or car accident, or a large fire or explosion? If so, explain.
- Before deployment, did you ever witness any violent crimes? Explain.
- Before deploying, were you or someone close to you ever in danger of losing your life or being seriously injured? Explain?
- Did you ever witness any type of traumatic event before deploying?
- Before deploying, did you ever think of the possibility of dying overseas?
- Did you ever think about dying while growing up?

AFTER – Family:

- After deployment, would you say you were close to your family? Why/Why not?
- Did anything change between you and your family? Parents, Spouse, Children, Siblings or any Extended family or Friends.
- Did you have any difficulty communicating with your spouse? Explain.
- If you divorced after deployment, why do you think this happened?
- Did the deployment time away from your family make you closer or drive you further apart? Explain.
- Explain your current family dynamic.
- Do you feel like your family supports you? Why/Why not?

AFTER – Religion:

- What is your current belief about religion?
- Do you attend church regularly?
- Are you close to your believed creator?
- Do you pray at dinner/bedtime?
- Would you say you are a believer?
- Do you worship on a regular basis? Why/Why not?



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- Talk about your current religious activities.
- If you attend worship, do you attend with your family?
- What are your thoughts about life after death?

AFTER – Patriotism:

- Do you have faith in the country's current leadership?
- Do you celebrate Veterans Day or the 4th of July?
- Are you proud to be an American?
- Do you currently think it is important for all Americans to serve in the military?
- How do you feel when you see the American Flag flying?
- After deploying, do you think it was worth deploying to Iraq? Why/Why not?

AFTER – Self-Esteem:

- Are you satisfied with your overall life? Is there anything missing?
- Since redeploying, have you considered suicide?
- Do you feel you are able to do things as well as others?
- Do you have respect for yourself? Explain.
- Do you have a positive attitude toward yourself?
- Have you felt useless since redeploying? How?

AFTER – Traumatic Events:

- Do you have any reoccurring thoughts, dreams, or flashbacks of any specific events that happened while deployed?
- Are you seeking professional help or counseling at this time to help you cope with these events?
- Do you have any ill feelings towards the people of Iraq and or your enemy?
- Can you see their point of view and understand why they fight? Explain.
- How would describe your interaction with the VA and/or the military now that you are out of service?
- Do you ever worry about dying?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD?



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Appendix 3: Interview Log

Interview Locations: Ft. Campbell Education Center - Rm. 1104 and 104

Interview Dates: 7/25/14, 7/28/14, 7/29/14, 7/29/14, 8/4/2014

Interview Times: 0934, 0902, 0852, 1104, 0819

Special Conditions (noise, interruptions, etc): One short interruption during Informant 2's interview

Key themes: Identified in chart below

Respondent's Comments	Researcher's Notes	Research References
Before Deployment		
My dad suffered from PTSD, but it wasn't diagnosed back then, prior military. We don't call each other.	Self-esteem, Family, Patriotism.	Informant 5.
My dad was in the Navy so he was always gone. My mom was crazy. She was mentally not there. My dad was gone in the Cold War.	Self-esteem, Family, Patriotism.	Informant 3.

<p>They weren't loving. Disagreements through the course of growing up. My father, you would consider him an alcoholic. My father was a government contract worker, so he traveled a lot.</p>	<p>Self-esteem, Family, Patriotism.</p>	<p>Informant 4.</p>
<p>Completely homeless since the age of 5. Twice in State halfway houses. Custody in which I fled because they were in appropriate.</p>	<p>Self-esteem, Family.</p>	<p>Informant 2.</p>

<p>I was close to my family. Raised in dual family. I'm the oldest, have siblings, was very close to my family.</p>	<p>Self-esteem, Family.</p>	<p>Informant 1.</p>
<p>Was raised in poverty. But around 13, moved to a better area. Cousins, aunts. Had a 4 bedroom house in South Central. Grandparents lived with us, so did cousins at one time.</p>	<p>Self-esteem, Family.</p>	<p>Informant 1.</p>
<p>I was incredibly alone. I would say I was 15 when a family in the trailer park took me in. I was hanging out at the National Guard watching the drills, and then their house burned down. So I lost another family.</p>	<p>Self-esteem, Family.</p>	<p>Informant 2.</p>
<p>My family before deployment was my unit. A bunch of good kids. I got along with them, they expected things of me. I was the oldest. Since I was older, I was their father figure.</p>	<p>Self-esteem, Family, Patriotism.</p>	<p>Informant 5.</p>

<p>When I was deployed, my wife said she was raped, but she didn't file a police report, so I couldn't come home. I told my chain of command they were all assholes, but I later found out it wasn't true, so I kind of had egg on my face. She was our fu**ing everyone.</p>	<p>Self-esteem, Family.</p>	<p>Issues facing families. Informant 3.</p>
<p>My wife was supportive. I think by having to go to (Army) schools to train, she kind of got use to it (deployments), me being gone. Everything happened in 2005. Married, Army, and had my son.</p>	<p>Self-esteem, Family.</p>	<p>Informant 4.</p>

<p>My mom took us to church. I think she felt she had to give us the option and introduce us to church which I think is great. I've never been baptized, but it was great that my mom took us because I learned a lot about Christianity. Stopping reading the bible and going to church kind of happened when I joined the military.</p>	<p>Religion.</p>	<p>Informant 5.</p>
<p>I grew up as a devout Catholic. I did my first communion. Very, very religious. My parents got me involved in the church. I would attend church every Sunday. I would go Sundays and if there was any volunteer that we were required to do, I would go then.</p>	<p>Religion.</p>	<p>Informant 1.</p>
<p>Mom was religious, but she was also crazy. She would do some weird things. Pails of Holy Water. I can't even compare what she did.</p>	<p>Religion.</p>	<p>Informant 2.</p>

<p>Grew up in a Baptist church. The religious atmosphere in my family was hypocritical. You don't drink, but I will. You don't cheat on your wife, but I will. My family is hypocritical. I attended church every week. My family was hard lined Baptist. Almost like a cult. They use to scare the hell out of us with movies, like you're going to hell.</p>	<p>Religion, Self-esteem.</p>	<p>Informant 3.</p>
<p>On occasion I would go to church, just to go see what this group is about or that group. Nonexistent religion in the family. My grandparents use to make me go to church with them. That was the worst experience of my life. Catholics, up and down, up and down.</p>	<p>Religion.</p>	<p>Informant 5.</p>
<p>I would go (to church) because one of my soldiers would ask me so I would go just to make them happy.</p>	<p>Religion.</p>	<p>Informant 5.</p>

<p>I believed in God, heaven and hell and shit like that. I had my own theories on how it works. If you're a good person at heart. If a God punishes you for something you do wrong, that's a leader I don't want to follow.</p>	<p>Religion.</p>	<p>Informant 5.</p>
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<p>I always believed in heaven and hell. Honestly, I tried to not mix my beliefs about religion with the Army before I deployed. I was afraid of the fact that there are so many things I was taught in church about though shall not kill. You need the priests consent to go to war and we never really got that consent. I was always afraid if I thought into it, that if I killed someone I would go to hell. The less you know, the easier it is.</p>	<p>Religion. Life after death.</p>	<p>Informant 1.</p>
<p>For some reason, I don't think you should have to go to church to believe about religion. If I want to, I can do it from home and I can read the bible.</p>	<p>Religion.</p>	<p>Informant 4.</p>
<p>I think organized religion is not important. I tried to separate God in the workplace. You pray to your God, I pray to mine and they (enemy) pray to theirs. We use to pray before patrol and I use to say, come on. Praying to God is not going to keep you alive. I mean they are praying to Allah and is that going to keep them alive? No... I mean we are going out to kill them.</p>	<p>Religion.</p>	<p>Informant 3.</p>
<p>If it was my time to go, just take me.</p>	<p>Religion, Life after death.</p>	<p>Informant 3.</p>
<p>Pretty sure there wasn't anything after that. We'd be lucky if anything survives.</p>	<p>Religion, Life after death.</p>	<p>Informant 2.</p>

(Pledge of Allegiance) Something about it makes me feel good. Even though the US didn't do anything for me at that time, I still felt that I would be willing to do anything for it. Seemed like a good idea.	Patriotism.	Informant 2.
Like, you couldn't tell me nothing. America walked on water.	Patriotism.	Informant 3.
Definitely remember, even as a kid I was patriotic. The ideas of America. We had the freedoms to do the choices within limits.	Patriotism.	Informant 5.
(Importance of enlisting) Very important, someone has to do the job, but not everyone can do the job. So either I do it or someone else comes down the road and is brave enough to do it.	Patriotism.	Informant 5.
I was not majorly patriotic when I was growing up, but I loved the s*it out of G.I. Joe. He was the man. The minute I joined the military, I was straight-laced. They drilled into my head, hey dude, you aren't here just for yourself. This is something for your country and I realized how important this is.	Patriotism.	Informant 1.
(American Flag) It was important. It represented everything you were.	Patriotism.	Informant 5.

Just not satisfied with life. I didn't like who I was in the military, but I had to act a certain way to survive.	Self-esteem.	Informant 3.
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<p>Yes. I don't think I was the greatest academically. Athletically, no problem. I'm glad I played sports because I probably wouldn't have gotten much past my Associates. I felt good about myself. Positive attitude? Yes.</p>	<p>Self-esteem.</p>	<p>Informant 4.</p>
<p>I'm first generation American, so to my family, it did not have significant meaning. All my family would tease me for being American. They – cousins – were born in El Salvador. They would call me white. I use to tell then they have to fight for a Green Card. I already have one.</p>	<p>Self-esteem, Family, Patriotism.</p>	<p>Informant 1.</p>
<p>I'd rather fight an enemy combative on their soil, not ours. Because it wasn't about me, it was family, innocent civilians if we are going to fight the War on Terror, I'd rather fight there.</p>	<p>Family, Patriotism.</p>	<p>Informant 5.</p>
<p>In '94, two planes collided at Pope, and it burned up soldiers. We had to go up there and saw the bodies. It made me think this could happen to me.</p>	<p>Trauma.</p>	<p>Informant 3.</p>
<p>I was stabbed twice and beaten with a bat. I guess the bat didn't work, so they used the knife. But a Swiss Army knife isn't the best choice. Poor utensil to stab someone. They were 16 or 17. Gang related or something. I was in California, just traveling. That was traumatic in itself. It was more traumatic when I stabbed him. It felt right. He got what he deserved. Everything goes in slow motion when things are going wrong. I was there in the moment but everything was in slow motion. It wasn't shocking to me.</p>	<p>Trauma.</p>	<p>Informant 2.</p>

<p>I saw drive-bys. Seeing people hit. I felt separated of those things. They were strangers.</p>	<p>Trauma.</p>	<p>Informant 1.</p>
<p>I had a soldier before deployment. That he was trying to hook up a truck with a wire. And before I could say anything, the wire snapped and almost cut him in half. But other than that, nothing big.</p>	<p>Trauma.</p>	<p>Informant 5.</p>
<p>I had a knife thrown at me (laughter). I was told to go to a soldier's house and get a signature from his wife to say the soldier was supporting her. She throws a knife at me. I said, I'm calling the cops. I took the knife. She leaves and then comes back and the cops come and arrest her.</p>	<p>Trauma.</p>	<p>Informant 4.</p>
<p>My Dad was picking up something from an apartment. My Mom was pregnant. Two gang bangers started fighting outside of the car and they both ran in the apartment in opposite ways and started shooting at each other. My Mom told me to get down, but she couldn't because she was pregnant. So she would cover me. It changed the way I saw gangs. I always had faith in humanity.</p>	<p>Trauma.</p>	<p>Informant 1.</p>
<p>My parents would fight all the time. My Mom would throw things all the time.</p>	<p>Trauma.</p>	<p>Informant 3.</p>
<p>My wife was in a bad car accident. She had some problems. Other than that I did not witness any traumatic events.</p>	<p>Trauma.</p>	<p>Informant 4.</p>

Respondent's Comments	Researcher's Notes	Research References
After Deployment		
When I came back from Iraq, I have never really been close to my family. So now, it was even easier to stay away. I never even liked you in the first place, so now I can use an excuse to not like you. I did not want to be around anybody.	Family.	Informant 3.
Before deployment I would call my mother at least once every other week at least. Usually every week. After deployment, maybe once a month. My siblings would try to reach out to me, but I didn't call them.	Family.	Informant 1.
(Spouse) She knew I was angry. I was angered easier. Very irritable. She kind of caught on to that fast. She knew there was changes, but at the time we didn't deal with those issues, which we should have. When you get back, you kind of apply it to everything, so if everything isn't perfect, then you just start throwing things in your hand. It's really hard to control all that rage.	Family, Trauma.	Informant 2.
It really felt a little more estranged. She's out working. I'm sitting around doing nothing (Because of the disability). I mean we spend time together, but we are farther apart. She gets fed up. In fact, she doesn't care about my hurt back. She wants me to rub hers.	Family.	Informant 2.

<p>I got close to my Mom. Just because she's getting older and life is short. And she really wanted to see me more just because of that deployment. Because I couldn't really tell her what happened when I was over there.</p>	<p>Family.</p>	<p>Informant 5.</p>
<p>You realize a lot of things during deployment about how much people mean to you. You try and get to know them. If anything happens. So, I started talking to them more.</p>	<p>Family.</p>	<p>Informant 4.</p>
<p>I was very anxious, short tempered. That caused some issues too. I didn't know how to deal with it. I saw a lot on the first deployment as well. But I think not being treated and being taught how to deal with it, was a contributing factor to our not communicating.</p>	<p>Family, Trauma.</p>	<p>Informant 4.</p>
<p>When I got back from my first deployment, she kicked me out of the house like the second day I was back. That was rough. I came back from deployment. I didn't call every day. So when I did call she would answer. I thought she was out there spending my money being a whore. So as soon as I got back, she left me.</p>	<p>Family.</p>	<p>Informant 1.</p>
<p>My family supports me. My wife actually changed her major to Special Education because she was extremely interested in PTSD and helping. Not just PTSD, but so she is extremely knowledgeable. She knows my triggers and what sets me off and how to bring me back. No matter what, it's tiring. For her.</p>	<p>Family, Trauma.</p>	<p>Informant 1.</p>

<p>I stood up to my family more. My Dad is very... I would now tell him, you're a di*k. I don't need to hear your mouth. He would tell me, you can't talk to me like that. I would be like, I just did. Deal with it or stop talking to me. We stopped talking for about two and a half years.</p>	<p>Family, Trauma.</p>	<p>Informant 3.</p>
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<p>I think it's a waste of time. I think we could be doing more for humanity. That's my other saying... there is no God or Devil, but there is good and evil and we bring it on ourselves. We are the problem and the solution.</p>	<p>Religion.</p>	<p>Informant 2.</p>
<p>Totally don't believe any more. The whole God and Jesus Christ. I guess you could call me a Jew because they don't believe in the whole Jesus Christ thing. I mean if I was God would I let half of the things happen that happen? If he sees, hears, and sees everything that happens, then why is he letting it happen?</p>	<p>Religion.</p>	<p>Informant 5.</p>
<p>If you can convince your mind, then right up until the minute you die, you're going to believe it, and you might not go there. But for instance, the people that believe you are a martyr and you're going to get your 70 virgins. And if you believe that all the way up to the minute you die, you are going to get those virgins.</p>	<p>Religion.</p>	<p>Informant 1.</p>

<p>I am currently searching for answers. I need to know. I'm just reading a lot of books. Being very thorough. Comes from my Philosophy class, the religion part of it. Very interesting, I do not attend church. If I'm searching for answers, I'm probably further away from God.</p>	<p>Religion.</p>	<p>Informant 3.</p>
<p>Is it really worth all that time out of my life. I don't know it's true. It goes, we could probably talk about this all day, but there are so many views and religions out there. That's what always gets me; if there was one creator, then why are there all these different outlooks. Creators. What it comes down to me is, treat people right.</p>	<p>Religion.</p>	<p>Informant 4.</p>
<p>I always thought I can kill you before you kill me. Now, I feel anything can kill me. I can walk outside and anything can fall on me.</p>	<p>Religion.</p>	<p>Informant 3.</p>

<p>I believe in God and a higher power. I just don't think I need to surround myself with a bunch of hypocrites to worship. I think I give him a shout out every once in awhile. And you can quote that. No religious activities. No worship regularly.</p>	<p>Religion.</p>	<p>Informant 1.</p>
<p>My beliefs are more solidified the way they work now. I would say I believe in mankind. There isn't life after death.</p>	<p>Religion.</p>	<p>Informant 2.</p>

<p>I'm unsure. It's my philosophy, you treat others right. And if someone's going to judge you, you hope they see you've tried to do right your whole life. So, but I don't have any preferences. I claim I'm Christian just because I want to believe there is something out there. I'm still unsure. I'm still not 100% devoted.</p>	<p>Religion.</p>	<p>Informant 4.</p>
<p>I guess you could say, I'm a little more open, a little more accepting. It can hurt to have an open mind. If you believe in every religion, eventually one might be right.</p>	<p>Religion.</p>	<p>Informant 1.</p>
<p>You can roll your dice all day long. Who's to say that Jesus was really Jesus and it wasn't just some dude hopping everyone up on some peyote. Hey, check this dude out, he's dead and bam, he's awake. You don't really know. It's cool to be a believer and have faith. I have faith.</p>	<p>Religion.</p>	<p>Informant 1.</p>
<p>You die and that's it. Like any living thing on this earth.</p>	<p>Religion.</p>	<p>Informant 4.</p>

<p>Proud, but sad. There are a lot of guys out there that are gone now. These guys are beginning their life. The saddest thing is a family being broken up. Being torn apart. The potential of a future being taken from them. It drives me nuts. I try to avoid funerals. I don't hear all my friends' names being called again. That stuff hits you.</p>	<p>Patriotism, Family, Trauma.</p>	<p>Informant 2.</p>
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<p>I was looking at denouncing my citizenship and moving out of the country, but my wife talked me out of it. It was careful consideration. I let it go because she told me that what happens if I have to come back in the country? So I said okay.</p>	<p>Patriotism, Family.</p>	<p>Informant 3.</p>
<p>It's just a piece of dirt. It's a location on the map. It's the ideals of the country. I have problems with our leadership, but I wouldn't want to be anywhere else.</p>	<p>Patriotism.</p>	<p>Informant 5.</p>
<p>I'm proud of what I did. Sometimes I'm sad about what happened but, the fact that I'm proud of what I did. When I went to war, you aren't fighting for a paycheck, but you're fighting for your brother in arms. I was great at it. I feel proud when I see the American War.</p>	<p>Patriotism, Self-esteem, Trauma.</p>	<p>Informant 1.</p>
<p>I go out of my way to thank prior service or retirees. They are out there wearing their hats and they want to be recognized. And I totally understand why.</p>	<p>Patriotism, Self-esteem.</p>	<p>Informant 2.</p>
<p>We should be celebrated every day and because you pick two days to celebrate (July 4) us, others are like f**k those veterans. So for 363 days a year, you call me a piece of shit. Baby killers. The people look at people in the military differently. When you go away from military posts, I don't think people care about us. People don't even know we're in Afghanistan.</p>	<p>Patriotism, Self-esteem, Trauma.</p>	<p>Informant 3.</p>

<p>Academics, I'm so far ahead. I mean, I meet retards every day. They are so special. I don't get how you can pass college being retarded. I mean not mentally challenged, but just dumb.</p>	<p>Self-esteem.</p>	<p>Informant 3.</p>
<p>I don't believe in suicide and those that do it. I have a positive attitude for myself.</p>	<p>Self-esteem.</p>	<p>Informant 4.</p>
<p>I'm totally dissatisfied. The loss of independence. I use to be the guy that did marathons. I was really active. A junkie. Now, I can't even tie my shoes. Very off-putting. This was not the plan. I do not have any respect for myself anymore. I can't do what I use to be able to do, I don't do rehab any more. A lot of people tag the cost of war as a monetary, but that they need to look at the cost of families. He cost goes on for generations. I love killing bad guys, but just not a kid that is trying to defend his family. I was that kid at one time. Kind of what is upsetting. It's not clear who the enemy is. We haven't learned anything from World War I. We go places we don't belong repeatedly.</p>	<p>Self-esteem, Trauma.</p>	<p>Informant 2.</p>
<p>(Suicide) Yes, I've considered it twice. I have a hard time making decisions. Last time I made a real decision, someone lost their life. I think its bled into my daily decisions. I'm afraid to pick out my shoes because it might not match my shirt.</p>	<p>Self-esteem, Trauma.</p>	<p>Informant 1.</p>

<p>They say I have PTSD. They sat I get sad about things. Who doesn't? You look at any soldier that's been deployed more than once. They are sad and they still do their job. They say, go to mental health. It's not a career ender. Bullsh*t, because that's what ended my career.</p>	<p>Self-esteem, Trauma.</p>	<p>Informant 5.</p>
<p>I worry about dying. I have an addiction to breathing. It's just a fun thing for me.</p>	<p>Trauma.</p>	<p>Informant 5.</p>

<p>I almost flipped out one day. This was almost 7 or 8 months ago. When I was back, my wife and I went out on a bike ride and it was hunting season and I didn't put two and two together. We were on our way back and bullets started zinging. So, I have my wife and I think, Oh. So we find this house and I call the cops immediately and say we are being shot at... cannons on the morning, gunshots. Those things trigger it.</p>	<p>Trauma.</p>	<p>Informant 4.</p>
<p>I could tell you how many times the rocket missed my bunk. Where I was sleeping. Because I'm just getting out (of service), I can't see my mental health because VA hasn't picked me up yet. I'm going to give them a shot. My psychiatrist asked me if I wanted out (of service). I said no. But, it was his recommendation to put me out. That was the trigger that started everything.</p>	<p>Trauma.</p>	<p>Informant 5.</p>

<p>I can't take my kids to the 4th of July. I can't take my kids to a water park. I can't even go to a mall on Saturdays. Because there is way too many people. I tried taking my kids to the movies and I ended up throwing up. Think about it, these are kids that have to see their Dad throwing up in front of people. No kid should see their parent going through that.</p>	<p>Trauma, Family.</p>	<p>Informant 1.</p>
<p>Thought about suicide. I think it was survivor's guilt. Medication makes me so lazy. I feel like a bum.</p>	<p>Trauma.</p>	<p>Informant 3.</p>
<p>I cry almost every day. Thinking about one soldier in particular. I don't go to counseling. I'm tired of people telling me I'm all fu*ked up.</p>	<p>Trauma, Self-esteem.</p>	<p>Informant 3.</p>
<p>Fourth of July sucks because of the loud booms. But I go out there anyways. I think it's part of my recovery process to be introduced to a safe environment when it is happening.</p>	<p>Trauma.</p>	<p>Informant 4.</p>

<p>There are bad people everywhere. I don't generalize. I mean it's ignorant to say all Afghans are the enemy. That's like saying all Americans are criminals. I met a lot of decent Afghans or they presented themselves decent. I see their point and I understand why they fight. I don't agree, but I see their point. I gained a lot of knowledge. It was then that I saw that their culture and outlook is reason for all of this. I have changed my mind and now see why they do what they do.</p>	<p>Cultural Worldview.</p>	<p>Informant 4.</p>
<p>I understand their view. We were/are considered to be desecrating their holy land. They are really big on an eye for an eye. So if an innocent bystander dies even if the bullet comes from the Taliban, they want payback. Before I deployed, I didn't understand. Now I do.</p>	<p>Cultural Worldview.</p>	<p>Informant 5.</p>
<p>I can see why they fight. I am more open to why they fight. My ideologies are different. I am more open to thoughts now.</p>	<p>Cultural Worldview.</p>	<p>Informant 3.</p>
<p>I think the VA is useless.</p>	<p>Dealings with the VA.</p>	<p>Informant 3.</p>
<p>Just check the block when I have to see them.</p>	<p>Dealings with the VA.</p>	<p>Informant 1.</p>
<p>I can't get my meds until I'm converted (from active duty) over to the VA. So because of paperwork, I'm at a gap.</p>	<p>Dealings with the VA.</p>	<p>Informant 5.</p>