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A Qualitative Study Exploring How Male U.S. Veterans Experience Empathy

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Walden University
2022

Abstract

A Qualitative Study Exploring How Male U.S. Veterans Experience Empathy

by

Elda M. Stepp

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

May 2022

Abstract

This qualitative study explored the lived experiences of male U.S. combat veterans with empathy and how this features in their transition back into society. Davis's cognitive and emotional empathy served as the conceptual framework to expand further on this topic. Seven male U.S. combat veterans who had deployed at least once in their military career and lived as civilians for the past 10 to 15 years were interviewed through Zoom. Recruiting methods included social media, veteran meeting places, and snowballing approaches. Results from interpretative phenomenological analysis of the interview data included six main themes: feelings of compassion before deployment, feelings of detachment after deployment, feelings of togetherness with other veterans, feelings of hardship, feelings of isolation, and feeling discarded by the government. Participants reported experiencing little to no empathy from society towards them and vice versa. Further analysis and the conceptual framework revealed that veterans experienced cognitive empathy within their society but diminished emotional empathy, while experiencing emotional empathy with other combat veterans. This research fills a gap in the literature on how veterans experience empathy within their community, increasing awareness for best practices in teaching empathy for the community and veterans. The findings may be used for positive social by helping professionals for positive social change to increase veterans' experience with empathy and reduce stress.

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Dedication

This research is dedicated to all the fallen veterans and soldiers that have fought to ensure my right to an education. The 14 years that I have sacrificed to reach my goals could not have been done without their sacrifice.

Secondly, I dedicate this to my sister. She has known struggle and continues to learn on how to change the things she can, and accept that which she cannot, even though it has been hard sometimes. She has been able to pick herself back up from the ashes and never gives up on her dreams and goals, no matter what. She is a force to be reckoned with. I am proud of you.

Lastly, to the most important person in my life, my husband. Your sacrifice does not come only from your service and sacrifice for the country you love, but dedicating time, effort, patience, and love to my dreams and goals. I have reached my academic goals thanks to your great support and unconditional love for me. I am proud to carry my new title with your name. As I come to this important point in my life, I have had you to stand behind me to push me through and pick me up whenever I fell. Thank you, Husband.

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I extend my gratitude to the members of my committee, family, friends, and the participants that agreed to take a moment away from their busy lives to share their experiences.

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To the participants who took time and shared their experiences with me and everyone who reads this research paper. It took courage to be able to tell your stories and I am thankful you gave me the opportunity to learn more about you, your needs, and how to best make a difference for those that are in great need. I thank you.

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Chapter 1: Introduction to the Study

Soldiers and veterans of the United States Armed Forces face many issues when transitioning from their military lives into civilian lives. U.S. service members who served in Operation Iraqi Freedom and Operation Enduring Freedom returned with marital and financial difficulties (Resnik et al., 2012). They also returned with other issues such as alcoholism, substance abuse, homelessness, and motor vehicle accidents (Resnik et al., 2012). The U.S. Department of Defense considers war a public health issue where 5,500 soldiers perished 38,000 were wounded since 2003, construing psychological, physical, and emotional problems when transitioning from the military (Demers, 2011). Empathy is crucial for dealing with such problems because it allows for compassion towards people's issues and increases humanitarian actions. Empathy is a process that helps individuals understand the mental and emotional state of others through genuine care and compassion (Lanzoni, 2018). However, empathy can become distorted after exposure to highly stressful situations and trauma that affects how people make connections with others (Wilde, 2018). Trauma exposure through work-related high-stress problems diminishes empathetic behaviors (Regehr et al., 2002). The purpose of this interpretive phenomenological inquiry was to explore the lived experiences of U.S. veterans who were exposed to a combat zone at least once and how empathy featured in their transition back into society.

Chapter 1 provides background on the origin of empathy and empathy amongst U.S. veterans; it summarizes the literature on empathy, transitional issues amongst veterans and soldiers, and experiences of empathy through qualitative and quantitative

literature trauma-exposure. The research questions, theoretical/conceptual framework, nature of the study, definition of concepts used in the study, limitations, and significance for social change are also discussed within this first chapter.

Background

Empathy provides the ability to understand others' lives through their lived experiences (Lanzoni, 2018). Empathy allows people to be more patient, open-minded, and compassionate. However, this can be a difficult concept to grasp when other factors impair others' ability to be empathetic. This is especially true for those people who were exposed to war and trauma. In one study, Trujillo et al. (2017) measured empathy levels in Colombian ex-combatants, using the Interpersonal Reactivity Index, and found that levels of empathy diminished with the exposure of war. War affects the ability to understand and recognize individual emotions from those around them. In addition, the critical aspect of the perspective-taking part of empathy also diminishes and becomes absent within exposure to traumas such as war, which affects ex-combatants' innate ability to help those around them (Trujillo et al., 2017). Regehr et al. (2002) explained that exposure to traumatic work-related events disrupts emotional, empathetic traits. For example, paramedics learned to engage in cognitive empathy instead of emotional empathy when exposed to traumatic events due to work-related duties to do their job swiftly, without affecting their productivity. Emotional empathy includes affective reactions, including feeling happy, mad, glad, sad, and scared (Davis et al., 1987). Cognitive empathy is defined as perspective-taking of others' emotions through cognitive analysis compared to emotional reactions (Davis et al., 1987). Thus, it appears that

empathy in a trauma-exposed situation compromises the ability to conduct a task that involves the rescuing of people and the survival of those around them (Regehr et al., 2002).

Morality is an essential concept within people that allows them to make sense of the world and others' "goodness." However, morality in a traumatic situation can disrupt an individual's psyche, resulting in *moral injury*, which is a violation of moral beliefs and expectations (Schorr et al., 2017). A cross-examination of veterans of World War II, the Vietnam War, and Korean War was conducted to identify injuries within their morality after the war (Schorr et al., 2017). These veterans' moral injury stemmed from feelings of responsibility for excessive illegal behavior from other comrades, causing affective reactions, affecting their emotional empathy—provoking feelings of severe depression, anxiety, anger, and fear by considering what their victims experienced at that moment of war. One veteran recalled the experience of watching his comrades rape a German nurse who was pleading for his help in which he ignored her due to being threatened by his comrades if he interfered, even though he pondered shooting them (Schorr et al., 2017). This veteran felt distressed when his comrades were raping an innocent woman during the war. However, instead of acting on emotional empathy he felt for the crying woman, he allowed his comrades to rape her (Schorr et al., 2017).

Moral injury affects empathy and mental health. Davis et al. (1987) explained that emotional empathy influences negative affective responses. Other veterans from Schorr et al.'s (2017) study experienced excessive violence towards villages where they empathized emotionally by feeling anger and sadness by their actions unnecessarily with

the children and innocent civilians. These veterans suppressed, categorized, and intellectualized their mission, removing their emotions and empathic abilities for the task. However, these defense mechanisms ruptured later, after the mission was completed, and caused psychological distress such as depressive disorder, severe anxiety, and other stress disorders (Schorr et al., 2017). Moral injury caused United Kingdom soldiers to experience difficulty during treatment, according to their clinicians who experienced discrepancies in their methodologies and found it challenging to help them with their mental illnesses (Williamson et al., 2019).

Transition, the period of reintegration in which soldiers return to civilian life, is a difficult situation for many veterans since they have to leave one culture and integrate into another entirely different one. Lusk et al. (2015) conducted a qualitative study on suicide and soldiers integrating back into society. They found that some significant components conflicting with civilian lifestyle consisted of intricate coping mechanisms (e.g., higher pain tolerance, numbing, avoiding technology), feelings of being a burden, and isolation. Issues within the veterans' transition process include the lack of available resources, which causes feelings of abandonment from the military and others because they cannot assimilate into their new society (Zogas, 2017).

Information, resources, and training for transitioning soldiers help them conform to their new society better than those who never received any training (Olenick et al., 2015). Veterans experienced a wide range of physical, environmental, and psychological issues during the transition, including a lack of support from the military (Olenick et al., 2015), inadequate mental health assistance (Lusk et al., 2015), and a lack of empathy they

feel towards society (Demers, 2011). Demers (2011) explained that veterans struggle to reconnect to their families and friends and fit into society. This, in itself, causes psychological problems, more than what they already experience after combat. The stressors of feeling isolated may distort their experiences with themselves and others. There is a variety of information that needs exploration to grasp ways to ease veterans' lifestyles.

Problem Statement

Empathy is the ability to understand the experiences of others (Lanzoni, 2018). The wars in Iraq and Afghanistan have had substantial psychological effects on the surviving soldiers returning. Some of the issues include posttraumatic stress disorder (PTSD), depression, anxiety, substance abuse, and dissociative disorders (Brown & Bruce, 2016). Many researchers have explored the effects of war, mental illness, seeking mental health services, and transition (Brown & Bruce, 2016; Currier et al. 2015; Gordon, 2014). The deployment experience can affect the soldiers' ability to return to society and adjust to their surroundings well (Brown & Bruce, 2016; Currier et al., 2015; Gordon, 2014). It is still a significant issue with soldiers returning home and being unable to adapt well back to civilian life, including being with their families and friends again (Cooper et al., 2018).

Soldiers and veterans exposed to combat zones often return with severe mental health issues and traumas that affect their lifestyles (Cooper et al., 2018). Concerning empathy, civilians subjected to war, poverty, dangerous neighborhoods, and violence report lower empathic behaviors (Levy et al., 2019). Research on Colombian ex-

combatants demonstrated that veterans exposed to war tended to show less ability to empathize and had a poor understanding of other people's emotional states (Trujillo et al., 2017). Also, individuals exposed to trauma, either through work or their environment, show difficulty demonstrating empathetic reactions towards others, avoiding exhibiting emotions and empathy towards those being helped (Palgi et al., 2016; Regehr et al., 2002). A partially examined issue is how soldiers, after being exposed to war, experience empathy once they have returned home (Trujillo et al., 2017). There is also a need to understand further how empathy features veterans' transition back to civilian life.

There is a gap within the literature regarding understanding experiences that affect a healthy transition for U.S. veterans. Researchers have explored groups that experience trauma and empathy (Regehr et al., 2002) and understand how trauma impacts an individual's perception of others themselves and the world (Wilde, 2019). It was vital to explore the process of military personnel habits of adaptation and how they evolve, acclimating their behaviors to develop cultural competence in their new civilian life (Cooper et al., 2018). There is also a need to increase transitional adjustment techniques and comprehension of what factors improve civilian life quality for U.S. veterans (Romanisk & Kidd, 2018).

Purpose of the Study

The purpose of this qualitative study was to explore how veterans experience empathy and how these experiences feature in their transition back from war. Research on U.S. war veterans identified five areas that caused them difficulty transitioning into society (Orazem et al., 2017). These included feeling like they did not belong with the

civilian community, missing the military culture and structured lifestyle, having negative concepts of society, feeling left behind by society due to their military services, and having difficulty finding meaning as civilians (Orazem et al., 2017). Combatants exposed to war have a problem empathizing and understanding others' emotional distress (Trujillo et al., 2017). Therefore, exploring how veterans and soldiers exposed to war experience empathy increases the ability to impose different therapy approaches that can ease and guide U.S. veterans into a better transition.

Research Questions

- RQ1: How do U.S. male veterans experience empathy after returning from a combat zone?

- RQ2: How does the experience of empathy in U.S. male veterans feature in their transition back into society?

Conceptual Framework

The conceptual framework applied in this study was cognitive and emotional empathy. Davis et al. (1987) examined the multidimensional facets of empathy and broke empathy down into two different approaches: cognitive and emotional. Emotional and cognitive empathy together capture the impact on the negative states of mental anguish and aggression and the influence of empathy on positive affective reactions (Davis et al., 1987). Davis et al. explained cognitive empathy as a perspective-taking mental process on other individuals' state of mind; and emotional empathy as the emotional (feeling) aspect of understanding other individuals' reactions to certain situations. An example of cognitive empathy consisted of paramedics observing the distress and pain their patients

feel after an accident or witnessing a disaster (e.g., natural disaster, motor vehicle accident, or suicide of a loved one) but setting aside their emotions of sadness to do their work (Regehr et al., 2002). An example of emotional empathy includes veterans of World War II, Korean War, and Vietnam War recounting the distress of innocent civilians being killed by them or their comrades and feeling sadness, anger, anxiety, and disgust by the actions (Schorr et al., 2018). These two subtypes of empathy played an essential part in fully understanding what others are feeling; however, one without the other does not provide enough empathetic approach (Geng et al., 2018).

In research, cognitive empathy's complexity comprises the ability to recognize the intricate or indirect emotions of others in a rich context (Drimalla et al., 2019). The importance lies in being able to undertake the perspective of others (cognitive empathy). In contrast, emotional empathy is when individuals mimic others' emotions, whether through facial expressions or body language (Drimalla et al., 2019). The higher the levels of empathy, the better the mimicry. These concepts provided an insight into how empathy differs amongst specific populations, especially those with a mental and developmental diagnosis. People diagnosed with the autism spectrum demonstrated a low ability to engage in cognitive empathy (Drimalla et al., 2019). In an experiment to understand facial expressions through mimicry and cognitive empathy amongst this population (Drimalla et al., 2019), participants could not empathize through these facial expressions. Cognitive and emotional empathy are two different aspects of each other, which provide vast information in comprehending how populations experience empathy. This

conceptual framework offers knowledge on empathy, how it is experienced amongst U.S. veterans exposed to combat, and how it featured in their transition.

Nature of the Study

This research approach consisted of an interpretative phenomenological analysis (IPA) qualitative research design. Qualitative research allows researchers to interpret meaning from within a specific population researched (Patton, 2015). IPA is a phenomenological framework that helps explore and analyze participants' lived experiences (Alase, 2017). IPA is a phenomenological and hermeneutical approach that provides insights on a person's lived experiences on a given phenomenon studied (Cuthbertson et al., 2019). It focuses on how people make personal meaning and sense-making on a specific concept with other people who share similar traits. The aim of IPA is to explore, describe, comprehend, and interpret the targeted phenomenon of study, providing an insight into rarely known topics (Cuthbertson et al., 2019).

IPA ties in with my research problem and purpose because it enabled me to explore and interpret the lived experiences of empathy among U.S. veterans and how such experiences featured in their transition back into society. Phenomenology in qualitative research seeks to understand, through in-depth interviewing and observation, the lived experiences of individuals on a specific phenomenon considered (Patton, 2015) through obtaining a closer look through an "insider's perspective" (Smith, 2003). In my research topic, the considered phenomenon was empathy within the U.S. veterans and interpreting how empathy featured in their transition.

Definitions

Combat experience: The experience of having served as a member of the U.S. military in the past in an active combat zone (Military.com, 2020).

Combat zone: A combat zone is an area where the U.S. president designates by executive order where the Army, Marines, Airforce, Navy, National Guard, and Reserves are engaging or have engaged in combat (Military.com, 2020).

Empathy: The capacity to grasp and understand others' mental and emotional lives and understand others' experiences (Lanzoni, 2018).

Mental health: A state of well-being where an individual understands their strengths and limitations, a process that allows them to incorporate healthy coping strategies when faced with stressful and distressful situations (Galderisis et al., 2015).

Transition: The process of U.S. soldiers and veterans changing from the military lifestyle into the civilian lifestyle after their contract has ended (Resnik et al., 2012).

Trauma: Actual or threatened situations where death, serious bodily injury, or sexual violence is involved (Pai et al., 2017).

U.S. veteran: An individual who has served within the U.S. Armed Forces, U.S. Marine Corps, U.S. Navy, U.S. Airforce, U.S. Reserves, and National Guards and has retired or they completed their designated contract years within the military.

Assumptions

In this study, the participants accepted participation in the research study and disclosed their experiences during transition thoroughly. Furthermore, participants provided concrete details on how they experienced empathy after exposure to combat.

They explained how their combat experiences have affected their transition into society, along with difficulties they encountered that affect their experience with empathy. The assumption was that these participants felt comfortable with the safe atmosphere and the researcher's approach to provide detailed lived experiences on how empathy featured in their transition after exposure to combat.

It was also assumed that these U.S. veterans felt comfortable with the snowballing sampling strategy. This sampling strategy allowed participants to accept and deny research participation without feeling the researcher's unconscious pressure (Patton, 2015). The snowball sampling strategy allowed referrals from other brothers-in-arms that may have already undergone the research and express genuine feelings about the process. The assumption was that this made them feel comfortable to talk freely. Recall of combat memories and details of war experiences was not pursued, providing a safe environment to avoid psychological distress and allow further participation.

Scope and Delimitations

The purpose of this study was to explore how U.S. veterans who have been exposed to a combat zone experience empathy and how it features in their transition back into society. The focus consisted of U.S. veterans who served in the United States Armed Forces, Marine Corp, and who had been exposed to a combat zone at least once in their military career. It also included male U.S. veterans who are currently living as civilians. They needed to have been deployed to an active combat zone before their military career ended and they became civilians. The purpose was to keep the research study as

homogeneous as possible, which provided transferability towards the study's targeted population.

Some delimitations included excluding females since gender differences provide different experiences and would not close the gap within the male U.S. veteran population. Also excluded were active U.S. soldiers—those who were currently working as soldiers and have not become veterans—since they have not yet experienced transitional issues and continue to be part of the military. As well, those U.S. veterans contracted with the U.S. Reserves or National Guard were not part of the study since they continued their civilian lives as military personnel. This defeated the purpose of exploring and interpreting the lived experiences of empathy and it featured in their transition. Other excluding factors included those who had served in the U.S. Navy and U.S. Coast Guard since they are less likely—currently—to have engaged in an active combat zone compared to the U.S. Armed Forces and the U.S. Marine Corp.

Limitations

There were limitations to this study. This qualitative research study consisted of all male veterans, which excluded all active members—with combat experience or none—and female veterans, diminishing transferability. Transferability consists of being able to generalize qualitative research onto other contexts (Patton, 2015). Mental illness diagnosis and other trauma-based diagnoses were excluded, decreasing transferability onto those who have mental health issues due to combat exposure. Mental illness diagnoses that precluded participation in the study consisted of extreme cases where the individual cannot participate due to interference of their mental illness (e.g., severe

PTSD, psychosis, bipolar disorder, and severe depression with current suicidal ideations).

Another limitation was self-selection bias. Self-selection bias included participants at a

better mental health state than those who were continuously struggling with transition,

and their mental health deteriorated. In other words, the healthy would be more willing to

participate than those who were excessively cautious and suffering through mental health

issues that could potentially inform the research.

A third limitation included potential countertransference from me, as the

researcher, towards the participants. Because I had a great deal of personal interest in this

population due to my own experiences of transitional issues and mental health from a

family member, countertransference could have become an issue during the research

process. Countertransference could affect the research and cause me to deviate from what

is essential and impose personal biases that would affect the study results. This was a

fundamental concept to consider when conducting the research. A method to avoid

countertransference was to continue self-checking myself and become aware of any

biases I had regarding this population. I also continued consultation with peers and

mentors, including my chair, to keep track of what is vital for the research.

Significance

The literature gap was the lack of understanding of empathy and the vital role it

plays in the transition of U.S. veterans. This was a critical approach to research because it

allowed researchers to become aware of psychological issues that were affected once

soldiers and veterans were exposed to war. This exploration shed light on different

approaches that mental health professionals take when providing this population's

services. Some research (Cacioppo et al., 2015; Currier et al., 2015; Palgi et al., 2016; Sherman, 2014; Trujillo et al., 2017) provided information on how soldiers exposed to war experience empathy. This research provided an approach within U.S. veterans' lives on how they experience empathy and how these experiences affect their daily lives and transition into society.

This study's purpose was to provide positive social change amongst U.S. soldiers who were getting ready to transition and U.S. veterans who have experienced hardship and continue to feel distressed within their society. The positive social change this study may provide includes helping professional behavioral scientists to become aware of other approaches implemented during therapy and treatment that can improve U.S. servicemen's mental health. This would diminish suicide rates, violent assaults, drug abuse, and other concepts that affect soldiers and veterans within their daily lives.

Summary

U.S. veterans and soldiers have demonstrated some difficulty in their reintegration back into society. Mental health and vocational treatment has been offered to help and increase their ability to reintegrate healthily. This chapter's critical points included how these participants experience empathy through their lived experiences and how empathy features in their reintegration back into society. Some research had expanded on how individuals have difficulty experiencing and understanding empathy after being exposed to combat zones or traumatic events (Regehr et al., 2002; Trujillo et al., 2017). The literature gap was the lack of exploration of how lived experiences of empathy feature in the reintegration of U.S. soldiers and veterans exposed to the combat zone. The purpose

of this study was to help fill this gap in the literature and open a new wave of comprehension for soldiers and veterans who have difficulty reintegrating into society.

Further exploration of the literature is reviewed in Chapter 2. The chapter provides a greater depth of understanding of this population and their struggles when reintegrating into civilian society. Furthermore, I explore how the term *empathy* and the conceptual framework relate to individuals exposed to traumatic events.

Chapter 2: Literature Review

Empathy consists of understanding another person's emotions through compassion and comprehension (Lanzoni, 2018). It is an important concept to incorporate when trying to make connections within society. Empathy allows individuals to create a meaningful, healthy relationship within the community (Lanzoni, 2018). However, exposure to trauma hinders the ability to be empathetic and disrupts a person's power to feel safe and make connections with others (Wilde, 2019). This hinders empathic capacities, decreasing social skills and bonding, causing people to isolate and develop other mental health-related issues. Empathy is an experience that increases social skills, along with social bonding and cohesion between individuals (Smith, 2006). In more recent studies, the importance of empathy in trauma work has become crucial for clients' healthy development (Wilson & Thomas, 2004). However, there is a lack of information in the literature on empathy and trauma among U.S. veterans and how they transition back into society.

The purpose of this study was to explore how U.S. veterans who have been exposed to active combat experience empathy and how this features in their transition back to society. This literature review explores relevant studies that inform on empathy and trauma amongst U.S. veterans or related literature. This literature review will educate on how U.S. veterans experience empathy after being exposed to an active combat zone and their struggle during their transition. I begin with a description of the literature review strategy, then continue on to discuss the conceptual framework, explore trauma,

war, empathy, and transition, and finally conclude how this study addresses the literature gap.

Literature Search Strategy

Research on how individuals with trauma experience empathy is scarce. There is research on these categories together and separate. However, the literature review on how trauma-exposed U.S. veterans experience empathy was limited. I was able to find a quantitative research study on Columbian ex-combatants and their levels of empathy (Trujillo et al., 2017). It has been the only research study remotely related to this current study. Therefore, I have included reviews, both qualitative and quantitative, on how empathy affects trauma-exposure in people's lives. Even so, there was limited research that did not deviate from veterans and other combatants. This is also the reason I included studies that were older than the five-year parameter. I also included transitional issues veterans experience and how these affect their ability to strive amongst their society. Even though the purpose of this literature review is to explore how empathy features in a veteran's transition, there is no research currently on empathy and transition.

My research of peer-reviewed journals started with Walden's Thoreau databases. It expanded into searches in other databases and resources such as psychARTICLES, psychINFO, psychEXTRA, EBSCO Host, EBSCO ebook, SAGA Journals, American Psychological Association (APA) journals, National Association of Mental Illness (NAMI), National Institute of Mental Health (NIMH), Walden's military and government collection, Google Scholar, Gale Virtual Library, MEDLINE with full text, Criminal Justice Data, paperback books, and military websites. I also used the help of Walden

librarians to refine my search. The date parameter for these articles consisted of 2015 through 2020. I also referenced the ebooks' reference pages for relevant, newer data that would inform my research. I also researched Walden University's dissertation and thesis reference pages for refined related journals to enhance my study. With the guidance of the Walden librarians, I researched older articles. I reviewed all the studies that had been cited, guiding me to recent journals that would fit my 5-year parameter.

Because searches on my topic yielded scarce results, I incorporated various keywords that would help my literature review. Some keywords include *veterans* and *war*, *veterans* and *trauma*, *veteran's transitional issues*, *veterans* and *empathy*, *trauma* and *war*, *empathy* and *trauma*, *empathy* and *war* or *combat zones*, *empathy* or *sympathy* or *care* and *veterans*, or *soldiers* or *law enforcement*, *empathy* or *sympathy* or *care* and *trauma* or *mental health* or *stress*, *empathy* or *sympathy* or *care* and *war* or *combat zones* or *trauma*, *empathy* and *war survivors*, *empathy* and *trauma-exposed*, *moral injury*, *moral injury in soldiers*, *moral injury in veterans*, *U.S. soldiers* and *trauma*, *U.S. soldiers* and *trauma*, *U.S. soldiers* and *empathy*, *U.S. soldiers* and *transition*, *combatants* and *trauma*, *combatants*, and *empathy*. It was an intense search that yielded some research but only a few that would inform my study. In total, the investigation included 64 articles, two books, two websites, and one textbook.

Conceptual Framework

This study's conceptual framework derives from Davis's concepts of cognitive and emotional empathy, which were taken and separated from the general definition of empathy. The purpose of empathy is to understand another person's emotions through

compassion and comprehension (Lanzoni, 2018). Davis (1983) coined the terms *cognitive* and *emotional* empathy after developing the Interpersonal Reactivity Index (IRI), dividing empathy into two concepts that explain it. Together, cognitive and emotional empathy provide a robust and concrete understanding of empathy; however, separately, they have different meanings.

Empathy

According to Lanzoni (2018), empathy means the ability to understand the emotional state of another. It is the ability to look through the eyes of the individual observed and realize the emotions displayed. Davis (1983) defined empathy as the reactions of a person towards the observed individual's emotional experiences. Davis argued that empathy is a cognitive phenomenon where the individual focuses on personal processing's intellectual process. Empathy is more complicated than one defined standpoint. Our understanding of empathy is improved by recognizing cognitive and emotional empathy definitions (Davis, 1983). Davis realized that empathy consisted of multidimensional facets rather than a unipolar concept. He created the IRI to illustrate the multifaceted definition of empathy. However, cognitive and emotional empathy have different meanings, and cognitive empathy consists of an intellectual, mental process, compared to emotional empathy, which requires a personal, affective method of empathy.

Cognitive Empathy

According to Davis (1983), cognitive empathy is the ability to analyze others' emotional situations objectively without personal involvement. In his study on the IRI constructs, Davis concluded that cognitive empathy requires emotional intelligence to

form perspectives on others' feelings. Cognitive empathy is experienced by those with higher interpersonal functioning, higher self-esteem, and little emotional display (Davis, 1983), analyzing others' emotions, understanding the emotional concepts of sadness, joy, anger, and fear. It places words onto the feelings being displayed (Dziobek et al., 2008). Cognitive empathy enhances social functioning by enabling an individual to understand and predict others' behaviors through the attribution of mental states (Smith, 2006). Cognitive empathy facilitates conversations and social expertise; however, it also enhances the ability to manipulate or deceive others (Smith, 2006). Brook and Koson (2013) described cognitive empathy in two distinct ways: the knowledge to infer between others' emotional states and the assumptions made regarding others' intentions and beliefs. Cognitive empathy only requires a higher emotional, intellectual ability to identify the emotions displayed, not necessarily being able to understand the victim's pain emotionally.

Cognitive empathy derives from behavioral paradigms that require people to make conscious decisions about the emotional and mental status of others being displayed (Brook & Koson, 2013). In a study of 103 adult incarcerated males, psychopaths demonstrated high cognitive empathy levels (Brook & Koson, 2013). They had high levels of intellect that allowed them to synchronize the emotions being displayed into concepts. Cognitive empathy does not need emotional connections to be able to comprehend emotional concepts. This form of empathy is evident amongst psychopaths and narcissists that feed off others' emotions and exploit them for their egocentric needs (Brook & Koson, 2013; Turner et al., 2019). High levels of cognitive

empathy enable psychopaths' and narcissists' personalities to realize what hurts their victims, and use this to manipulate, reinforcing their coercive behavior (Jiang et al., 2019). Cognitive empathy enables comprehension of others' affect without emotional attachment, which can be exploited by those with high emotional intelligence. Cognitive empathy requires a more heightened emotional, intellectual ability; within the research conducted on veterans and empathy, veterans' capacity to identify and synchronize emotions being displayed into concepts will help guide their experience with empathy through cognitive empathic abilities.

Cognitive empathy requires a higher level of intellect to process emotions into concepts; however, mental illness and aggression distort the ability to correctly interpret emotions, even with a high level of cognition. In a study done on 663 Chinese undergraduate students, Jiang et al. (2019) sought to measure empathic traits among trait anger and aggressive behaviors. Trait anger is a personality trait that assumes personal and situational facts that affect the cognitive process, resulting in aggressive behavior—it also helps predict aggressive behavior (Jiang et al., 2019). These researchers found that low cognitive empathy influenced aggressive behaviors by misinterpreting social cues through selective factors when identifying what others were feeling and saying. This is relevant to the current study as military personnel with a history of deployment and reported limited empathic behavior had demonstrated atypical social behavior such as aggression (Trujillo et al., 2017). In other words, trait anger and aggressive behavior result in misreading the feelings being displayed by others and caused these individuals to conclude, without analyzing the situation, that the observed were trying to provoke

them (Jiang et al., 2019). These studies provide insight into how cognitive empathy

functions. Not always does a person need to be able to have the compassion to display

some empathy, especially cognitive empathy. However, these studies do not pinpoint

how mental illness, even with high cognitive functioning, affects cognitive empathy,

specifically trauma.

Emotional Empathy

Compared to cognitive empathy, emotional empathy consists of the ability to feel

another's emotional state through compassion (Davis, 1983; Dethier & Blairy, 2012;

Dziobek et al., 2008; Khanjani et al., 2015; Regehr et al., 2002;). Emotional empathy

consists of emotional investment in the observed person's emotions. It is the emotional

reactivity in an individual's facial expressions and others' emotional reaction towards an

incident that caused the affective appearances (Davis, 1987). Emotional reactivity

consists of an individual's ability to experience feelings of warmth, compassion, and

concern for others whenever others react negatively to a situation that has caused them

emotional pain (Davis, 1987). Affective empathy requires a personal (emotional

reactivity) approach of empathy compared to cognitive empathy, which expects a higher

intellect to recognize emotions being displayed (Davis, 1983). In a meta-analysis of 23

research papers, Abramson et al. (2020) found that emotional empathy consists of genetic

factors that do not change and remain stable throughout a person's lifespan.

Emotional empathy is the ability to respond appropriately to another's mental

state (Khanjani et al., 2015). It motivates positive behaviors amongst people, creating an

altruistic approach towards others (Smith, 2006). Individuals with emotional empathy are

more likely to help those who are in distress. It guides positive, altruistic behaviors required for social interaction and social connections (Smith, 2006). Because affective empathy creates positive moral development, it is also a predictor for violence inhibition (Smith, 2006). Emotional empathy influences the helping behaviors spontaneously and increases the sensitivity to others' emotions, creating group cohesion and behavioral synchronization (Smith, 2006). This type of empathy allows individuals to react to others' suffering in a positive way, affecting their moral development. People with positive emotions tend to provide a sense of safety, security, relaxation, and comfort (Smith, 2006) for individuals experiencing negative emotions, increasing the positive morality of helping behaviors. In other words, individuals with high emotional empathy engage in positive emotions to help others experiencing negative feelings, positively affecting emotions.

In a study done on 44 alcohol-dependent males, researchers Dethier and Blairy (2012) found that the participants had different expressions during pictures displayed for them of emotions such as joy, enthusiasm, and arousal. They demonstrated abnormal emotional expressions—disgust or angry expression—towards more negative emotions such as sadness, anger, and fear. Dethier and Blairy's study explains how emotional empathy through positive emotions can change behavior to a more positive outcome compared to the negative emotions displayed that cause more aggression. Cognitive altering substances such as alcohol distort the emotional empathic capacity of individuals. Alcohol dependency heightens people's sensitivity towards negative emotions, causing an overreaction and impulsivity, disrupting their capacity to create positive attachments

and relationships with others (Dethier & Blairy, 2012). It is especially true if there is a history of limited social interactions between the individual and society. Drugs and alcohol alter a person's cognition by distorting their capability to recognize positive emotions and overreact towards negative emotions that are being displayed. High alcohol dependencies increase the reactivity of anger mimicry they witnessed from others suggesting that these impulsivity concords with the "all or nothing" cognitive distortions when they are angry (Dethier & Blairy, 2012). Emotional empathy reduces aggressive and violent behaviors compared to cognitive empathy.

Additionally, there are gender differences in emotional empathic behaviors. Emotional empathy is more predominant amongst women than men since women are expected to be emotionally keen with others' feelings compared to males, who are expected to be analytical with affect (Huang & Su, 2014). A study done on 375 Chinese students demonstrated that girls had higher emotional empathy, which increased their social status because of their caring nature (Huang & Su, 2014). Boys had higher cognitive empathy with increased social status due to their analytical abilities (Huang & Su, 2014). Age also has differences in empathy. Older adults are more prone to experience affective empathic behaviors than younger adults (Khanjani et al., 2015). Older adults experience higher emotional empathy than their younger counterparts, by showing appropriate responses to others' feelings. Khanjani et al.'s (2015) study explained how people become emotionally aware and experience high levels of emotional empathy through time and age, which helps create relationships. Emotional empathy increases an individual's general sensitivity to others' emotions, increasing

helping behaviors creating social bonding (Smith, 2006). These studies pinpoint the importance of emotional empathy, compassion, and emotional connection of others' emotional states. This can create bonding and cohesion (Smith, 2006).

On the other hand, people with high emotional empathy levels struggle to understand being deceived, easily being prey to manipulation, creating emotional distress, and emotional burnout (Smith, 2006). In a study conducted on 13 males and four females with Asperger's syndrome, researchers found that these individuals demonstrated difficulty with cognitive empathy; however, they had high emotional empathic capacities (Dziobek et al., 2008). Asperger's syndrome individuals have low emotional intelligence, making it difficult for them to understand the emotions being displayed; however, they demonstrate the ability to feel the distress others exhibit (Dziobek et al., 2008). They struggle to understand the distress presented by others, which causes them to become distraught without comprehending (Dziobek et al., 2008).

This multidimensional categorization of empathy is the conceptual framework for this research study. This conceptual framework is essential for this current study because it provides information on how empathy is experienced amongst certain groups and facets similar to veterans' exposure after deployment. It is evident that after deployment, veterans experience several psychological issues when they return from a deployment and are ready to transition (Brown & Bruce, 2016). Some of these psychological issues can include alcohol and cognitive altering substances that distort their capability of empathic behaviors (Brown & Bruce, 2016; Dethier & Blairy, 2012). To avoid further mental distress, reducing emotional empathy during a stressful situation such as war

alleviates emotional connection and despair during their war missions (Regehr et al., 2002). This conceptual framework informs the different multidimensions of how empathy can be experienced and displayed depending on the emotional intellect and emotional distress or lack thereof within a person. The conceptual framework of emotional and cognitive empathy guided my research on how—depending on mental health, psychological distress, or trauma-exposure veterans may display after being exposed to combat—veterans may experience empathy.

Review of Research Literature

Research on how U.S. veterans experience empathy after being exposed to war is limited to none. Studies included in the literature review consist of quantitative studies on ex-combatants from Columbia, trauma exposure amongst civilians, how their empathy levels change, qualitative studies on moral injury, how this affects transition among U.S. veterans, and transitional issues that veterans experience after the military. Areas that will be explored to obtain further information for my research study include qualitative studies on first responders' experience of the multidimensions within empathy, emotional dysregulation in the military, and adverse effects of combat in their transition. These concepts further inform the literature, expanding on the importance of how U.S. veterans experience empathy after war and how it features in their transition.

Empathy and Relationships

Relationships are essential for the healthy development of the brain (Coutinho et al., 2014). Prosocial behavior has helped the human race survive for thousands of years, creating evolution and development of the brain throughout the centuries (Coutinho et al.,

2014). According to Dijkstra et al. (2014), empathy facilitates prosocial behaviors and human connections. Empathy in relationships enhances the focus on the emotions in both cognitive and emotional prospects that allow individuals to connect (Bloom, 2016). Bloom (2016) talks about research done on men and women and what they were looking for within a partner; he explained that one common denominator was kindness and compassion. Someone's ability to connect emotionally with someone else's pain, joys, suffering, and pleasures are essential for healthy intimate relationships (Bloom, 2016). Veterans' ability to transition into society derives from their ability to create interpersonal and personal relationships. After 50 years, World War II veterans explained in a study that their ability to integrate and build healthy coping skills was identified with the social support they felt from comrades, wives, and other family members (Demers, 2011). Empathizing in relationships increases transitional ease in a veteran, decreasing their chances of having psychological illnesses.

Empathy is believed to be rooted in humans' ability to have evolved throughout the centuries by integrating nurturance in relationships between parents and their offspring (Dijkstra et al., 2014). In a study on 128 individuals to test how empathy affects relationships, these authors found that partners that empathized in a relationship were happier (Dijkstra et al., 2014). These participants were also more likely to assess their partner's characteristics positively whenever their partner demonstrated high empathic behaviors within their relationships (Dijkstra et al., 2014). This study's findings are significant to consider when analyzing veterans' transitional issues, how relationships

affect their abilities to transition positively, and how empathy creates better relationships with their families and friends, reducing adverse mental health.

Transitional Issues in U.S. Veterans

A certain percentage of U.S. veterans who have been deployed to war, experience a multitude of mental distress and diagnosis (Brown & Bruce, 2016). These psychiatric data include high rates such as 20-22% of veterans experiencing PTSD, 17-24% experience the major depressive disorder, and 7-27% had drinking problems (Brown & Bruce, 2016). Most issues consist of mental illness, trauma exposure, and the lack of belongingness. The loss of a comrade, their survivor's guilt, and the need to emotionally numb themselves from the trauma experienced to complete the mission's affected their transition (Brenner et al., 2015). These psychological issues affect their capability to transition and reunite with their community and families, creating other issues (Resnik et al., 2012). The definition of transition is the period of reintegration from the military into civilian life (Cooper et al., 2018). It encapsulates the military personnel's process of change from the military lifestyle to civilian when their military contract ends (Cooper et al., 2018). However, many soldiers and veterans experienced a multitude of difficulties when transitioning into the civilian lifestyle. Much of the transitional issues veterans experience is not well known. A transitional issue that has not been fully explored is the influence of military culture (i.e., honor, integrity, and loyalty) on veterans and how this culture changes after transitioning and the effects that veterans undergo having to adjust (Cooper et al., 2018). When a civilian joins the military, they are stripped from their original identities and transformed to fit the military culture and given a new identity.

Cooper et al. (2018) explained that organizational socialization consists of basic training aimed to produce new military personnel with military-related cultural values such as loyalty, integrity, courage, determination, and a commitment to duty.

The same process that civilians undergo to transform into perfect soldiers, veterans experience when they transition into their previous civilian lives. These veterans are expected to adjust to the civilian lifestyle by finding employment, relocating, living independently, becoming a parent, and even obtaining college degrees (Zorgas, 2017). When transitioning into civilian lifestyles, their goals, expectations for success, and values shift into different behavior, dress, and bodily comportment (Cooper et al., 2018). In a study done on 1,292 Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn veterans deployed during their military careers, veterans expressed difficulties they experienced during their transition into civilian life (Orazem et al., 2017). These issues consisted of their struggle to reconcile their military identity through feelings of alienation from civilians, yearnings of their military lifestyle, military discipline, and difficulty finding meaning in the civilian world (Orazem et al., 2017). The shift in culture from the military towards civilian society causes mental distress among veterans that affect their transition ability. A veteran's transitional stressors—especially if it is severe—develop into mental health problems, including trauma-related symptoms and PTSD. However, this study does not provide information on veterans who did not fall under mental disorders but still had difficulty in their transition.

The limited capability to reconnect with their families and society heightens their tension between their desire to integrate within their community and feel understood

(Demers, 2011). Demers (2011) conducted a qualitative study using 45 male U.S. active duty and veterans by integrating them into focus groups to explore their experiences returning home. She found that among these U.S. active duty and veterans, themes they experienced before deploying to war consisted of "we are warriors," "no fear," and "feeling high." Themes they experienced when coming home consisted of "time travelers," "no one understands us," and "crisis of identity" (Demers, 2011). These status and purpose changes led to loss of self-esteem and self-worth (Demers, 2011), which reduces empathy (Lanzoni, 2018). However, how empathy features in these transitional issues remain to be understood.

The challenges veterans experience when transitioning include loss of military community and friendships, forfeit roles and status, new routines, and transition of military identity into civilian identity (Olenick et al., 2015). In research done on 17 female Iraqi war veterans and their transitional issues as women compared to men, Demers (2013) explained that these women experienced problems coping with the traumas of war. Demers expanded on issues these female veterans endured, such as the psychological warfare during their military career for being females and transitioning back into what society defines as being a woman. Demers explained that three main areas of mental health services may increase veterans' mental health. These include veteran support groups, military, cultural competence for mental health practitioners, and transitional educational groups for veterans' family and friends (Demers, 2013).

Demers (2013) mentions the need for mental health practitioners to become aware of the different military transitional issues and their cultural values. This will increase the

ability to provide practices that target military issues when transitioning, improving their lifestyle. The feeling of differentness from veterans and society affects how they make social connections, leading to isolation and unhealthy coping strategies (Kranke et al., 2018). Veterans returning from combat do not feel part of their society, making it complicated to transition in a healthy manner. Veterans experienced limited or not experiencing empathy, which affects their capacity to create healthy relationships among their community (Trujillo et al., 2017). Rehabilitation for veterans consists of feeling accepted by their community and their families, making the transition easier. Despite there being research on transitional issues amongst U.S. veterans and soldiers, there are much-needed studies on how empathy features these transitional issues. Empathy is an important concept to consider when creating transitional rehabilitation for soldiers and veterans (Trujillo et al., 2017).

Trauma Exposure and Emotional Dysregulation

Emotional regulation is the ability to manage feelings without outbursts. Emotion regulation refers to modifying, controlling, and maintaining an appropriate range of emotional experience (Baer et al., 2017; Diab et al., 2019; Doolan et al., 2017; Hofman et al., 2019; O'Bryan et al., 2015). However, emotion regulation can be a difficult task when presented with symptoms of trauma or PTSD causing emotional dysregulation—which is the inability to maintain an appropriate range of emotional experience (Baer et al., 2017; Diab et al., 2019; Doolan et al., 2017; Hofman et al., 2019; O'Bryan et al., 2015). During emotional dysregulation, controlling, suppression, and negative emotions increase trauma-related symptoms and PTSD, which reduce psychosocial well-being

(Diab et al., 2019). Trauma exposure is the prerequisite for a post-traumatic stress disorder diagnosis (May & Wisco, 2016). Exposure to trauma consists of direct or indirect exposure or knowledge of danger or threat to personal safety (May & Wisco, 2016). May and Wisco (2016) explain that cumulative trauma exposure—being exposed to the same or various traumas more than once—is associated with more significant PTSD. They further explain how the exposure of killing or attempting to kill among U.S. soldiers during combat increased their risk of developing trauma-related symptoms. The longer these soldiers were exposed to combat, the more their trauma exposure increased, especially if they were exposed to the same trauma multiple times (i.e., various deployments).

Trauma exposure has a variety of adverse effects, including shifts in emotions. According to Hofman et al. (2019), traumatic events and exposure disrupt emotional regulation. In a study done on 147 refugees in Australia, researchers found them to have emotional dysregulation after being exposed to trauma (Doolan et al., 2017). These refugees demonstrated high post-traumatic stress when they could not access emotional regulatory strategies and lacked emotional clarity (had difficulty identifying their emotions and how they felt). Exposure to traumatic events increases the inability to manage mental illness-related symptoms, which affect emotional regulation. O'Bryan et al. (2015), in a study with 97 college students with trauma exposure events, demonstrated poor emotional regulation that led to excessive PTSD arousal. These college students that had heightened hyperarousal due to their trauma exposure engaged in avoidance of emotions and negative situations that caused any type of emotions. Emotional regulation

is essential in the awareness of emotions, which increases the ability to create prosocial relationships.

Emotional dysregulation increases trauma-based symptoms, including PTSD (Diab et al., 2019), and lowers emotional intelligence that helps identify personal affect (Hofman et al., 2019). It also leads to experiencing uncontrolled, unpredictable negative feelings (O'Bryan et al., 2015). Regulating emotions is vital for the psychological well-being of an individual. A study conducted by Diab et al. (2019) on 482 Palestinian children exposed to war traumas proved that emotional dysregulation increased mental illness and trauma-based symptoms. The children with healthy coping skills that regulated their emotions had lower levels of mental disorders or trauma-based symptoms (Diab et al., 2019). This study was, however, conducted with children, even though in a war-experience.

Emotional dysregulation, such as suppression and avoidance, increased PTSD symptoms compared to healthy emotional regulation that increases tolerance of traumatic situations (Barr et al., 2017). It brings awareness of how emotional dysregulation increases trauma-related symptoms and decreases low tolerance to traumatic events such as war (Diab et al., 2016). Emotional dysregulation affects veterans' ability to create meaningful relationships with their society, increasing suicidality (Baer et al., 2017). Emotional dysregulation leads to the lack of emotional awareness, which increases suicidal behavior due to feelings of low belongingness (Baer et al., 2017), which are crucial to positive relationships in the community (Cai et al., 2017).

In a study done on 1,548 Chinese soldiers, researchers found that those able to regulate their emotions increased positive social relationships. Those with positive social relationships demonstrated high post-traumatic stress tolerance compared to those who did not (Cai et al., 2017). This indicates that soldiers who were able to moderate and incorporate prosocial coping skills to manage their emotions had a higher capability to create healthy relationships, leading to higher abilities to manage post-traumatic stress symptoms. Due to the increase of harmful mental illness and decreased trauma symptom tolerance due to emotional dysregulation, the ability to understand veterans' social cues diminishes (Baer et al., 2017). Baer et al. (2017) studied 134 military service members admitted into a treatment facility due to suicidal-related symptoms. They found that these service members that scored high on emotional dysregulation were related to high suicidality and a diminished sense of belongingness. These service members had difficulty creating meaningful relationships due to their inability to recognize emotions through emotional awareness. The attention of personal feelings is vital to develop relationships and transition into society, providing the ability to understand social cues.

Alexithymia is the inability to recognize personal emotions (Teten et al., 2008). It has been associated with impaired emotional coping and trauma exposure. In a study to measure alexithymia amongst U.S. veterans with aggression and emotional dysregulation, the authors researched 82 veterans, where 44 completed additional questionnaires and 38 of these participants met criteria for PTSD and impulsive aggression (Teten et al., 2008). The authors found that emotional dysregulation affected veterans' experiences with empathy due to their hyperawareness. Teten et al. (2008) informed how the correlation

between emotional dysregulation and empathy causes aggression amongst U.S. veterans, disrupting healthy relationships, and transitioning into society. The researchers found that deficits in empathy correlated with higher emotional dysregulation within veterans. Emotional regulation improves healthy relationships and transitions for veterans. It affects a veteran's experience with empathy because of their constant hyperawareness. Teten et al.'s research provides information on how empathy deficits affect emotional awareness, causing aggression. It expands on the importance of empathy within the U.S. veterans transitioning into society for their emotion regulation (Teten et al., 2008). However, even with the knowledge of the adverse effects of emotional dysregulation on empathic experience, this research focuses on a concrete diagnosis and participants admitted into a crisis center. Other forms of trauma may have been the culprit of PTSD diagnosis that were not considered (Teten et al., 2008). Emotion regulation is crucial for a healthy coping of trauma (Barr et al., 2017), which lowers hyperawareness, increasing empathic experiences (Teten et al., 2008). Emotional dysregulation is associated with trauma-related psychological issues that can hinder veterans' capacity to experience empathy. The relationship between trauma and its effects on empathy is an exploration that will be explored further in the next section.

Trauma—Exposure and Empathy

When exposed to trauma, empathy levels shift into hyperarousal—fight or flight response (Teten et al., 2008). A constant state of hyperarousal or hyperawareness after being exposed to trauma negates an individual the capacity to feel safe within their environment. Hyperawareness invalidates their capabilities to feel comfortable enough to

create connections with society, denying the ability for empathy. Trauma affects the need to feel safe within the environment, disrupting empathic facets (Wilde, 2019), limiting human connection. U.S. veterans exposed to combat demonstrate difficulty expressing empathy towards others. A study done on 624 Columbian ex-combatants to measure the level of empathy after exposure to war showed a decrease in both emotional and cognitive empathic levels (Trujillo et al., 2017). They were unable to understand or experience the emotions of others, reducing their capacity to help. Trujillo et al.'s (2017) research measured the level of cognitive and emotional empathy amongst Columbian ex-combatants exposed to war. It showed that cognitive empathy is apparent at times; it diminishes after exposure to war (Trujillo et al., 2018). However, they also found that the longer a soldier was exposed to war, the more likely their empathic abilities (both cognitive and emotional) diminished. Those who were not exposed to combat for extended periods still demonstrated an ability to have cognitive empathy and reduced emotional empathy (Trujillo et al., 2017).

The exposure to war creates a high tense environment in which the combatants need to conserve their emotional awareness to survive the combat (Currier et al., 2015; Held et al., 2019; Litz et al., 2009; Schorr et al., 2017; Williamson et al., 2019). In practice, a lack of emotional awareness can disrupt the ability to create prosocial behaviors (Demers, 2011) and integration into society. Cognitive empathy allows the individual in high stressful situations to understand the pain and distress the latter feels; however, it does not connect emotionally. Emotional empathy increases the chances of helping those in need, and cognitive empathy guides on the type of help required (Smith,

2006). Compared to cognitive empathy, emotional empathy consists of a spontaneous need to help those in distress. Cognitive empathy calculates a situation, and the emotional state of those being observed then assists (Smith, 2006). This traumatic exposure lowers the levels of empathic behaviors, affecting soldiers' ability to have empathic concern over others during combat (Trujillo et al., 2017). This research provides information on the experience of empathy amongst combatants. However, it does not offer rich conceptual details about these soldiers' perspectives through a qualitative research approach. Through qualitative research, different ideologies and specific encounters and experiences are explored rather than measured.

Trauma diminishes the capacity to comprehend the emotional state of others. As emotional empathy requires people to be affectively involved in others' distress and cognitive empathy suggests understanding the emotional displays of those observed, emotional empathy requires an intense emotional involvement from those observing, creating greater psychological distress (Regehr et al., 2002). Therefore, when experiencing high-stress situations, avoiding emotional empathy and engaging in cognitive empathy provides flexibility to work through stress (Regehr et al., 2002). In a qualitative study on 86 paramedics, researchers explored multi-dimensional empathy when exposed to highly stressful situations (Regehr et al., 2002). The researchers found that these paramedics avoided emotional empathy when exposed to traumatic situations to complete the job. This meant that their cognitive empathy levels increased but did not connect with their clients at an emotional level to achieve the mission and save them (Regehr et al., 2002). Therefore, for paramedics that are confronted with high stress, a

traumatic event such as injury, death, and increased levels of emotional distress, cognitive empathy guides them to calculate the situation and provide the appropriate type of help that is needed (Regehr et al., 2002). Regehr et al.'s (2002) study helped identify and expand the basic concept of cognitive and emotional empathy. This study informs how trauma shifts empathic behaviors to avoid emotional connection during hyperarousal—fight or flight—instincts that affect the sensation of safety. During traumatic exposure, emotional connection can create higher psychological distress that will affect how the work is conducted (Regehr et al., 2002). This traumatic exposure distorts empathic behaviors for that instant feeling of danger but can revert once the hyperarousal sensations are reduced. However, chronic trauma is the experience of always feeling unsafe and unease, which can also distort empathic behaviors but for a much more extended time.

Chronic Trauma and Empathy

Prolonged exposure to trauma reduces empathy further throughout the years. Prolonged exposure to trauma or chronic trauma consists of a person's exposure to several distinct and different traumas throughout their lifetime, exposure to the same trauma throughout a long time (e.g., sexual abuse, torture, being kept in captivity), and the total number of traumatic exposure from the over an extended time (May & Wisco, 2016). Early trauma that develops into chronic trauma exposure increases psychopathologies, and suicidal behaviors reduce social adaptation and impair empathy (Levy et al., 2019). A longitudinal study done on 232 mothers and children (148 families) exposed to trauma for an extended time demonstrated decreased empathic behaviors

when interacting with their children (Levy et al., 2019). These mothers' cognitive and emotional empathic experiences diminished after they were exposed to war for an extended amount of time throughout their lifetime, creating chronic trauma (Levy et al., 2019).

U.S. veterans who have been exposed to combat for extended periods with no treatment will display lower empathic levels that assist in creating healthy social adaptation. Empathy is essential for appropriate social behaviors that allow others to feel confident in sharing emotions (Parlar et al., 2014). Parlar et al. (2014) studied the different empathic capabilities of 49 women divided into two groups, one who met PTSD criteria and the other who showed healthy mental health. These researchers found that women with PTSD due to childhood trauma were unable to identify others' emotions, and their empathy was reduced (Parlar et al., 2014). This study expands knowledge of how trauma affects the ability to experience empathy.

While this study demonstrates how chronic trauma may lead to empathy, which in turn hinders personal connections with others, it concentrates on chronic trauma amongst women and healthy women (Parlar et al., 2014). This is a different population to combat veterans, whose trauma experience may differ from these mothers'. Gender differences also affect how empathic behaviors shift between males and females. Since this study concentrates on females, and my current research concentrates on males, it does not inform how empathic behaviors would impact males, especially U.S. veterans, exposed to combat for an extended time.

Trauma severely impacts an individual by perceiving others, themselves, and the world (Wilde, 2019). Wilde (2019) conducted a qualitative study—through a traditional phenomenological approach to illustrate psychopathologies—on the concept of how people with PTSD and trauma create types of relationships and how intersubjective experiences are affected. She reviewed how trauma affects people's ability to make connections, increasing alienation and estrangement, affecting empathic skills. This study provides insight through a phenomenological review of how trauma affects empathy and the capacity to make social connections with trauma symptoms (Wilde, 2019). She (Wilde, 2019) proposed that the need for a social link shared by more than one conscious mind—intersubjectivity—is obtained by empathic behaviors. However, the diagnosis of PTSD or trauma-related symptoms that become present after trauma-exposure and disrupts empathy negate a person's ability to have these connections (Wilde, 2019). Trauma experiences are personal, and every individual lives it differently; being vague in the population targeted voids transferability in a specific community. Trauma affects emotional regard symptoms, creates attachment issues, counterdependence, hyperarousal, hypervigilance, fear, loss of identity, and abandonment issues that interfere with the development of empathy in the person (Lord, 2013). U.S. veterans return with many adverse symptoms that affect the healthy development of empathy, especially with corrupted moral beliefs. When these moral beliefs are corrupted by transgressions— killing when raised that killing was wrong—causes trauma symptoms and other mental disorders affecting prosocial behaviors (Shay, 2014).

Moral Injury Amongst Military Personnel

Morality refers to the personal ideologies of what is right and wrong. Moral injury is the betrayal of these values by an individual (the soldier/veteran through killing), an authority figure (their betrayal of trust from their soldiers), and in high stake situations (high stressful situations that require quick thinking due to life or death outcomes) (Shay, 2014). Morally injurious events (MIE) consist of problems or actions that perpetuate and violate moral beliefs (e.g., betrayal of loyalty, forced to kill/murder due to work, guilt and shame for not being able to save close friends or comrades; Currier et al., 2015; Litz et al., 2009). It creates psychological distress that evolves into trauma-related mental illness or PTSD (Currier et al., 2015; Litz et al., 2009). Moral injury applies to veterans and soldiers because they experience a betrayal of their values by killing during combat. Some of the values and morality that are taught to this population regard life as an essential concept, and their betrayal of these values and ethics, causes psychological distress such as PTSD, depression, anxiety, aggression, and lost sense of self (Currier et al., 2015; Held et al., 2019; Litz et al., 2009; Schorr et al., 2017; Williamson et al., 2019).

Moral injury, being one of the leading causes of trauma-based mental disorders and PTSD, disrupts veterans' ability to experience empathy. Veterans are subjugated to traumatic events that require them to violate their moral beliefs during combat. If prolonged without any assistance, these immoral decisions turn into PTSD (Currier et al., 2015; Held et al., 2019; Litz et al., 2009; Schorr et al., 2017; Williamson et al., 2019)— impairing the capacity to experience empathy. Moral injury causes a violation of personal safety, individualism, loss of self, and purpose amongst the military. In a qualitative

study on MIEs, 14 male veterans expressed that a violation of their morality during combat led to feelings of hopelessness, desensitization of battle, increasing enjoyable aggressive acts, lack of authority care, sense of helplessness, and fear (Currier et al., 2015). Currier et al. (2015) found that MIE in nine out of 14 participants caused PTSD. U.S. veterans who feel helpless, hopeless, and rage, do not encounter emotional connections with others, affecting their ability to empathize (Hoffman, 2000).

Because morality consists of a person's beliefs of what is right and wrong, the violation of these values creates feelings of guilt due to the harm caused by others, reducing empathic behaviors (Hoffman, 2000). Moral injury affects a veteran's ability to improve emotional and psychological health by distorting beliefs on trust, camaraderie, safety, and socially acceptable actions (Currier et al., 2015; Held et al., 2019; Litz et al., 2009; Schorr et al., 2017; Williamson et al., 2019). It causes veterans to withdraw and socially isolate themselves (Held et al., 2019). Moral injury is relevant to the current study because it provides an insight into other forms of trauma that affect empathic behaviors that feature in the transition of U.S. veterans. According to Shay (2014), moral injury is the leading cause of veterans' trauma experiences and PTSD diagnosis. Moral injury is essential to consider when interviewing U.S. veterans when analyzing their experiences with empathy that feature in their transition. Moral injuries affect how veterans approach society by highlighting how they replace the social trust they once had with a settled expectancy of harm, exploitation, and humiliation by their community (Shay, 2014). Moral injury in veterans decreases attachment (Shay, 2014) which this lack

of attachment disrupts their ability to trust, impacting their experience with empathy (Williamson et al., 2019).

Moral injury also affects veterans' self-worth and self-efficacy (Shay, 2014) and concerns a soldier's view on society, authority, and judgment, causing doubt and trust issues (Schorr et al., 2017). The purpose of experiencing empathy is to increase compassion, reduce hostility, negative behaviors, improve mental health, and increase healthy relationships within the community, and enhance self-awareness of personal feelings (Lanzoni, 2018). However, when a veteran experiences a moral injury, all these healthy behaviors diminish. In a qualitative study of eight U.S. veterans recruited from the Road Home Program in Chicago, Illinois, one subtheme that rose from moral injury issues was the inability to feel and losing their compassion (Held et al., 2019). There is underlying evidence that moral injury affects veterans' trauma, causing disparities in their ability to connect with others and society (Currier et al., 2015; Held et al., 2019; Litz et al., 2009; Schorr et al., 2017; Williamson et al., 2019).

In summary, morality involves an individual's ability to associate the observed distress with the action that caused the negative pain (Blair, 2010). However, moral injury in veterans who had to engage in immoral behaviors demonstrates the difficulty in identifying their morality's purpose and meaning (Held et al., 2019), causing empathic distress due to their guilt (Hoffman, 2000). This research informs my study by highlighting how negative emotions due to moral injury cause withdrawal, social isolation, substance abuse, and inability to self-empathize (Held et al., 2019). If a veteran has difficulty experiencing self-empathy, being able to empathize with their community

would decrease. However, this study fails to explore other forms of low empathy amongst moral injurious veterans, other than self-empathy, and how this features in their transition.

Research Methods

This study consists of researching the lived experience of combat veterans on empathy and how they transition—searching for relevant literature on veterans and empathy and how these features in their transition was a knowledgeable one. The literature expanded onto moral injury in veterans' transition, emotional dysregulation, anger issues, and trauma exposure (Blair, 2010; Brenner et al., 2015; Cooper et al., 2018; Currier et al., 2015; Demers, 2011; Held et al., 2019; Kranke et al., 2018; Resnik et al., 2012; Wilde, 2019; Williamson et al., 2019). These studies on empathy and trauma exposure and the effects were limited to quantitative analyses and on civilian trauma exposure comparison to empathy levels (Angeles & Roberton, 2020; Blair, 2010; Levy et al., 2019; Lord, 2013; Parlar et al., 2014; Regehr et al., 2002; Wilde, 2019). The purpose of this study incorporates interpretative phenomenological approach (IPA) to understand the personal experiences veterans have after they were exposed to war, their experience of empathy, and how this featured in their transition.

Phenomenological approaches were provided within specific research on veterans. These phenomenological approaches were limited to describing veterans' experiences through moral injury narratives (Currier et al., 2015; Held et al., 2019; Litz et al., 2009; Schorr et al., 2017; Williamson et al., 2019). It also entailed transitional issues that identify adjustment problems (Orazem et al., 2017) and psychosocial factors for

soldiers transitioning into civilian life looking for work (Julian & Valente, 2014). Finally, phenomenological approaches describe paramedics' different empathetic facets experienced during traumatic events (Regehr et al., 2002). There was a limited body of literature that included phenomenological approaches on either of the spectrum. The five-year mark expanded further to almost 20 years, but no avail. IPA is deemed appropriate for this research since it provides veterans' lived experiences and how they experience empathy. Bishop-Deaton (2019) conducted a research study on eight veterans and their lived experiences on anger dysregulation and social media usage using IPA. She found similar themes through their lived experiences with anger dysregulation after deployment and social media, including emotional distress, shifting identity, reprisal, resistance to formal treatment, emotional reconciliation, social media use, and combat elitism (Bishop-Deaton, 2019). Through IPA, her study further included how these veterans struggling with anger dysregulation turned towards social media to find connection with other veterans and how this experience helped them with their dysregulation (Bishop-Deaton, 2019). IPA provides an in-depth look into veterans' lives that experience certain phenomenon—in this case, empathy—and how they make sense of it through their own experiences. This is important for research and social change to incorporate different methodologies to help improve transitional living.

Summary and Conclusion

In this chapter, the literature on trauma-exposure and experiences with empathy was reviewed along with how this featured amongst U.S. veterans. The literature concentrated mostly on trauma-exposure, PTSD, and other trauma-related mental

illnesses and how these affected empathic facets. It also reviewed concepts that incorporated similar subthemes amongst the studies on empathy, such as emotional dysregulation, alexithymia, and moral injury. The assessment of transitional issues that U.S. veterans experience, such as loss of belongingness, hopelessness, helplessness, rage, misunderstood, and identity loss, are important factors that improve empathy. The literature did not provide concrete information on combat exposure—with or without trauma—amongst U.S. veterans or military personnel and their experience with empathy as this featured in their transition. The studies that reviewed how trauma affects empathy consisted mainly of civilians with chronic trauma, quantitative studies, and first responders. The current study attempted to close the gap by incorporating how combat exposure was experienced amongst U.S. veterans through their lived experiences and how this featured in their transition. In Chapter 3, I present the methodology, including the research design, rationale, data collection, analysis, and population sampling.

Chapter 3: Research Method

Exposure to war zones and deployment creates several problems for veterans

(Baer et al., 2018; Currier et al., 2015; Resnik et al., 2012; Teten et al., 2008; Trujillo et

al., 2017). During their transition back into their society, they may experience many

psychological and physiological issues that interfere with their community adjustment

(Resnik et al., 2012). U.S. veterans and soldiers who were returning from deployment are

at higher risk for a variety of issues that affect their transition into their community,

including marital or financial problems, substance abuse, homelessness, and mental

illness (Resnik et al., 2012). The purpose of this study was to explore U.S. veterans' lived

experiences with empathy, and how these experiences feature in their transition. This

qualitative study was underpinned by Davis's (1983) multidimensional concept of

empathy—cognitive and emotional empathy—to explore how veterans experience

empathy. This study used IPA as a methodology due to its alignment with the research's

current purpose. This chapter includes explanation of the research design and rationale,

the researcher's role, methodology, issues of trustworthiness, and finally, the summary. I

define essential concepts used, the selection of participants, and ethical considerations.

Research Design and Rationale

This study's central phenomenological concept included male U.S. veterans

deployed at least once and their lived experiences of empathy in their transition back to

civilian life. The research questions answered in this study were the following:

1. How do male U.S. veterans experience empathy after returning from a combat
zone?

2. How does the experience of empathy in male U.S. veterans feature in their

   transition back into society?

Central concepts of focus in this study included U.S. veterans, empathy, and

transition. I used Davis's multidimensional definition of empathy, which includes the

concepts of cognitive and emotional empathy. Cognitive empathy consists of

understanding the emotions displayed by those observed, whereas emotional empathy

entails being able to experience the feelings of others (Davis, 1983). The term *transition*

signifies the period of reintegration to civilian life from the military into society and their

community (Cooper et al., 2018). This study's target population consisted of male

veterans who served in the U.S. Army, U.S. Marines, and the U.S. Airforce that have

deployed at least once in their military careers. The term *deployment* involved being

exposed to an active combat zone, whether it was considered an active war zone (Iraq and

Afghanistan) or a police action in foreign lands (Vietnam). The term *society* comprised

the veteran's community or desired place of living after they have left their military life.

Qualitative inquiry is considered a unique method of research analysis (Patton,

2015). The researcher immerses into the participants' lives and explores, expands, and

describes the participants' worlds. Compared to quantitative studies, which require

concrete numbers and data for interpretation, qualitative studies provide a view inside a

participant's environment and how they make sense or provide meaning to the

phenomenon surrounding them (Patton, 2015). Qualitative inquiries illuminate how

people construct meaning to their experiences, and interviews and observations reveal

these meanings (Patton, 2015). Qualitative inquiries also expand on understanding the

context of why and how experiences matters. This type of inquiry consists of the researcher understanding what is going on around the participant. It builds on how they experience a given phenomenon (Patton, 2015). For my research study, choosing qualitative inquiry allowed me to expand on how veterans understand empathy, which creates comprehension for their community and other helping forces to become aware of strengths, needs, and wants of this population.

This study entailed a qualitative research methodology that incorporated IPA. This type of analysis consists of the researcher comprehending and exploring the selected participants' points of view (Alase, 2017; Smith & Osborn, 2012). It allows the researcher to consider participants' perspectives on how participants make sense of their world and specific concepts of interest. IPA attempts to explore participants' personal experiences (Smith & Osborn, 2012). As per Cuthbertson et al. (2020), IPA's purpose when researching a person's life experiences and perceptions with a specific phenomenon is to provide description, exploration, understanding, and interpretation of this phenomenon. It includes an indicative, iterative, and interrogative process by the researcher (Cuthbertson et al., 2020). This refers to the researcher's immersion in the study data, the researcher's ability to reflect different possible analyses when reviewing the participants' experiences and expanding the researcher's comprehension of the phenomenon through literature (Cuthbertson et al., 2020).

The rationale for choosing this research tradition was to provide insight into male U.S. veterans' lived experiences, after experiencing deployment, with empathy and how these lived experiences featured in their transition. Much research has focused on

psychological and emotional issues U.S. veterans experience when transitioning after deployment (Brown & Bruce, 2016; Cooper et al., 2018; Olenick et al., 2015; Orazem et al., 2017; Resnik et al., 2012). IPA provides an exploration of a social phenomenon—in this case, empathy—amongst a small group of participants who have experienced the same or similar issues, which for this study, included deployment and transition into their community (Alase, 2017). To my knowledge, this was the first research done on male U.S. veterans that explored how they experienced empathy after deployment and how this featured in their transition.

Role of the Researcher

The current research entailed the researcher's role comprised in being able to immerse into the lives of the participants selected to fully grasp and interpret these lived experiences (Alase, 2017). Smith and Osborn (2012) explained that an IPA researcher's role is active, meaning the researcher submerges themselves into the participant's world and provides interpretations. IPA entails hermeneutical underpinning, meaning that it deals with understanding texts and focuses on language to understand a specific phenomenon (Cuthbertson et al., 2020). It emphasizes subjective interpretations of culture, art, social phenomenon, thinking, and a culture's texts (Cuthbertson et al., 2020). The aim of IPA is how to explain how a specific set of people make sense of a particular phenomenon in a given context at certain moments in time; focusing on personal meaning in particular contexts for people who share a similar individual experience (Cuthbertson et al., 2020).

My role as the researcher was to provide an in-depth, insider perspective amongst a group of war veterans and how they experience empathy through interviewing participants. For this study, I collected data via video conference—using Zoom, Skype, or messenger. Even though in-person interviews provide nonverbal information (body language, posture, and eye contact), researchers must protect and strive to inflict no harm towards the participants (APA, 2017). Therefore, to follow all pandemic protocols and to avoid exposure, these semistructured interviews were conducted through video conference.

Even though I had a personal interest in my research topic, I did not pick participants that remotely had any form of relationship status with me; the only participants chosen were participants with no connection whatsoever. There were no professional or exclusive relationship between my participants and myself. Even though I have a relationship with U.S. veterans, whether through a personal or professional status, precautions and prevention strategies were used to avoid unethical relationship with my participants other than researcher and participant relationship.

It was also essential to consider biases that could interfere with research and cause harm to the participants. When conducting this research, some preferences were the relationship I have with military personnel and any possible countertransference when talking about any trauma experienced during deployment. I monitored my beliefs, including my idea that military personnel had to learn how to diminish their empathic abilities during deployment. This was because they were trained to be warriors and kill

on contact when exposed to war. This was a biased belief that could have directed the research into trying to "prove" that veterans do not experience empathy.

Another belief was that veterans do not live a "normal" healthy lifestyle as civilians due to the negative experiences they encountered during their transition from the military, which caused them to distrust their community. This belief could have been problematic for my research study since it imposes a personal ideology of what veterans were experiencing during their transition, without verifying through their lived experiences. These were some of the beliefs that would have interfered with my research if there had been no careful consideration of personal biases. A strategy that was implemented entailed being aware of both verbally and written specific triggers that imposed personal beliefs of interpretation. This was done by using a reflective journal that helped me monitor my biases and any other issues that arose when undergoing the research process. This was important since it provided an awareness that was necessary to entrust trustworthiness. In addition, I communicated with my committee about these triggers.

Methodology

Participant Selection Logic

This research population consisted of male U.S. veterans who had deployed to an active war zone at least once in their military career. According to the U.S. Census (2019), there are an estimated 18,611,432 veterans in the United States alone, including both males and females. Finding estimates of male veterans alone was not plausible. The participants included a homogeneous group that comprised similar characteristics and

experiences to grasp these lived experiences (Alase, 2017) entirely. Alase (2017) explained that homogeneity in IPA was crucial because it provides a better comprehension of the participants' lived experiences. Homogeneity ensures external validity and transferability within this population (Alase, 2017; Shenton, 2004).

There were certain inclusion and exclusion criteria for participation in this study. Inclusion criteria consisted of attributes that were essential for research (Robergs, 2010). Exclusion criteria were the opposite. Exclusion criteria entailed specific characteristics or subjects that were not included or removed from the study (Robergs, 2010).

Inclusion criteria for this study entailed male U.S. veterans who were not currently active duty (or serving in the U.S. Armed Reserves or the National Guard). These veterans had to have been honorably discharged, be civilians for no less than a year, and be over 18. The participants had to have been in the military for at least 4 years of active duty before transitioning into society. This length of time spent on active duty ensured better information on their experiences with the military, transition, and empathy. Another inclusion criterion consisted of having been exposed to active combat during their active duty for no less than 6 months. I did not consider the number of times they had deployed as long as they were exposed to an active warzone. Another criterion for inclusion was that these U.S. veterans had to have served in the U.S. Army, U.S. Marine Corps, U.S. Navy, or the U.S. Airforce while in active duty. The discharge time was significant since many veterans may have had difficulty remembering rich information about transitional experiences and empathic abilities. The time of release that was considered was 15 years from the date of the interview—2021. In other words, the most

extended discharge considered was 15 years, and the minimum discharge time was 1 year. This was to avoid going further back where older veterans who served in older combat eras would not easily recollect their experiences compared to those who have been discharged earlier. Their memories, along with their experiences, are fresh (Morin, 2011).

Exclusion criteria included female veterans, active-duty soldiers, U.S. Armed Forces Reserved, National Guard and Coastal Guard. Due to IPA standards, a homogeneous participant group was critical for high transferability. However, it was suggested for future researchers to explore the lived experiences of female U.S. veterans. U.S. Armed Forces Reserved and National Guard were excluded due to their living a double life as active soldiers while still living civilian lives. They go on living their civilian lifestyle while also going to training once a month or every two months. As reserved personnel and National Guard soldiers, they were qualified to be deployed, even if they were civilians. Including these participants would have hindered the homogeneity of U.S. veterans who had transitioned. Also excluded were veterans of the Coast Guard due to their limited deployments and different areas of concentration in their duties that did not fall under the same categories as the inclusion criteria of U.S. military branches used. They were less likely to have had deployed to active combat currently. Other exclusion criteria consisted of dishonorable discharge, other than honorable, and medical release, due to the need for homogeneity. Other measures excluded included veterans' timeline served in the military, veterans who had served in wars or combat zones over 20 years ago. This was to avoid rich information that was difficult to remember by the

veteran. Along with these criteria, veterans who served less than 4 years of active duty were excluded to allow for homogeneity.

The sample collection strategy included the snowball/chain data collection. The snowball/chain collection method included having participants or individuals spread the researcher's contact information and research topic (Patton, 2015). I used flyers within El Paso, Texas, which is my current hometown, however, as per the pandemic and the usage of social media, flyers were distributed throughout the city of El Paso and through social media. The flyers were distributed within the mini-malls. These flyers and other forms of information (my contact information) were also distributed to the veterans' grouping areas, offices, and clinics where most veterans resided. Another place for the flyer that attracted participants was the center for Veterans of Foreign Wars. This center included a social scene for veterans and active soldiers. This area is often frequented by veterans who are looking for connection with other veterans and soldiers that help them feel part of a community. Through social media, the flyer's digital form was distributed in groups that consist of veterans, military spouses, or active military personnel that distributed my flyer, along with contact information, for those veterans who qualify to be part of my research. This method facilitated recruiting veterans when in-person contact was limited during the pandemic to converse and answer questions that veterans had about the research. A last method used to recruit was assistance from colleagues who worked with veterans or new veterans who may have been interested. These colleagues provided information and flyers of the research and these veterans reached out to me about the

research. These methods allowed others to distribute my flyers and cause a chain/snowball sampling method technique to recruit participants.

The snowball sampling style provided rich informational referrals for researchers to ask about other potential candidates that consist of the same, homogeneous characteristic type of group (Patton, 2015). Therefore, a strategy included providing my information to other potential participants. The reasoning behind deciding this type of collection style entailed the idea that U.S. veterans are a tight-knit group within each other. They mostly stand together. Therefore, this provided me a large, accessible pool of potential participants to qualify within my research. As well, since the interviews were conducted via social media or the internet, snowball sampling can be useful and efficient when using the internet (Patton, 2015).

Another strategy that was incorporated to access participants was requesting access to social media groups that comprise U.S. veterans. In this format, I abided by the APA's code of ethics (2017) in protecting my participants' confidentiality and anonymity from others.

Since IPA was suitable when exploring a participant's lived experiences and how they make sense of the personal and social world, IPA studies are usually conducted in small sample sizes (Smith & Osborn, 2012). The participants' selection should reflect the homogeneity within the sample pool group (Alase, 2017). The larger the sample size, the less ability the researcher may have in keeping the group homogeneous. The standard size of groups for phenomenology studies ranges from two to 25 members (Alase, 2017). For the purpose of this study, the sample comprised seven male U.S. veterans. In this

situation, saturation (condensation of information) was true determinant of the number of participants included in the research. Saturation of sampling considers when the data collected becomes redundant, and the research questions were already answered (Patton, 2015). Once information began to repeat itself—participants present repeated themes—it became clear that saturation was achieved.

Instrumentation

The instrument consisted of semistructured interviews. Smith and Osborn (2012) explained that semistructured interviews are crucial for IPA studies since they allow the researcher to become uninvolved with how a participant answers a question. Semistructured interviews guide the participant through open-ended questions that provide full expression with no interference. It also provides flexibility for the researcher to probe exciting areas to inform the research (Smith & Osborn, 2012). The purpose of semistructured interviews is to establish rapport between the researcher and the participant, which is essential to establish comfort and feelings of safety from the participant to express themselves fully without judgment (Smith & Osborn, 2012). They also do not require order or sequences since it is less critical because it constricts how the participant expresses their lived experience (Smith & Osborn, 2012). IPA semistructured interviews give the researcher an idea of what and how they want to explore the participants' lived experiences and allow them to enter as far as possible into the respondent's psychological and social world (Smith & Osborn, 2012). Therefore, the instruments I used were appropriate for the data collection method that I engaged in accessing, through research, the lived experiences.

Semistructured questions were referred to as open-ended questions with little guidance. For IPA, open-ended questions allow the researcher to understand perceptions, thoughts, feelings, and experiences through these in-depth questions. are considered the best data collection method (Alase, 2017; Patton, 2015; Smith & Osborn, 2012). Open-ended questions allowed my participants to dive into their lived experiences and freely express their thoughts, feelings, and knowledge of the concepts presented for them. These interview questions strove to avoid any limitation of information that were pertinent to the study. The interviews were conducted via audio recording—with the participants' consent. The following researcher-produced interview questions were presented to the participants:

RQ1: How do male U.S. veterans experience empathy after returning from a combat zone?

    I.   In your own words, what does empathy mean for you?

        a. In what ways have you experienced empathy?

    II.   How has being in a combat zone influenced your experience with empathy?

        a. Please elaborate on your experiences with empathy before you deployed.

        b. What about after your deployment?

    III.   In what ways do you think you experience empathy within your family?

    IV.   Please expand on how you think you experience empathy with your friends.

        a. How do you think you experience empathy with colleagues?

        b. What about other veterans?

    V.   Please elaborate on how you think you have experienced empathy at work.

      a.   How have you experienced empathy with coworkers?

      b.   What about with your supervisors?

VI.   Describe how you think you incorporate this experience of empathy within your daily routines?

      a.   How do you think you incorporate this experience of empathy onto others?

VII.   How did you experience empathy before you deployed?

      a.   How do you feel this experience with empathy has featured after your deployment?

RQ2: How does the experience of empathy in male U.S. veterans feature in their transition back into society?

I.   Could you provide examples of how your experience leaving active duty influenced your experience with empathy?

      a.   How does this experience with empathy after leaving active-duty feature in your view of yourself?

      b.   How do you feel you fit in within the civilian community?

      c.   Give me examples of your transitional experience after the military.

II.   In what ways has your experience with empathy featured in your transition into society?

      a.   Could you provide examples on how you feel being part of your community right now?

      i. Do you think this influences your emotions with your experiences with empathy?

    b. How do you believe your morals have been influenced by society?

      i. Could you expand on how your morals feature in your experience with empathy?

III. Through your own experience, how has your community demonstrated empathy while transitioning?

    a. How did this influence how you experience empathy towards your community?

    b. How does this influence how you demonstrate empathy towards your community?

IV. Please describe ways in which you have experienced empathy from the government during your transition.

    a. How have the government's policies influenced your experiences with empathy as a civilian?

Procedures for Recruitment and Participation

For this study, I collected data by providing hard-copy and digital (for social media) flyers within veterans frequent (i.e., veteran hang-outs outside of the base, the Veterans of Foreign Wars, social media groups, through colleagues' acquaintances, and the mall). Veterans began to contact me, at their own pace, where they were screened to make sure they met the requirements for my research study. The participants received the written document of the informed consent through their means of contact such as email.

Once the participants and I met, I reviewed the informed consent to allow further clarification if any questions rose from the participant. I answered any questions they had; they signed the consent forms and sent it back to me via email. Once I had recruited the first participant who had signed the consent form and had agreed to proceed with the study, I proceeded with data collection and the interview process.

The expected number of participants were seven due to achieving saturation. The amount of time for data collection was expected to be 60 to 90 minutes. However, some veterans' interview time ranged less than the time desired. According to Alase (2017), his expected time limit allows the researcher time to explore other areas of interest during the interview that they may find necessary for their research topic. It also allows the participant not to become exhausted with the interview process (Alase, 2017). Due to the current pandemic, however, these interviews did not proceed as face-to-face. This protected both the participant and researcher from any potential harm experienced if the interview was done face-to-face. The session was recorded with the audio conference featured with the signed consent form of the participant. Member-checking was incorporated informally where I asked participants during the interview to verify their statements were correct and reiterate any misunderstanding to provide the most accurate data. According to Cohen and Crabtree (2006), member checking can be done formally and informally. During the interview conversations and observations, the opportunity for interpretations and tested conclusions of what the participant is saying may arise during the course of the interview (Cohen & Crabtree, 2006).

Data Analysis

This study pertained in exploring the lived experiences of veterans on empathy. After collecting and interviewing prospective participants, analyzing the data provided would be the next step. Pietkieviez and Smith (2014) explained that researchers recommend that researchers fully immerse themselves within the data provided. This allows the researcher to interpret what is being said and incorporate meaning to the phenomenon considered (Pietkieviez & Smith, 2014). Several steps are required when analyzing the data collected. These steps fully engage the researcher in the participant's world (Alase, 2017; Pietkieviez & Smith, 2014; Smith & Osborn, 2012). During the interview with my participants, I incorporated audio tape to record the session to review afterwards. This audiotape allowed me to return after the session, review the transcript, and listen to areas that were missed during the interview with the respondent. Once the audio interview was converted into text (converting the audio to text helped me further grasp themes that were presented), specific steps were required. These steps included reading, then re-reading, and finally finding themes within the transcripts (Alase, 2017; Pietkieviez & Smith, 2014; Smith & Osborn, 2012).

The first stage of data analysis included reading the transcripts multiple times. This allowed the researcher to indulge in the respondents' world (Alase, 2017; Pietkieviez & Smith, 2014; Smith & Osborn, 2012). I noted new insights that I recognized within the emotions, actions and how these had messages about the phenomenon of empathy. Afterward, I transcribed these notes and insights into emerging themes that appear. Smith and Osborn (2012) explained that the researcher can use the

themes from the first case to orient the subsequent analysis. The authors (Smith & Osborn, 2012) also demonstrated that the researcher can set aside the first list of themes and start from scratch with the following data. However, it was essential to avoid repetition and become aware that similar themes do not void other emerging themes that are important. This allows the researcher to find themes better and compare if there are similarities until saturation is achieved. The purpose is to achieve a higher level of abstraction with emerging themes (Pietkieviez & Smith, 2014).

After reading the transcripts and creating themes, the second stage was to produce a table of these themes and group them with themes that had similar meaning (Smith & Osborn, 2012). After transcribing and finding themes amongst veterans' lived experiences within the phenomenology of empathy, these themes included a table that displayed the critical, similarly strong themes in chronological order. Once the themes were consolidated, it provided a review of their experience, causing transferability. The third stage included moving toward outlining the meaning amongst these themes (Smith & Osborn, 2012). It identified what these themes meant according to the lived experiences analyzed amongst this set of recipients. Aside from the participant and instrumental logic within this research, it was also essential to consider trustworthiness issues to make my research valid and reliable.

The fourth stage included the search for connections across themes (Alase, 2017). According to Alase (2017), once these connecting themes are identified to form a larger unit of information, the researcher should write what the participants experienced with the phenomenon of study verbatim. This is known as the textural description, where the

exact words and experiences the participants describe during the interview are included (Alase, 2017). After finding different themes within the interviews, I discovered connections within these veterans' themes. These six main themes were identified: feelings of compassion before deployment, feelings of detachment after deployment, feelings of togetherness with other veterans, feelings of hardship, feelings of isolation, and feeling discarded by the government. The fifth stage included moving towards the next case and repeating the identifying concepts and themes within the interviews (James, 2014). The final step included looking for patterns across all cases (James, 2014). This consisted of going back and analyzing all the major, similar themes found in each individual case and searching for patterns across all cases.

<div align="center">**Issues of Trustworthiness**</div>

Trustworthiness in qualitative studies relates to the quantitative aspect of validity and reliability (Shenton, 2004). To achieve trustworthiness in qualitative studies, including credibility, transferability, dependability, and confirmability, is crucial (Shenton, 2004). Trustworthiness consists of determining the worth of a qualitative study (Lincoln & Guba, 1985).

Credibility

In quantitative studies, qualitative studies require internal validity where a study does measure what it is supposed to measure (Shenton, 2004). Credibility entails the participants' truth found in what the participant provided and the data's interpretation (Cope, 2014). Cope (2014) explained that credibility is achieved when the number of descriptions from the population researched is similar compared to the population these

respondents were selected from but were not part of the research study. Some techniques that I focused on to increase credibility entailed prolonged engagement, persistent observation, triangulation, peer debriefing, and member checking (Lincoln & Guba, 1985).

Prolonged engagement is defined as immersing into the respondents' culture to become familiar with it (Lincoln & Guba, 1985; Shenton, 2004). This method was achieved is by spending time within the culture and learning about it. Since one of the largest bases in the United States resides in my city, the veteran and soldier culture's immersion was feasible. Many veterans live much of their time on the base by going to school and shopping. This provided access for me to integrate and familiarize myself with their culture further. Due to this study being qualitative in nature, the amount of time spent with them also provided prolonged engagement with them, learning about their culture and how this shapes their experiences.

However, an important consideration was the current state of the world, the COVID 19 pandemic. Another way I immersed myself within this culture was through social media and my employment—even though I did not use participants who had a professional relationship with me. Specific pages that had only U.S. veteran members provided access for prolonged engagement. Persistent observation included identifying observed characteristics during prolonged engagement (Lincoln & Guba, 1985). Persistent observation refers to the depth within specific issues studied and observed (Lincoln & Guba, 1985). Within the U.S. veterans, persistent observation through social media and my professional relationship with veterans helped me concentrate more

extensively on topics discussed, such as their experiences with the transition after deployment and whether they demonstrate knowledge through their lived experience with empathy. Persistent observation narrowed my need to become familiar and provide credibility with the data in my research.

Triangulation entails having multiple data sources (Lincoln & Guba, 1985; Shenton, 2004). This credibility finding method allows readers to understand different approaches used to interpret the data (Shenton, 2004). Triangulation reviews additional perspective data analysis since using only one system to develop biases decrease credibility (Shenton, 2004). A method of triangulation that was incorporated included triangulation of sources. This method examines the consistency of data by comparing people with different perspectives (Patton, 2015). Various U.S. veterans defined my respondents with varying walks of life—different eras of deployment, active military life, and cultural transition—different personalities increased my research credibility.

Peer debriefing included a peer that was not benefiting from research and will provide analysis, removing biases (Lincoln & Guba, 1985). An example includes having work checked by a third person who is not involved with the work provided; it results in a nonbiased perspective. In this section, it was essential to contact my chair, committee member, and mental health peers that have worked with veterans review my work, removing biases.

Finally, member-checks includes testing research findings with members outside of the chosen participants for the current study (Lincoln & Guba, 1985). This does not mean re-evaluating what the respondents of the study said or finding themes; it consists

of checking the research results and comparing it to the respondents' population to measure if it is equally the same or similar (Lincoln & Guba, 1985). Using member-checks, obtaining the perspective of U.S. veterans that were not included within my study, and comparing the results to test relevance, increased credibility. The internal validity of qualitative research increases trustworthiness. However, more concepts were included in research studies to improve reliability, such as dependability.

Dependability

Dependability in qualitative studies resembles the reliability of quantitative research. Dependability requests that if the research were to be duplicated, the results would yield the same or similar outcomes (Lincoln & Guba, 1985). It is crucial to report the qualitative study in detail for other researchers to replicate the approach and conclude the dependability of the research (Shenton, 2004). My research approach and report included factual information on the process to provide other researchers access to repeat in the future.

An audit trail increased the dependability of this research. The audit trail consisted of a description of the steps taken before conducting the study, during the interview, and after reporting the findings (Lincoln & Guba, 1985). This included the detailed description of how I recruited veterans, the interview process—how I proceeded with the interviews, the reiterating confidentiality, and the questions that were asked—the recording process, debriefing, and the data findings. It provided the reader with a clear understanding of what was done to copy the study precisely in the future.

Confirmability

Confirmability refers to the researcher's ability to show concrete data collected, and it represents the participants' responses with no interference from the researcher's perspective (Cope, 2014). To best incorporate confirmability, the researcher should describe how the conclusions and interpretations were established (Cope, 2014). Shenton (2014) explained that confirmability is the qualitative researchers' form of objectivity. The researcher provides objective approaches during interpretation. It is essential to consider that objectivity is not always achieved. Therefore, the researcher must become aware of their predisposition and biases (Shenton, 2004). There were predispositions in my research study. The relationship I have with U.S. veterans is high. I have family members, friends, and clients exposed to deployment, difficulty in transition, and empathy or lack thereof according to their lived experiences. Awareness of these concepts were crucial when considering confirmability.

Reflexivity includes how the researcher attends to their research by understanding and exposing their biases, position, and attitude during the research process (Lincoln & Guba, 1985). This provided a detailed insight for the researcher to become aware of biases that may interfere with the research and its findings. Some examples provided that help researchers systematically proceed with their study include have multiple researchers that provide dialogue, a reflexive journal, and a manuscript report that contains the researcher's values and beliefs (Lincoln & Guba, 1985). A method that I used to incorporate reflexivity included a reflexive journal. This kept my values and biases in my aware consciousness. I also reported with my chair and committee member

if any of these values and preferences were ever presented recorded. I also consulted other peer colleagues for peer check on any biases that would have reduced confirmability.

Transferability

Transferability is the equivalent of external validity amongst quantitative studies (Shenton, 2004). This concept is applying the findings to other settings or groups (Cope, 2014). Cope (2014) explained that a qualitative study meets criteria if the results have meaning to people not associated with the research and relate with the findings. In this section, transferring my findings onto the population of U.S. veterans provided a chance to make a social change within this culture that struggles with transitional issues. Being aware and incorporating transferability increases future research modality approach for this set of populaces.

Ponterotto (2006) described thick description as the process where the researcher details the reports of participants' experiences with a phenomenon and the researcher's experience of the social interaction of these participants with the phenomenon, recording the circumstances, meanings, intentions, strategies, and motivations. Thick descriptions provide the readers with information on how the phenomenon is understood and experienced by the population through more than just the verbal explained experiences.

Ethical Procedures

There are ethical considerations to be aware of when integrating research participants. Walden University's requirement for research studies is to meet institutional policies and be submitted for approval to the Institutional Review Board (IRB; approval

number 05-28-21-0726375). The IRB is responsible for ensuring that research studies follow ethical standards that avoid harm to the participants (Walden University, 2020). This was the first process before providing or conducting research. According to the APA (2017), institutional approval is required, and researchers need to provide accurate information on the process within their studies. When submitting to the IRB, being specific about how I was going to conduct the research, techniques on my respondents' privacy protection was incorporated to diminish any harm and informing my participants about the possibility of any harm was essential to ensure ethical standards.

I sent out a consent form to be reviewed by participants before proceeding with the research. Consent forms require that participants comprehend the flow of the study (APA, 2017). This entailed educating participants of the purpose of my research, duration of the study, procedures, their right to decline at any time, possible consequences and other discomforts, benefits of research, and limits of confidentiality (APA, 2017). My participants were thoroughly informed of the research process and purpose through both written and verbal manner. Once participants agreed to participate in my research study, they were provided consent forms through email. This allowed them to have to review the consent forms carefully. Participants were given my email information for further explanation and any questions or concerns they had. After providing informed consent signatures, participants were reminded about the research process through audio conference. This provided reassurance that participants understood and accepted to continue with the research study. There were not any incentives provided for the participants.

Other ethical dilemmas may had risen but did not pose any issues during the research include emergencies and services rendered. According to the APA (2017), psychological troubles in which researchers and therapists, who are not qualified or trained in crisis management, must assist with these emergencies until clients are referred to the proper service providers. Since my research included veterans who had experienced war, they may had been experiencing some trauma. It was essential to be aware of possible triggers that contained psychological distress, such as flashbacks, aggressive behaviors, or even psychotic symptoms. For these emergencies, as a researcher and practicing mental clinician, I would have provided crisis management until they can be referred to the appropriate mental health services. However, no issues became prominent during the data collection or the interviews. Participants were assessed to verify their comfort levels and if there were any presenting psychological issues triggered.

Another central ethical dilemma that was significantly considered was the potential of harm. Since many of my research participants had experienced some form of trauma during combat, research on this specific type of participants could have included some triggers, however, no triggers were caused during the interview. Participants who were anxious or demonstrated distress were assessed. Some explained fear of being asked about the war, they were assured that this research was not going to ask about their deployments or missions that they faced during their active-duty years. The APA (2017) code of ethics requires psychologists and researchers to be devoid of causing harm

towards participants. The strategy to avoid harm entailed in not creating questions that caused triggers or caused them to reminisce on their deployment on trauma.

Another concept considered when providing information on the study was educating participants on audio recording. The informed consent forms were provided. It incorporated video interviews and the recording of their audio and responses. Since interviews entailed social interviews, such as Zoom, limits of confidentiality were reaffirmed (APA, 2017). Ethical principles are fundamental to avoid harm and distress amongst participants. Research studies are to inform and enhance modalities that will help create social change, which is done through ethical procedures. As per the APA (2017), records should be kept for no less than seven years. Therefore, the records obtained are kept in a secure area for the next five years and will be disposed of properly for my research. This is to avoid incriminating and violating any confidentiality.

Summary

In summary, this chapter reviewed the research study's purpose, the essential points, such as the research questions, and the interview questions. The methodology used—IPA—allows the researcher to become aware of the participants' lived experiences. For this study, this methodology was critical because it gave the researcher and the reader the opportunity to explore male U.S. veterans' lived experiences on the phenomenon of empathy and how this featured in their transition. The interview questions focused on going into depth on how these participants experienced empathy through specific aspects of their life (empathy within their family, friends, work, society, and transition). This section also provided examples of trustworthiness and

trustworthiness by becoming aware of the researcher's strategies to ensure dependability, transferability, confirmability, and credibility. Ethical dilemmas and precautions that the researcher incorporated to avoid harm have also been mentioned and detailed. Some appendices were included, such as recruitment methods through flyers and personal information for contact and informed consent.

Chapter 4: Results

Recent research has proposed to explore empathy and how trauma affects it. Trauma affects the ability to feel safe within the surroundings, hindering empathy (Wilde, 2019). For soldiers exposed to trauma during war, this concept of empathy becomes crucial for discussion. Studies have concentrated on how trauma affects veterans in their transition into society (Brenner et al., 2015; Cooper et al., 2018; Demers, 2011; Kranke et al., Orazem et al., 2017, & Resnik et al., 2012); however, little is known or has been explored on their lived experiences with combat zones and empathy while transitioning.

This IPA study aimed to explore the lived experiences of U.S. veterans exposed to combat and how empathy is featured in their transition. The research questions were as follows:

- RQ1: How do male U.S. veterans experience empathy after returning from a combat zone?

- RQ2: How does the experience of empathy in male U.S. veterans feature in their transition back into society?

I used a qualitative approach to collect data through semistructured interview questions, exploring participants' experience with empathy after combat and how it featured their transition back into society. In this chapter, I will provide information on the setting of data collection, analysis, demographics, and procedures, expanding on trustworthiness, credibility, dependability, and results of my findings. I will conclude with the chapter overview.

Setting

Participants for this study included seven male veterans from the United States. The inclusion criteria consisted of male veterans who served for 4 or more years in active duty, had been released no more than 15 years previously, and had been exposed to some form of combat zone during their active-duty years. These participants were recruited from the states of Texas and California. I distributed flyers through social media on websites with veterans alongside hangouts such as bars and clubs outside the base. Colleagues, coworkers, and family members assisted in distributing flyers to veterans. Once I recruited these veterans, I used snowball sampling, where participants were asked to pass on flyers to other veterans.

I conducted semistructured interviews through Zoom. Participants' responses were recorded during the interview with the their permission. Before proceeding, I reviewed the consent forms with the participants, and I made sure I was in a controlled, isolated environment for maximum privacy for the participants to express themselves fully with no interruptions. I also ensured that the participants were comfortable with their surroundings in a private setting for confidentiality. I uploaded their responses to a secure, password-encoded OneDrive cloud storage account where only I have access. Once I reviewed confidentiality and consent forms, veterans agreed to proceed.

I conducted the interviews through Zoom due to current pandemic safety standards and precautions to avoid exposing the participants and me to harm. Therefore, Zoom interviews were considered the safest form of data collection.

Demographics

Participants consisted of seven male veterans exposed to war during their active years. Five of these participants were of Hispanic descent and two of Caucasian descent. They were over the age of 18, served no less than 4 years, and had been out of the service no more than 15 years. They all self-claimed honorable discharge and had served in the different branches of the military. Four participants served in the U.S. Army, two served in the Marines Corps, and one served in the U.S. Airforce. The participants' ages ranged from 30 to 50. Their last ranks in the military were not requested. All participants have transitioned out and experienced some adjustment period during this time.

Data Collection

The interview included seven male U.S. veterans who served in a combat zone during active-duty years. I reached data saturation with seven participants. Data included semistructured interviews derived from the research questions that I formulated. The interviews were conducted online through Zoom per the Centers for Disease Control and Prevention guidelines of avoiding in-person meetings due to the COVID 19 pandemic. The interviews were scheduled to run from 60 to 90 minutes. However, five last 30 to 45 minutes, and two were 60 to 75 minutes in length. One observation obtained from the short lengths of the five interviews was the apparent uncomfortableness with the interviews. Four of the participants struggled to set up appointments for the interview; I reminded them that they did not have to participate if it made them uneasy. They still agreed to the interview, and one participant did explain feeling disappointment within himself with his answers during the last half of the interview.

I asked the participant if he felt comfortable continuing, and he agreed to finish the interview. All participants did express nervousness and some form of distress before proceeding with the interview. I also observed their uneasy demeanor, which produced short answers. I asked for examples that further expanded their answers to the questions. I conducted the interviews at the participants' pace, consisting of direct and concrete answers. If more information was needed, examples were requested to comprehend further participants' lived experiences, ensuring member checking without influencing their responses to the questions.

I reviewed the consent forms before proceeding with the interview. Participants were made aware of being audio recorded and their right to refuse a question or continue the interview at any moment. Questions were divided into two sections as per research questions. After the first part, participants were reevaluated on their comfortableness and continued to feel at ease with the interview questions. Participants explained minor discomforts but were comfortable in continuing with the questions. I evaluated the discomfort and assessed the situation with more care and compassion. I asked the participants about their distress, and many explained the feeling of nervousness with questions. Therefore, we reviewed the questions before proceeding with the questions. Participants were grateful for this procedure and felt comfortable proceeding with the interview. Participants did not demonstrate great distress or excessive discomfort that would include harm or any form of trauma with the interviews.

Interviews and recruitment included snowball recruitment; therefore, I provided participants with flyers containing my information to share with other potential

candidates. The interview recordings were saved in my password-secured computer and uploaded to my passcode-secure cloud for additional security and safety of potentially lost data. Some variations consisted of the time length and the original interviewing plan in person. Five interviews did not surpass 60 to 90 minutes due to the lack of elaboration from the participants, even with examples. Just as Brown et al. (2016) and Brenner et al. (2015) explained, veterans are more likely to be reluctant to express their emotions or provide details of their experiences due to the negative stigma behind trauma after the war. This reluctance was seen with the participants who offered minimal information and had expressed nervousness before the assessed interview.

Data Analysis

As per the research methodology chosen, IPA, my research was to obtain the lived experiences of my participants (Alase, 2017; Smith, 2003). The purpose was to capture the lived experiences of empathy amongst veterans. This step-by-step process includes formulating themes from the recorded interviews. The purpose of recording participants was to capture the essence of their responses through verbal and nonverbal forms of communication. Their recording allowed me to listen to their stories and capture their experience in detail through transcription. I transcribed the responses with a notebook, paper, and pen. Understanding that qualitative data analysis programs are available, I preferred to use my own transcribing method to capture along with the verbal communication the nonverbal forms of expression that were recorded, including hand gestures, facial expressions, tone, and breathing.

After transcribing participants' responses, I formulated the themes and subthemes. Three themes emerged (six in total) per research question, and there were three subthemes per each theme. As per Smith (2003), meaning is central, and capturing the content and complexity of these meanings is essential. Five participants were straightforward with their answers, with little to no expression in their responses. Their tones were also forms of information, especially with questions regarding their transition, society/community, and the government. Even though the interviews were purely through Zoom recording, their nonverbal cues (i.e., fidgeting of hands, minimal eye contact or intense eye contact, chuckling on questions of empathy, and some tension in their shoulders and body) also helped in formulating the themes presented.

During the coding process, I referred to the affecting coding method that captures the emotions in the transcripts. As per Saldaña (2021), emotional coding is appropriate for exploring intrapersonal and interpersonal participant experiences. He explained that emotions are universal human experiences, and research brings insight into the person's perspectives, worldviews, and life conditions (Saldaña, 2021). I analyzed their emotions in the first research questions as an emotional journey or storyline presented in the emerging themes. It begins with emotions of caring and connection with others before deployment, feeling numb, indifferent after deployment, and finally closeness with other veterans and feeling the kinship with fellow veterans. As per Saldaña, this storyline structural arc requires a set of stanzas set in chronological order as the emotions unfold in the journey.

As per the second analytical theme in my second research question, the emotional coding was more complex due to the underlying meaning behind the themes. These include feelings of isolation from society, feeling of hardship during the transition, and feeling discarded by the government. The participants' value system within these areas (e.g., transitioning, community, and government after deployment) is analyzed. Saldaña (2021) explained that the researcher can use a simultaneous coded approach when the emotions are complex.

Table 1

Themes and Subthemes for RQ1

Theme	Subthemes
Feelings of compassion and caring before deployment	A feeling of connection with others Feelings of care "I was more understanding."
Feeling of detachment after deployment	Feeling numb Feelings of indifference "Wife says I am an a**hole."
A feeling of togetherness with other veterans	Feeling of closeness Feeling understood Feeling of camaraderie

Note. RQ1 = Research Question 1: How do male U.S. veterans experience empathy after returning from a combat zone?

Table 2

Themes and Subthemes for RQ2

Theme	Subthemes
Feeling of hardship during the transition	Feeling disregarded "Mentally, I haven't transitioned yet." Feeling unempathetic
Feelings of isolation from society	Feeling out of place A feeling of culture shock Feeling lack of belongingness
Feeling discarded by the government.	Feeling unappreciated "F*** the government." Feeling rejected

Note. RQ2 = Research Question 2: How does the experience of empathy in male U.S. veterans feature in their transition back into society?

Evidence of Trustworthiness

Credibility

According to Shenton (2004), credibility in qualitative research equals the internal validity of quantitative studies, which sets out to measure what the research intends to measure. Some techniques incorporated to ensure credibility in my study consisted of prolonged engagement, persisted observation, analyst triangulation, peer debriefing, and member checking. Prolonged engagement involves the researcher spending sufficient time to learn the culture being studied, the social setting, or the phenomenon of interest (Cohen & Crabtree, 2006). Before choosing this research topic, I had engaged through a personal and professional involvement within the military culture and the phenomenon of interest, empathy. Friends, family, coworkers, and clients with veteran and military backgrounds allowed the development of comprehension with the areas they experience

and within their culture. Understanding their language and struggles facilitated awareness and co-constructing meaning between me and my participants (Cohen & Crabtree, 2006) and with empathy—the phenomenon of interest. Empathy is an area of concentration within the field of mental health; therefore, expanding knowledge among mental health professionals on the importance of empathy is crucial for success with clients. Understanding the phenomenon is appropriate for prolonged engagement.

Persistent observation identifies characteristics of being observed during prolonged engagement through specific issues (Cohen & Crabtree, 2006). As mentioned above, my engagement through professional and personal settings within the veterans' world has made me aware of how specific topics are understood through their lived experiences. As time has passed, I have come to comprehend how veterans contextualize transition issues and feel misunderstood by the world around them. I also understood how they view empathy and its importance for their transition. Researchers use triangulation to ensure rich, robust, comprehensive, and well-developed results (Cohen & Crabtree, 2006). I used analyst triangulation for my study, which uses multiple analysts to review findings or use numerous observers (Cohen & Crabtree, 2006). Consulting with my chair helped me see and illuminated blind spots in my data during analysis, providing adequate analysis in my findings.

Peer debriefing consists of exposing the analysis of the researcher's findings to a disinterested peer (Cohen & Crabtree, 2006). With my findings, I have shared my analysis with colleagues. This has helped with my credibility because they ask profound and pondering questions that force me to see data outside of my biases, become cognizant

of my biases, and guide me through the analysis of my data (Cohen & Crabtree, 2006).

Lastly, I used member checking to ensure credibility. Member checking includes testing

the interpretation with the members/participants being questioned. Member checking can

be done formally and informally. For example, during the interview, the researcher will

ask questions to the participant about their interpretation to ensure that the participant

agrees or does not with the researcher's interpretation and contacting the participants

after the interview with the data information, answering back with their points of view on

the analysis.

I performed member checking through the course of the interview by asking

members about my interpretation of their responses. I also kept in contact with one other

member after the interview to check on his response since he was the only one who was

able and felt comfortable responding after the interview. Member-checks include testing

research findings with members outside of the chosen participants for the current study

(Lincoln & Guba, 1985). This does not mean re-evaluating what the respondents of the

study said or finding themes; it consists of checking the research results and comparing it

to the respondents' population to measure if it is equally the same or similar (Lincoln &

Guba, 1985). Using member-checks, obtaining the perspective of U.S. veterans who were

not included within my study, and comparing the results to test relevance, increased

credibility. According to Cohen and Crabtree (2006), member checking can be done

formally and informally. During the interview conversations and observations, the

opportunity for interpretations and tested conclusions of what the participant is saying

may arise during the course of the interview (Cohen & Crabtree, 2006).

Transferability

Transferability expands on ensuring that the data has applicability in other contexts (Cohen & Crabtree, 2006). When ensuring transferability, thick descriptions help ensure detailed accounts of field experiences. The researcher provides sufficient detail on the phenomenon to draw transferability to other settings, times, situations, and people (Cohen & Crabtree, 2006). As per Shenton (2004), the findings in qualitative studies must be transferable to larger, broader populations. Since qualitative studies are conducted in small populations, studies need to include the larger population (Shenton, 2004). In the search to facilitate transitional issues within veterans, my research study adds to a pile of data and studies that concentrate on these matters. My research study, though specific, is capable of being transferred to more prominent groups within the criteria of male U.S. combat veterans who had transitioned into society.

Dependability

According to Cohen and Crabtree (2006), dependability shows consistent and repeated findings. Shenton (2004) says dependability equals reliability in quantitative studies. For dependability, the process within studies is reported in great detail to enable future researchers to repeat the work (Shenton, 2004). I provided great detail on my recruiting process and interview methods, the inclusion criteria used, and the exclusion criteria that were excluded. External audits help enhance dependability by allowing an external researcher not involved in the process to evaluate the accuracy and evaluate the findings supported by the data (Cohen & Crabtree, 2006). The audio and video recordings allow further accuracy when interpreting the data for dependability. As per

Walden University standards, chair and committee members are also assigned to help students with the dissertation results. My chair has provided feedback to ensure accuracy and dependability.

Confirmability

Cohen and Crabtree (2006) explained that confirmability in research neutrality is essential. In other words, the findings are shaped by the respondents and not the researcher's biases (Cohen & Crabtree, 2006). Aside from triangulation methods and external audits to increase trustworthiness, audit trail and reflexibility help enhance my research findings. The audit trail includes detailed descriptions of the research development from start to finish (Cohen & Crabtree, 2006). I have created a transparent and thorough approach from start to finish in my research development. This includes process notes, rough drafts both in pen and paper style, and electronic. This diminishes biases and creates transparency when creating trustworthiness. The multiple rough drafts forced me to reflect on what I was interpreting, going back and forth on notes to ensure there are no discrepancies in what I write and ensure biases are left out. As forementioned, the conversations and meetings with my chair help guide my approach to the results and look at different angles that I may not be aware of. Multiple researchers allow biases to reduce and create a course of trustworthiness in research. Throughout the process, I utilized techniques to ensure that interpretations were as accurate as they should be.

Results

As for my research, I set out to explore the lived experiences of male U.S. veterans who had been exposed to combat at least once in their military career with empathy during their transition back into their community. There were two research questions followed by seven interview questions. From these questions emerged six themes and 18 subthemes. Sub-questions followed within the seven interview questions to ensure detail and precision to expand on my participants' lived experiences. In total, 30 questions assisted in creating themes and subthemes that enhanced the participants' experiences. I used some participants' direct quotes in some subthemes to reinforce the emotions demonstrated during the analysis of each participant's answers. Some quotes were censored for professionalism, and the numbered order will identify participants' interview format (i.e., Interview 1 'In1' Interview 2 'In2' Interview 3 'In3') to protect their anonymity.

RQ1: Theme 1-Feeling of Compassion and Caring Before Deployment

In the first theme of the RQ1, the feeling of compassion and care were present with all participants when they recounted before deploying. Some participants struggled; however, they could provide some insight on their compassion and care. In1 explained, "I was sensitive. If a bird would run into a window, I would cry." Other participants also explained that they could connect with others around their same age group. They were also able to feel the empathy from those around them and become more sensitive to others wanting to help or being available to their needs. Other participants explained their compassion and caring ability from even in basic training camps before moving away

into their respected bases and much before their deployments. The subsequent subthemes that will be presented will go into further detail with direct quotes to expand on the lived experiences of these participants with compassion and caring before deployment.

Subtheme 1: Feeling of Connection With Others

Even though some veterans struggled to remember empathy before deployment, they could elaborate on the feeling of connection. In2 included how he felt the connection with people in his same age group before deployment. In2 explained, "I was more empathetic to others of my age group in the civilian world." In5 mentioned feeling a connection with those who had lost relationships or a relationship was terminated and the negative feelings that were experienced after the relationship ended; "Oh, I can empathize with you with that you got dumped, it doesn't feel great." Finally, In7 concluded that he felt empathy with soldiers in his basic training. He expanded on how this connection grew through the experiences they all went through during this training together alongside other duty stations they were sent to. "I suppose I can include empathy experiences from my time in BCT [basic training]. Such as common BCT duty stations or certain things we all went through or didn't go through in BCT."

Subtheme 2: Feeling of Care

Some veterans recall feeling cared for by their surroundings, such as their superiors, or the feeling of care towards others, even animals. In3 explained that he experienced the feeling of care from his therapist. He informed how his therapist's genuine care and nonjudgmental approach for In3 helped him experience this feeling of care. "When I was in therapy, I wasn't judged. I was just listened to, understood." In6

incorporated, "Before deployment was a lot of like the superiors trying to get us more time at home." In1 further explained that his sensitivity before deployment made him care for the well-being of every living being. "If a bird would run into a window, I would cry."

Subtheme 3: "I Was More Understanding."

"I was more understanding" is the direct quote from In4 that explained his ability to be more empathetic towards others, as he remembers, before deployment. To follow with the quote, In1 also explained being more sensitive towards others before deployment, "I was sensitive, I would cry at funerals or at sad movies. I was very sensitive towards anything." In1 elaborated how before his first deployment, he was able to experience emotional empathy, as depicted above in his quote, towards things that are considered to be sad or tragic. In3 explained that empathy was not difficult or even an issue to experience before deployment when asked about how he experienced empathy before deployment, "It wasn't such a big issue." These subthemes and themes demonstrate veterans' different intakes of empathy, compassion, and care before being exposed to deployment.

Theme 2: Feelings of Detachment After Deployment

The second theme that corresponds to RQ1 is the feeling of detachment from veterans after returning home from deployment. In1 said, "I use to be very sensitive before, and now I have this shield that says don't cry, don't show weakness, and that's what the military did for me." Participants recall having an issue when returning, whether with their surroundings or loved ones. Many felt detached from society and their family,

which made it complicated for many of them to experience empathy towards others and experience empathy from others.

Subtheme 1: Feeling Numb

Another subtheme that was noticed and emerged was the feeling numb after deployment. Many veterans felt a disconnect that created a sense of feeling numb towards others' issues, and their tolerance on matters of others diminished. In1 explained how he was trained not to show weakness to carry out the mission, "I use to be very sensitive before, and now I have this shield that says don't cry, don't show weakness, and that's what the military did for me."

In2 added that getting out of the military mentality causes a distance between him and civilians because of the different cognitive processes he has from civilians. "It's hard to wash off the military grind… That stays on you for the rest of your life. It's hard to think that everybody gets the way you think, and then maybe in the backside of that; you don't understand the way they think." In2 further explained how this different cognitive process creates difficulty for him to empathize or feel that empathy from others. "And it's hard to put empathy on a lot of things. It's a lot of struggle to include empathy towards people and then thinking you receive that back in the same board."

In4 expanded on how he struggles with the concept of empathy and does not recognize it, affecting his sensitivity towards others' emotions. "I wasn't sensitive towards other people's feelings, or I didn't care what I said. I am not very good with the empathy part. I don't pick it up." In5 elucidated that those small concepts are not easy to empathize with from others. What others may feel devastated from, such as a terminated

relationship, In5 found difficulty empathizing with their pain, creating a feeling of numbness towards their suffering. "You necessarily won't empathize with small things as someone being devasted over losing a girlfriend or boyfriend or things like that. It's something along the lines of get over it." In7 explains that empathy was hard at the beginning, "I didn't really have much experience empathizing with anyone."

Subtheme 2: Feeling of Indifference

On a similar note, many of the participants demonstrated feelings of indifference towards empathy, whether it was towards others or others towards the participants. Just as with feeling numb, indifference was another subtheme that emerged with a feeling of detachment. In1 explained that "I noticed that I really didn't have empathy for many things." In2 illuminated that those opinions outside of military mentality were invalid; therefore, they did not validate him to consider it necessary. "An opinion that was outside of the military was invalid to me. They could not seriously relate. My civilian friends could not see, or family could not see or relate to 'oh we're on the same level.'"

In3 described his experience through a personal level in a previous relationship with empathy towards the girlfriend's daughter and how he did not empathize with issues that the daughter was experiencing, terminating the relationship. "I just got out of a relationship, and I couldn't empathize with the daughter. It wasn't important… I didn't care to see her point of view." In4 explained he does not pick up empathy towards others and feels indifferent, "I really don't empathize, really like if anything is hard for people."

Subtheme 3: "Wife says I am an a**hole."

The third subtheme includes a quote from In4 that pinpoints the themed concept of detachment. In the quote, In4 explained that once he returned to the U.S., he did not experience empathy towards others, and the people around him, specifically his wife, had noticed. The other participants also demonstrated some of the same experiences as In4 with his quote. In1 explained that his family struggled with his strict behaviors and attitudes after the first deployment and the rest of his military career. "Looking back at my other four children, I'm like 'oh my God, I messed up, big time,' but they are all on their own two feet. They are all doing amazing, but I think I gave them secondary PTSD, and I got them where I wanted them to be, successful and on their own two feet, but like I could've been a little bit more sensitive and a cooler dad deal, you know, because I know deep down I know they think I'm a, I'm a butthole."

This experience is demonstrated by other participants who describe how they feel when civilians compare their struggles with veterans, causing anger. In2 expounds on how the tolerance for civilians' problems does not correspond to the struggles that In2 goes through or any other combat veteran experiences. In2 explained that this comparison of struggles between civilians and nonmilitary individuals with combat veterans as himself are worthless. "We're on that same level of 'my life sucks' well my life sucks worse, you know, uh, I've been through worse sh*t, and it's been, you know, imagine what I go through versus what you go through, and it's not even on the same level, you know, and that's, that's the way I kinda look at things, and if they add any type of opinion, you know, doesn't matter to me." In3 also showed how civilians' opinions or

problems are untenable in a more direct form. "When people tell me how bad they have it here because they got too much homework or their wife fights them, it's like 'shut the h*ll up' like those are not problems, man. I don't want to hear it."

Theme 3: Feeling of Togetherness With Other Veterans

As noted, returning from deployment, the participants experienced a sense of numbness, detachment, and difficulty experiencing empathy with others, specifically outside of military personnel and veterans. All participants explained how better they experience empathy with other veterans than civilians. In7 explained that interacting with veterans has given him a good sense of unity, bond, and togetherness. In2 also added that it is easier to talk with other veterans and work with them. In4 expanded by saying that working with veterans makes things smoother. This sense of togetherness is what was mainly their response.

Subtheme 1: Feeling of closeness

The subtheme proceeding the feeling of togetherness includes the feeling of closeness with other veterans. In7 explained well the feeling of closeness, specifically after deployment. "I want to say I've experienced it when I listened to other veterans talk about their stories from deployment." He proceeded to explain his experience with empathy with combat veterans he encountered and the similar challenges they all faced; "as far as after deployment well then empathy is expanded to a wide variety of experiences. Again, a lot has to deal with how certain locations were at the time and mission conducted. Losses faced; how certain situations were handled etc..."

In1 elucidated how a civilian cannot provide any form of comprehension for his struggles; only another combat veteran will empathize with his distress because they experienced similar challenges. "Like if you ask me, 'what can I do to help you with your combat PTSD,' nothing. There's nothing. I don't know you; you don't know me, I don't know, you know. I don't know how you can help me, but as soon as I see a colleague [veteran], we both know what we went through. And we kinda talk to each other we can pacify each other because we've been in it at the same time."

In2 added that he feels closeness with his military veteran colleagues by understanding their accomplishments, joy, anger, and behaviors towards one another. "I can reach that same anger or, or, I can see the joy of the way we see the, you know, um, each other in our accomplishments, in that level and it's just we grasp each other a lot more you know, or we can call bullsh*t on each other and say you know, come on dude, garbage, you know and either we grasp that or we're just like, throw each other in the trash and backstab each other. I don't know. We are just weird, messed up kind of fun. And nobody sees that like the way we do."

In4 incorporated further on the difference in closeness with veterans who served with him overseas versus the friends from high school that never experienced combat and has lost contact with them throughout the years. "Veterans, ah, yes well, I talk to buddies, but they're all on the east coast. And it's just more like I've lost contact with everybody else that graduated from high school; um, I don't speak with them because there's no similarities anymore. They don't know what it's like to serve their country or go into, uh, be deployed and you know not knowing if you're gonna come back or not or you know

'do you have my back.' People from school before, I don't know, I don't have that in common with them and well with my buddies from the military, the veterans, well yeah, you have my back."

Subtheme 2: Feeling understood.

Another identified subtheme was feeling understood by other veterans instead of the civilian population. Many of the participants expanded on their sense of togetherness due to feeling understood. In7 explained how he experienced this sense of understanding from veterans, "Empathy amongst my family has always been challenging given the fact that I am a first-generation veteran. Luckily, I've been fortunate enough to find friends with the same/similar backgrounds as myself, so that made it so much easier to empathize with them."

In5 explained the difference between veterans and colleagues. As per In5, the experience of veterans having similar experiences from the military creates a feeling of being understood compared to the professionalism with colleagues that makes him feel disconnected from these professional colleagues. "Veterans have similar experiences and things along those lines where colleagues are more of a professional." In2 expanded on how different it is to work with veteran coworkers and feel that they understand compared to being in a civilian atmosphere. In2 enlightened the experience with empathy with veteran coworkers, especially since there is a feeling of understanding. "When I've had more coworkers that are fellow veterans, um, we empathize more towards each other. We get each other, um, we have more of the same mindset of, 'I know what you're gonna

do' because, you know… I don't know; it just falls in line of the way we; I've been trained, and it doesn't matter what branch we are in."

Subtheme 3: Feeling of Camaraderie

A difference was recognized in experiencing empathy through the feeling of togetherness between the participants and other veterans. The last subtheme added to the central theme of togetherness; this is the feeling of camaraderie with other veterans. In3 highlighted this camaraderie with veterans he worked with. "I empathize more with them. Like I still keep in contact with a lot of them, and we still talk to each other, and they'll call me any time, day or night." He adds to the question of feeling empathy towards veterans, "Yeah, I empathize more with them; definitely more with them."

In6 clarified the feeling of camaraderie with veterans who worked together, deployed together, and even in different units, suffered together, creating an experience with empathy. "Uh, that one was a little different in the way that like obviously they were there with you, and so they experience similar things with you, and some experiences were worse, some of it like other members of other platoons and stuff, they had different missions they went on, and so they saw different things and so while we may not of experienced everything together, we all kind of experienced the same and there's that built upon camaraderie and everything kind of brought us all together." In2 gave details on how this camaraderie with other veterans made him feel safe in contrast with working in a civilian environment, "I migrated more towards a military veteran type of work setting to feel more in my crowd. I've always seeked out being near a base or a role that's more in the same role of what I've done."

RQ2: Theme 1-Feeling of Hardship During the Transition

In the second research question, I explored the participants' transitional dilemmas and experiences with empathy and how this featured after returning to their society and community. The first theme explored the feeling of hardship during transition that shaped their empathy experience. In7 explained how transitioning from active duty was challenging, "I found it quite hard to open up about my experiences…" In1 explained he technically has not transitioned yet. In1 explained that he still practices military behaviors such as stopping his walk to answer his phone. In3 added to the challenges of his transition, especially since his mother died during his transitional process. In4 informs that empathy has been hard to experience, especially during transition. In the next few subthemes, we dove into specific concepts these participants experienced during transition.

Subtheme 1: Feeling disregarded

In feeling disregarded, the participants expanded this feeling with the people around them and, at times, from their community. In3 illuminated this feeling of disregard from society through broken promises he was promised when he joined, such as life-long care, support, and help, but were never kept. "I feel they haven't. I really feel that they fail me a lot, but it is what it is. I got to help myself first. We were promised a lot when I was in, and there would be able to be help, you know, we're there for you, all these f**king bullsh*t signs and all this f**king NFL standing up, and I'm just like shut the f**k up man, you're just doing it to make you feel good man, and I just find it really fake."

In4 said how he felt disregarded with his background within the community when they challenge his wants and perspectives. "I don't know; there's a lot of things outside in the world I don't agree with. Just with the whole military background, it's just like I said, do what you have to do, and that's it." In4 expanded on how certain groups challenge his mentality of following the rules placed by society and lawmakers who believe that these rules do not apply to them, causing him a sense of disregard for his service to protect these rules. "The rest of the society is like, well, I'm going to challenge this, you know, there's no rules for me, or the law doesn't apply to me." In5 elaborated the perceived feeling of disregard from the community towards him and other veterans in general. "Honestly, I didn't feel any empathy from the community while transitioning, and I think there's a lack of empathy for veterans in general from the community."

In7 added on this disregard through employment and the Veteran's Administration (VA). "Society alone has always been contradicting when it claims its support for veterans. VA taking forever and a day to assist or sometimes employers deciding not to hire you because of the PTSD status label attached to your file." These participants' experiences with transition and hardship are identified through exposure to what they believe is a disregard towards them, altering their empathy towards their community.

Subtheme 2: "Mentally, I Haven't Transitioned Yet"

One important subtheme that explored transition and the feeling of hardship was "I haven't transitioned yet." In1 elaborated on the challenges of not mentally transitioning due to feeling as though he still needs to follow the rules of the uniform

[military] even though they do not apply to him anymore. "Believe it or not ma'am, I haven't; well, physically, I've transitioned out of the military. But mentally, I haven't transitioned. They left my switch on. It's on the on position. When I'm walking and my cellphone rings, I stop, I answer my phone, and I talk on the phone. Because there's no walking and talking and chewing and smoking while in uniform. So, I haven't really, really transitioned."

In2 explained the feeling of hardship during his transition and the conflicting emotions he had no conceptualization at the time of his discharge from the military. In2 described how experiencing emotional dysregulation halted a healthy transition into his society. "It's really weird because you, you don't understand what you have as far as depression or anxiety or all of that you, you uh, you just, you never think that you'll reach that level of, of joy. Or you'll never reach that level of leaving unhappiness or leaving that anger, and um, you know, nobody in the world would fully understand why you feel that way."

Subtheme 3: Feeling unempathetic

The third subtheme was experienced by the participants during the interview when describing their experiences with empathy and transition. In1 explained not being able to empathize with civilians' menial issues, including his family members. "I feel like I'm, I'm a very insensitive person. I don't have feelings for, for like I said, my wife has a big paper due before the end of this mini mester. I don't feel empathy because I'm like been there done that." In2 also added to the lack of empathy when he was discharged from the military and was transitioning into society. People's ideologies could not match

his emotional dysregulation or remotely understand his distress. "You could never feel the same sh*t as I've felt… they couldn't match my level of that, and I think negatively the military, when I got out, I believe that you know, um, the levels of empathy was just nowhere near what I could feel, or I could feel towards others."

In3 included living in different worlds between him and the community around him that has influenced his empathy towards them. "It's hard to empathize with some people. It's just; I can't. You got your world I got mine; it's whatever." In4 elaborated on how he feels he did not empathize in general and how the Marines Corps taught their Marines not to empathize and follow orders. "Leaving active duty [chuckle] lack of empathy now. Um, it's just especially being in the Marine Corps; it's just um, do what I say, just do it. Um, empathy, I don't know, it doesn't exist."

When asked about how he experienced empathy during his transition, In5 explained in more general content how empathy, especially in servicemembers, dampens after transitioning and deployment. "I would probably say dampened empathy in others, especially those in service-related fields." In7 also explained that empathy was quite difficult when returning or coming out of active duty. "From what I can remember about coming out of active duty, I found it quite hard to open up about my experiences, so I didn't really have much experience empathizing with anyone."

Theme 2: Feelings of Isolation From Society

For this theme, one experienced by most of the participants was the isolation from society and how they feel society treats them once they transition. Some participants talked about their culture shock coming out of the military and society. Others elaborated

that it took them a while to feel comfortable but still feel a sense of separation from their society. Some even explained how they have grown through the years, even after feeling out of place. The following subthemes expanded on how these veterans experienced isolation from society.

Subtheme 1: Feeling out of place

In2 explained how coming out of active duty caused him distress to where he compared his disability with other veterans and civilians, undermining his mental health. "Getting on disability, coming home in the way that I didn't want to come home, um, nobody could see on my level, and um, they weren't ever going to see it that way. Um, and you know I could see other veterans suffering or going through what they went through, and um, you know, I almost thought that I would never be on their level of the way they felt."

In4 explained his empathy towards his community during transitioning and how this has affected him, especially with the current affairs of societal disparities and conflicts that the country is experiencing. "Like I said, especially with what's going on around, I guess, in the country like with certain individuals, organizations rioting or stuff like that, yeah I just don't. There's no empathy from me to them; it's just there's bigger things that should be dealt with, or you know. Eh, I don't know, I just don't feel sorry for certain groups outside of the military."

Subtheme 2: Feeling of culture shock

Another subtheme that rose was the culture shock during these participants' transitions. In2 explained this culture shock he experienced due to the different mentalities and behaviors veterans express that civilians found distasteful. He said,

You have to reset and be like, "oh yeah, that's not the way they understand or that's not, that's probably coming off a little harder than they're used to," you know. And uh, you know, we don't get there, we don't get there always right away, it's a shock, so everything is a culture shock to us too.

In4 also explains that he prefers to stay isolated from a society with which he feels he does not connect. "I mean, like I said, I really don't get the empathy thing. Uh, I'm just a loner [laugh]. I stay to myself, I really don't communicate outside of the house except for my immediate family, but anything outside of that, I don't really communicate with other people." In6 explained how his transition into society will shift his empathy towards civilians once the drama or discord disrupts his emotional stability that civilians express publicly. "I just try to, like I know everyday somebody got something you know going on and I try to, I try to remain objective when it comes to things like if someone is having a bad day you know, I don't like because some people like they live on drama so to speak. You know somebody at the store, somebody at Wal-Mart, you know, screaming and yelling for one reason or another, and if then I have to interact with that person. I try to be calm for the both of us, you know, common courtesy, but the empathy does kinda have an effect on that."

Subtheme 3: Feeling lack of belonging

In this subtheme, we see further and more detail the feeling of isolation and hardship the participants experienced during their transition. In1 disclosed his feeling of isolation from the people around him, such as family, civilians, and society. "I feel that I don't, ma'am. I feel *sigh* how can I say this, I feel isolated, like I feel like I don't belong." He proceeded with examples of how he feels that he does not belong within the society he lives. "I feel like I don't belong because, you know, I have trouble answering some of your questions where it could be a simple one-sentence answer, but I go into a big explanation. You know, I feel like I don't fit in."

In2 expanded and compared the difference within a military servicemember's life and how the civilian world receives them once they transition. "The transition wasn't as easy. I mean, you know, because uh, when you're in the military, it's um, it's constant you're in it you're there all the time whether you're in the uniform or out of the uniform you're in it no matter what… And when you get out, and I think the civilian world tries to shove empathy down your throat and it's not necessary how you know, don't view it like that you don't see it. It's not an easy transition to like from being called Senior Airmen to Mr., and you're expected to act in that Mr. form."

In3 added when asked about how he fits in his society, "[Laugh], I don't [chuckle] I don't… they got their world they live in and I got my world I live in, and my world isn't nice, and their world is you know, I mean once you see how the real world is with everything that's out there you think differently and I don't know some don't want to face it and that's fine."

Theme 3: Feeling Isolated From the Government

The last theme of the research analysis is how these veterans experience empathy from their government. One common concept is that many, even though veterans try to be objective of the matters of the government, still feel as though their government has turned its backs on them. Many explain feeling like just a number and feel unappreciated for their services. Others do not trust the government because their false promises are never kept, or even feel they are there just to do a job and leave. These next few subthemes, although short, explain some feelings they experienced with the government.

Subtheme 1: Feeling Unappreciated

The first theme, some veterans feel unappreciated by the government due to the little effort to help veterans through their transition. In1 explained how he feels it is crucial to have a plan when transitioning because there are times when the government will take months before providing a pension check, disability check, or any other promised income. "The government is very hard, you know, it's very hard like when I first retired um, I was going from active-duty army to the VA, and you know since I wasn't working no more my retirement check wasn't kicking in yet because I was still in active duty, and it took a process. I don't think they have that much empathy like when I was transitioning out because for like three to four months, I did not get paid." In3 added that he does not like the government due to current policies that promised veterans many things but have yet to fulfill. "I'm not happy with the government, especially with the current government. I'm not gonna trust them, you know, they promised me something,

and they don't deliver so what, but you know, I really don't trust the government; they need to stay out of my business."

In5 explained that he does not feel that the government is empathetic due to a duty they need to do to get the military transferred to the next duty station or retired without considering their feelings. "I think the government isn't necessarily empathetic; it's more along the lines of, let me get you where you need to be whether it's out of the military or you're transferring, that's all they care about, not along the lines of how are you feeling, it's more along the lines of get where you need to go."

Subtheme 2: "F*** the Government"

For the second subtheme, when asked about how they experienced empathy from their government, some participants expressed different points of view following what the subtheme said of "F*** the government." In3 expressed his thoughts on the government, "[Chuckle] F the government man, f**k those guys. Bunch of liars, man, I hate the government. I don't trust them. Um, they owe me, you know, they, they're the ones that made the deal with me. They better; it's up to them to uphold their end of the deal, you know. But I mean, I'm not gonna rely on them; I'm never gonna rely on them. F**k em, you know." In4 expressed how the government influenced his empathy and that the government was put into power thanks to the veterans. "Not much. I mean, the government is government; they're just there because we put them there."

Subtheme 3: Feeling Rejected

For the last subtheme, the feeling of rejection was felt by more veterans compared to the first two subthemes. Some participants expressed their frustration with how the

government handles their needs and transitions, changing their empathetic experience with the government. In3 explained further how he feels that he is the last priority for the government, which hinders his trust in them. "I don't trust em. I never will, you know, seeing that I always come last with them, you know. I'm just trying to get by, and you know, they just stand in the way. I just rather them get out of my way."

In6 explained how some government workers want to help, but he feels that there are not enough of them, which can impact the feeling of being unappreciated. "I would say that uh, again, like I've said there definitely people out there that do care and do want to help veterans, uh, you know, especially the ones [veterans] that are having a hard time with transition or even years later. I definitely feel like there is some out there, maybe not enough personally. Some people, like I said they just treat a job as a job." Finally, In7 explained how the government has forgotten and neglected veterans, which shapes his empathic experiences with them and their policies. "I strongly feel like veterans, in all reality, face a very harsh stigma with local and federal governments. We see government assistance to immigrants, refugees, and /or other such groups of people (which I do not condone in any which way) but help and priority to our veterans is pushed to the end of the line. If we are lucky."

Summary

This chapter concentrated on the analysis of seven U.S. veterans who have experienced combat at least once in their military career; how they experience empathy with their community, self, and during their transition. The data collection method consisted of semistructured interviews through video conferences due to current

pandemic safety protocols needed for the safety of the participants and the researcher. All

interviews were through video conference with the participants' permission and recorded.

There were six themes (three for each research question) and 18 subthemes in total (nine

for each research question). In the next chapter—Chapter 5—interpretation of the results

will be provided alongside the limitations of the research, recommendations, and positive

social change implications.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

For this study, I used IPA to explore the lived experiences of seven male U.S. combat veterans with empathy, and how this featured in their transition back into society. Studies have focused on veterans' transitional issues, affecting their adjustment period within their community. The purpose of this phenomenological study was to explore these transitional issues further through these participants' lived experiences and how they experience empathy along the way.

During the analysis of the results, six significant themes rose: feelings of compassion before deployment, feelings of detachment after deployment, feelings of togetherness with other veterans, feelings of hardship, feelings of isolation, and feeling discarded by the government. The key findings were the difference in empathy experiences in relation to family, friends, veterans, government, and society. IPA allowed me to expand on these participants' lived experiences with empathy and the importance of considering empathic modalities to ease the transition into the community for veterans. In this chapter, I discuss the findings, including limitations of the study, recommendations, and implications for social change.

Interpretation of the Findings

RQ1 Veterans' Experience With Empathy

For the first research question, exploring the lived experiences of veterans with empathy after deployment, the IPA results were that war and deployment disrupt emotional regulation for veterans compared to before ever being exposed to combat.

Studies have found that trauma symptoms increased and emotional regulation decreased for soldiers exposed to various deployments where active combat is being held (May & Wisco, 2016). My participants mentioned experiencing more empathy, feelings of understanding, regulation of emotions, and feeling as part of their community before they deployed. They explained being more sensitive towards others, but this changed when exposed to combat. According to previous researchers, chronic trauma exposure decreases emotional stability and increases psychopathologies alongside destructive behaviors (Levy et al., 2019; May & Wisco, 2016). Participants who disclosed experiencing poverty, abuse, and the death of a parent throughout childhood expressed higher amounts of anger, hostility towards others, and less empathy upon returning from deployment. Some participants found it challenging to create healthy relationships with others due to the reduced experience with empathy from their surroundings towards them and vice versa.

With regard to the challenges that participants face when creating healthy relationships with others, participants described how returning from deployment and reintegrating caused feelings of being misunderstood. Participants explained that they struggled to empathize with their children's complaints, their spouses' stressors, and felt their families could not comprehend their experiences after deployment and reintegration. According to Baer et al. (2018), they explained that low emotional regulation affects the ability to create meaningful relationships by reducing emotional processing, misjudgment of social cues, and overall acceptance of others. Jiang et al. (2019) informed that individuals with low emotional empathy have reduced social skills and difficulty

understanding others' emotions. Therefore, my findings add to the difficulty veterans have in creating healthy relationships with other nonveteran civilians due to their diminished empathic experiences, including their families.

My research added to what is known currently; despite trauma reducing empathic abilities and dysregulating emotions (Wilde, 2019), these participants expressed higher connection abilities and empathic behaviors towards other combat veterans, especially veterans who served with these participants. Therefore, combat did not reduce empathy overall, from the participants' account, but rather, their cognitive empathy increased, whereas their emotional empathy decreased when interacting with civilians. When returning home from deployment, many participants agreed feeling detached, numb, indifferent, and distant for anyone that was not military. In addition, participants described experiencing difficulty adapting to their civilian lifestyle after transitioning by feeling they still had a "mental switch" on where they practiced old soldier-like behaviors that were unnecessary after transitioning into society after the military. Other participants experienced reduced empathic behaviors and expressed the unimportance of empathy towards their community. They only felt the importance of experiencing empathy towards their immediate family. Some participants explained experiencing empathy as a calculative approach where they recognized first if others were expressing empathic behaviors and whether they should be demonstrating empathy towards the latter. As veterans who have transitioned, these participants expanded on their experiences through feelings of sadness, isolation, hyperawareness, and distrust towards others, reducing their empathic behaviors.

In contradiction to other studies on veterans' transitional issues due to trauma based on exposure to deployment and how this impacts their empathic abilities (Brenner et al., 2015; Demers, 2011; Trujillo et al., 2017), these veterans expressed reduced empathy towards their community due to distrust after experiencing reduced empathy from their community towards them while reintegrating. However, this does not indicate that these participants did not have empathy or experience empathy. Their avoidance in experiencing empathy consists of a defense mechanism. As per Regehr et al. (2002), when expanding on emotional and cognitive empathy on ambulance paramedics, they found that paramedics exposed to traumatic events reduced emotional empathy with those they were assisting and increased their cognitive empathy to avoid extreme emotional distress when helping others. These participants experience the same form of empathic abilities. They reduce their emotional empathy as a defense mechanism to avoid severe emotional distress but continue to practice cognitive empathy.

The experience of empathy these participants encounter is with other combat veterans, specifically with those they served during deployment. All participants expressed feeling connected with other combat veterans through their service. They recounted being able to relate with each other, experiencing camaraderie, and the ease of sharing empathy from combat veterans. Orazem et al. (2017) explained that veterans struggle with identity adjustment, disrupting feelings of belongingness. In contrast, these participants expanded on feeling connected with other veterans, making them feel secure and understood, increasing feelings of connection, unity, and a bond. These veterans' strong identity as soldiers allowed them to connect with other soldiers, which increased

their empathic experiences, as compared to their civilian identity, which they have struggled to identify with, decreasing their empathic experience with civilians and their nonveteran community.

RQ2: Empathy Featuring in their Transition to Society

The second research question explored how veterans experienced empathy during their transition back into society and their community. What we know is that veterans struggle during their transition. Veterans experience hardships during their adjustment back into society after returning from combat (Resnik et al., 2012). The participants in my study explained feelings of being undervalued, disregarded, unempathetic experiences from others, lack of belonging, and feeling the hardship of the transition. Brenner et al. (2015) explained that transitional issues are due to veterans' trauma experiences after deployments. Culture shock creates transitional difficulties in veterans. Veterans transitioning have to adjust to a new civilian lifestyle, removing soldier behaviors and customs that they became comfortable with, creating culture shock. Cooper et al. (2018) observed that military culture cultivated during basic training changes when veterans transition, making adjustment issues for veterans.

The identity crisis veterans experience (Demers, 2011) when joining the civilian world increases mental health issues (Orazem et al., 2017) and reduces veterans' sense of self-worth and self-esteem. These veterans explained the difficulties in transitioning from active-duty soldiers to civilians, making them feel isolated from their community. Some explained that they experience difficulty transitioning from military culture to civilian culture. Others said that their adjustment issues are based on their society's need for them

(veterans) to empathize to be accepted. These veterans explain that society's empathy is not genuine but is still a concept that is forced upon them to reintegrate quickly. This creates a culture shock since some participants inform that their military branch reduced empathic behaviors to make competent soldiers.

What was added was understanding how much the government plays in a healthy transition for veterans. The feeling of being unappreciated and rejected creates difficulties adjusting for veterans in their communities. These participants explained feeling disregarded by the government through perceived false promises. Some participants said that the VA halted 6 months of retirement pay while transitioning out. Others felt the government threw them out and forgot about the promises they provided these veterans when they signed the contract to serve their country—such as financial assistance, protection, and subsistence. In 1991, the U.S. Congress created the Transition Assistance Program (TAP) for veterans transitioning from active duty to civilian society (Kamarck, 2017). However, reports of the government neglecting veterans' psychological and physical needs became known throughout the years (Zorgas, 2017).

Another concept added was how the military culture cultivates the lack of empathic abilities and behaviors for soldiers coming into the military. The purpose of enabling lack of empathy is to prepare veterans for war and other hostile environments. Participants explained how empathy was not portrayed in their military culture, affecting their experience with empathy in their civilian lifestyle. This created feelings of not belonging, isolation, challenges connecting with family, friends, and others. As per Cooper et al. (2018), veterans who joined the military were stripped from their civilian

identities before transitioning into active duty. Once they are made into soldiers and are ready to transition out, their identities are reevaluated, creating psychological distress and reintegration difficulties (Cooper et al., 2018).

Unlike previous findings, as studies explain identity crisis amongst veterans transitioning (Demers, 2011; Orazem et al., 2017), the current participants described feeling confident in their identities as individuals and how their morals were shaped positively by their military years feeling pride in who they became. Interestingly, these participants believe their identities as soldiers and veterans are essential even with disparities and emotional conflicts. The emotional distress they experience consists of feeling as though their community does not accept their new identities as soldiers, fighters, and veterans. Baer et al. (2018) mentioned that the lack of belongingness in veterans with their community creates more significant emotional distress. Even with these participants' pride in the morals and values made during their military years, their society's morals and values counterfeit their own, isolating them. This creates feelings of being outcasts in their communities, increasing resentment, and emotional distress, impacting their empathic experiences. Therefore, these veterans who feel isolated from their society increase their empathic behaviors towards other veterans, drawing them together to experience acceptance and adapt more accessible to their surroundings. This is important to consider, especially if future approaches are to increase healthy transition back into society for veterans.

Conceptual Framework

My research's conceptual framework derives from Davis's cognitive and emotional empathy. Cognitive empathy consists of the analytical conceptualization of others' emotions, and emotional empathy includes the ability to feel other individuals' emotions without the analytical concept (Davis, 1983). What we know about empathy, or the lack thereof, is that psychopathic, sociopathic, or cluster B personality disorders are less likely to demonstrate empathic behaviors towards others (Brook & Kosson, 2013). Researchers have explained that cognitive empathy does not need to synchronize with emotional connections to be empathic with others (Brook & Kosson, 2013). Jiang et al. (2019) studied trait anger and found that individuals with high levels of anger diminished their cognitive empathic abilities, disrupting veterans' abilities to understand social cues. Decreased cognitive empathy reduces tolerating different viewpoints (Jiang et al., 2019). Emotional empathy includes a person's ability to experience warmth, compassion, and unconditional positive regard (Davis et al., 1987).

In this research study, emotional and cognitive empathy were noticed within different veterans towards different people. The results indicated that these veterans struggled with emotional empathy compared to cognitive empathy. The participants analytically identified the emotions of others; however, they struggled to understand the goal or purpose of the feelings that others projected. Whenever asked how they experience empathy in their community or family, many said that the distress others felt was unimportant compared to their pain. These veterans demonstrated discomfort with emotions and were unable to conceptualize and correlate with their definition of what

pain or discomfort meant, diminishing their emotional empathy. However, if another veteran would express emotional pain, discomfort, or any emotional distress, these veterans would relate easier, increasing their emotional empathy.

Further explaining the defense mechanism, these participants do experience empathy both cognitively and emotionally. The difference is who is receiving the empathic behaviors. This defense mechanism allows them to guard their emotions against those they feel will not understand their perspectives. These participants explained the difference between feeling regarded by other combat veterans since they shared similar experiences. In contrast, civilians who were never deployed or subjected to war would only judge their perspectives. When these participants interact with other combat veterans, their cognitive and emotional empathy behaviors increase. When they interact with civilians and society, their empathy shifts, reducing emotional empathy and increasing cognitive empathy. I observed that this avoids being vulnerable within the community that has not demonstrated empathy towards them first. Some participants said that they had felt the rejection from their society. Some informed that they were promised help when they got out of the military; however, this society abandoned them once they transitioned. As expressed by the participants, these feelings of abandonment, lack of belonging, and lack of connection created a defense mechanism of shifted empathy where their cognitive empathy increases and their emotional empathy decreases with civilians.

Limitations of the Study

My study used IPA on male U.S. combat veterans and their experience with empathy as it featured in their transition into society. One limitation within the study

consisted of different gender concentrations. As a qualitative study, to ensure

dependability, this study concentrated on male veterans who had served active duty and

deployed to combat at least once in their military careers. Therefore, this research study is

limited to male veterans and not female or other veterans. Other limitations within the

study included veterans discharged with honorable status. This study did not include

veterans with a medical discharge other than honorable or dishonorable discharge. Some

recommendations on exploring these avenues are mentioned later in the chapter. Another

limitation included the discomfort of veterans, which limited the desired length of time

the interview questions took. In my observation, despite their short answers, these

veterans found this research essential to create awareness for civilians and other helping

professions on strategies that will help other veterans who are in great need. In a way, this

was their contribution for those fellow brothers and sisters in arms and the future

generation of veterans transitioning into society. This is important because enhancing the

comfort levels within veteran participants will increase the depth of knowledge sought to

create healthy changes for their transition.

Additionally, these participants were exposed to combat zones at different times.

Some were exposed during the early years when the war with the Middle East began, and

others served deployment almost 10 years later—the intensity of war from when it starts

to later years impacts how veterans experience transitional issues. Understanding how

they experience empathy in different timelines of war can inform research on how to help

and shift modalities of transition for veterans. The last limitation noted within this

research study, were veterans excluded from the research approach (i.e., National Guard

and Reserves). The National Guard and Reserves veterans experience a different transition from active-duty soldiers. These branches of the military allow soldiers to live civilian lives and soldiers' lives. This creates a different experience for soldiers in their transition and how they experience empathy from their community. However, this study excluded these individuals, limiting further exploration on the difference between active duty and Reserve or National Guard veterans.

Recommendations

According to Trujillo et al. (2017), studies on empathy in war veterans are limited. In qualitative studies, exploring veterans' empathy experiences, especially how this featured in their transition are scarce. This study closed a critical knowledge gap on empathy through veterans' lived experiences. Even though this study provided vital information on the lived experiences of combat veterans with empathy, it still has a large sector of gaps that need further studies to explore. Some recommendations include expanding this research to veterans with different discharge statuses (i.e., medical discharge, general discharge, and dishonorable discharge). This recommendation will provide information on how the military system and civilian organizations can help veterans reintegrate positively.

Another recommendation includes further understanding the lived experiences of veterans of a different gender. Perspectives in transition and empathy shift with different genders, especially since the experience is different. Therefore, exploring the lived experiences of different genders in veterans further fills the gap in knowledge on empathy and transitional issues among veterans.

The last recommendations include considering exploring the experiences of empathy amongst those who are still in the National Guard or Reserves. Because they perform military duties once a month alongside being civilians, their lived experiences with empathy are different from those whose military culture is shifted quickly into the civilian culture. Further research should also focus on the barriers of emotional empathy from veterans towards their civilian society and strategies that will help veterans experience both emotional and cognitive empathy in a safe, healthy form. In this arena, transitional strategies may be provided, which creates approaches easily implemented for those coming out as active duty into the civilian world.

Implications for Social Change

Empathy is a core concept in every mental health practice. It is the ability to understand the world through the latter's perspective (Bloom, 2016; Lanzoni, 2018). Empathy is considered a crucial concept to practice for positive change in the world. This study promotes positive social change by bringing awareness of an essential tool for best practices when helping veterans transition. These participants expressed not experiencing empathy from civilians and their communities, informing how this impacts their transition. This study demands change for the Department of Defense and nonmilitary corporations dedicated to helping veterans reintegrate into their society on treatment modalities surrounding empathy.

Focusing on using empathy as a new modality to increase healthy transition also promotes awareness of other areas that empathy is vital to reduce mental health distress and the feeling of abandonment veterans experience from their society. Educating the

community about different empathic behaviors towards soldiers who are transitioning reduces stressors for veterans, increasing veterans' ability to continue a healthy lifestyle. This education begins with family members and community members responsible for veterans' reintegration—mental health professionals, vocational rehabilitation centers, doctors, and other helping professionals. Communities accountable for veterans' transition should obtain training on empathic behaviors and recognition of the different types of displayed empathy. This will increase veterans' experience with empathy from their communities and their families, making the transition easier.

According to this study, which is based on Davis's (1983) cognitive and emotional empathy conceptual framework, these participants bring awareness, through their lived experiences, on the type of empathy lacking within the community and themselves. As a community, concentrating resources on coordinating therapeutic modalities that focus on empathy and transition will increase veterans' ability to experience empathy and demonstrate empathy. Transition causes struggles for veterans. As per Resnik et al. (2012), 49% of veterans struggle with participation in their community, while 25% of veterans have issues finding and keeping employment. With these statistics, this research study also provides consideration for positive change at a financial and socioeconomic level by helping organizations responsible for the well-being of veterans by increasing modalities that enhance empathic behaviors to ease the transition. These recommendations include implementing training for the community responsible for veteran transitional programs, veteran family members, and helping professionals who work with veterans. This training should consist of education on

empathy and best practices of empathic behaviors for veterans transitioning. Empathy training and education should also be implemented for veterans' family members. Empathy begins at home, where veterans can feel safe and wanted. This creates a smooth transition within their society. Lastly, empathy training for veterans helps increase the ability for veterans to transition smoothly. These participants express experiencing limited empathy towards nonveteran civilians. Transitional programs that are responsible for the well-being of veterans during reintegration need to focus on empathy training to help veterans experience empathy.

Conclusion

This study consisted of IPA with 7 male U.S. veterans' lived experiences with empathy and how this featured in their transition into society. These participants experienced difficulties experiencing empathy from their community which created barriers for them to express empathy towards others in their community. However, they were able to experience and express empathy towards other veterans. The results indicated that these veterans experienced feelings of isolation from their community during their transition, feelings of detachment, feeling discarded by their government, and feeling of camaraderie from other veterans. The evidence explains that these veterans' experience with empathy surrounds a defense mechanism set up to avoid feeling vulnerable in a community that disregards them. These veterans described feeling disregarded by their communities and government through their abandonment. This abandonment included the government's neglect of resources and help from their community's "lies" of available support once they transitioned. It does not mean that they

do not experience empathy. They experience it with other veterans, and it helps them feel part of a community after transitioning. Evidence also shows that these veterans shift their empathic abilities from emotional empathy to cognitive empathy to reduce vulnerability in society. The awareness my study brings is teaching the civilian community how to practice healthy empathic behaviors with transitioning soldiers. This creates a healthy society and increases the productivity of veterans in the community.

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