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Women Veterans' Social Experiences, Challenges, and Responsive Strategies During Civilian Reintegration

Amanda Najar-Cabrera
Walden University

Walden University

College of Psychology and Community Services

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Amanda Najar-Cabrera

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Review Committee
Dr. Chet Lesniak, Committee Chairperson, Psychology Faculty
Dr. James Herndon, Committee Member, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

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by

Amanda Najar-Cabrera

MBA, Strayer University, 2012

BBA, Texas A&M University Corpus Christi, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Psychology

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Abstract

In this study, women veterans' reintegration experiences, challenges, and responsive strategies with social identity, social connection, and social support were explored. Military discharge is a significant life change that disrupts the lives of women veterans in ways different from men and the scientific community is only beginning to research the long-term implications of social determinants of health in different populations. As the U.S. military women veteran population continues to increase, their social experiences, challenges, and responsive strategies during civilian reintegration have remained unexplored. The purpose of this study was to explore the social experiences of women veterans during reintegration to better understand their unique reintegration needs. Interpretive phenomenological analysis was used for study development, data collection, and interpretation. Social identity theory, social identity model of identity change, and state authenticity as fit to environment served as the conceptual framework for study development and analysis. Purposive sampling and social networking sites were used to recruit eight participants. Data collection included audio-recorded semistructured interviews and field notes. Thematic analysis of the narratives resulted in six themes: (a) loss; (b) service before self; (c) unavailable support services; (d) self-reflection and self-discovery; (e) self-isolation, socialization, and reconnection; and (f) feeling undervalued and unrecognized by civilians. This study can effect positive social change by informing gender-specific veteran service providers and policymakers about the reintegration needs of women veterans and highlighting that social difficulties may extend years beyond military discharge.

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Dedication

This dissertation is dedicated to my fellow sisters-in-arms who served in the United States military and especially those who participated in this research. You were the reason for my determination to get this right. You each deserve to have what you need to excel in your civilian lives as your authentic selves, celebrated for your veteran status, and never made to feel that you must dim your light. The road may feel dark and lonely at times but know that I walk alongside you. I share in your triumphs and challenges. Documenting your experiences was an honor and a privilege. Thank you for trusting me with your personal stories.

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Firstly, I would like to acknowledge my dissertation chairperson, Dr. Chet Lesniak, and second committee member, Dr. James Herndon. Your combination of expertise and insights kept both sides of my brain working together. Your feedback reminded me to be conscientious with the words I use and to stay connected with the purpose for this work. I will be forever grateful for your positivity, support, and encouragement along this journey. Thank you for your support and mentorship.

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Finally, to the late Dr. Carol Annelise Vela, from an early age you impressed upon me the importance of education and appreciating diverse cultures and people. You celebrated life, shared your talents, guided youth, and advocated for members of underrepresented communities. You continue to inspire me to live a life of service and to see the good in all people. You left us way too soon, but your spirit lives on in those touched by your light.

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Chapter 1: Introduction to the Study

Leaving the military is a significant life change that disrupts multiple social dimensions of existence. Scholars and practitioners are aware that social determinants of health (SDOH) contribute to overall physical and mental health, but this evidence has not yet been applied to advance the scholarly knowledge about the needs of women veterans (Albertson, 2019; Centers for Disease Control and Prevention [CDC], n.d.; Griffiths et al., 2020). Social dynamics experienced during civilian reintegration by women veterans differs from male veterans (Boros & Erolin, 2021). As of 2023, little was known about the lived social experiences of U.S. women military veterans during civilian reintegration. As of 2020, 66% percent of women veterans reported experiencing transition difficulties compared to 51% of men (Maury et al., 2020). At the time this study was conducted in 2023, immediate access to mental and emotional support services through the U.S. Department of Veterans Affairs (VA), and more specifically through the Veterans Health Administration (VHA), was a cumbersome process to navigate, leaving women veterans feeling unsupported when they needed help with civilian readjustment (Griffiths et al., 2018; Montgomery et al., 2020; VA).

As of 2023, transition assistance preparatory courses were mandatory before military separation, but the focus remained on postservice employment rather than building awareness about the psychosocial disruptions that arise during reintegration (Schultz et al., 2022). Despite completing required transition courses, women veterans reported experiencing a loss of social identity, connection, and support during civilian reintegration (Maury et al., 2020). It was customary for military members to receive

career transition services before discharge, but gender-specific preparatory training regarding the anticipated psychosocial disruptions accompanying reintegration was unavailable (Park et al., 2021; Romaniuk & Kidd, 2018). Similarly, services needed to address the social support needs of women veterans were nonexistent (Hirudayaraj & Clay, 2019).

This qualitative study applied an interpretive phenomenological analysis (IPA) design and a social identity conceptual framework to explore the lived social experiences, challenges, and responsive strategies of women veterans after military service with social support, social connection, and social identity (see Godier-McBard, 2022; Griffiths et al., 2020; Haslam et al., 2021; Nizza et al., 2021; Schmader & Sedikides, 2018). Positive social experiences are essential mental and physical health factors, especially during times of significant life change (Haslam et al., 2021). There was a need to expand the understanding of how social challenges during reintegration may contribute to women veterans' overall health and well-being (Haslam et al., 2019, 2021; Hatef et al., 2019; VHA, 2020).

The military veteran social identity was central to the reintegration experience (Kent & Buechner, 2021). Current U.S. military-focused reintegration researchers have explored the needs and experiences of male veterans, but at the time of this study, there were limited articles that considered the social experiences and needs of women veterans (see Barnett et al., 2021; Blais et al., 2021; Dodds & Kiernan, 2019; Eichler & Smith-Evans, 2018; Hatef et al., 2019). Women veterans' social reintegration experiences after military service were largely unknown, so their support needs remained unacknowledged

and unmet, despite the continued growth of this population (Boros, 2019; Godier-McBard, 2022; Lehavot et al., 2019). In the following sections of this chapter, I present the (a) background, (b) purpose, (c) research questions, (d) conceptual framework, (e) nature of the study, (f) definitions of key terms, (g) assumptions, (h) scope and delimitations, (i) limitations, (j) significance, and (k) summary and a preview of the literature review.

Background

Women are 28% more likely to leave the military than men (U. S. Government Accountability Office [USGAO], 2020). By 2032, the U.S. armed forces expect women to make up 14% of the military, while the total number of overall military members will decrease (National Center for Veterans Analysis and Statistics [NCVAS], 2018; Schultz et al., 2022; VA, 2019). As of 2023, approximately 200 thousand servicemembers left the military annually, and 30,000 of those veterans were women (Griffiths et al., 2020; Lara, 2021; U. S. Government Accountability Office [USGAO], 2020). As the population of women veterans continues to grow, the needs of this minority population increase beyond existing government-sponsored service capabilities. Although nonprofit veteran service organizations (VSOs) and vet centers are plentiful, their services remain inconsistent and utilization among women veterans remains low (see Botero et al., 2020; Bovin et al., 2019; Montgomery et al., 2020; Steinhauer, 2019). At the time this study was completed in 2023, the women veterans who participated in this study reported that they did not have access to government sponsored psychosocial support services immediately following military discharge (Bovin et al., 2019; Campbell et al., 2021; VA, 2022).

Despite the growth in the women veteran population, current psychological researchers have focused on the male population of veterans and their perspectives (Dodds & Kiernan, 2019; Verkamp, 2021). In peer-reviewed articles, researchers used primarily quantitative measures to explore veteran topics, such as posttraumatic stress disorder (PTSD), military sexual trauma (MST), physical health, VHA services, suicidality, substance abuse, alcohol consumption, homelessness, and career transition (Hatef et al., 2019; Mattocks et al., 2020; Verkamp, 2021; Vogt et al., 2020). Minimal scholarly articles existed about SDOH and veterans, and none existed specific to women veterans. Available peer-reviewed literature on women veterans left a gap in the qualitative knowledge of the social contextual details of reintegration (Boros & Erolin, 2021; Eichler & Smith-Evans, 2018; Verkamp, 2021). There was a persistent lack of awareness about how women veterans' social needs differed from those of their male counterparts (Boros & Erolin, 2021; Hirudayaraj & Clay, 2019; Kintzle et al., 2018; Mikaeili et al., 2018). More empirical evidence is needed to understand the experiences of women veterans that justify possible changes to support services (Fletcher et al., 2022; Goldstein et al., 2018; Griffiths et al., 2020). Further research is also needed to understand and address the social experiences of women veterans and their long-term needs (Boros & Erolin, Gettings et al., 2018; Hatef et al., 2019; Mattocks et al., 2020).

Problem Statement

Civilian reintegration is a continuum of subjective experiences after military service without a designated timeline or end point (Kent & Buechner, 2021). Social challenges experienced during times of significant life change led to detrimental and

longer-lasting outcomes in the women veteran population but were uninvestigated and untreated by the veteran support system (Daphna-Tekoah et al., 2021; Lawrence et al., 2021; Meca et al., 2021; Park et al., 2021). During reintegration, women veterans experienced significant and longer-lasting psychosocial difficulties than men (see Boros & Erolin, 2021; Mittal, 2019). Women veterans are a growing population with unique social needs unmet by current services. Despite women veterans' challenges after the military, little is known about their social reintegration experiences.

This qualitative inquiry was critical to understand the social experiences of women veterans to identify their reintegration needs so that the insights may serve as a basis for future research, policy changes, and improvement to services. Tailored initiatives must evolve to address the psychosocial needs of this marginalized population (Thomas et al., 2021). This study addressed women veterans' social experiences during civilian reintegration, their challenges, and responsive strategies. There were four primary reasons to conduct this study: (a) the population of women veterans continues to increase, (b) current services did not address SDOH, (c) current scholarly literature focused on male veterans, and (d) the social needs of women veterans were unique from those of male veterans (see Adams et al., 2021; Griffiths et al., 2020; Hatef et al., 2019).

Purpose of the Study

In this study, I investigated the social experiences of women military veterans during civilian reintegration, including the challenges encountered and responsive strategies used to assimilate into civilian culture (Barnett et al., 2021; Boros & Erolin, 2021; Kleykamp et al., 2021). Specifically, I examined the participants' experiences with

social identity, social connection, and social support during reintegration. In-depth, narrative accounts provided insights into the patterns of shared experiences, challenges, and responsive strategies among the women who participated in this study. It was vital to understand the social experiences of this population so that their needs were better understood and to consider how SDOH may contribute to the well-being of this population (Albertson, 2019; Griffiths et al., 2020; Kamdar et al., 2023).

Research Questions

The central research question was: What are the reintegration experiences, challenges, and responsive strategies of women veterans with social identity, social connection, and social support? The study was also guided by the following research subquestions:

SQ1: What are the participants' experiences with social identity, social connection, and social support during reintegration?

SQ2: What are the participants' challenges with social identity, social connection, and social support during reintegration?

SQ3: What responsive strategies are used in response to challenges with social identity, social connection, and social support during reintegration? (see Campbell et al., 2021; Mitchell et al., 2020; Romaniuk & Kidd, 2018; Sorensen, 2018; Verkamp, 2021)?

Conceptual Framework

The conceptual framework applied in this study considered that the military construct informed the social meaning-making of the participants' experiences (see Antal

et al., 2019; Cacace, 2020; Walker, 2021). For the conceptual framework, I combined

concepts from social identity theory (SIT), the social identity model of identity change

(SIMIC), and state authenticity as fit to environment (SAFE). The conceptual framework

served as the filter to interpret the participants' reintegration experiences, how they

evaluated challenges, and how they responded to those challenges (see Haslam et al.,

2019, 2021; Rodriguez, 2019; Schmader & Sedikides, 2018; Stets & Burke, 2000; Tajfel

& Turner, 1986; Walker, 2021).

Recent literature presented personal and social identities as two sides of the same

psychological construct (Gur & Mathias, 2021; Walker, 2021). The dynamic interplay

between personal and social identity was a persistent theme in the relevant literature.

Individuals develop their sense of identity among others, and the military construct

provides a unique framework for the individual self-concept. Shared in-group perceptions

create shared perspectives revealed through organizational culture, values, and normative

interpersonal behaviors (Cacace, 2020; Kleykamp et al., 2021). SIT, SIMIC, and SAFE

provided boundaries for understanding how military identity shaped the lived social

experiences of women veterans after military service as well as their perceptions of

connection and support from others (see Haslam et al., 2019, 2021; Schmader &

Sedikides, 2018; Stets & Burke, 2000; Tajfel & Turner, 1986; Walker, 2021). In the

following subsections, I explain SIT, SIMIC, and SAFE in more detail.

SIT

Based on the research of Tajfel and Turner (1979) in an intergroup conflict and

social comparison, SIT holds that individuals are motivated to behave in ways that

positively maintain or enhance the self-concept and status in the presence of others (Tajfel & Turner, 1986; Worley, 2021). Based on Bandura's social learning theory, the SIT was developed to explain a process by which a person develops their identity by observing others, mimicking rewarded social behaviors, and receiving social feedback in an attempt to increase self-esteem and status among the group (Bandura et al., 1961; Worley, 2021). The individual self-concept is reinforced or altered within a group construct by processing social cues and input from others (Tajfel & Turner, 1986). SIT provides a model for self-categorization and social mobility that helps understand how individuals classify themselves compared to others, which is inherent to military culture (Walker, 2021). Similarly, social identity switching occurs in distinct settings when activating different dimensions of the self in response to dynamic social and environmental factors (Stets & Burke, 2000; Zinn et al., 2022). SIT aids in the understanding that women veterans go from being in-group members of the military to out-group members from 1 day to the next, which disrupts their social identities in individualized ways (Worley, 2021).

SIMIC

According to the SIMIC, the self-concept is directly related to the strength of social connections and the support a person has during times of significant life change (Haslam et al., 2019, 2021). The more tightly aligned a personal identity is with a social identity or group membership, the more challenging it will be to diminish their connection to the group (Haslam et al., 2019, 2021). In the SIMIC, Haslem et al. (2019, 2021) stated that social factors, including stress level, social support, socioeconomic

status (SES), and individual trait differences, can impact the challenges a person experiences during times of change. The quality of social interactions and the social feedback they receive impact health and well-being. Use of the SIMIC helped to understand why some military veterans may experience increased difficulties during reintegration, especially if their military identity is central to their personal identity (see Hart & Lancaster, 2019).

SAFE

SAFE is a social cognitive model a person uses to decide whether to approach and engage or avoid a person, group, or situation based on how comfortable they feel in their environment (Schmader & Sedikides, 2018). The SAFE model is used to evaluate how psychologically safe someone feels to express their authentic self among others (Schmader & Sedikides, 2018). People may alter their social identities to fit a new group; however, cognitive dissonance may result, requiring adjustments to internal beliefs and external behaviors so that they align (see Schmader & Sedikides, 2018; Zinn et al., 2022). Alignment between the authentic self and the environment encourages continued social engagement and increases social identity value. Alternatively, when someone does not feel they can be their authentic self in a social environment, it typically results in disengagement. Prolonged or repeated engagement in an inauthentic state diminishes self-esteem; reinforces inequalities; weakens connection to others; and increases the likelihood of antisocial behaviors, such as self-segregation and avoidance (Schmader & Sedikides, 2018).

Nature of the Study

The nature of the study was qualitative, phenomenological, and interpretive. I assumed reality and truth as subjective and considered them from the perspective of the women veterans who experienced reintegration firsthand. I employed IPA as the phenomenological tradition and conducted thematic analysis to interpret the data using principles from phenomenology, hermeneutics, and idiography (see Love et al., 2020). IPA combines the qualitative elements from case studies, narrative, and ethnographic inquiries (Eatough & Smith, 2017).

The IPA approach was the most appropriate for conducting this qualitative study because it is suited for exploring complex, ambiguous, and emotional topics involving existential issues (see Smith & Osborn, 2015; Smith & Shinebourne, 2012). When using an IPA approach, the researcher is the primary instrument to collect, analyze, and interpret the meaning and significance of participants' subjective experiences (Love et al., 2021). Use of the IPA addressed the central research question by analyzing the subjective meanings of participants' experiences and applying an understanding of their worldview (see Love et al., 2020). Thematic analysis was used to dissect the participants' language and meanings (see Love et al., 2020; Smith & Shinebourne, 2012). I also employed IPA to consider participants' lived experiences to interpret the underlying shared meanings among them (see Nizza et al., 2021; Pietkiewicz & Smith, 2014; Smith & Shinebourne, 2012).

As the researcher in this IPA study, I was an observer-participant involved in developing a cohesive narrative, understanding the participants' cultural perceptions, and

analyzing the meanings assigned to events (see Nizza et al., 2021). This IPA started with documenting the lived reintegration experiences of the participants in a semistructured interview setting. Developing a detailed narrative with thick description, interpretation of meanings assigned to experiences, and thematic analysis compared to other participants created a well-rounded IPA study (see Nizza et al., 2021). Using IPA requires interpretations of how participants' words, concepts, and worldviews shape the perceptions of their experiences (Peoples, 2020).

Definitions

Identity disruption: Loss of temporal identity integration following a disruptive significant life event within the developmental context of adulthood and midlife; may cause stress and instability in multiple areas of life (Mitchell et al., 2020).

Reintegration: The process of resocialization with family, friends, community, and colleagues that occurs after deployment or military service has ended and assimilation into civilian life occurs (Griffiths, 2020; Kent & Buechner, 2021).

Military-to-civilian transition: The administrative process of separation or retirement from the military that begins up to 1 year before the end of service. During this transition timeframe, the servicemember participates in transition assistance training, medical out processing, optional career workshops, apprenticeships, internships, mentoring, or other preparatory services (Derefinko et al., 2019).

SDOH: The conditions in the environments where people are born, live, learn, work, play, worship, and age that affects a wide range of health, functioning, and quality-

of-life outcomes and risks. (CDC, n.d.; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [HHS-ODPHP], n.d.).

VSO: A nonprofit organization with a primary mission to provide direct support or advocacy to veterans (National Center for Veterans Analysis and Statistics [NCVAS], 2018).

Assumptions

I assumed the participants met the eligibility criteria for inclusion based on their expressing interest in participating in the study and their answers to a short demographic questionnaire (see Appendix A). Participants' narratives and recollections of their experiences during reintegration were assumed to be truthful and accurate. Another assumption was that the participants' subjective experiences as former military members informed their worldviews and the meanings assigned to life events in their narratives (see Haslam et al., 2019, 2021). Significant life events, like military service and departing from the armed forces, were assumed to influence the participants' social identity development.

Social feedback participants received from civilians after leaving the military, compared to their experiences while in the service, informed their evaluations of identity, connection, and support (Albertson, 2019; Gur & Mathias, 2021). I also assumed that positive social feedback reinforced feelings of connection and support, while negative feedback discouraged engagement (see Schmader & Sedikides, 2018; Walker, 2021). Reintegration was an individualized continuum of experiences, challenges, and responsive strategies that were evaluated, in part, based on the quality of social feedback

received from others. I assumed that all participants were eligible for VA/VHA health care and had equal access to available support services. My final assumption was that the reintegration continuum of experiences had no specified timeline or endpoint, and that individuals can experience challenges years beyond military service.

Scope and Delimitations

Bound by the principles of social psychology and the composite social identity conceptual framework, the scope of this study was to examine the reintegration experiences of women veterans. This study included women veteran participants who separated or retired from the military after September 11, 2001. The scope of the study included participants' recollections of their experiences, the challenges they faced, and the responsive strategies they used to adjust to civilian life after military service. In this study, I did not explore the administrative transition process of leaving the military, transition preparedness training, career transition experiences, mental health diagnoses, mental health treatment, or the veteran health care system. The study did not include male veterans and did not focus on recruiting participants from specific ethnic minority groups. Future studies may focus on the social experiences and support needs of ethnic minority groups and aging women veterans (see Hendrikx et al., 2021; Saunders et al., 2021).

Limitations

A limitation of the study was the small, nonprobable sample; therefore, the results are not transferable and cannot be generalized across the larger population of women veterans (see Guest et al., 2006; Mohajan, 2018). The study did not include male veterans, which limited transferability to the broader veteran population. In the current

study, I only considered civilian reintegration experiences, challenges, and responsive strategies related to social identity, social connection, and social support, from a social psychology perspective. I did not explore the clinical aspects of mental and physical health, which are essential factors to consider in veteran whole health management (see Hatef et al., 2019; Purcell et al., 2021). As a woman veteran with my own views and experiences, I took proactive steps to prevent introducing personal bias into the study, which included reflective journaling, bracketing, memos, and member checking.

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Significance

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As the population of women veterans continued to increase, the psychosocial needs of this population needed to be explored, understood, adequately addressed, and supported (Boros & Erolin, 2021; Godier-McBard et al., 2022; Strong et al., 2018; Thomas et al., 2021). In the available peer-reviewed literature on women veterans, researchers used the quantitative methodology to identify predictors of adverse mental and physical health outcomes, but their findings lacked experiential, contextual details to enrich empirical knowledge and real-world applications (Boros & Erolin, 2021; Eichler & Smith-Evans, 2018; Verkamp, 2021). The current study was a necessary contribution to scholarly knowledge because it increased the understanding of the social experiences of women veterans so that their reintegration support needs would be understood. The current study answered the research questions by exploring participants' experiences during civilian reintegration, which provided experiential accounts that were missing from the scholarly research (see Griffiths et al., 2020).

Original Contribution to the Literature

My research contribution with this study was original because it addressed a gap in the knowledge and information not available in the literature about the social experiences of women veterans during reintegration (see Dodds & Kiernan, 2019; Eichler & Smith-Evans, 2018). Specifically, the current study contributed to the understanding of women veterans' social experiences during the civilian reintegration process, which needed to be explored separately from the transition preparatory training servicemembers have prior to leaving the military (see Albright et al., 2019; Boros & Erolin, 2021). Although the transition and reintegration experiences often overlap, it was important for this study to distinguish between the two to investigate the social dynamics of what the participants were confronted by internally and externally in social situations after their service ended. With this study, I aimed to provide insight into the unique social experiences of women veterans whose identity and support needs were not previously explored in the scholarly literature (see Dallocchio, 2022; Griffiths et al., 2020). By understanding what women veterans experienced during reintegration, their social needs can be more directly understood and addressed by those who serve this population.

Practical Application

I conducted this study for individuals interested in veteran-focused care and services who want to understand the psychosocial needs of women veterans (see Fletcher et al., 2022; Godier-McBard et al., 2022; Goldstein et al., 2018; Griffiths et al., 2020). In the current study, I aspired to gather evidence to advance the awareness of women veterans' social support needs so that their well-being after military service may be

improved (see Devine et al., 2020). By understanding the social reintegration experiences of women veterans, practitioners can be better equipped to meet the therapeutic needs of this underserved population (see Godier-McBard et al., 2022; Goldstein et al., 2018; Griffiths et al., 2020).

I applied social psychological theory and principles to expand the understanding of the social experiences that affect women veterans during reintegration (see Angel et al., 2018; Antal et al., 2019; Dallocchio, 2022). Cultivating meaningful social connections and social support that enhances social identity is vital to living a healthy and fulfilling life (Divine et al., 2020; Etherington et al., 2020; Haslam et al., 2019, 2021). Previous scholarly researchers have shown that social support improves resilience and lowers PTSD symptomology in military veterans, making improvements in this area of care vital to improving the lives of women veterans (Blais et al., 2021; Herbert et al., 2018). Similarly, high-quality social support was a strong predictor of successful reintegration for women veterans after military service; however, research has not yet identified the specific practices that could improve social support for this population (Godier-McBard et al., 2022; Griffiths et al., 2020). Support service providers must acknowledge that diminished social support during reintegration could lead to increased adverse health consequences for women veterans (Divine et al., 2020; Haslam et al., 2019, 2021).

Contribution to Positive Social Change

In this study, I uncovered a critical service gap during civilian reintegration that the military and VHA service providers may not fully understand. At the time when this

research was conducted in 2023, the women veterans who participated in this study expressed that they did not have access to the treatment and support they needed during their civilian reintegration; and the VHA did not offer mental health or emotional support services in the gap between leaving military service and registering with the VHA (Bovin et al., 2019). While the VHA are making strides to improve access to mental health care, veterans are not required to register with the VHA for services, and some veterans may never register for care. Women veterans may not have their mental health and social support needs met during civilian reintegration when they face significant life changes and challenges and are most vulnerable to adverse health consequences (Bovin et al., 2019; Devine et al).

This study may contribute to positive social change by increasing the understanding of the social experiences of women veterans to improve services that address their reintegration support needs and expanding the body of scholarly knowledge for policymakers and practitioners to support modifications to existing services (see Scoglio et al., 2022). The well-being of women veterans can be enhanced over time if support services are improved (Campbell et al., 2021).

Summary

Women veterans experienced more severe psychosocial challenges for more extended periods than their male counterparts after separating from the military (Boros & Erolin, 2021; Dodds & Kiernan, 2019). Despite the growing population of women veterans, little to no scientific research exists on their psychosocial needs, leaving a gap in the literature about their social reintegration experiences (see Barnett et al., 2021;

Boros & Erolin, 2021; Lara, 2021; Meca et al., 2020; Park et al., 2021). Further research

was needed to understand the social experiences of women veterans, including the

challenges and the responsive strategies used to integrate into civilian society after

military service (Griffiths et al., 2020; Kent & Buechner, 2021; Lehavot et al., 2019). The

positive social change implications for this research include the potential to expand the

understanding of women veterans' social support, connection, and identity experiences so

that practitioners can better meet the needs of this population. In the following chapter,

the literature review, I justify the need for this research as an original contribution to the

existing body of knowledge (see Eichler & Smith-Evans, 2018; Galvan & Galvan, 2017).

Chapter 2: Literature Review

Adverse health outcomes, including early death, are linked to social isolation and loneliness (Barnes et al., 2022). Women veterans have experienced unmet social needs during reintegration that impact their social identity and well-being (Campbell et al., 2021; Schultz et al., 2022). The purpose of this study was to explore the lived experiences of women veterans during reintegration, the challenges they have, and the responsive strategies they use when faced with disruptions to their social identity, social connection, and social support (see Campbell et al., 2021; Mitchell et al., 2020; Sayer et al., 2021). In current, available, peer-reviewed literature on women veterans, researchers used primarily quantitative methodologies that lacked social contextual details about individual experiences (see Eichler & Smith-Evans, 2022). Peer-reviewed articles that study women veterans make up only 2% of the current body of veteran literature (Dodds & Kiernan, 2019). This literature review supported the need for the timely study of women veterans in scholarly research that pertains to the social adjustment experiences of women veterans during civilian reintegration (see Scoglio et al., 2022). Current researchers have recognized that future studies on ethnic minority veteran populations, including women, must identify disparities and address the unique needs of marginalized groups (Devine et al., 2020). The topics covered in this literature review include (a) the literature search strategy, (b) current literature, (c) the conceptual framework, and (d) a summary of how this study will contribute to the gap in knowledge (see Dallocchio, 2022; Eichler & Smith-Evans, 2018; Mitchell et al., 2020; Verkamp, 2021).

Literature Search Strategy

In this literature review, I used an iterative, macro-to-micro approach (see Galvan & Galvan, 2017). Topics and subtopics were connected using concept mapping. I searched the Walden University Library databases by first using the broad keywords of *women veterans* and *reintegration* to identify relevant psychology-focused articles, which I reviewed. Recommendations for future research suggested by researchers in scholarly articles helped me identify potential knowledge gaps (see Galvan & Galvan, 2017). A search log was maintained using a Microsoft Office Excel spreadsheet to track database searches by date, search terms, results, American Psychological Association (APA) 7 references, hyperlinks, and notes on relevant articles. I updated the search log periodically and removed and replaced outdated references as necessary to maintain a 5-year publication range of current literature from 2018 to 2023.

Databases and Keywords

I identified keywords from peer-reviewed articles and used them in subsequent searches. The databases and search engines I searched included Thoreau, APA PsycInfo, ABI/INFORM, Academic Search Complete, PubMed.gov, SocINDEX, Taylor and Francis (TandFonline), Sage journals, Walden University dissertations, military and government collection, Directory of Open Access Journals, and Google Scholar. I reviewed articles from the database searches and results from utilizing Google alerts. I limited the relevant timeframe for the publication of articles to the previous 5 years, from 2018 to 2023 (see Boros & Erolin, 2021; Dodds & Kiernan, 2019; Eichler & Smith-Evans, 2018; Galvan & Galvan, 2017; Lawrence et al., 2021; Sayer et al., 2021; Scoglio

et al., 2022; Walker, 2021). Reference lists from current relevant articles were reviewed to identify keywords and additional sources of scholarly literature (see Galvan & Galvan, 2017).

The keywords used in various combinations of Boolean search strings included *women veterans and adjustment, assimilation, belonging, career change, civilian reintegration, civilian transition, community integration, community reintegration, connection, diversity, employment, finding purpose, gender, gender bias, grief, grit, identity, identity disturbances, inclusion, interpretive phenomenological analysis, intersectionality, isolation, life change, loneliness, loss, marginalization, meaning, military culture, military identity, military psychology, military-to-civilian, military separation, military system, military transition, military trauma, minority veterans, moral injury, organizational culture, perseverance, phenomenology, post-traumatic self-segregation, stress, post-traumatic growth, purpose, qualitative, quality of life, reintegration, resilience, responsive strategies, social barriers, social determinants of health, social comparison, social connection, social identity, social psychology theories, social support, social systems, stereotypes, stigmatization, transition, transition stress, trauma, veteran identity,* and *well-being*.

In cases where little to no literature existed, I obtained scholarly articles by searching adjacent topics, reading articles from other science and health specializations, and locating international articles. For example, veterans need stability for their social identities, social connection, and social support during reintegration. International researchers in the United Kingdom, Israel, and Australia have recognized the importance

of social factors to civilian reintegration but not as much in the United States (Barnett et al., 2021; Godier-McBard et al., 2022; Hendrikx et al., 2021). This international literature about the social needs of veterans highlighted the need for similar research in the United States. Current literature about how social factors contribute to health outcomes further supports the need to expand this knowledge to include the population of women veterans (Barnes et al., 2022). I used the current literature synthesis to develop the problem, purpose, research questions, methodology, limitations, recommendations for future research, and gaps in the knowledge.

Current Literature

Current scientific researchers have addressed women veterans' physical and mental health but not the social aspects of their reintegration experiences (HHS-ODPHP, n.d.). With this literature review, I aimed to synthesize existing psychological studies on veterans, women veterans, reintegration, SDOH, social identity, social connection, social support, social isolation, and any issues specific to women veterans not previously identified. Some researchers have begun to focus on the social psychology of military veterans, but few studies were specific to women veterans' social experiences and their reintegration support needs (Barnett et al., 2021; Boros & Erolin, 2021).

Some international psychological researchers have investigated the social needs of veterans from the armed forces in Australia, the United Kingdom, and Israel (Barnett et al., 2021; Daphna-Tekoah et al., 2021; Godier-McBard et al., 2022; Hendrikx et al., 2021). However, these researchers have focused primarily on male veterans, leaving a wide gap in the literature that highlights the need to advance similar research about U.S.

women veterans. While it is not yet fully understood how social experiences affect long-term health, SDOH are increasingly accepted as experiential factors that contribute to overall well-being (Campbell et al., 2021; Dallocchio, 2022; Daphna-Tekoah et al., 2021; Hendrikx et al., 2021; Lehavot et al., 2019). SDOH includes social isolation and loneliness, which can lead to adverse health outcomes and early death, highlighting the need for more research about women veterans' social experiences (Barnes et al., 2022). In the following subsections, I provide further details on the relevant literature's key concepts and support the research questions' development.

Key Concepts and Themes

In a critical examination of the literature, I determined that current research has yet to explore the social aspects of reintegration experienced by women veterans (see Barnett et al., 2021; Scoglio et al., 2022). The primary topics in the extant literature were SDOH, veteran mental health, career transition, reintegration, social identity, social connection, and social support; however, limited articles were specifically about women veterans' social experiences and needs (Barzeva et al., 2020; Boros & Erolin, 2021; Derefinko et al., 2019). When I searched the Walden University Library's holdings using the search string *social needs of women veterans*, nine articles resulted, and three were partially relevant to the topic of consideration. A selection of 131 recent, scholarly, peer-reviewed articles was the basis for this literature review and subsequent study (see Boros & Erolin, 2021; Dodds & Kiernan, 2019; Eichler & Smith-Evans, 2018; Galvan & Galvan, 2017; Sayer et al., 2021; Walker, 2021).

I encountered limited articles on civilian reintegration that investigated social identity, connection, and support, but of those that were current, the researchers recommended further research on the social needs of women veterans (Barnett et al., 2021; Scoglio et al., 2022). When searching for articles about SDOH among veterans, I found five articles, but none directly addressed the importance of community social connections and support for women veterans (see Duan-Porter et al., 2018; Hatef et al., 2019; Kamdar et al., 2023; Montgomery et al., 2020; Muirhead, 2022). Most SDOH scholarly articles addressed SES, access to health care, affordable housing, and education; however, they did not address the interpersonal community factors of social identity, connection, and support.

I also considered recent scientific research on social isolation and loneliness leading to early death as an adjacent topic, which led me to infer that these same social factors should be considered when investigating women veterans (see Barnes et al., 2022; Teo et al., 2018). Combining the gap in knowledge about women veterans' reintegration experiences with the limited literature on SDOH and other social factors confirmed the knowledge gap necessary to proceed with the study (see Derefinko et al., 2019; Dodds & Kiernan, 2019).

Methodology of Previous Research

Existing peer-reviewed research on women veterans was primarily quantitative (see Barnett et al., 2021; Boros & Erolin, 2021; Eichler & Smith-Evans, 2018). Previous quantitative research on women veterans focused on MST, PTSD, barriers to health care access, and other mental and physical health-related topics (Dodds & Kiernan, 2019).

Extant qualitative research articles regarding civilian reintegration, social experiences, and the social needs of women veterans were limited (see Boros, 2019; Boros & Erolin, 2021; Eichler & Smith-Evans, 2018; Lawrence, 2021). A more in-depth qualitative exploration of women veterans' social needs and experiences during reintegration was needed to assist in the development of support systems that improve health-related outcomes for women veterans (see Barnett et al., 2021; Devine et al., 2020; Griffiths et al., 2020). While some qualitative research existed, more was needed to confirm or contradict previous findings and expand the empirical body of knowledge to support higher-level changes to gender-based veteran services (Devine et al., 2020; Dodds & Kiernan, 2019; Duan-Porter et al., 2018).

The Gap in Research

Less than 2% of the current psychological research articles about veterans have focused on women (Dodds & Kiernan, 2019). SDOH are known contributors to health and well-being; however, researchers have not directly identified what social experiences of women veterans during reintegration affect their long-term health and well-being. Specifically, it is essential to identify the challenges of reconnecting with community, family, and friends and forging connections with new social groups (Mittal, 2019; Verkamp, 2021). Insights regarding the differences between veteran and civilian women's social experiences after life-changing events remain unexplored in the literature (Mittal, 2019). Women veterans do not have the services they need to overcome social challenges encountered during reintegration, which reinforces the need for empirical evidence regarding effective, responsive strategies. Further research is also needed that

focuses on the social needs of women veterans after military service to justify the need for changes to policy and program improvements (Campbell et al., 2021; Hendrikx et al., 2021). Failure to expand the scholarly understanding of women veterans' social experiences and needs would be a missed opportunity to understand the fundamental social needs of this population, who are known to have difficulty asking for help (Dodds & Kiernan, 2019).

Strengths

Cacace (2020) found that military identity contributes to social factors that influence well-being; however, longitudinal research is needed to determine if military identity shifts over time. Social identity shifts during times of significant life change were identified by Haslam et al. (2021) as causes of stress that can be buffered by social support and group membership. Muirhead et al. (2022) stated that complex social needs may impact health among veterans, while Hatef et al. (2019) reported that social relationships are vital factors in SDOH, which may impact veterans' health-related outcomes. Montgomery et al. (2020) reported that SDOH included demographic, geographic, and individual-level social factors among veterans and found that Hispanic women veterans have experienced an increased risk of adverse outcomes associated with SDOH, including violence, housing instability, and low levels of social support. Women veterans experience MST victimization at higher rates than men, contributing to cumulative adverse effects of SDOH among the female population.

Scoglio et al. (2022) found that social support deficits after military discharge can increase the risk for adverse long-term mental and physical health outcomes. Antal et al.

(2019) and Barnett et al. (2021) stated that social group engagement could strengthen connections among veterans and lead to increased posttraumatic growth and self-compassion as well as improved life functioning. Veterans who participated in community service activities aligned with their military values fostered a sense of connection and support, which may mitigate transition difficulties postservice.

Dalocchio (2022) reported that women veterans' identities are intersectional because of their different roles, which are distinct from their male counterparts. Goldstein et al. (2018) identified that women veterans prefer peer support style interventions that foster a sense of community and a shared identity, leading to better health-related behaviors and outcomes. Evans et al. (2018) reported that increased social support leads to higher levels of expressed resilience among women veterans, which could be valuable to future research and interventions. Kamdar et al. (2023) found that veterans with increased social support had better mental health than those with lower levels of support.

Weaknesses

Some of the weaknesses in the existing literature include a lack of inclusion of social dimensions and SDOH, which could have long-term implications on the lives of women veterans if they are not scientifically explored. Sorensen's (2018) research focused primarily on the experiences of women veterans transitioning from the military into higher education; however, it did not fully consider social factors contributing to reintegration success or difficulties. Nosek et al. (2023) reported that although the VHA is the primary source of support for veterans, there was a lack of understanding about successful reintegration and how to facilitate healing for this population. Barnett et al.

(2021) found that a robust military identity increased difficulties during transition.

Kranke et al. (2019) encouraged veterans to embrace interpersonal sameness between

themselves and civilians to improve transitional outcomes. While this relational practice

proved helpful in establishing rapport between veterans and civilians, it failed to

acknowledge how traumatic military experiences may cause veterans to perceive life

differently than their civilian peers. Conversely, Sayer et al. (2021) advocated for civilian

education regarding military service so that veterans may experience higher levels of

social support during reintegration. Longitudinal research is needed to determine the

implications of social factors experienced by women veterans across the lifespan.

Controversies

One topic that remains controversial in the research is that the findings specific to

male veterans were often applied to women veterans, not accounting for experiential and

psychosocial differences that may be unique to women (Devine et al., 2020; Gettings et

al., 2019; Godier-McBard et al., 2022; Lawrence et al., 2021). Some researchers have

suggested that the longer a military member has remained in service, the more central

their military identity is to their personal identity, which may increase difficulties during

reintegration (Hart & Lancaster, 2019; Shepherd et al., 2021). Shepherd et al. (2021)

compared the difficulties faced by veterans during reintegration to those of prisoners

leaving punitive incarceration and those of cult-like religious groups.

Support for Research Questions

The social psychology conceptual framework included elements from SIT,

SIMIC, and SAFE. I used the conceptual framework to develop the central research

question and subquestions (see Haslam et al., 2021; Schmader & Sedikides, 2018; Walker, 2021; Worley, 2021). Scholarly articles that further informed the research questions included the topics of civilian reintegration challenges as well as the importance of social identity, social connection, and social support during times of significant life change (see Campbell et al., 2021; Haslam et al., 2021; Hendrikx et al., 2021; Scoglio et al., 2022; Walker, 2021; Worley, 2021). Scoglio et al. (2022) and Campbell et al. (2021) stated that low levels of social support after military discharge may lead to feelings of alienation and increased risk of long-term adverse health issues, which supported asking participants in the current study about their challenges during reintegration. The conceptual framework combined with the findings from the literature review informed the development of semistructured interview questions and provided a logical scaffolding for interpreting the experiences associated with the phenomenon studied in the current study (see Haslam et al., 2021; Schmader & Sedikides, 2018; Tajfel & Turner, 1986; Walker, 2021).

Conceptual Framework

The conceptual framework served as the filter through which I addressed the central research question in this study: What are the reintegration experiences, challenges, and responsive strategies of women veterans with social support, connection, and group membership? Investigating military-specific phenomena required a uniquely social lens that considered both social identity and cognitive processing as well as the underlying meanings behind the resulting behaviors (see Walker, 2021). Social concepts from the SIT, SIMIC, and SAFE provided the contextual lens of the current study (see

Burkholder et al., 2019). The concepts established a unified perspective relevant to social

psychology and provided a structure for developing the problem, purpose, research

questions, literature synthesis, data collection, analysis, and interpretation of findings (see

Burkholder et al., 2019).

SIT

SIT explains the social dynamics and social-cognitive processes involved in

developing social identity, which is essential to developing personal identity (Worley,

2021). SIT states that individuals are motivated to maintain or enhance a positive self-

image that establishes social value within a group setting (Hogg, 2018; Tajfel & Turner,

1986; Worley, 2021). Stemming from Bandura's social learning theory, SIT is a learning

process by which a person develops their identity based on observing the social behaviors

of others, mimicking socially favorable behavior, and receiving feedback from high-

status in-group members who either affirm or reject their actions as acceptable (Bandura

et al., 1961; Worley, 2021). This social feedback loop informs the self-perception of

social significance derived from group membership and personal identity development

(Tajfel & Turner, 1986; Walker, 2021; Worley, 2021).

In-group favoritism and out-group biases are formed as an extension of social

group membership (Worley, 2021). SIT includes three primary social-cognitive

processes: (a) categorization, (b) social identification, and (c) social comparison (Tajfel

& Turner, 1986; Worley, 2021). SIT also includes subordinate social-cognitive processes

for responding to social disruptions, including (a) social mobility, (b) social competition,

and (c) social creativity (Tajfel & Turner, 1986; Worley, 2021). The primary processes of

SIT and the strategies for responding to social disruptions are discussed in the following sections (Tajfel & Turner, 1986; Worley, 2021).

Categorization

Social categorization is a cognitive evaluation in which the mind classifies others within the context of belonging to an in-group or out-group (Worley, 2021). Without direct knowledge or experience with others, the mind applies schemas and stereotypes to individuals and their in-group/out-group status (Worley, 2021). Categorization in a military context informs group identity and social behaviors based on group membership (Walker, 2021; Worley, 2021).

Self-categorization is individuals' tendency to classify themselves as compared to others (Worley, 2021). The social identity development process of self-categorization directly applies to military culture and systems (Stets & Burke, 2000). In a military context, self-categorization occurs when a member engages in social comparison relative to others in an environment where members have uniforms, name tags, ribbons, and other devices that signal rank order and status. Through these visual cues, military members know where they rank compared to others in the social hierarchy and understand how to behave to match the expectations assigned to their social role. The military social structure does not naturally exist in the civilian world (Romaniuk & Kidd, 2018).

Social Identification

SIT holds that identity development is socially constructed based on group membership, and the social learning within the group context informs identity development (Stets & Burke, 2000; Walker, 2021). SIT provides a perspective for

understanding how meaningful social experiences in a military context inform identity and behaviors based on self-perception and group membership (Walker, 2021; Worley, 2021). Adhering to a professional code of conduct and standards is an example of self-identifying socially with group norms and values, subsequently informing individual behaviors (Worley, 2021).

Social Comparison

Social comparisons are not as apparent in the civilian world as in the military, which can disrupt social identity and social systems during reintegration (Stets & Burke, 2000; Walker, 2021). Upward and downward social comparisons of the self against others is human behavior motivated by the desire to maintain a positive social identity (Worley, 2021). Once an individual understands their status among others, intergroup comparisons ensue to enhance social value (Worley, 2021) positively. In-group members experience favoritism, and out-group members are treated less positively as a measure of self-enhancement to social group identity (Worley, 2021).

SIT Responsive Strategies

Social identity disruptions occur when the stable self-concept is disturbed by environmental changes across various life domains and the preestablished social identity is no longer salient (Stets & Burke, 2000; Walker, 2021). SIT includes subordinate components for responding to social disruptions while attempting to maintain in-group member status: (a) social mobility, (b) social competition, and (c) social creativity (Tajfel & Turner, 1986; Worley, 2021).

Social Mobility

Social identity becomes salient within a group context (Worley, 2021). Social mobility is the cognitive expectation that status and social capital earned in one group environment should move with the person to the context of another group's hierarchy (Worley, 2021). Positive pride in veteran identity can anchor during disruptive times while maintaining the connection to the military in-group (Meca et al., 2020; Worley, 2021). Maintaining social status from one group to another is not always possible but can occur when the culture and values between groups are similar. If social mobility is not possible due to group differences, other adaptive social identity strategies may be used to assimilate into the new in-group (Worley, 2021).

Social Competition

Social competition occurs when rival groups seek to differentiate themselves from others (Turner et al., 1979; Worley, 2021). This behavior applies to assessing social behaviors in the armed forces as they relate to military identity and self-adjustment to environmental changes that occur during reintegration (Turner et al., 1979; Worley, 2021). Similar competitive behavior may occur between in-group members attempting to establish their social value and status in a social hierarchy (Abrams & Hogg, 1990). Intergroup competition can occur when resources are scarce, observable between members of different branches of the military, rival universities, and sports groups (Abrams & Hogg, 1990).

Social Creativity

Social creativity is a phenomenon that is an extension of SIT. Social creativity occurs when minority individuals like women veterans use creativity to overcome threats to social status (Worley, 2021). Marginalized groups can redefine how they socially compare to other groups using social creativity (Worley, 2021). By joining together, former out-group members create a new in-group with its social norms and values. Socially creative groups seek to differentiate themselves from other groups, improve their public image, establish value dimensions, and drive social changes that elevate their status (Walker, 2021; Worley, 2021).

SIMIC

SIMIC established that social identity disruptions occur concurrently with significant life changes (Haslam et al., 2021). The social shifts that accompany significant life changes can lead to adverse effects on mental and physical well-being. Similarly, an individual can experience ripple effects on the dimensions of life that intersect with mental and physical well-being without understanding how SDOH contributes to those health outcomes (Haslam et al., 2019, 2021). SIMIC established that the quality of a person's adaptations during a significant life change is directly related to their ability to maintain stable social connections and support (Haslam et al., 2019). This model's concepts are relevant to the study of women veterans' experiences with social reintegration because of the social challenges they face after leaving the military, which may impact their mental and physical well-being (Haslam et al., 2019, 2021).

SAFE

The SAFE model is a cognitive evaluation of the environment used to decide whether to approach, engage, or avoid a person, group, or situation (Schmader & Sedikides, 2018). The SAFE model helps a person determine if an environment aligns with their true self, including their current self-concept, goals, and social identity (Schmader & Sedikides, 2018). The SAFE model is included in the literature review and as a part of the conceptual framework because it provides a method for understanding participants' narrative recollection of social events, cues, behaviors, and meanings assigned to their experiences during reintegration. The SAFE model will further assist in understanding the participants' specific choices and responsive strategies while considering environmental and cultural influences and the consequences of their social evaluations (Nizza et al., 2021; Schmader & Sedikides, 2018).

Reintegration

Reintegration is a highly individualized and nonlinear social phenomenon specific to military veterans after separating from the armed forces (Kent & Buechner, 2021). The reintegration experiences can include heightened stress levels with negative impacts on mental, physical, and social well-being (Boros & Erolin, 2021; Mobbs & Bonanno, 2018). Social identity and the military group memberships that inform personal identity are disturbed during transition and reintegration (Barnett et al., 2021; Sayer et al., 2021; Thompson et al., 2019). While it is customary for military members to receive transition services prior to discharge that addresses career needs, physical health, and mental health, there is little to no support available to address the disruptions to identity and social

identity that veterans face after leaving the service (Boros & Erolin, 2021; Verkamp, 2021). Removing the military structure during reintegration can disrupt identity and social identity, similar to the complex readjustment experiences of former prison inmates and cult members (Eicher & Smith-Evans, 2018).

Experiences

Reintegration can impact every aspect of life. Reintegration challenges can include but are not limited to financial difficulties, unemployment or underemployment, loss of social support, inability to meaningfully connect with others, and overall compromise of mental, physical, and social well-being (Boros & Erolin, 2021). A primary contributing factor to reintegration challenges is the loss of military identity. Military members experience professional and personal support through a social structure inclusive of organizational culture, values, and an integrated social system.

The population of women in the military and those who leave as veterans continue to increase (Devine et al., 2020; Griffiths et al., 2020). Gender-specific services to address the psychosocial needs of women veterans after they leave the service remains limited (Boros & Erolin, 2021). The scholarly community has not addressed the social identity and social system disruptions experienced by women veterans during reintegration (Boros & Erolin, 2021; Mitchell et al., 2020). Additionally, the current body of knowledge needs to fully distinguish between the needs of male and female veterans (Boros & Erolin, 2021; Romaniuk & Kidd, 2018; Verkamp, 2021). Applying findings to all genders based on the assumption that their needs are the same is no longer an

acceptable solution (Boros & Erolin, 2021; Eichler & Smith-Evans, 2022; Verkamp, 2021).

Significant life changes are complex because they affect the entire life system of the individual at different levels (Haslam et al., 2019; 2021). The transition experience after military service has ended is a time of significant life change specific to the veteran population (Mitchell et al., 2020). transition increases risks for psychological adjustment difficulties (Romaniuk et al., 2020). As a significant life-change event, the reintegration experience can disrupt social identity across multiple life systems. These disruptions can lead to inconsistent biopsychosocial effects in adulthood and midlife (Haslam et al., 2019, 2021). These disruptions require responsive strategies to adapt to situational demands (Sayer et al., 2021). The scholarly knowledge about transition as a socially disruptive process is limited, and even less is known about women veterans' lived experiences during this time (Verkamp, 2021). The current lack of psychological research may inadvertently hinder women veterans from obtaining needed transition support services. Haslam et al. (2021) reports that social identity adaptations and meaningful social group memberships are vital to overcoming significant life changes that minimize adverse effects on health and well-being.

SDOH

SDOH and approaching wellness from a multidimensional perspective are becoming increasingly accepted among psychologists, health care, and social welfare professionals and as a means by which to evaluate the quality of life and to identify imbalances that may exist in an individual's life (CDC, n.d.; Duan-Porter, 2018). The

VHA Whole Health Program aims to SDOH include complex environmental factors such as access to health care, education, economic stability, home life, and community relationships (HHS-ODPHP, n.d.). How SDOH comprehensively affect an individual is not yet fully understood. The available literature on veterans does not consider the quality of social connections and social support on health outcomes (Duan-Porter, 2018). Although SDOH are known to be predictors of health and well-being, the specific combinations of disruptors that lead to adverse outcomes are unknown (Adams et al., 2019; Mitchell et al., 2020).

VA Whole Health

The VHA Whole Health program for veterans is a pilot program that takes a holistic patient-driven approach to health care and behavioral change through coaching (Purcell et al., 2020). Participants are assigned to a coach to create a comprehensive health plan to reach their goals for improving health and well-being using a body-mind-spirit approach (Purcell et al., 2021; VHA, 2020). The Whole Health model is supportive, mindful, nonjudgmental, and patient driven. The intent is for veterans to feel in control of their wellness process and opportunities for improvement (Purcell et al., 2020). The Whole Health model takes a holistic approach to health, exploring the personalized needs of the body, mind, and spirit (Purcell et al., 2021).

Challenges

Scholarly articles tend to conflate the terms related to military transition and reintegration (Boros & Erolin, 2021). Transition is typically a 1-year timeframe when a military member has been approved for service separation or retirement and the

preparatory processes that ensue before returning to civilian life (Romaniuk et al., 2020).

Reintegration occurs after *any* military deployment or upon the final separation from the

armed forces when servicemembers return to their home lives and must socially

reconnect with significant others, family, friends, coworkers, and groups outside of the

military (Boros & Erolin, 2021; Kent & Buechner, 2021). Transition and reintegration

occur on a continuum of experiences unique to the individual and can create psychosocial

disruptions across every facet of life. Since this dissertation focuses on the social

experiences of women veterans, the literature is used as a basis for understanding the

psychosocial principles and social learning processes related to social support,

connection, group membership, and social identity (Boros & Erolin, 2021).

Loss of Military Identity

The sudden removal of the military support system at the point of reintegration

can leave former servicemembers without the tools they need to thrive in the civilian

world, which can have lasting repercussions (Derefinko et al., 2019; Mobbs & Bonanno,

2018). Women veterans tend to face increased mental, physical, and social challenges

during reintegration compared to their male counterparts. The military support system

substantially overlaps servicemembers' personal and professional identities (Boros &

Erolin, 2021; Mancini et al., 2018). Military members, their families, and close friends

experience integrated social support mechanisms not typically found in the civilian

world. This support system provides a sense of community, connection, communication,

and guidance for planning for deployments, relocation, medical services, family services,

education, recreation, and access to affordable goods and housing (Mancini et al., 2018).

The military structure does not naturally exist in the civilian social system (Eicher & Smith-Evans, 2018). The following section contains further research-based evidence of women veterans' social challenges during reintegration (Boros & Erolin, 2021; Griffiths et al., 2020).

The military operates as a society that is both interactional and structural (Mancini et al., 2018). Identity development is socially constructed based on group membership, and social learning informs identity development (Stets & Burke, 2000; Walker, 2021). In the military, private and professional lives exist concurrently, creating a hybrid identity (McGrew & DiPietro, 2019). The military identity encompasses aspects of both individual and social identity. Social identity development enhances military team cohesion through social learning, and individuals experience a sense of group belonging (Cacace, 2020). Military affiliation by branch of service, military occupation, and rank inform identity development and normative behaviors specific to a closed military social system (Cacace, 2020; Haslam et al., 2021). After military service ends, from one day to the next, the veteran becomes an out-group member, excluded by the social system and group members that directly contributed to their personal identity development (Albertson, 2019; Kleykamp et al., 2021).

Health and Well-Being Disparities

Women experience more psychosocial stressors during transition compared to their male counterparts that negatively impact their well-being across the lifespan (Adams et al., 2021; Boros & Erolin, 2021; Brownstone et al., 2018). Some unique issues that women veterans face during transition include reproductive health concerns,

contraception, and MST (Devine et al., 2020). According to Albright et al. (2019), 23%

of women veterans experienced MST, and 55% experienced sexual harassment while in

the military. Along with other mental health concerns, MST and PTSD are prevalent in

women veterans and can complicate the reintegration experience for this population

(Boros & Erolin, 2021). Women veterans are more likely to experience PTSD and

interpersonal problems connecting with others (Sippel et al., 2019). However, it is

essential to note the gender-specific psychosocial challenges that impact this population's

overall well-being and quality of life (Vogt et al., 2020).

Gender-Specific Challenges

A recent study by Adams et al. (2021) that compared male and female veterans at

the time of separation from the military found that the women participants were younger,

unmarried, college educated, and had higher rates of depression and suicidal thoughts

(Devine et al., 2020). Women's experiences with military reintegration differ from males;

however, researchers have not yet well documented the differences (Griffiths et al.,

2020). Women veterans tend to face increased mental, physical, and social challenges

during reintegration compared to their male counterparts. Boros and Erolin (2021)

acknowledges that literature on women veterans lacks the depth of empirical knowledge

to address the intersectionality of social relationships and gender during reintegration

(Dalocchio, 2022).

Social Barriers and Biases

The military is a hypermasculine institution that traditionally reinforces

stereotyped attitudes and behaviors toward women (Ryan et al., 2020; Shepherd et al.,

2021). According to Griffiths et al. (2020), Dallocchio (2022), and Mattocks et al. (2020), women veterans experience recurring social barriers and biases beyond their military service. Women veterans report experiencing stigmatized treatment by service providers at the VA and are more inclined than males to use civilian health care, where they experience a more inclusive and supportive environment (Dalocchio, 2022; Mattocks et al., 2020). Women veterans often work in technical fields in the military and may transition into science, technology, engineering, and mathematics (STEM) civilian career fields. STEM professions are traditionally male-dominated occupations that may limit career advancement and retention (Ryan et al., 2020).

Marginalization

Women veterans can experience marginalizing treatment and social behaviors that can be exclusionary and do not promote a sense of belonging (Eichler & Smith-Evans, 2018). White males are the archetype for the American military veteran, and because of this stereotype, women veterans may not be unrecognized by civilians for their military service (Saunders, 2021). Outwardly, women veterans do not typically display the physical traits of traditional military male servicemembers (Dallocchio, 2022). Women veterans transitioning into private sector organizations' careers report feeling excluded and detached from others in their corporate environments (Eichler & Smith-Evans, 2018). Women veterans report feeling caught in-between, viewed as not feminine enough by female peers, and too masculine for male coworkers, which over time can diminish belongingness (Dodds & Kiernan, 2019; Schmader & Sedikides, 2018). Women veterans

also report being treated as "not veteran enough" compared to the socially recognizable male archetype (Hirudayaraj & Clay, 2019).

Male-dominated occupations and organizations with military-like structures and services may reinforce stereotypes rather than work to break down barriers to engagement, leaving women feeling unwelcomed and unsupported (Mattocks et al., 2020; Shepherd et al., 2021). Minority stress experienced by marginalized groups can negatively impact upward mobility and advancement in the workplace (Hirudayaraj & Clay, 2019). Currently, there is a gap in understanding the needs of women veterans, along with a lack of interventions to address the social identity threats experienced during reintegration (Evans et al., 2018).

Role Incongruence

Incongruence between an individual's authentic nature and social identity can result in dissonance, which motivates a behavioral response or change of environment to regain a sense of alignment (Schmader & Sedikides, 2018). The cognitive dissonance that results from role incongruence can be manifest as anger, frustration, anxiety, frequent job changes, starting school and dropping out, frequent relocations, confusion, lack of focus, and self-isolation (Gross et al., 2022; Keeling et al., 2018; Schmader & Sedikides, 2018). Experiencing incongruence with social roles or organizational culture can lead to self-segregation and avoidance in response to new social environments (Ryan et al., 2020; Schmader & Sedikides, 2018). Women veterans are also more likely to experience role incongruity and occupational stereotyping in their civilian lives than males (Ryan et al.,

2020). Similarly, civilian employers are less likely to promote women veterans to leadership positions than male veterans (Eicher & Smith-Evans, 2018).

Ethnic and Racial Minority Issues

A recent study by Herbert et al. (2018) identified that social support is a significant predictor of psychological resilience, and minority veterans tend to experience lower levels of social support after service. Scoglio et al. (2022) report that racial and ethnic minority veterans with a history of low social support continue to have minimal support over time (Lehavot et al., 2019). Racial and ethnic minority veterans are more likely to experience limited social support than Caucasian veterans, which limits resiliency during times of transition (Herbert et al., 2018). The reasons for the disparities still need to be thoroughly investigated. The first step to understanding the disparities among minority women veterans is to examine the quality of social support experienced during civilian reintegration (Blais et al., 2020). Preliminary qualitative research shows that resilience, social support, and religion are protective factors against suicidality in a population of African American women veterans (Dorsey Holliman et al., 2018).

Employment Challenges

Social issues that are more prevalent among women during reintegration include decreased social support, ethnic and racial disparities, social barriers to employment, minority stress related to social identity threats, and marginalizing behaviors (Albright et al., 2019; Mobbs & Bonanno, 2018; Strong et al., 2018). Women veterans are more likely to face unemployment and underemployment than their male counterparts and non-veteran peers (Boros & Erolin, 2021; Hirudayaraj & Clay, 2019). The marginalizing

treatment of women veterans contributes to higher turnover rates and job changes compared to males and non-veteran women (Dalocchio, 2022; Gross et al., 2022; Hunter-Johnson, 2020; Keeling et al., 2018; Shepherd et al., 2021). Schmader and Sedikides's (2018) SAFE model supports that self-segregating or avoidant behaviors often result from exclusionary treatment. Experiencing exclusion reinforces gender roles and discrimination and limits professional advancement for women veterans (Boros & Erolin, 2021; Griffiths et al., 2020).

Responsive Strategies

The social disruptions that occur in the lives of women veterans during reintegration and the responsive strategies they use to adapt to civilian life are poorly understood (Mikaeili et al., 2018; VHA, 2020). How women veterans respond to challenges can affect their quality of life and well-being (Devine et al., 2020). More research is needed to identify positive coping strategies used by women veterans that increase the likelihood of successful reintegration experiences and to determine if there are specific protective measures that are teachable to others (Kent & Buechner, 2021; Kintzle et al., 2018; Mikaeili et al., 2018; Purcell et al., 2021). Some proactive behaviors highlighted in the literature that help veteran women reintegrate into civilian society are assimilation, veteran identity development, fostering social connections, peer groups, higher education, self-development, religious activities, and career-related changes. Some of the proactive response strategies highlighted in the literature are explained in the following sections (Markowitz et al., 2020).

Assimilation and Adaptation

The disruptions during reintegration require the veteran to implement strategies to respond to their new civilian environment (Mikaeili et al., 2018; Walker, 2021). Some positive strategies include demonstrating high emotional intelligence, positive internal locus of control, the anticipation of problems, incorporating mindfulness techniques, expressive writing, and assimilation (Frankfurt et al., 2019; Mikaeili et al., 2018; Murray-Swank et al., 2020; Ott, 2020; Usbeck et al., 2021). This mentality enhances creative problem-solving by thinking through possible solutions before issues arise, identifying the root cause, and taking action so that concerns do not persist (Mikaeili et al., 2018).

Veteran Identity Development

Veterans may experience a honeymoon period after military service, celebrating their accomplishments and enjoying time off (Vogt et al., 2020). During this timeframe, veterans may expect an easy reintegration into civilian life as they search for or establish new employment and plan for their future (Vogt et al., 2020). However, due to the disconnect from the military social context, they may no longer have a point of reference to establish a new social identity for themselves (Worley, 2021). During reintegration, veterans can experience a contradictory sense of pride in their military service while also grieving the loss of their former military identity (Mobbs & Bonanno, 2018). According to Lara (2021), the length of a person's military career can lead to a more substantial military identity as a predictor of increased stress during reintegration (Hart & Lancaster, 2019). One of the psychological challenges that can arise during reintegration is a sense

of dissonance between the military identity and the need to adapt to a new civilian social identity (Cacace, 2020; Gur & Mathias, 2021).

Without self-awareness or intervention tools to integrate the past, present, and future selves, the veteran may experience increased difficulties navigating change (Adams et al., 2019; Fischer et al., 2020; Shepherd et al., 2021). Integrating the former military identity with a new civilian identity can lead to developing a hybrid veteran identity that provides a sense of purpose and meaning in relation to others (Schmader & Sedikides, 2018; Walker, 2021). However, research-based interventions may be necessary to give women veterans the tools to increase self-awareness and personal development (Angel et al., 2018; Kleykamp et al., 2021).

Building Social Connections

Social connections and support outside the military are critical to improving veterans' quality of life and well-being (Devine et al., 2020; Haslam et al., 2019). Veterans are indoctrinated in the military to work as a team and to value social cohesion and mission-oriented service (Angel et al., 2018). Goldstein et al. (2018) states that women prefer peer support to foster a sense of social connection with other women, especially when they are from similar backgrounds and have shared experiences (Kintzle et al., 2018; Sippel et al., 2019).

Research supports that one method used by women veterans to cope with the challenges of daily life is through the pursuit of spiritual and religious practices (Antal et al., 2019; Dorsey Holliman et al., 2018). Connecting to others through religion and spiritual practices can aid in the recovery from moral injury incurred during military

service (Antal et al., 2019). Some of these practices highlighted as beneficial in scholarly articles include yoga, meditation, bible study, and other group activities that help veterans connect with themselves and others in a social setting (Purcell et al., 2020). Creative hobbies and sports are other social means of connection that can help women veterans to connect with others and assimilate into civilian society (Angel et al., 2019).

Higher Education

Veterans' pursuit of higher education can bridge the gap between their past and future identities (Buzzetta et al., 2020). Research shows that for all the positive outcomes related to higher education, the university experience is unique to veterans, which can increase stress, depression, and negative thoughts associated with future career aspirations (Buzzetta et al., 2020; Williams et al., 2018). Women veterans who pursue university education after military service are at higher risk for comorbidities, including mental health concerns, suicide, intimate partner violence, and substance abuse, but are less likely to use campus services (Albright et al., 2019). Past traumas such as MST and PTSD can increase the risk for comorbidities (Williams et al., 2018).

Eighty-four percent of women veterans have at least some college education or a bachelor's degree but endure higher unemployment levels than male veterans (Maury et al., 2020). Women veterans are 3 times more likely to be unemployed than men if a civilian employer does not acknowledge their military experience (Eicher & Smith-Evans, 2018). Very little research exists regarding women veterans' pursuing higher education regarding the transition experience and subsequent career development (Albright et al., 2019). Cultural gender norms, familial expectations, and socioeconomic

status may limit some women veterans from pursuing higher education (Eicher & Smith-Evans, 2018). However, some women may step outside of their cultural norms to pursue higher education and serve as role models for other women and girls who want to pursue a military career (Sorensen, 2018). Women veterans who successfully transition to higher education tend to use social strategies to improve their experiences of connection and support with their families and instructors (Sorensen, 2018). Further research is needed to assess how women veterans experience higher education as they reintegrate into the civilian workforce (Albright et al., 2019).

Coaching

Coaching can be a valuable option for veterans who need support in multiple areas of life (Beech et al., 2017). The experience of military life is distinct from most other lifestyles, and coaching can be helpful in preparation for the transition (Beech et al., 2017). Military life creates a legacy identity within the veteran that has the potential to operate as a cognitive filter by which they perceive and interact with the civilian world (Beech et al., 2017). Through narrative exploration with a coach, veterans can explore their personal beliefs and meanings assigned to their former military lives and make meaningful adjustments to their veteran identities (Beech et al., 2017). Coaching can provide veterans with a deeper understanding of the personal stories they tell themselves and help them to rewrite the narratives around their former selves, identify what gives life purpose and meaning in the present, and create goals for whom they want to be in the future (Beech et al., 2017).

Workplace Development

Coaching for high-potential veterans is a talent management and leadership development method to identify, promote, and retain competitive talent in organizations (Taconis, 2018). Coaching is valuable because it gives the veteran and the civilian organization a method to explore alignment between personal goals and values with those of the corporate culture (Taconis, 2018). Coaching in a professional setting can help the veteran build self-awareness, and leadership skills, communicate effectively, and manage stakeholders while working towards organizational goals (Taconis, 2018). Coaching can facilitate improvement in organizational performance and engagement (Taconis, 2018). Finally, a coach can serve as a mediator-translator between the veteran and the organization to leverage strengths that benefit both parties (Taconis, 2018). Saunders et al. (2021) examined a sample of veteran women from ethnic minority groups who transitioned from the armed services into higher education. Findings suggest that women veterans of color who return to college after military service are vulnerable to experiencing a diminished sense of belonging. The research of Buzzetta et al. (2020) further supports that veterans desire a sense of purpose and meaning in life when compared to traditional student populations in a university setting.

Mentoring

Mentorship is used in the military to prepare servicemembers for leadership and advancement. Mentorship provides structure and support for transitioning from the military culture to the corporate world and as preparation for advancement into leadership positions (Edwards et al., 2022). The Wounded Warrior Project's (WWP) women

warriors initiative (2021) reports that women veterans view mentorship as a mechanism for navigating the civilian job search and receiving guidance and encouragement from someone who understands their military background. Mentorship may help decrease women veterans' employment difficulties (Park et al., 2021; WWP, 2021). Despite the growing need for women veteran mentorship programs, there is little to no coordinated effort by the military and the VA to develop gender-focused programs in partnership with civilian companies (WWP, 2021).

Social Identity

The importance of social interaction on long-term health and well-being is acknowledged by researchers (Devine et al., 2020; Kamdar et al., 2023; VHA, 2020). Disruptions to social connections during significant life transitions are recognized to impact health (Haslam et al., 2019, 2021). Current literature on SDOH focuses on SES, access to quality education, housing, and health care, leaving a gap in the knowledge regarding how social experiences affect well-being among veteran populations.

Social Identity Disruptions

Identity disruptions can impact the individual across multiple life system levels with experiential effects on personal well-being, relationships, family, and career (Mancini et al., 2018). Psychologists cannot examine the impacts of military service on veterans without considering its social context (Stets & Burke, 2000). Meaning and purpose are an integral part of every military mission and are an extension of the military culture (Boros & Erolin, 2021; Cacace, 2020; Fischer et al., 2020). Veterans are a population who faces major transformational shifts in identity during the transition and

reintegration process (Derefinko et al., 2019; Meca et al., 2020; Mitchell et al., 2020).

Identity disruptions typically occur after a precipitating event, such as undergoing a

significant life change (Mitchell et al., 2020). Veteran-specific identity disruptions

include (a) a loss of meaning, (b) a loss of purpose, (c) diminished self-worth, and (d) a

disconnect between the past, present, and future selves (Mitchell et al., 2020). When a

veteran no longer has the military system and its structure, they can experience

disruptions to their personal and social identities, resulting in life challenges and

inconsistent psychosocial outcomes (Fischer et al., 2020; Markowitz et al., 2020;

Romaniuk & Kidd, 2018; Verkamp, 2021).

Military Culture and Values

The military is a comprehensive institution with an insular culture and values that

require fully embracing its norms and practices (Eicher & Smith-Evans, 2018). The

military is a social construct consisting of community, customs, laws, and protocols that

create a sense of identity and camaraderie not typically found outside the military

(Purcell et al., 2021). Military indoctrination begins immersed in a stressful and physical

social environment. With the reciting of an oath, the servicemember swears to support

and defend the Constitution of the United States of America and to uphold the laws of the

Uniform Code of Military Justice (UCMJ) even before knowing what that obligation

entails (Mobbs & Bonanno, 2018; UCMJ, 2021; U. S. Government Publishing Office

[USGPO], 2011). Words like *honor*, *courage*, *commitment*, *integrity, loyalty, duty,*

respect, service, excellence, and *no man or woman left behind* are some of the core values

of the military branches (Erwin, 2020; Military Leadership Diversity Commission

[MLDC], n.d.). Core values govern how group members interact within the military system (MLDC, n.d). The military's mission-focused core values permeate all communication, interpersonal interactions, conflict management, and performance evaluation, creating a shared social identity (MLDC, n.d.).

Values and customs within this system create an organizational culture integral to the military-veteran identity (Adams et al., 2019; Mitchell et al., 2020). The reform and readjustment experiences of former prisoners and cult members closely mimic the veteran experience of reintegration (Eicher & Smith-Evans, 2018). Military units operate in teams more like a family than a group of coworkers, with relationships strengthened through adversity (Boros & Erolin, 2021; Mancini et al., 2018; MLDC, n.d). Military codes of conduct and performance evaluations guide servicemembers' behavioral conformity in relation to established social norms and values (MLDC, n.d).

Military Social System

The military system contains visual cues in the form of uniforms, rank, ribbons, and devices that identify each person's status within the broader social structure, which is nearly nonexistent in the civilian environment (Eicher & Smith-Evans, 2018). The lack of social cues required for self-categorization in the civilian world can disorient a veteran, requiring social identity switching without knowing the context (Zinn et al., 2022). Social disruptions during reintegration can happen on the individual, interpersonal, organizational, and cultural levels (Walker, 2021). Social systems often disrupted during reintegration include career, friends, family, romantic relationships, religious/spiritual groups, hobbies, and other group activities in which the veteran is involved (Mancini et

al., 2018). Multiple social dimensions of life are affected during reintegration, requiring responsive strategies to adapt and stabilize after this significant life change (Ryan et al., 2020; Strong et al., 2018). Change outside the insular military system is often non-linear and can take time to adjust to external social pressures to establish a new normal (Haslam et al., 2021; Zinn et al., 2022). In the military, personal and social lives overlap and develop simultaneously within the military system's constraints, but these guardrails are nonexistent in the civilian culture (MLDC, n.d).

Social Connection

Advances in research on the needs of women veterans may support the development of targeted health care and services for women veterans (Devine et al., 2021; Lehavot et al., 2019; Williams et al., 2018). Strong social connections were identified as positive contributors to resiliency, post-traumatic growth, and other positive psychosocial outcomes (Campbell et al., 2019; Devine et al., 2020; Hendrikx et al., 2021; Scoglio et al., 2022; Thomas et al., 2021). Social connections during times of significant life change can lessen adjustment difficulties and enhance health and well-being (Haslam et al., 2019, 2021). Conversely, social isolation and loneliness can lead to adverse health outcomes and early death, further supporting the need for research about women veterans' social reintegration experiences (Barnes et al., 2022; Teo et al., 2018).

Social Support

The experience of having meaningful social support among veterans is lower than in the civilian population, with female veterans having the greatest need for support as they face reintegration challenges. Hendrikx et al. (2021) found that diminished social

support among women veterans contributed to mental health challenges, unemployment, and comorbidities later in life, which supports asking questions about challenges during reintegration. What is known is that veterans with minimal social support are at higher risk for PTSD and suicidality (Fischer et al., 2020; Scoglio et al., 2022). Lehavot et al. (2019) states that social support predicts better health outcomes in women veterans. The VHA (2020) recognizes research identifying social support as the number one predictor of veterans' overall physical health and well-being. Current research indicates that over 50% of women veterans report having little social support after leaving the military (Griffiths et al., 2020). Women veterans who do not have a social support system leading up to their reintegration could be disadvantaged compared to their male counterparts with families who offer support during reintegration (Herbert et al., 2018).

Low levels of social support during reintegration may contribute to disruptions destabilizing social identity and social systems during this timeframe. The persistent lack of support may adversely impact the well-being of a growing population of women veterans across multiple social dimensions of life (Lara, 2021; Markowitz et al., 2020; Purcell et al., 2021). Further qualitative research is needed to understand the social support experiences of women veterans during reintegration to understand the specific behaviors that enhance resilience and well-being (Blais et al., 2021; Evans et al., 2018; Lehavot et al., 2019).

Social support and successful civilian reintegration are closely linked to veteran well-being (Scoglio et al., 2022). Current military-to-civilian transition and reintegration research focus on the experiences and needs of male veterans, but similar research on

women veterans remains limited (Dodds & Kiernan, 2019; Griffiths et al., 2020;

Verkamp, 2021). Current literature indicates that women veterans prefer social support

through gender-specific services, peer support groups, and nonprofit VSOs (Adams et al.,

2021; Drebing et al., 2018). As the population of women veterans has grown, there is an

increased need for scholarly research to understand how the social experiences of women

differ from those of men after military service (Evans et al., 2018). Military psychologists

are familiar with the physical and mental health challenges of various military-related

experiences (Devine et al., 2020). However, current literature about women veterans

focused primarily on mental and physical health but did not consider SDOH as

contributors to well-being (Brownstone et al., 2018; Eichler & Smith-Evans, 2018; Hatef

et al., 2019; Verkamp, 2021; VHA, 2020).

Support Services

All veterans may call the Veteran Crisis Line at no cost; however, this service is

specific to those who need to talk to someone when they are having thoughts of suicide or

pose an immediate threat to themselves or others. At the time of this study, non-crisis

support services for mental health and emotional support were not readily available to

veterans immediately after discharge from the military. To qualify for government-

sponsored care through the VHA, a veteran must register, apply for care, and wait for a

decision regarding eligibility and priority status (VA, 2022). Once this process is

complete, they can only schedule an appointment, and wait times vary depending on

location and provider availability. Separately, a veteran must file a disability claim for

each injury or illness they believe is service connected, supported by medical

documentation. If a veteran does not have a disability rating, they may still be eligible to receive care if they meet specific income requirements (VA, 2022). The bottom line is that receiving care through the VHA is not a given for all veterans, and a decision regarding eligibility is made on a case-by-case basis, which requires a wait time (VA, 2022). Additionally, existing support services have catered to male veterans and their families. With these current circumstances, women veterans must fend for themselves without the support they need to adapt during reintegration (Boros & Erolin, 2021; Evans et al., 2018; Griffiths et al., 2018).

Complicated Grief

The experience of transition as a significant life event can trigger the experience of loss and grief (Haslam et al., 2019, 2021; McGrew & DiPietro, 2019; Mobbs & Bonanno, 2018). Complicated grief can result as the veteran mourns the combined loss of their military identity and those they have lost (Mobbs & Bonanno, 2018; Seamon-Lahiff et al., 2021). Veterans do not have the tools to discover new meaning, purpose, and direction for life after military service ends (Fischer et al., 2020). A lack of direction and purpose during this significant life change while grieving the loss of their former self can move an individual into survival mode. Delayed addressing of psychosocial concerns may result in long-term effects on health and well-being (Boros & Erolin, 2021; Kent & Buechner, 2021). Future research must examine how transition as a disruptive life event can affect social identity development and integration across the life span (Mitchell et al., 2020).

Summary

Women veterans' reintegration experiences are complex, with gender-specific social challenges, yet these experiential details are lacking from the current body of knowledge (Dallocchio, 2022; Verkamp, 2021). This review focused on synthesizing the current literature regarding this study's conceptual framework, reintegration, SDOH, social challenges, and the known responsive strategies used by women veterans (Boros & Erolin, 2021; Dodds & Kiernan, 2019; Eichler & Smith-Evans, 2018; Sayer et al., 2021; Walker, 2021). Social experiences contribute to women veterans' overall well-being and health but were not fully considered in current psychological research (Eicher & Smith-Evans, 2018; Kent & Buechner, 2021).

Some peer-reviewed articles acknowledge that the psychosocial challenges and long-term outcomes women veterans face during reintegration are comparatively worse than those experienced by male veterans (Adams et al., 2021). However, women veterans' responsive strategies to adjust to the civilian social environment have yet to be comprehensively identified (Devine et al., 2020; Kent & Buechner, 2021; Kintzle et al., 2018; Mikaeili et al., 2018). More immediate and longitudinal research is needed to understand how women experience disruptions to social identity and social systems during reintegration and how subjective experiences affect perceived well-being (Boros & Erolin, 2021; Griffiths et al., 2020).

This dissertation's purpose was to advance the scholarly understanding of the social experiences of women veterans during reintegration so that their support needs would be recognized, integrated into future research, and guide the development of future

intervention services (Dallocchio, 2022; Lawrence et al., 2021). The following chapter

addresses the study's research methods, including applying the IPA qualitative research

tradition (Smith & Shinebourne, 2012). The topics included in the following chapter

include (a) research design and rationale, (b) the role of the researcher, (c) methodology,

(d) trustworthiness, and (e) ethical concerns (Love et al., 2020; Nizza et al., 2021; Smith

& Shinebourne, 2012).

Chapter 3: Research Method

In this chapter, I present the qualitative research methodology used in this study. Justification for the selected research tradition, the conduct of the study, the data collection process, and the analysis plan are also explained (see Nizza et al., 2021; Smith & Shinebourne, 2012). I conducted this qualitative study to explore the social reintegration experiences of post-9/11 women veterans and the responsive strategies used to adapt to individual challenges. Limited scholarly literature exists regarding the social psychology perspective of the reintegration experiences of women veterans (Boros & Erolin, 2021). This study was intended to add to the scholarly understanding of women veterans' social reintegration experiences, including their support needs, by considering social structures, relationships, and meaning making. In the following sections, I explain how the research was conducted: (a) the research design and rationale, (b) the role of the researcher, (c) methodology, (d) instrumentation, (e) data analysis plan, (f) trustworthiness, (g) ethical concerns, and (h) summary.

Research Design and Rationale

The central phenomenon in this study was the social reintegration experiences of post-9/11 women veterans with social support, connection, and group membership (see Campbell et al., 2021; Kent & Buechner, 2021). The qualitative methodology aligned with the purpose of understanding, analyzing, interpreting, and comparing the social reintegration experiences of women veterans along with the responsive strategies used to adapt and overcome individual challenges (see Nizza et al., 2021; Pietkiewicz & Smith, 2014; Smith & Shinebourne, 2012). In the following subsections, I explain the central

phenomenon understudy, present the central research question and subquestions, discuss

the research tradition, and provide the rationale for selecting IPA.

Central Phenomenon

The central phenomenon studied was the lived experiences of women veterans

with social reintegration after leaving military service. These social reintegration

experiences are subjective to the veteran, but there may be similarities among the

population that still need to be identified by researchers. This phenomenon was important

to investigate because women veterans' social experiences, the challenges they

encounter, and the responsive strategies they use as they attempt to assimilate into

civilian society may be different than what is known by researchers. Qualitative

methodology was most appropriate at this stage of research because this social

phenomenon was mostly unknown and subjective experiences are often difficult to

measure quantitatively (see Durdella, 2019).

Research Questions

The central research question that guided this study was: What are the

reintegration experiences, challenges, and responsive strategies of women veterans with

social identity, social connection, and social support? The following research

subquestions supported the central research question:

SQ1: What are the participants' experiences with social identity, social

connection, and social support during reintegration?

SQ2: What are the participants' challenges with social identity, social connection,

and social support during reintegration?

SQ3: What responsive strategies are used in response to challenges with social

identity, social connection, and social support during reintegration? (see Mitchell

et al., 2020; Romaniuk & Kidd, 2018; Verkamp, 2021)?

Research Tradition

I explored the social phenomenon between the participant and the researcher in a

cocreative partnership using the IPA approach. IPA includes the collection of an in-depth

narrative regarding a phenomenon, a discussion to elucidate the meanings assigned to

experiences as explained by the participant, and analysis and interpretation conducted by

the researcher (Nizza et al., 2021; Smith & Shinebourne, 2012). IPA methods focus on

collecting and dissecting narratives to interpret how people tell their stories, including the

words used, their meanings, and the social constructs involved in the personal

understanding of individual experiences (Pietkiewicz & Smith, 2014). A researcher

employing IPA uses a thematic approach to interpreting qualitative data by applying

principles rooted in phenomenology, hermeneutics, and idiography (Love et al., 2020).

Double Hermeneutic Approach

IPA is sometimes called double hermeneutic because of its dual interpretation

process that involves the participant making sense of their world, then the researcher

decoding the meanings behind their perspective (Pietkiewicz & Smith, 2014). IPA

combines a narrative approach with a phenomenological approach to data collection,

coding, and analysis Nizza et al., 2021; Pietkiewicz & Smith, 2014). In this study, I

explored the lived experiences of women veterans during social reintegration and the

adaptive strategies used by participants to overcome the individual challenges they faced (see Nizza et al., 2021; Smith & Shinebourne, 2012).

Four Markers of Quality IPA

The goal of an IPA study requires the construction of an in-depth narrative and a close analysis of that narrative (Nizza et al., 2021). The four markers of a high-quality IPA include (a) construction of a detailed narrative with experiences, decisions, and consequences; (b) analysis of experiential and existential details that identify specific events as significant to the participant; (c) close analysis of participant context, words, and meanings assigned to experiences; and (d) identification of themes, subthemes, and areas of convergence and divergence among participants (Nizza et al., 2021; Smith & Shinebourne, 2012).

Rationale

The IPA approach was most suited to answer the central research question because it allowed for exploring existential topics and the subjective experiences of the social phenomenon with the participants' stories as the primary source of data (see Pietkiewicz & Smith, 2014). The central research question aligned with the IPA design because it focuses on making sense of the stories women veterans tell about their life experiences and dissecting the details and meanings behind those stories (see Pietkiewicz & Smith, 2014). The stories people tell about their lives inform their identities and reveal themes and patterns that provide insights into how an individual relates to others and the world around them. The IPA was appropriate to answer the central research question to understand women veterans' experiences, challenges, and responsive strategies during

social reintegration because its methodological purpose is to interpret the participants' subjective perspectives (see Nizza et al., 2021; Pietkiewicz & Smith, 2014). The IPA is used when the researcher's goal is to understand and interpret the participants' stories by applying analytical procedures to dissect and analyze their personal and descriptive narratives providing insight into their perceptions of social constructs, social constraints, and the meanings assigned to their experiences (Love et al., 2020; Smith & Shinebourne, 2012). While these experiences are subjective, through thematic analysis, IPA can be used to compare unique experiences and interpret them to identify possible thematic convergence among participants (Smith & Shinebourne, 2012).

Because the phenomenon studied involves subjective lived experiences, IPA was appropriate for the current study because it aligns with the epistemological perspective that knowledge is gained through experience (see Burkholder et al., 2019; Nizza et al., 2021). IPA aligns with interpretivism because it allows for considering that individual perceptions and meanings of events may shift over time. Perceptions can shift through shared experiences with others in a cocreative and dynamic process of interaction that includes the individual, their environment, and other social influences (Burkholder et al., 2019; Worley, 2021; Zinn, 2022).

Contextual factors influence how the female experience of the military differs from their male counterparts (Griffiths et al., 2020). It was appropriate to use the IPA design for the current study because it provided a systematic means to explore the social reintegration of women veterans as a social phenomenon. As a qualitative tradition, IPA is an inductive and naturalistic approach leading to the understanding of how and why

people experience a social phenomenon in an individualized manner, which may converge or diverge from the perceptions of other participants (Mohajan, 2018).

Role of the Researcher

The IPA design emphasized the researcher as an observer-participant in exploring the narratives and meaning making with the research participants (Love et al., 2020; Nizza et al., 2021; Smith & Shinebourne, 2012). Using the IPA process in the current study in an exchange with the participants, I (a) collected and dissected participant experiences, (b) explored their perceptions of events and meaning making, (c) identified social constructs and constraints, (d) compared participant experiences, (e) conducted thematic analysis to identify commonalities and outliers, and (f) interpreted findings (see Nizza et al., 2021; Pietkiewicz & Smith, 2014).

The nature of a qualitative study using an IPA approach is that the researcher is the primary instrument used to collect, analyze, and interpret the meaning and significance of subjective experiences (Love et al., 2021). The researcher in IPA methodology is the cocreator in understanding the narrative, point of view, and meaning behind events (Nizza et al., 2021). Participants may not be aware of the connection between their beliefs, words, and emotions, so the researcher must draw out the details of the participants' stories and interpret the meanings behind them (Smith & Shinebourne, 2012). The researcher is also the only person involved in the IPA research process exposed to multiple narratives and who can identify common themes and trends in the stories (Nizza et al., 2021).

Conflicts of Interest

While I am a veteran Navy officer and a woman who has experienced the phenomenon of social reintegration, I did not anticipate having any preexisting personal or professional relationships with any of the participants. Moreover, I did not anticipate any dynamic involving the exertion of power or influence over the participants. Should have any conflicts of interest arisen, I would have taken immediate action and provided prompt notice to my dissertation chairperson and the Walden University Institutional Review Board (IRB). I took proactive steps to eliminate the conflict of interest.

Personal Biases

As a woman veteran who has experienced social reintegration after leaving the military, I have successfully navigated my challenges and made life adjustments. While there was potential for researcher bias due to my personal experiences, I managed this possibility by following a reflexive practice of self-evaluation and adhering to procedures for collection, analysis, and interpretation that minimized the introduction of personal biases (see Mohajan, 2018).

Minimizing Bias

I used phenomenological reduction to limit the potential for the negative impact of personal bias on the study (see Peoples, 2020). I employed reflexive measures that included: (a) journaling, (b) bracketing, (c) an audit trail, and (d) member checking to acknowledge, scrutinize, and set aside any potential preconceptions (see Burkholder et al., 2019; Merriam & Tisdell, 2015; Motulsky, 2021). Reflective journaling was used following each interview to record my first impressions and thoughts as well as to

identify narrative topics, words, descriptions, and emerging themes that were easily recognizable (see Peoples, 2020). Bracketing was used to consciously separate my personal thoughts and experiences from those of the participants (see Pietkiewicz & Smith, 2014).

Member checking was not used in the initial analysis and interpretations phase to prevent participant bias from introduction into the data set (see Motulsky, 2021). The rationale for this preventive measure was to eliminate the urge for participants to change their responses after they have had time to rethink their interview answers and results as well as to curtail the desire to provide an answer perceived as more socially desirable than their first response (see Motulsky, 2021; Peoples, 2020).

Ethical Issues

I disclosed my military status as a former Navy officer to the participants. During the interviews, I did not interject my own recollection of experiences with social reintegration after military service. I also avoided projecting my personal perceptions and experiences into the data collected to protect the integrity of the participants' narratives.

Methodology

In the following subsections, I discuss the plan used for participant selection, including a description of the target population, sampling strategy, inclusion criteria, recruitment procedures, sample size, and saturation.

Population

The target group for the study was post-9/11 women veterans who experienced social reintegration after leaving military service from the U.S. Armed Forces. The

inclusion criteria specified that women who separated or retired from the military any time after 2001 were eligible for inclusion in the study.

Sampling Strategy

I used nonprobability (i.e., nonrandom) and purposive (i.e., judgmental) sampling to select the research participants. Purposive sampling was appropriate for an IPA study because little was known about the research topic, and firsthand experiential data were collected from insiders (see Burkholder et al., 2019). IPA samples are typically homogeneous, with participants sharing similar backgrounds or culturally relevant experiences (Burkholder et al., 2019; Pietkiewicz & Smith, 2014). While general phenomenological studies tend to have sample sizes of 10 to 12 participants, IPA study samples tend to be smaller because they require a more in-depth and lengthy recounting of experiences and intensive analysis (Nizza et al., 2021; Smith & Osborne, 2015). The sample size for this study was eight participants.

Inclusion Criteria

Purposive sampling allowed for the application of predetermined criteria to select individuals most representative of a target population (see Burkholder et al., 2019). The participants in this study met the following inclusion criteria: (a) a woman, (b) a post-9/11 veteran who served in the U.S. Armed Forces, and (c) fully separated or retired from the service. The rationale for these criteria was to collect detailed narrative descriptions of the participants' social reintegration experiences representing a cross-section of women veterans. The inclusion criteria were identified in the social media recruitment advertisement and confirmed in the demographic questionnaire sent to the volunteers by

email after they provided their contact information (see Appendix A). For the volunteers'

convenience, the demographic questionnaire was allowed to be answered either by email

or at the time of the interview before the questioning phase. I also verbally confirmed the

inclusion criteria using the interview guide and recorded this information in the

transcripts (see Appendix B).

Recruitment Procedures

My strategy for recruiting participants was to post an advertisement on social

media and the Walden University participant pool website. The social networking sites

used were: (a) LinkedIn, (b) Facebook, (c) Reddit, and (d) Mighty Networks. The

advertisement on social media contained general information about the study, inclusion

criteria for participation, and a hyperlink to the research website where they could submit

contact information and express interest to participate. When an individual submitted a

request to participate, an email was sent to me with their contact information. In turn, I

responded with an email that contained information about the study, what was required of

them as a participant, what to expect regarding time commitment, and my contact

information to ask any questions. The Walden University participant pool website

advertisement included a short description of the study's purpose, the inclusion

requirements, time commitment, and student email address to volunteer.

Volunteers were screened for inclusion criteria and sent the informed consent

document to review and sign. Once volunteers were prescreened, I (a) informed them

about the study and its purpose, (b) confirmed inclusion criteria, (c) discussed time

commitment, (d) reviewed technical requirements, (e) answered questions about what to

expect during the interview, and (f) confirmed their desire to participate. Those who confirmed their desire to participate received further instructions via email with (a) a calendar invitation for the Zoom virtual meeting, (b) informed consent (verbatim text from the Walden IRB), and (c) instructions with what to expect on the day of the interview.

Sample Size and Saturation

Sample size tends to be smaller in IPA studies than in other types of phenomenological research due to data collection's time-consuming and in-depth nature (Pietkiewicz & Smith, 2014). IPA focuses more on depth of understanding rather than breadth of knowledge. There is no specific number for saturation in IPA studies; however, the typical range is six to eight participants, which allows for the collection of rich data and detailed narratives that are carefully analyzed without being overwhelming. I started to see similarities among the participants by the fourth interview. Saturation occurred when recurring patterns and commonalities emerged among the participants (Smith & Shinebourne, 2012). However, for the purposes of this dissertation, saturation was reached with eight participants, which aligned with the requirements for in-depth data collection and analysis for IPA studies (Pietkiewicz & Smith, 2014).

Instrumentation

As the researcher, I was the primary instrument used in this IPA study; and I used in-depth semistructured interviews to construct detailed narratives with each of the eight participants for thematic analysis and comparison (Nizza et al., 2021; Pietkiewicz & Smith, 2014). I used an interview guide, audio recordings, transcripts, and a research

journal with field notes to enhance the quality and accuracy of my data collection. One 90–120-minute interview was performed with each participant to explore their beliefs, feelings, attitudes, and opinions associated with their social reintegration after leaving military service. In-depth interviews allowed me to seek understanding from the participants' perspectives, including existential and intangible details that could not be easily collected using quantitative measures (Mohajan, 2018).

I collected interview data using internet based Zoom.com meetings to host the meetings with the participants. With the participant's consent, interviews were audio recorded only, and transcripts were created using Otter.ai. The interviews were coded using a priori methods and descriptive coding in preparation for thematic analysis (Merriam & Tisdell, 2015).

Data Collection

Data collection focused on answering the central research question: What are the reintegration experiences, challenges, and responsive strategies of women veterans with social support, connection, and group membership? The semistructured interview questions were developed using the conceptual framework and focused on the participants' experiences with social identity, social connection, and social support as they reintegrated into civilian life.

Using an IPA approach, I obtain experiential data directly from participants using semistructured interviews, an interview guide with open-ended questions, audio recordings, verbatim transcripts, field notes, and research journal entries completed immediately following the conclusion of each participant interview. Zoom.com meetings

were used to host the interviews, and audio recordings and verbatim transcripts were created using Otter.ai. This study explored personal reflections and the social contexts and life domains in which the phenomena were constructed (Pietkiewicz & Smith, 2014).

Interview Guide

I created and used an interview guide that served as a checklist to keep me on track to meet the goals of the interview and to stay within the time constraints of the meeting. The interview guide contained the outline for the semistructured interview, including (a) greeting; (b) informed consent protocols, including verbal confirmation of informed consent and receipt of the signed document; (c) confirmation of the volunteer nature of the interview; (d) notification that the volunteer may end the interview at any time; (e) main questions; (f) probes, (g) ideas for follow-up questions; (h) what to expect after the interview; (i) how to contact Walden and I directly; and (j) interview closing.

Content Validity

I applied multiple social psychology theories in the conceptual framework to enhance validity and alignment. Content validity was maintained by aligning the conceptual framework with the methodology, data collection, research questions, interview questions, and analysis (Brod et al., 2014; Golafshani, 2003). Content validity was also enhanced using triangulation methods (Golafshani, 2003). The conceptual basis for the interview questions included elements of SIT, SIMIC, and the SAFE model (Haslam, 2021; Mancini et al., 2018; Worley, 2021).

The interview guide was used to ask open-ended questions and to explore the personal stories of social reintegration experienced by the women veterans who

volunteered to participate. The interview questions were focused on the topics that contributed to the quality of their social reintegration, including (a) social identity, (b) social connection, and (c) social support (Haslam, 2021, 2018; Mancini et al., 2018; Worley, 2021).

In conjunction with the interview guide, I took field notes, conducted audio recordings of the interviews, and used a script for the opening and closing of the interview so that all pertinent points were covered for each participant. I wrote journal entries of my initial thoughts and assessments after each interview. Transcripts and member checking were used for accuracy and understanding, as well as to identify areas of agreement and divergence from the original interpretations (Nizza et al., 2021).

At the end of each interview, participants were notified that they would be contacted to review the results of the study after the analysis stage was completed and prior to publication. Participants were thanked for their time and willingness to share their reintegration narratives and were reminded to contact me directly if they had any questions. Data analysis took place immediately following data collection.

Data Analysis Plan

Data analysis began during each interview, including descriptive coding phrases that were potential themes for exploration later in the analysis process. I took detailed notes during the interviews while each of the participants recounted their stories of social reintegration. The interview questions related directly to the central research question and sub-questions developed for the study. Following each interview, I journaled about the experience, including my initial impressions. I processed the interview audio recordings

into transcripts; then, I immersed myself in the data by repeatedly listening to the audio

recordings and reviewing the transcripts. I took additional notes from the interviews

related to the central research question. I uploaded the transcripts to the MaxQDA

software and conducted in-depth thematic analysis and interpretation. The following

section will explain how the data answered the central research question.

Connecting the Data

Participants answered questions related to the central research question and sub-

questions (Pietkiewicz & Smith, 2014). *The central research question addressed by this*

study: What are the reintegration experiences, challenges, and responsive strategies of

women veterans with social support, social connection, and. social identity? Answers to

interview questions and the constructed narratives focused on participant experiences

with social identity, social connection, and social support which aligned directly with the

central research question and the conceptual framework (Smith & Shinebourne, 2012).

Narratives explored participants' perceptions, feelings, attitudes, and beliefs regarding

their social reintegration (Nizza et al., 2021; Pietkiewicz & Smith, 2014; Smith &

Shinebourne, 2012).

Using a funneling technique with interview questions, I started the interviews

with general topics related to individual experiences with social reintegration after

military service. The research sub-questions and follow-up elicited more specific

perspectives from the participants regarding their experiences, challenges, and responsive

strategies with social support, social connection, and social identity (Haslam et al., 2019,

2021; Schmader & Sedikides, 2018; Worley, 2021). I leveraged the follow-up questions,

which guided the conversation so that the discussion flowed naturally and directly related to answering the research questions. As the interviews progressed, questions became more specific, intending to collect increasingly more detailed narratives from the participants about their reintegration experiences, challenges, and responsive strategies during reintegration (Nizza et al., 2021).

Member Checking

For content validity and data integrity, the participants were not allowed to change their answers given during their interview, but feedback was considered for final adjustments the report (Nizza et al., 2021). Member checking was conducted after the analysis was completed to share the results of the study with the participants and to consider their feedback prior to final edits were made (Motulsky, 2021).

Analysis and Coding Procedures

The IPA analytical process began during the interview by allowing the participants to recount a narrative with thick descriptions and constructing the narrative accounts after the interviews involved moving parts of the participants' stories around so that it was presented logically without changing their essence and meaning (Nizza et al., 2021). Before coding, data were cleaned using Microsoft (MS) Word and Excel to correct mistakes in the transcripts (Burkholder et al., 2019). Cleaning the data involved removing personally identifiable information through redaction, correcting misspellings, and correcting misspelled words.

Dissecting the narrative occurs during the analysis phase (Nizza et al., 2021). Phenomenological reduction and horizontalization were used to treat all data equally,

without preconceptions, and to organize data before coding and identifying themes (Merriam & Tisdell, 2015). The narratives were analyzed line-by-line for emerging themes and sentiments to identify events of importance to the participant and why they were significant. Thirdly, prolonged exposure and close analysis of context, words, and meanings helped understand how participants made sense of their experiences (Nizza et al., 2021; Pietkiewicz & Smith, 2014).

Software for Analysis

I used MaxQDA to organize, sort, and identify the thematic connections between and among data (Merriam & Tisdell, 2015). Otter.ai was used to create verbatim transcriptions from audio recordings collected during the Zoom interviews with participants then uploaded into MaxQDA. I conducted line-by-line thematic analysis of participant data, creating codes, subcodes, categories, and subcategories for exploration of their similarities and differences (Nizza et al., 2021).

Treatment of Discrepant Cases

None of the participants removed themselves from participation. None of the participants refused to answer any of the questions. Two discrepant cases were identified because of the extreme nature of the sentiments shared during the interviews, which was markedly different from the other six participants. The narratives were valuable for inclusion in the analysis because of their context, so they were interpreted for meaning.

Trustworthiness

This qualitative research relied on different criteria than quantitative studies to validate the data and enhance trustworthiness (Burkholder et al., 2019). In place of

validity and reliability tests typically applied to quantitative studies, credibility, transferability, dependability, and confirmability are used to impart trustworthiness in qualitative studies (Burkholder et al., 2019). Multiple data collection methods were used for triangulation which enhanced the trustworthiness of the data. The data collection methods included interviews, bracketing, audio recordings, field notes/observer comments, reflective journaling, transcripts, and member checking (Merriam & Tisdell, 2015; Motulsky, 2021; Peoples, 2020).

Credibility

Credibility was enhanced using member checking and reflexivity (Burkholder et al., 2019). Member checking was used to verify analysis and interpretations, but participants were not allowed to change their answers to prevent social desirability bias from being introduced (Peoples, 2020; Motulsky, 2021). I used reflexive journaling and self-evaluation of personal biases to minimize their impact on the research process (Merriam & Tisdell, 2015). This process was time intensive and consisted of multiple rounds of journaling, coding, recoding, and memos to justify analysis and interpretations. I also used mindfulness to consider interpretations from different perspectives to minimize the potential for personal bias.

Transferability

Transferability was limited because of the small sample size, the subjective nature of the study, and shifting social contextual factors. Fidelity and consistent adherence to research design supported transferability because it required procedural integrity and analysis grounded by the data (Burkholder et al., 2019).

Dependability

Dependability is the qualitative counterpart to reliability, and it was enhanced using an audit trail and triangulation (Burkholder et al., 2019). I used an Excel spreadsheet to log the date, time, and details for each data collection and analysis step. I used transcripts and my field journal to document how data was collected and analyzed and for considering interpretive decisions (Burkholder et al., 2019). Dependability involves the ability to repeat methods to obtain a similar result, which was limited due to the subjective nature of the participant narratives.

Confirmability

Confirmability is equivalent to what can be objectively reproduced (Burkholder et al., 2019). While I enhanced my objectivity through bracketing and self-reflective journaling, confirmability is limited in constructivist-based qualitative studies because social context and meanings can change. For confirmability beyond this IPA study, further research using the same target population and inclusion criteria is needed ensuring participants were exposed to similar social experiences (Golafshani, 2003).

Ethical Procedures

The data collection plan for this study aligned with the APA (2017) code of ethics for the treatment of and interaction with research participants. I submitted the required forms and research plan details to the Walden IRB for review and feedback during the proposal stage of the study. IRB approval for the study was granted in early January 2023. Walden University's approval number for this study was assigned as 01-06-23-1046473; the approval expires on January 5, 2024.

Data Collection

After IRB approval, I proceeded to the data collection stage in late January 2023. The overarching ethical considerations relevant to this dissertation were protecting research participants, securing informed consent, safeguarding data, privacy, and confidentiality (APA, 2017). There was minimal risk to the volunteers for participating in the dissertation study. Minimal risk to the participants included the possible experience of mild emotional reactions to the subject matter discussed during the interviews. Steps were taken to safeguard the privacy and confidentiality of the individual participants and their data.

Informed Consent

Participants provided informed consent prior to their interview by signing the form and emailing it back to me. Informed consent documents were saved on a password-protected external file system. Informed consent protocols addressed the following issues with each participant prior to their involvement in the data collection process:

- The general topic of the interview.

- The purpose of collecting the information.

- How the data would be used.

- How participation would be handled, including confidentiality and protection of electronic data.

- What risks and benefits were involved in participation.

Consent was confirmed before the interviews began. The phone number to the Veteran Crisis Hotline, a resource available 24 hours per day and 7 days per week, was

offered for participants in the consent document to seek mental health care if they needed

to speak to a professional during or after the interview. Participants were reminded that

their participation was voluntary and that they could withdraw from the study at any time

(APA, 2017).

Treatment of Data

Data were handled confidentially. As the sole researcher, I was the only person

who handled what was collected and analyzed. Data were safeguarded using multiple

layers of security. First, interviews were private interactions with the participants. During

the interviews, I maintained a quiet and private environment in my home office. I asked

that the participants conduct their interviews in a private, quiet place with reliable internet

connectivity so that the meeting flow was not interrupted. Only audio was recorded

during the interviews to protect their identities further. The participants were assigned a

letter in place of their names for the entirety of the study, including data labeling,

transcripts, analysis, and results. I avoided using the names of the participants during

their interviews and redacted personally identifiable information mistakenly used in the

transcripts.

I was the only person with access to the data. Data were stored on a password-

protected, encrypted, external filing system accessible only on a password-protected

computer. Transcripts redacted interviewee identifiers to safeguard privacy and

confidentiality. The interview transcripts and other collected data will be maintained for 5

years, per the policies of Walden University. There was no direct benefit or incentive for

participating in the research (APA, 2017).

Summary

This chapter covered the overall research plan and justification for the selected research tradition, data collection, data analysis, trustworthiness, ethical concerns, and risk mitigation for data treatment. Data and participant confidentiality were safeguarded using proactive measures aligned with the APA (2017) code of ethics. IPA design was an ideal method for this study to explore and interpret the social experiences of women veterans during reintegration (Nizza et al., 2021; Pietkiewicz & Smith, 2014). Constructivist-interpretive in nature, IPA provided a process to explore and interpret subjective experiences, their context, and their meanings, both during the interviews and in the analysis phase. General narratives progressed to collecting more detailed data using a funneling technique during the interviews. Through the analysis and interpretation using MaxQDA software, Word, and Excel, themes emerged from the data regarding the shared social experiences, challenges, and responsive strategies of women veterans (Drebing et al., 2018; Hatef et al., 2019; Nizza et al., 2021; Pietkiewicz & Smith, 2014). In the following chapter I explain the thematic analysis and interpretation process I used for this study (Nizza et al., 2021; Pietkiewicz & Smith, 2014).

Chapter 4: Results

In this study, I investigated the civilian reintegration experiences, challenges, and responsive strategies of post-9/11 women veterans with social identity, connection, and. support. Eight semistructured, in-depth, participant interviews were conducted, and the participants' responses were analyzed using a social identity conceptual framework to answer the central research question and subquestions. I conducted the interviews between January and February 2023, followed by interpretive data analysis. Narrative accounts were examined, segments were extracted and coded, and existential meanings were interpreted using an IPA approach and thematic analysis. The research questions were a guide for the interviews and the evaluation of the participants' subjective lived experiences. The central research question was: What were the reintegration experiences, challenges, and responsive strategies of women veterans with social identity, social connection, and social support? The following research subquestions were also addressed:

SQ1: What were the participants' experiences with social identity, social connection, and social support during reintegration?

SQ2: What were the participants' challenges with social identity, social connection, and social support during reintegration?

SQ3: What responsive strategies were used to overcome challenges with social identity, social connection, and social support during reintegration?

Thematic analysis of the narratives resulted in six themes, three categories, and three subcategories. In the following sections of this chapter, I explain the interview setting, demographics, and data collection, analysis, and trustworthiness procedures as well as provide detailed study results, including the themes identified, and explain how they contributed to answering the research questions.

Setting

I obtained Walden University IRB approval to proceed to the data collection final study phase in early January 2023 and commenced online social media recruitment for the study. The recruitment advertisement was posted to the Walden research participant pool in addition to LinkedIn, Facebook, Reddit, and Mighty Networks. After several weeks of receiving a limited number of volunteer inquiries and conducting only one interview, I submitted a request to the IRB to expand the inclusion criterion so that all post-9/11 women veterans could participate. This request changed from the original criterion to include only those who separated or retired from the military within the past 5 years (i.e., 2018-2023). The IRB approved the request to expand the inclusion criterion in early February 2023. After receiving 21 emails from women veterans expressing interest in participating, 10 women returned signed consent forms and eight followed through with their scheduled interviews.

The setting for data collection was private, semistructured, and allowed for the documentation of dense, rich, first-person narrative accounts. The interviews ranged from 90 to 120 minutes in length and were conducted over the Zoom online platform. They were only audio recorded and then transcribed for analysis. Audio-only interview

recordings enhanced participant privacy and confidentiality. This format provided a safe environment for the participants to share as much or as little personal data as they wished, with the confidence that their likeness and personally identifiable information would not be shared or published. This added a level of privacy strengthened rapport, and participants were willing to share intimate details of their reintegration experiences. The semistructured qualitative interview format resulted in the collection of lengthy personal narratives with thick descriptions and a large amount of usable data (see Nizza et al., 2021).

Demographics

I used a questionnaire to collect demographic data from the participants and verify their inclusion criteria for the study (see Appendix A). Eight interviews were conducted with participants who met the inclusion criteria of being post-9/11 women veterans and fully retired or separated from the U.S. military. Of the eight participants, three were Black, three were White, one was mixed race of White and Asian, and one was Hispanic. Five participants served in the Army, two in the Air Force, and one in the Marines. The participants ranged in age from 26 to 63 years old. Their length of service ranged from 1 year to 30 years. The participants ranged in length of time since discharge from 3 to 22 years. Four participants were fully retired with over 20 years of military experience, and the other four separated with less than 20 years in service, two of whom were medically discharged for injuries that took place during training. Five participants served as enlisted personnel, and three were officers.

A unique trait of the population sample that emerged and was unplanned was that six of the eight women veterans held leadership positions for most of their military service. The second most unique trait shared but not intentionally collected was that six of the eight participants were military spouses at the time of their reintegration. Table 1 presents the participant demographics.

Table 1

Participant Demographics

Participant	Age	Race/ethnicity	Branch	Length of service (years)	Rank	Military spouse
PA	53	White/Asian	Army	26	O6	No
PB	37	Hispanic	Army	1	E3	Yes
PC	26	White	Army	1.5	E3	Yes
PD	60	Black	Air Force	20	E6	No
PE	43	White	Marine Corps	8	O3	Yes
PF	63	Black	Army	27	E9	Yes
PG	55	Black	Army	30	E9	Yes
PH	39	White	Air Force	6	O3	Yes

Data Collection

I used the IPA research design for the collection of rich, detailed, first-person narrative accounts of civilian reintegration experiences from eight post-9/11 women veterans who participated in the study. Interviews were approximately 90–120 minutes each, occurred on the online Zoom meeting platform, and were audio recorded only. Only one meeting took place with each of the participants. Redundant audio recordings were

collected using both Zoom and Otter.ai to ensure the data were collected accurately and the potential for loss was minimized. Immediately after each interview, I transcribed the audio recordings using Otter.ai and deleted the redundant audio recordings.

I exported each of the interview transcripts as a MS Word document and a text file, then saved them in a password-protected Dropbox account. The transcripts were then sanitized by removing any personally identifiable information and correcting any discrepancies. I imported the sanitized transcripts into MaxQDA software where I read and re-read, took notes, extracted narrative excerpts, segmented, paraphrased, coded, analyzed, recoded, and interpreted the data (see Nizza et al., 2021; Pietkiewicz & Smith, 2014). After multiple rounds of coding and recoding, final thematic analysis was completed manually using MS Excel to identify relationships among the data. I expanded on and consolidated codes to reflect the meaningfulness of the data. Data collection and analysis did not vary from the plan that was presented in Chapter 3.

Participants

In the following subsections, I provide short summaries of the study's eight participants, with their identities protected, to provide context about their lived experiences.

Participant A

Participant A (PA) was a retired Army officer with significant leadership experience. PA endured many significant life changes within a short period of time during her civilian reintegration, including getting married, the death of her father, relocating to a new city, divorce, and deciding to be a full-time caregiver for her mother.

PA presented herself as an independent, self-sufficient, successful woman who has high standards for herself and others. PA continues to search for meaning and purpose beyond the military using podcasts, articles, books, online courses, yoga, and meditation for personal development and self-care. PA experienced some difficulties connecting with civilians but courageously made progress towards building connections in a new community.

PA's experience as a female military leader carried over to her civilian life as she sought out opportunities to improve herself and to impart her leadership skills onto others. However, PA's continuous search for purpose made everyday interactions feel mundane and not meaningful, which left her feeling disappointed when others did not meet her unspoken expectations. She does not want to be a burden to others, so she does not ask for help, which leaves her feeling lonely and unsupported. PA's comfort with solitary activities is a carry-over from her years in the military as a minority female officer who held high rank and was forbidden from fraternizing with lower ranking soldiers.

Participant B

Participant B (PB) thought she had found a home in the Army and intended to make a career as a soldier; however, her time in the Army was cut short due to an injury that occurred during training, resulting from the actions of a higher ranking soldier who was not held accountable for their actions. PB was very angry about being forced to leave the military and to find a new career path. She felt lost during reintegration and did not have any support from the military, her family, spouse, or friends. PB conveyed anger

and resentment because of the experiences she endured in the military, which were left

unresolved. When PB recounted the events, it was as if they were happening in the

present moment. She integrated her anger and resentment into her personality, which led

her to push people away and have little tolerance for others, including her family.

PB experienced challenges connecting with civilians and her responsive strategies

tended towards anger, isolation, and avoidance. PB has low tolerance for civilians, high

standards for herself and others, and is quick to eliminate people from her life when they

do not meet her expectations. PB expressed that she has no sympathy for others and does

not want sympathy from others for herself. She does not like expressing her emotions,

had difficulty expressing her emotions during the interview, and felt the interview was

emotionally draining. PB lives with chronic physical pain, has a short temper, and a

tendency for fight-or-flight reactions when she is set off. PB has difficulties connecting

with and communicating with coworkers. She would rather work alone, remotely, where

she has more control over her environment and can isolate herself as she sees fit.

Participant C

Participant C (PC) was medically separated out of the Army due to an injury she

obtained during training. As a veteran and military spouse living overseas, PC was unable

to find mental health services available when she sought them out in the gap between the

end of military service and when the VHA processed her disability claim. Despite these

challenges, PC stated that she had a successful reintegration based on her interaction with

a proactive social worker who called her to review her benefits. She also had the

emotional support of her family, military husband, and military wives. PC also learned

about what to do and what to expect during reintegration by talking with other veterans. PC felt that the difficulties she faced leaving the military were eased by the fact that she remained connected to the military support structure as a spouse. She was proactive in her attempts to find access to mental health care and find answers to her questions. PC expressed disappointment that she quickly lost contact with her former coworkers who did not stay in touch with her after she separated. PC was self-sufficient and had an optimistic attitude about the future, which likely contributed to her positive perceptions regarding her reintegration.

Participant D

Participant D (PD) was an enlisted, noncommissioned officer who served in the Air Force and Air National Guard. After years of service, including in leadership roles, PD encountered discrimination, stereotyping, and unconscious bias in the civilian workplace during reintegration. PD recounted observing coworkers who were male military veterans with less experience be promoted to executive level positions while she struggled to make ends meet. With limited career options for advancement, she decided to take a risk as an entrepreneur. At her company, PD created a military-like family company culture for herself and her employees, which keeps her connected to her veteran identity.

PD was active in her church where she helps other veterans; however, as a committed leader, she was challenged to find support services specifically for women veteran leaders. An additional challenge PD encountered was that when the VHA screened her for depression, they used language that did not build trust and encourage

conversation, so it was a missed opportunity to provide emotional support to someone who needed it. PD was self-sufficient and did not have support from her family or long-term romantic partner. She stated that she does not form attachments, which may be limiting her ability to find the connection and support she needs.

Participant E

Participant E (PE) was a former Marine officer who decided to separate from the military because of burnout after repeated deployments and high operational tempo. PE had a large wedding that doubled as a family reunion immediately after she separated from the Marine Corps, but she did not have any downtime or allow herself to process her trauma and emotions. Her energy crashed on her honeymoon, and she was unable to enjoy the romantic getaway. PE's husband was also a veteran, but PE expressed that he did not understand what she was going through and could not offer emotional support. Her husband advised her to forget about her troubles and move on. She experienced feeling alone, angry, and had difficulties processing her emotions. PE tried to improve her situation by staying on a routine, exercising, eating healthy, and submitting job applications for 8 hours per day.

Once she secured civilian employment, PE was excited to get her life back on track, but she experienced discrimination and exclusionary treatment by her female coworkers, which eventually pushed her to quit. PE left within her first year of civilian employment to work for a government contractor with a military-like corporate culture. PE shared that she treated her veteran identity like a box in the attic that she would only take out occasionally. She was very active in her community, especially in her children's

school activities. PE shared that she recently experienced feeling excluded from activities by civilian women she thought were her friends. PE worked at a nonprofit in a leadership role and educates her community about veterans by sharing her story to help shift stereotypes and misconceptions about women veterans.

Participant F

Participant F (PF) was a senior ranking enlisted member of the Army who completed over 27 years of service in the military and held many leadership positions. PF was self-sufficient in her reintegration efforts to help herself and others. She proactively sought out support services to improve her health and was on a path of self-discovery with activities including meditation, diet, exercise, sound, and touch therapy. PF also attended many veteran workshops and free services offered by nonprofit organizations. She suggested that having the right social environmental conditions would encourage veterans to talk more about their state of mind and emotional needs.

PF was very involved in her church, which served as a constant foundation for her while she was in the military. PF experienced daily physical pain and shared that she sometimes uses it as an excuse to get out of social activities, even if she is not in excruciating pain. PF tended to self-isolate, but she was working towards reconnecting with friends. She values her close relationships and is working to balance her health, social life, and home life.

Participant G

Participant G (PG) served 30 years in the Army as a senior enlisted member who held many leadership positions, lived overseas, and was also a military spouse. PG's

mother passed away at the same time she retired from the Army, making her reintegration experience more complex and emotional. PG's mother lived with her and her family even as they worked and traveled overseas, which created a unique living environment and memories for her family. PG withdrew from others to process her emotions during reintegration and found herself having low tolerance for the emotions of others.

PG was discerning about whom she trusts, does not like large groups, enjoys small gatherings, and one-on-one connections where she can build deeper connections. She traveled often and lived in the moment as much as possible to reconnect with friends all over the country. PG quit her civilian job 1 week prior to our interview. As a former military leader, it was difficult for PG to work for an organization that had dysfunctional management, was in disarray, and did not have a strategic plan for the future, especially since she did not have the authority to make improvements.

Participant H

Participant H (PH) was a former Air Force officer and military spouse who decided to separate from the service after she had her first child. Prior to exiting the military, PH sought mental health support for trauma she experienced during a combat deployment to Afghanistan, but she was told that she was fine and turned away. Being turned away by a military mental health professional led to PH feeling reluctant to seek mental health support for many years. Upon leaving the service, she experienced an emotional breakdown that coincided with being a new mom. PH attempted to join the military spouse club and culture in attempt to form new friendships, but she found the relationships to be exclusionary and the women critical of the struggles she faced as a

new mom. PH felt like a failure as a mother and questioned her decision to leave the service. She is very close with her mother who spoke with her on the phone every day to offer her support. PH's mother recommended that she join a writing group online that offered support to each other. PH began a blog and started writing every day, which eventually led to a following, joining a blogging group, and a new career as a writer and podcaster. PH is service-oriented and helps women veterans whenever she can so that others do not have to endure the same emotional struggles she experienced.

Data Analysis

An IPA review of the data and thematic analysis were completed concurrently. The IPA process was applied as the qualitative research design and for its inherent analytical method for reviewing and interpreting the data. Close analysis of context, words, and meanings was applied to understand how the participants made sense of their reintegration experiences (Nizza et al., 2021; Pietkiewicz & Smith, 2014). Six themes resulted from the analysis: (a) loss; (b) service before self; (c) unavailable support services; (d) self-reflection and self-discovery; (e) self-isolation, socialization, and reconnection; and (f) feeling undervalued and unrecognized by civilians. Three categories organized the themes: (a) experiences, (b) challenges, and (c) responsive strategies. Three subcategories aligned the data to the research questions and the conceptual framework: (a) social identity, (b) social connection, and (c) social support. The following sections detail how the IPA process and thematic analysis were performed to arrive at the results. Further details about the interrelationships among the themes, categories, subcategories, and codes are included in the following sections.

IPA Process

Using an IPA approach, I served as an observer-participant in developing the participant narratives during the interviews and in the data analysis phase. The IPA analytical process began during the interview stage by developing narratives with thick descriptions and meeting notes used to record initial impressions (Nizza et al., 2021; Pietkiewicz & Smith, 2014). Similar to ethnographic studies, the intent was to explore and understand the participants' perceptions based on their military culture and the meanings they assigned to the events they experienced (Nizza et al., 2021). Participants were only sometimes aware of the connection among their experiences, words, beliefs, emotions, and behaviors. Hence, interpreting those details and their meanings was necessary for the data analysis (Smith & Shinebourne, 2012).

Within the IPA process, thematic analysis occurred concurrently to identify the themes shared among the participants. The IPA method used for processing the data was: (a) extraction of narrative excerpts into coded segments, (b) interpretation of existential accounts, (c) close analysis of meaning and significance; and (d) evaluation of similarities and differences among participants (Nizza et al., 2021). The following sections provide further details of the IPA process and thematic analysis performed.

Thematic Analysis

The thematic analysis performed in this research was based on the work of Braun and Clarke's (2012) *6-Step Approach to Thematic Analysis* and Saldaña's (2021) *Coding Manual for Qualitative Researchers*. The thematic analysis was performed by: (a) listening and relistening to the interview audio recordings, (b) reflexive journaling, (c)

reading and rereading transcripts, (d) highlighting transcripts and note-taking, (e)

extracting narrative accounts, (f) segmenting the data, (g) interpreting existential

meanings (h) coding and recoding, (i) refining and defining themes; and (j) identification

of similarities and differences among participants (Braun & Clarke, 2012; Nizza et al.,

2021).

Each narrative account was considered individually, and transcripts were

uploaded into MaxQDA software, where notes, memos, and paraphrases were created.

The segments were coded and compared with the other narratives to identify patterns and

differences. Relevant excerpts were extracted and analyzed for their existential meanings

(Nizza et al., 2021). Recoding and final thematic analysis were completed using MS

Excel spreadsheets to manipulate the data into charts and tables, consolidate the codes,

and establish interrelationships among the codes to develop the categories and themes.

Analytical process details are contained in the following sections.

Coding

Multiple coding methods and rounds of coding were used to enhance the data's

trustworthiness and justify analytical decisions. Coding included descriptive, a priori, in

vivo, oral, and concept coding. MS Word was used to clean transcripts and correct

discrepancies and misspellings, and remove any personally identifiable information

(Burkholder et al., 2019). After the transcript data were cleaned, the documents were

imported into MaxQDA software, and the narratives were analyzed line-by-line using

highlighting, note taking, paraphrasing, and creating coded segments of the data.

Experimentation with coding the data using MaxQDA was time-consuming, but

dissecting the transcripts into meaningful segments and consolidating the codes in

meaningful ways was necessary to examine the data from different perspectives. The

following sections explain the coding process that was used.

Descriptive and A Priori Coding

The first round of coding consisted of descriptive and a priori coding. Descriptive

coding was used to record initial impressions during the interviews and to begin

processing the data as it was recorded. A priori coding was performed to organize

interview data and categorize responses using the labels: (a) social identity/group

membership, (b) social connection, (c) social support, (d) experiences, (e) challenges, and

(f) responsive strategies. The a priori codes were initially used to organize the participant

responses for analysis and to maintain alignment with the study's purpose. However,

using this approach could unintentionally exclude data that should be included to answer

the central research question. A priori codes were set aside after the first round of coding

so as not to limit the emerging themes from the data. However, after multiple rounds of

coding, the a priori codes reemerged during concept coding, which led to the

development of the themes, categories, and subcategories.

In Vivo Coding

The second round of in vivo coding using MaxQDA resulted in 366 coded

segments using the participants' words to express the meaning of events. After in vivo

coding was performed in MaxQDA, the data were exported to MS Excel for further

analysis. I found the in vivo coding process to deepen my understanding of the

participants' experiences, lexicon, and the military culture from which their memories

were rooted. While in vivo coding helped explore the personal meanings of the

narratives, it did little to help consolidate the data to its most meaningful concepts and

groupings. In vivo analysis revealed that the participants used similar military lingo and

points of reference to describe their experiences. Further rounds of coding were necessary

to distill the data down for pattern analysis and the formation of themes.

Oral Coding

The oral coding analysis identified word patterns and sentiment across the

transcripts and deciphered concepts related to the conceptual framework. Word frequency

analysis in MaxQDA resulted in a word cloud and identified the most frequently used

words. I developed an exclusion list of irrelevant words so the word cloud would not

include them. Figure 1 illustrates the document word cloud that includes the 50 most used

words by the participants during their interviews. The words displayed in a larger font in

Figure 1 indicate higher frequency. The top 10 words are displayed in Table 2 which

provides insight into the participants' social-emotional need to process their emotions,

pursuit of self-discovery to get in touch with their authentic selves, and to be supported

by others.

Figure 1

Word Cloud

Table 2

Word Frequencies

Word	Frequency	Participants	Document %
Feel	137	8	100%
Being	122	8	100%
Need	121	8	100%
Support	107	8	100%
Help	99	8	100%
Family	94	8	100%
Friends	81	8	100%
Social	79	8	100%
Talk	77	7	87.5%
Community	71	6	75%

Concept Coding

After multiple rounds of coding and recoding in MaxQDA, I exported 496 coded

segments to an Excel spreadsheet and applied concept coding manually using the shortest

phrases to link the participant experiences to the conceptual framework and research

questions. At this point, the concepts from the research questions and conceptual

framework re-emerged through the analysis as categories and subcategories. This process

allowed for the consolidation of codes and to establish the interrelationships among the

codes, subcategories, categories, and themes. The 496 coded segments were organized

into 23 codes, six themes, three categories, and three subcategories. For example, the

concept code of 'loss' included the merged subcodes: (a) loss of connection, (b) loss of

identity, (c) loss of status/authority, and (d) loss of purpose/meaning/direction. The

categories of the codes: (a) experiences, (b) challenges, and (c) responsive strategies. The

subcategories assigned were: (a) social identity, (b) social connection, and (c) social

support.

Final Codes

The consolidated concept codes were developed using a multiple-stage coding

process. A running list of codes was maintained using a spreadsheet and MaxQDA and

was exported as a Word document and updated as necessary. For bracketing purposes and

to minimize the potential for personal bias, I kept coding concepts in my journal to

process similar or related ideas. The codes expanded, contracted, and evolved as the

analysis occurred. After more than a month of prolonged engagement with the data,

similar experiences, challenges, and responsive strategies emerged. The codes were

analyzed to understand how their frequencies were distributed. The six most frequent

codes identified across the women's narratives were: (a) self-discovery/self-reflection

(48), (b) socialization/reconnection (45), (c) loss (44), (d) civilians do not

understand/disconnect (39), (e) service-oriented/helping behaviors (33), and (f)

unavailable support services (33).

Categories

Twenty-three final codes were organized into three categories: (a) experiences,

(b) challenges, and (c) responsive strategies. Responsive strategies (227) made up the

largest category followed by challenges (167), then experiences (102). Participants'

reintegration experiences, challenges, and responsive strategies were subcategorized in

alignment with the conceptual framework. Each coded segment was assigned a

subcategory, and the data were organized into three subcategories: (a) social identity, (b)

social connection, and (c) social support. Table 3 presents that the category of responsive

strategies accounts for the majority of coded segments. Table 3 also shows that social

identity accounts for the largest subcategory of coded segments. Finally, social

connection responsive strategies were the largest data point across categories and

subcategories. Table 3 provides details on the code count by category and subcategory.

Table 3

Code Count by Category and Subcategory

Category	Subcategory			
	Social identity	Social connection	Social support	Grand total
Responsive strategies	84	92	51	227
Challenges	76	46	45	167
Experiences	23	29	50	102
Grand Total	183	167	146	496

The final codes, subcategories, and categories are listed in Table 4.

Table 4

Categories, Subcategories, and Codes

Categories	Subcategories	Codes
1. Experiences 2. Challenges 3. Responsive strategies	1. Social identity 2. Social connection 3. Social support	1. acceptance 2. anger/frustration 3. civilians do not understand/disconnect with civilians 4. desire for authentic connection/vulnerability 5. emotional processing difficulties 6. hid military identity 7. loneliness 8. loss (identity, purpose/meaning, direction, status/authority) 9. military pride 10. religion/faith 11. self-discovery/reflection 12. self-isolation/avoidance 13. self-protection/guarded 14. self-reliance 15. service-oriented/helping behaviors 16. services not available 17. social comparison 18. social identity threat 19. socialization/reconnection 20. support of family/friends 21. undervalued/unrecognized by civilians 22. unprepared/caught off-guard 23. unsupported

Figure 2 illustrates the distribution of categories by participant indicating that responsive strategies were more prevalent than challenges and experiences.

Figure 2

Challenges, Experiences, and Responsive Strategies by Participant
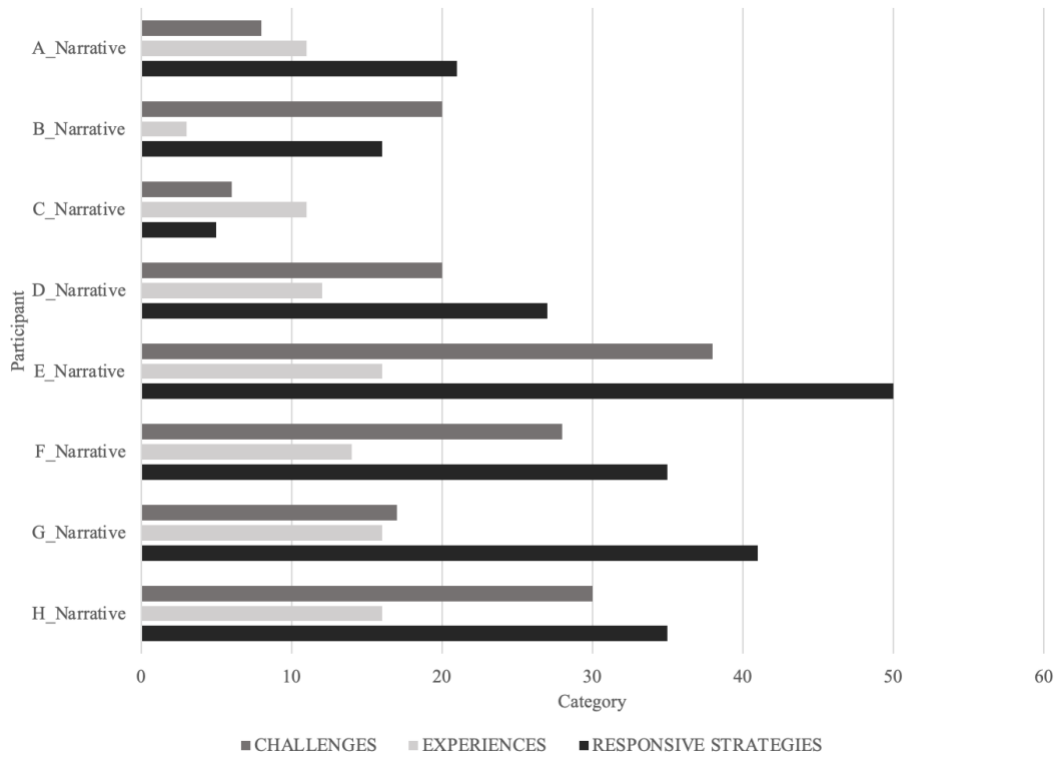
Figure 3 shows the distribution of codes for the subcategory of social identity, where the top two codes are self-discovery/reflection and loss.

Figure 3

Distribution of Social Identity Codes
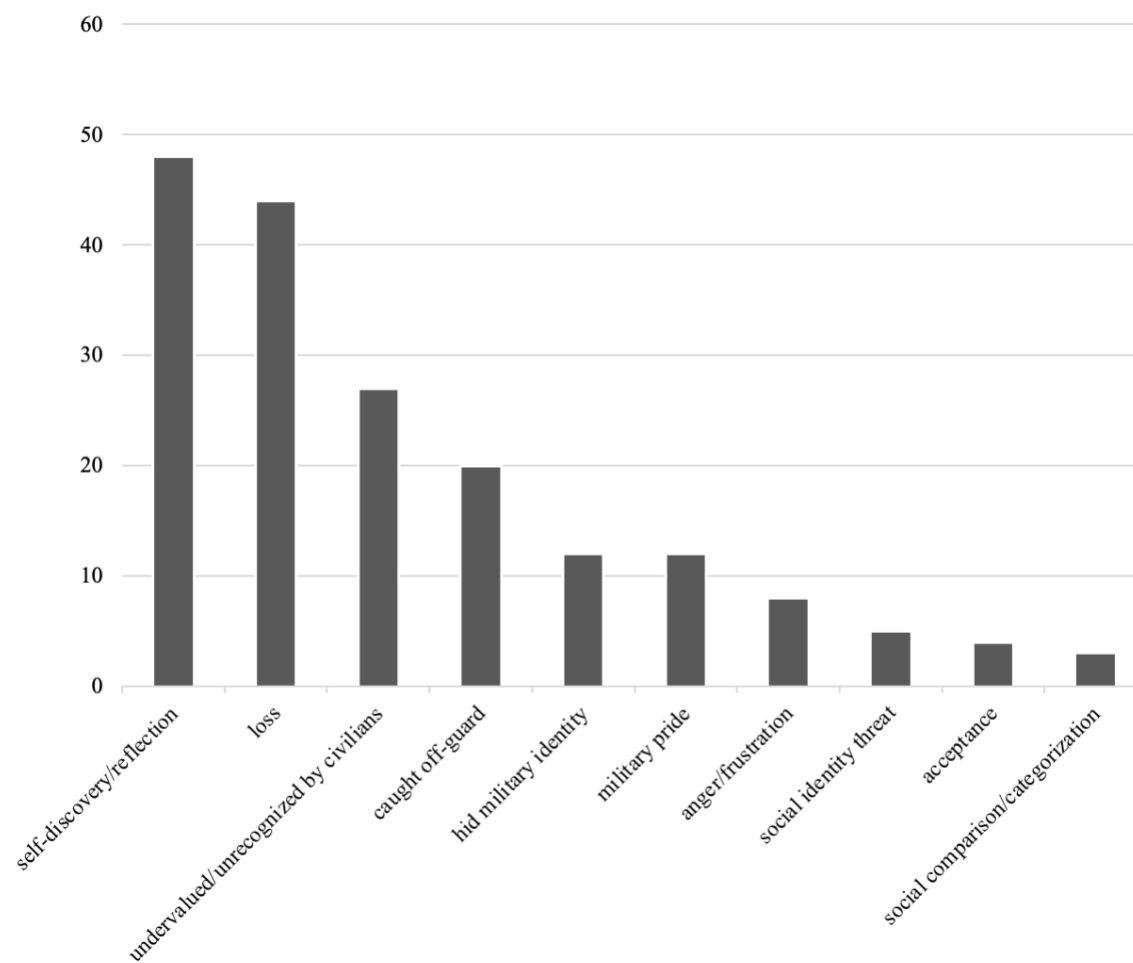
Figure 4 shows the distribution of codes for the subcategory of social connection, where the top two codes were socialization/reconnection and civilians do not understand/disconnect.

Figure 4

Distribution of Social Connection Codes
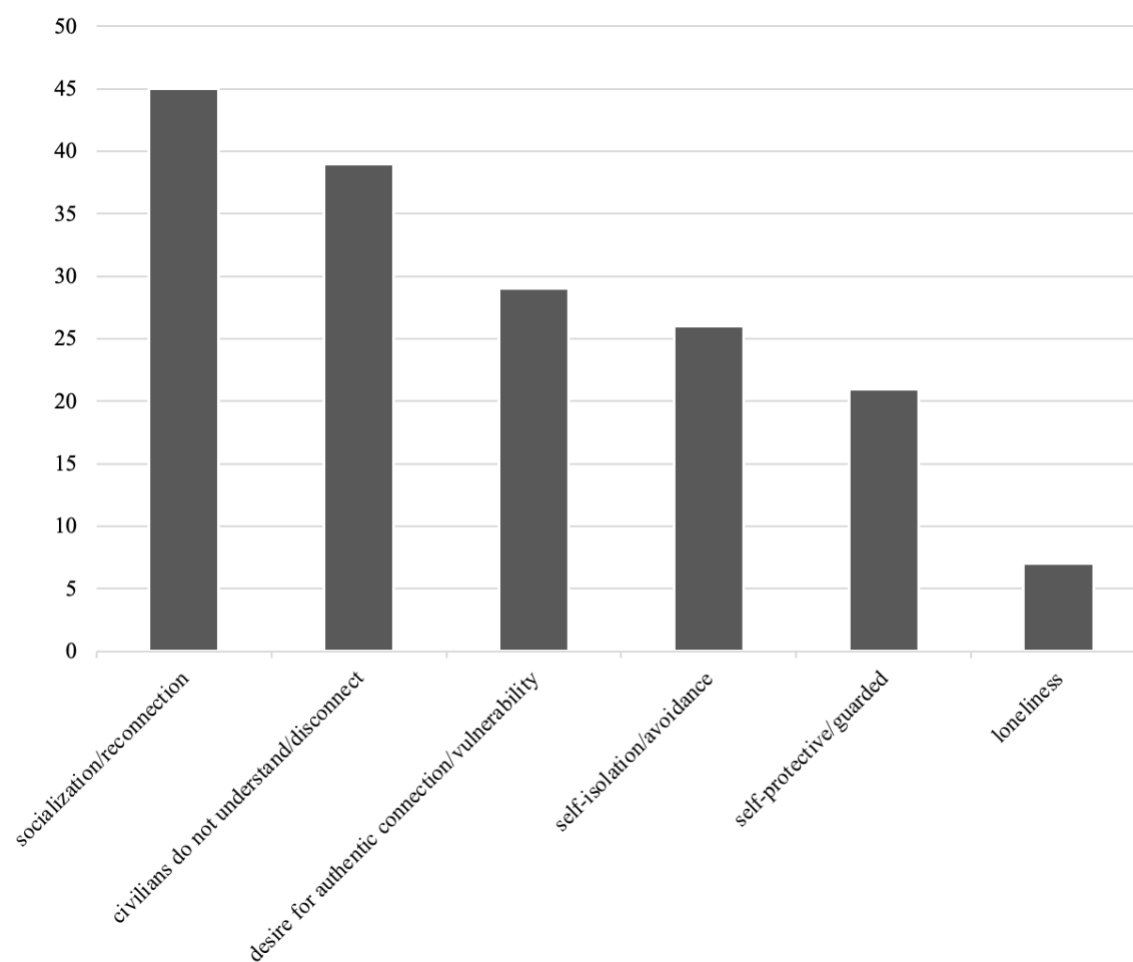
Figure 5 shows the distribution of codes for the subcategory of social support where the top three codes were unavailable services, service-oriented/helping behaviors, and unsupported.

Figure 5

Distribution of Social Support Codes
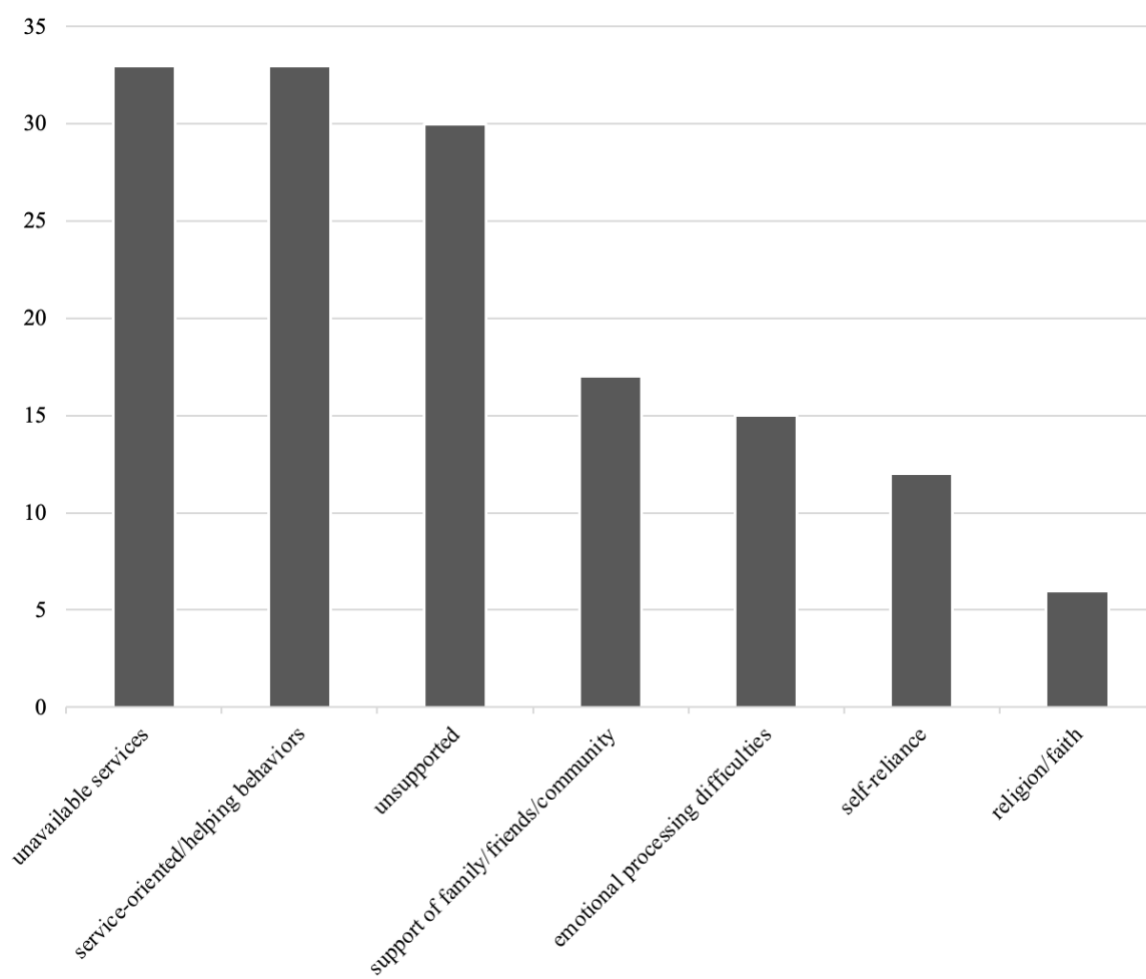
Themes

Six themes were identified through multiple rounds of coding: (a) loss; (b) service before self; (c) unavailable support services; (d) self-reflection and self-discovery; (e) self-isolation, socialization, and reconnection; and (f) feeling undervalued and unrecognized by civilians. The analysis of the data is represented visually in Figure 6 to illustrate how the themes, social experiences, challenges, and responsive strategies are contained by the conceptual framework that includes the elements of social identity, social connection, and social support.

Figure 6

Thematic Analysis Bound by Conceptual Framework
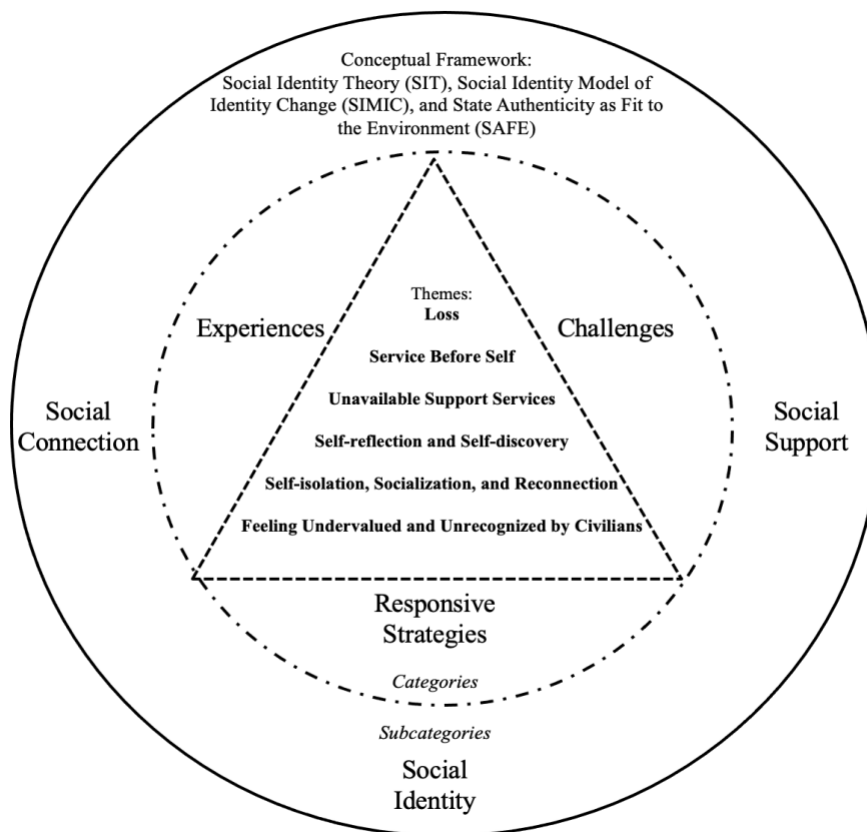
Loss

All eight participants expressed a sense of loss faced during reintegration that they were not anticipating and felt unprepared to encounter. Loss topics within each of the narratives were coded between two and twelve times per interview for a total of 44 times. Loss was the most frequent challenge faced by each of the eight participants. Loss evolved into a combined code from the initial exploratory codes, consisting of loss of identity, purpose/meaning/direction, status/authority, and connection. When discussing PH's reintegration challenges with loss immediately after separating from the military, she recalled:

> I lost touch with most of the people that I was friends with, and I tried to jump
> into the military spouse [circle of] friends that I had made, but they often made
> me feel like I was doing it wrong. And so, it was harder to want to spend time
> with them, so I just kind of like self-isolated.

Similarly, when discussing PG's reintegration challenges with loss, she recounted:

> Nobody addresses the personal losses in your life, and it's been a social thing.
> Everybody's just trying to get you to the next level or get you a job, but nobody
> treats the person holistically. It's just one-sided but it's so much more than about
> just getting a job.

PD experienced reintegration challenges that impacted her sense of identity. When discussing reintegration loss, she stated:

There is a big disconnect upon leaving a way of life that you have done for numerous years. So, it was not only a way of life, but it was who I was, not who I identified as, it was actually a part of me. I am of the belief that transitioning is lifelong, that it is not a one year, and you're done. There is not a magic potion. It is continually adapting and as you reintegrate and navigate figuring out who you are in the civilian sector, it is a constant, a constantly evolving situation. Those of us commit because we are military at heart, it is who we are. I don't think we ever become civilians.

Service Before Self

All participants expressed a motivation to participate in the study to help other women veterans avoid the same reintegration challenges they experienced. Six out of eight participants held leadership positions while in the military and were motivated to serve others before the self. While this trait was admirable and noteworthy, it was also essential to recognize that this responsive strategy limited the women's ability to receive support from others. The innate leadership tendency to serve others gave the women a sense of purpose in social environments, but it was also more difficult for them to ask for and accept help. When discussing helping others, PG explained:

Nobody knows how to transition and nobody really, nobody's preparing people for a transition, the way they really need to be prepared for transition. So, anytime I [have] a friend that's getting out or whatever, I [try] to give [them] all the information that I can on my transition so that [they] don't have to make the mistakes that I made because it's tough, it's tougher than it looks.

PF found civilian employment to be unfulfilling. After years of leading and being of service to others, civilian employment was not fulfilling. While thinking about the importance of service, PF said, "It's always good to feel that you're changing lives to the positive. I've helped so many people in so many ways throughout my career."

Losing purpose in the civilian environment during reintegration led PF to quit their job. However, PF took the opportunity to educate her civilian employer about veterans' needs before her departure so that they might improve their treatment of others. PC wanted to help others so that they would not have to endure the challenges she faced as a veteran and military spouse living overseas during reintegration:

> I joined a lot of these veteran [groups on social media] because it was kind of helpful to search or ask questions and have a place for people [who] can help. Sometimes the overseas questions come up and I'm like, there's really no information out there. So, if I can help somebody [I will] because I navigated the entire thing from [overseas].

PH similarly wanted to contribute to the greater good and stated, "I think there was something about giving back or, like, doing something bigger than myself, that really was the thing that the military really fulfilled in me." The participants similarly found that the civilians they encountered did not understand the need for purpose and service that was central to their identities.

Unavailable Support Services

Mental health and other support services were inaccessible to the participants immediately after leaving the military when they needed mental health services. There

was a gap of time when support services were unavailable until the women registered

with the VHA, and their registration process and appointment system can delay receiving

care. When discussing unavailable support services, PA recalled with frustration:

> I was looking for a support group that from the VA that I thought would be,
>
> provide some kind of connection with me to others that were sort of going
>
> through the same sort of search for identity and meaning and integration into a
>
> new community, but oh my gosh, the groups that met there were, I don't know if
>
> it's a function of just not enough people who are interested, or the pandemic, but it
>
> was a depression and anxiety support group. So, maybe that was some of it, it was
>
> so focused on mental health rather than well-being kind of stuff, it was just people
>
> who were so low functioning.

PD struggled to find services for women veterans who were in leadership roles:

> You go online, and you try to find out what's out there, and there's nothing
>
> because 80% of the time what is available online is for civilian women. And, if
>
> there's something for a veteran, it's not for veteran women in leadership roles.

Self-reflection and Self-discovery

The participants were similarly caught off-guard by the emotional turmoil they

encountered during reintegration. All of the participants proactively sought out mental

health or peer support services. When the participants could not find support services,

they found creative ways to process their emotions and sense of loss. Self-reflection and

self-discovery were common among the participants, especially after encountering

problems finding services. PA demonstrated self-reliance by taking the initiative to explore different interests during reintegration:

> I no longer necessarily need the services anymore, so I've graduated out of that, thank God, but I do a lot of my own studying and research and understanding of meditation, and some of the more Eastern philosophies, and how they can improve mental health and well-being. And you know, that is definitely a contributing factor that facilitates [self-discovery], the fact that I don't have to work, and I have all this free time so I can explore.

When remembering her reintegration journey and continued self-discovery, PD stated:

> I really want people to rethink how they think transition happens only in the beginning. But transition is lifelong for veterans because depending on their awareness and their awakening as to how their transition shifts, and what they allow themselves to do, to be, what they accept, all of those things. I haven't figured it all out. I am constantly evolving and working toward self-improvement.

PG found a nonprofit led course online that helped her to reconnect with herself:

> I had a good experience with a training that went into the neuroscience of change, mind empowerment, focusing on your success, networking, transition, communication, and it was all really about you. And like, that was the best [experience of] anything that I've done. I can't even tell you how I found them. I'm telling you the truth. That's the best transition thing that I've gone through.

PG found that travel helped to rediscover herself, but she had to let go of her expectations of others joining her:

Now when I do stuff, I'm like, man, you know, it'd be nice to see so and so, but it's like, you can't wait. Everybody's not destined to go with you. You know, everybody can't go. And the more that I learned that it's been better. Everybody cannot come with you. So just go and you can't wait on people. [If] you wait on people you miss out [on] your own opportunities. I'm learning to enjoy life for what it is in the moment.

Self-Isolation, Socialization, and Reconnection

Self-isolation was common, especially immediately following military separation or retirement, followed by bouts of socialization and reconnection with the self and others. Some participants felt disconnected from old friends and family and attempted to reconnect with them after their military service. The participants used self-protective measures like staying home and avoiding social situations that might cause undue social anxiety instead of socializing when they encountered difficulties processing their emotions and connecting with civilians. The participants were guarded and selective about their interactions with civilians. For example, PB's pattern of self-isolation impacted every area of her life. PB explained that the military deeply impacted her and believed it was best for her mental health to work alone:

That's why I need to find a job that's gonna be where I work alone. You know, a job where I work alone, where I don't have to deal with or talk to a lot of people.

That's why a remote job is probably the best thing. I think the military definitely had an impact, a major impact [on] my personality.

PE was unprepared and caught off-guard by the difficulties in emotional processing that she experienced after separating from the military, and she immediately began self-isolating:

I mean, in the military, I had zero time for being out in the community. I feel like I started pushing people away almost immediately on that transition back from my honeymoon, and it made it really easy, because nobody lived by me.

PF endured unexplained health issues related to her military service, and she found comfort at home:

You can use your health as an excuse to say, hey, I'm not feeling well, so, I'm not doing anything, because I'm in pain. You know, it's just easier to because anything can trigger anything: anger; people don't understand. A lot of times I didn't think much about leaving the house. I was just in the house, and just had to eventually work from home because it was just too much.

PE found that socialization with other veterans was more enjoyable when it did not directly involve discussing reintegration challenges:

It's not the structured environment, like no one goes out there and talks about what branch of service they were in, or what their rank was, or, those conversations, that's not what's happening. We're like doing hydroponics and ranching, chores, and just sitting around the fire pit making fun of each other, you know, it's just like, they're all civilians, they just are all civilians that happen to be

veterans too. So, if they do have a moment where they need to talk about

something, they're around a population of people that understand that story.

PA shared how she was living in a new city and was trying to forge new

connections and friendships in her community. PA courageously asked a woman out for

coffee during a chance encounter, while feeling lonely:

> You know what, it was vulnerability, and we comment on it all the time, around
>
> how courageous it is to be able to admit how lonely you are, and to reach out to a
>
> complete stranger, and just take a chance. And the two of us like to share that
>
> story. And every time we share that story with others in our group, they all say the
>
> same thing, that it's so cool that you were able to do that. I feel like that often too,
>
> and, you know, it's a moment of deeper connection for all of us. It's a shared
>
> experience.

PG used travel to reconnect with herself and socialize with others. When

discussing socialization and reconnection, PG stated:

> Yeah, so instead, [I am going] on a vacation. Sometimes, that's when you get like
>
> a stroke of genius, or like, you know, the inspiration comes. You may meet
>
> somebody when you're traveling that may spark something else, you know. But
>
> yeah, so it's just like, there's a lot out there, but I think nobody teaches us in our
>
> transition, how to connect with ourselves right? Nobody teaches us [how to]
>
> connect with yourself [in] other [ways] than just being depressed, and to really get
>
> to know yourself, because the only you is the you that's been serving with

everybody else. Like nobody teaches you how to connect and spend time with

yourself, and let it be all about you.

After experiencing disconnection PE discovered the importance of socialization

and reconnection with her friends and family:

I feel like I have so many so many different options for support. I have let my

sister and my mom in. I've learned to be like my friend that I was talking about.

Just knowing that I need personal space, knowing how to ask for support, and

setting boundaries. I pushed away everyone except for the people that wouldn't

leave, which was my husband and my best friend.

Feeling Disconnected, Undervalued, and Unrecognized by Civilians

Each of the women veterans who participated in this study made proactive

attempts to forge meaningful connections with civilians but encountered social barriers,

which left them feeling disconnected, undervalued, and unrecognized. PA encountered

civilians in her local community with whom she attempted to build new connections. PA

was welcomed by a group that liked to meet in a local coffee shop, and she initially

enjoyed her interactions. However, PA found that the civilians would not engage her

when she spoke about her military experiences. This awkward interaction made PA feel

unrecognized and unappreciated for her unique background and experiences. While

explaining her experiences interacting with a new civilian friend group, PA stated:

Yes, I do find myself grappling with the feeling that I get by not being able to find

a way to connect those parts of my experience with this current group. I feel lesser

than, smaller in some way, because I don't feel like I have this quite as robust of

an identity to share with others that resonates. Yeah, well smaller than, lesser than

somehow, like not as meaningful or interesting. I think that what is the most

disappointing is there's zero curiosity about any of my experiences. When I bring

up aspects of places I've lived or things I've done, there's no curiosity about [it],

no genuine curiosity from them about what that was like in any way. It's kind of

just, it's a miss.

PB described how she did not consider civilians to be more than acquaintances

and expressed how she had difficulty trusting new people:

Civilian acquaintances, they consider me friends, but they're acquaintances to me,

and are just seeing one part of me. Some civilians think they know, but they really

don't know veterans. You know, representation matters a lot, and who we share

things with matters a lot. But as far as with new relationships, I wouldn't consider

them relationships. I can compartmentalize my relationships. They never become

close relationships or become what I consider friends. They become associates,

work associates, or school associates, classroom associates, because it takes time

to build trust and to get to that level.

Difficulties connecting with civilians were often followed by the participants

hiding or downplaying their veteran identities. The significance of this responsive

strategy is that guarded interactions are a mechanism for self-protection. While hiding the

veteran identity accomplished the immediate goal of building social connections, over

time and without intervention, these behaviors led to self-isolation, loneliness, and

disconnection, which can adversely affect health and well-being. For example, PA

explained, "If I feel uncomfortable, I isolate out of it. Extract and avoid." PB similarly stated, "I leave fast. I don't even say anything. Have you ever seen that Simpson's meme where he just disappears into the bushes? That's probably the best way I can explain it. I shut down you know, I just leave."

PE similarly explained:

In a socially uncomfortable situation, I'm not going to push myself in. Like, if they don't welcome me, I'm just not going to put myself through that stress. I do end up like getting along better with men. It's so crazy, right?

PG discussed how she can be guarded when it comes to personal interactions with civilians, "I don't put myself in situations where I felt like they do not even appreciate me, because I try to be discerning on where I spend my time for that reason. It's like, I'm careful with associations."

Feeling unrecognized and undervalued by civilians as experienced by all of the participants. Some of the participants found ways to honor themselves, for example, PD explained that she stands up when male veterans are recognized, and women are left out:

Most of the time, when you're in a space where it is both men and women veterans, the men are deemed the experts. So, most of the time they are brought to the forefront, like the men on Veterans Day. Because again, women veterans don't wear baseball caps. So, being able to give a place of honor to women veterans, and to make sure that story is told at the same hero level as men, I remember all of those spaces when I wasn't acknowledged, or when they say we want to thank the men for their service, I stand up.

PH explained that she tries to understand the ways in which civilians stereotype women veterans so that she can help educate them about unconscious biases:

They don't understand our history. They don't understand our role. They don't understand. They don't understand that the stereotypes are not accurate and that they don't understand that they give male veterans the benefit of the doubt that women veterans have to earn. I mean, I try to recognize the unconscious biases that they have, and then I just share my story and my experiences, and if they don't want to believe me that I was on a combat tour, there is nothing they can say.

Handling of Discrepant Cases

PB and PC had unexpected qualities that were similar to one another but differed from the other six participants. PB and PC served less than two years in the military, were the most junior in the rank of the sample, did not have military leadership experience, and were medically separated due to physical injuries during training. PB and PC's experiences were included in the dataset, analyzed, and yielded meaningful results. I did not find that their reintegration experiences differed enough from the others to be excluded from the study. It was important to note that their unique qualities may have influenced their perceived experiences since their narratives were more extreme than the other participants.

Evidence of Trustworthiness

The trustworthiness of the data was strengthened using triangulation, prolonged exposure, an audit trail/research log, reflexive journaling, memos/bracketing, member

checking, and closely adhering to IPA quality standards. MaxQDA software maintained the research documents and analytical processing in one password-protected location and for adherence to methodological integrity. Multiple methods of coding were used for triangulation: (a) descriptive coding, (b) a priori coding, (c) in vivo coding, (d) oral coding, and (e) conceptual coding (Saldaña, 2021). The following sections explain how credibility, transferability, dependability, and confirmability were strengthened to support the integrity of the data, analysis, and results of this study.

Credibility

Triangulation enhanced credibility through prolonged engagement, reflexivity, and member checking. The prolonged engagement was achieved by immersing myself in the data for lengthy periods, making reflexive and interpretive notes, paraphrasing, and revisiting the transcripts and researcher documents over time. Member checking was used to ensure the accuracy of the interpretations of the participants' experiences. The potential for social desirability bias was reduced by conducting member checking after the completion of the thematic analysis (Motulsky, 2021).

Transferability

Thick descriptions in the narratives and reflexivity promote transferability in qualitative studies (Burkholder et al., 2019). However, transferability is limited in this case because of the small sample size, the subjective nature of social contextual details, and individual meaning-making that cannot be applied to the general population. Fidelity to IPA research design quality was maintained to support the procedural integrity of data collection and analysis (Burkholder et al., 2019).

I also used reflexive journaling and bracketing to remove any personal biases that could be unintentionally introduced. However, it is essential to note that IPA is interpretive, and the data collected in this qualitative study depended on personal perceptions. Future research would promote transferability by studying women veterans with similar experiences (Golafshani, 2003).

Dependability

Dependability was enhanced using an audit trail and triangulation (Burkholder et al., 2019). I used a research log to document details for each data collection and analysis step. Journaling and memos/bracketing were used to document how data was collected and analyzed and why I made interpretive decisions (Burkholder et al., 2019). I conducted multiple rounds of inductive and deductive data coding to determine if similar results were reproducible using different coding methods. Using descriptive coding, a priori coding, in vivo coding, oral coding, and conceptual coding, I confirmed that the participant experiences, challenges, and responsive strategies produced similar results when analyzed using different methods for analysis.

Confirmability

Confirmability was enhanced using member checking after analysis and interpretation were completed. Member checking was conducted after the analysis phase to prevent participant social desirability bias from being introduced into the study (Bergen & Labonté, 2020; Motulsky (2021). Using an IPA approach for the study implies that interpretation is involved in the analytical process, so confirmability would be more challenging to replicate with multiple researchers.

Results

The following sections of this chapter address the research questions about women veterans' reintegration experiences, challenges, and responsive strategies with social identity, social connection, and social support. Narrative excerpts and interpretations support the findings. Social identity challenges and responsive strategies accounted for the most frequent disruptions to the participants' lives during reintegration. Social connection responsive strategies were the most frequently used combined category and subcategory, which indicated a high level of personal importance placed on forging new relationships and maintaining established ones. Social support was consistent across coded experiences, challenges, and responsive strategies. The following sections explain the study's findings in a visual and descriptive format.

Reintegration Continuum

The visual model in Figure 7 represents the reintegration continuum experienced by the study participants, which commenced as military service ended. Reintegration was a process without a set timeline, and the participants moved forward and backward along the continuum of progress toward civilian reintegration. Participants' experiences, challenges, and responsive strategies during reintegration contributed to their subjective reintegration experiences and physical and mental health outcomes. Community SDOH included disruptions to social identity, social connection, social support systems, and social feedback participants received. Social feedback contributed to the social learning process, where participants determined socially acceptable behavior. The participants

incorporated the quality of their social feedback into their judgment of their subjective

reintegration experiences, including evaluating success and failure.

Each element of the reintegration continuum interconnects with the others

creating an individualized personal experience. Figure 7 illustrates that reintegration does

not have a timeline or endpoint, it is instead a continuum that veterans can move forwards

and backwards on depending on their social identity disruptions and adjustments. The

negative impacts of reintegration can be long-lasting and may extend many years beyond

the end of military service. Prolonged reintegration difficulties can be especially

detrimental if a veteran is caught in a negative social feedback loop, which could limit

their ability to adapt as a civilian and could adversely impact their health and well-being.

Figure 7

Reintegration Continuum
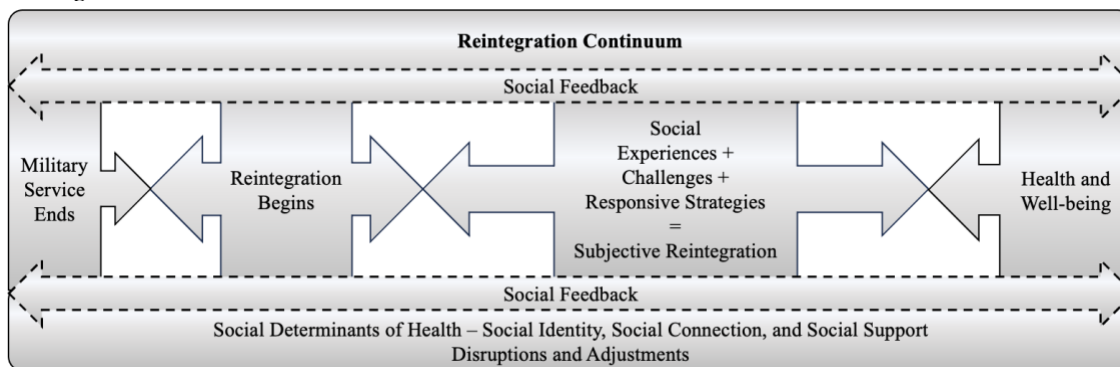
Answers to Research Questions

Reintegration was more difficult than expected and the participants did not feel

prepared for what they faced. The women veterans had similar reintegration experiences,

challenges, and responsive strategies when faced with disruptions to social identity,

social connection, and social support. The participants experienced similar cycles of

progress and setbacks in their reintegration efforts, and civilian adjustment difficulties were reported years beyond military discharge. Military transition courses focused on finding civilian employment and not on the psychosocial challenges veterans were likely to face during reintegration. The women veterans encountered barriers to finding government-sponsored psychosocial support services when they needed them, which motivated them to find creative solutions for themselves.

Examining the findings showed that social identity was impacted more than social connection and social support. Responsive strategies were more prevalent than challenges, and reintegration challenges were more prevalent than neutral experiences. Overall, the participants had a mix of positive and negative attitudes about their past military experiences but applied proactive responsive strategies to their reintegration experiences and challenges. They reported feeling unsupported and encountered emotional processing difficulties. The women felt as if they were the only ones having reintegration challenges and experienced a sense of shame and failure. Loss and feeling disconnected from civilians were identified as most challenging for the participants.

The most frequently used responsive strategy was self-discovery/self-reflection, followed by socialization. Some other positive responsive strategies included service-oriented behaviors, military pride, self-reliance, religion/faith activities, and acceptance. Self-isolation/avoidance, self-protection/guarding, and purposefully hiding their veteran identity were prevalent responsive strategies used among the women veterans during uncomfortable encounters with civilians. Participants applied responsive strategies to both their experiences and challenges. Social support was consistent across categories,

although the reason behind this result was unclear; and it may be an important consideration for future investigations.

Figure 8 depicts the distribution of total participant codes by category and subcategory. Figure 8 also shows that participants relied on social connection responsive strategies more than any other subcategory. Figure 8 illustrates that social identity responsive strategies and challenges were reported most by the participants, and they had more social identity challenges than neutral experiences.

Figure 8

*Participant Totals by Category and Subcategory*
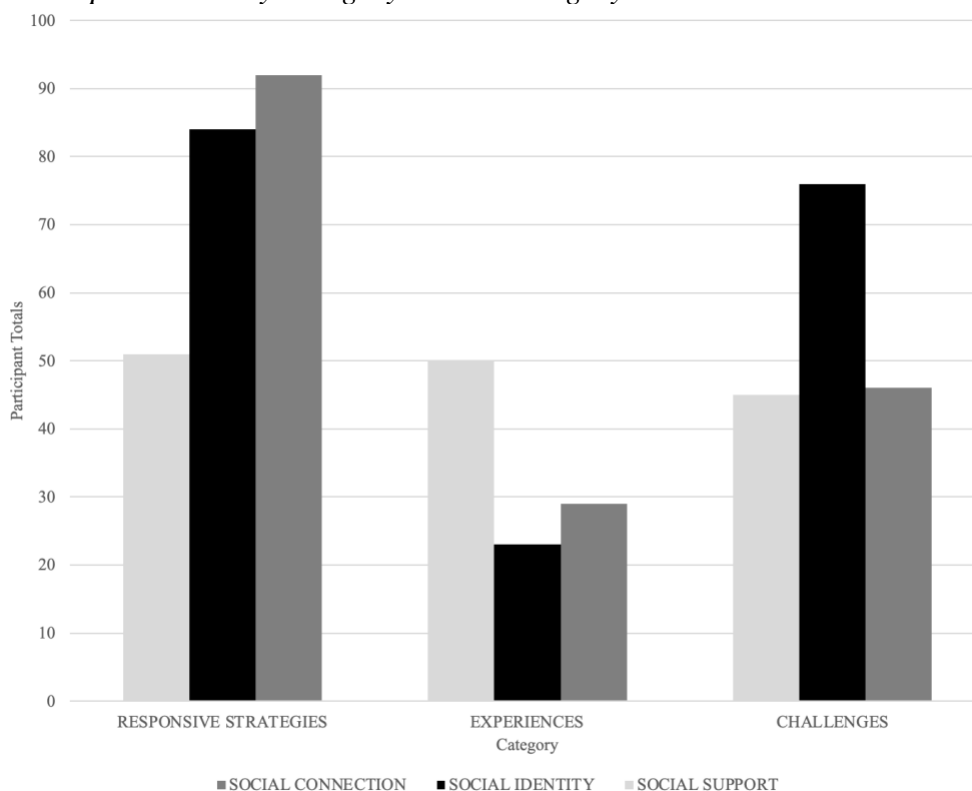
The following sections include participant excerpts that address the central research question and subquestions. The central research question: What are the

reintegration experiences, challenges, and responsive strategies of women veterans with social support, social connection, and social identity?

Experiences

Participant experiences were considered neutral in comparison to the challenges encountered. An examination of participant experiences by code showed that unavailable services (33) and desire for authentic connection/vulnerability (29) were the two most frequent codes used in the study. The participants encountered unavailable support services when they needed them. However, instead of perceiving this as a challenge, they devised responsive strategies to obtain the help they were seeking. The data also indicated that participants' experiences could change from neutral experiences to unfavorable challenges, depending on the participant's appraisal. For example, social support was a neutral experience for some participants because they learned not to expect to receive support while they were in the military, so they did not expect it during reintegration. For others, being unsupported was perceived negatively, so those cases were coded as challenging. Figure 9 illustrates the distribution of coded experiences, indicating that it was prevalent for participants to find that needed services were unavailable.

Figure 9

Experiences by Code
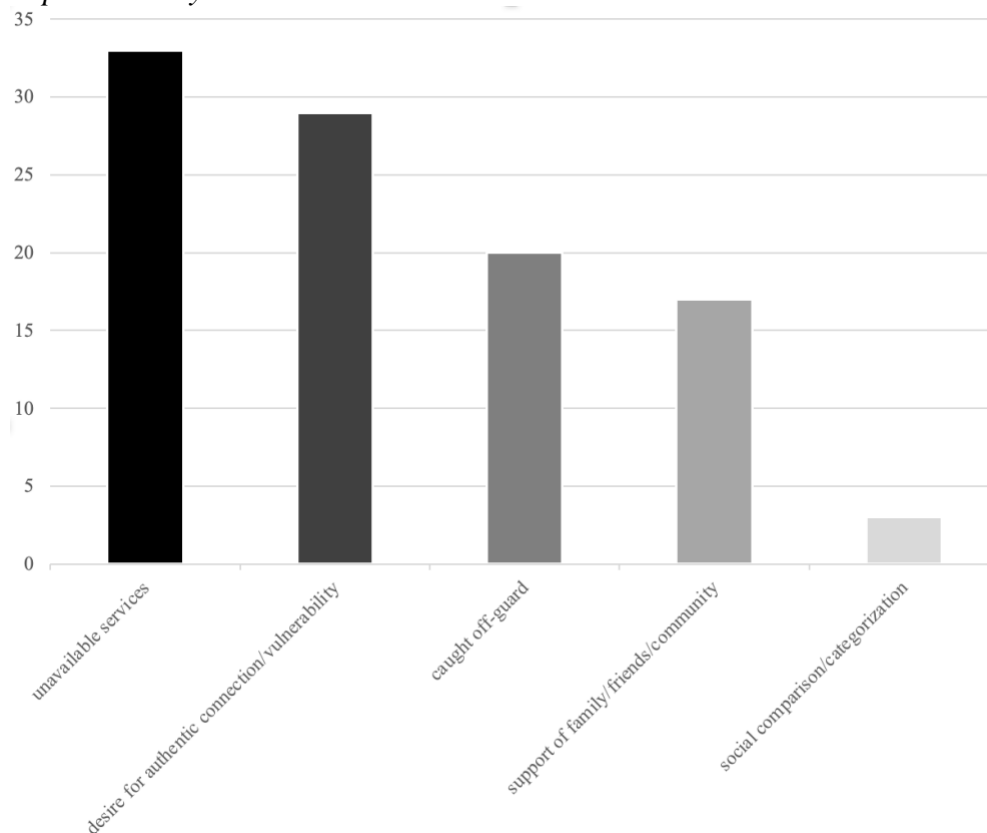
Social Identity

Social identity experiences included feeling caught off-guard and feeling unprepared for civilian reintegration. Social identity challenges and responsive strategies were more frequent than coded experiences. Social identity experiences were less frequent than coded challenges. Despite the challenges the participants faced, their initial perceptions were primarily neutral. The participants were motivated to move into responsive strategy mode rather than immediately considering unfolding events as challenges. The participants felt they needed more preparation to face the losses they experienced during civilian reintegration. The participants recounted that the military

transition assistance classes they attended were not helpful, were primarily administrative, and focused on finding employment rather than emotional preparation for the changes ahead during reintegration. When asked about her experiences when she left the military, PD recounted:

> There is not enough emphasis put on leaving that part of your life for all of the family, the veteran, the children, everybody involved. If you've spent as many years as I did in that environment, it takes a lot to find your way.

When discussing if she was prepared for civilian reintegration, PH stated:

> I thought that getting out of the military would solve all the problems that I was having, and that it would be really easy to switch from one role to the other. And instead, I found myself feeling like my self-worth was tied to my new career of being a mom, and I didn't feel like I was very good at it. And I also felt, I don't like talk about this, but I also feel a little bit of resentment because I left the military to stay at home with my son, and then it wasn't easy, or fun. And so, I felt like I was giving up so much to stay at home with my son, and it seemed like it would be easier to just go back in the military, even though I had all those problems. I just wish that I had started talking to other veterans, like their situation about how hard it was and how they had to find a new path forward. And it wasn't straightforward like the way TAP made me feel.

> PF was a senior enlisted leader who served over 27 years in the Army. PF helped many soldiers under her leadership while in the military, and she was looking forward to

making a valuable contribution to society as a civilian. When I asked PF about her

experiences when she retired, she said:

> I was excited about starting something new with all the experience and knowledge
>
> that I gained in the military because I had served at all levels in the enlisted ranks
>
> from private all the way to Command Sergeant Major. So, I felt I had a lot to offer
>
> to the veteran community. And, in general, sharing with [young folks] my
>
> experiences and giving them some knowledge about how they can use their future
>
> towards something positive. I think a lot of military retirees who prepare to retire
>
> have the perception that most of the non-military population embrace the military
>
> and [are] willing to accommodate a lot of the military challenges, and that was not
>
> actually very prevalent at all.

Social Connection

Social connections changed for the participants during reintegration. These

interactions were not processed or labeled as challenges but were almost an expected

evolution of relationships, or something to grow from and move on. When asked about

her social connections during reintegration, PA shared:

> I made a decision to get off social media because I was finding that's where most
>
> of my social connections were kept, not strong, but at least alive. But that was
>
> getting in my way of trying to build connections here, like it would be a substitute
>
> for going out and meeting real people. Because of the scrolling and looking at
>
> different messaging and all that kind of stuff. Right now, I do quite a few Zoom
>
> calls with people that either worked for me or that I worked for; worked together,

and I still keep in touch with some folks in that regard, but even those are starting

to dissipate a little bit.

When asked about maintaining connections with friends from the military, PC stated:

Everyone I served with just became strangers. I think for some people that were

getting out I just became like the one they called or messaged when they needed

advice on what to do for benefits. I just became like, a resource bank instead of a

friend.

When asked about making social connections in a group setting, PG discussed her

preferences for one-on-one interactions:

One-on-one seems to work better for people like us, especially those that are

proactive about wanting to heal themselves and make connections with others.

But it's like, how do you form those one-on-one connections that are going to help

people with those bigger issues that may be connected to mental health without

bringing [it into] a big group where it becomes disconnected? And it's not as

friendly and organic because those types of situations tend to make people feel

less authentic or act inauthentically.

Social Support

PB did not have support from the military, family, or spouse during reintegration

and she developed a pattern of self-isolation and avoidance. She explained how she

experienced reintegration alone and she did not feel that mental health services at the VA

helped her:

Yes, myself, me, myself, and I, that's pretty much it. I guess it would have helped

finding more people to talk to that had been in similar situations. Yeah, I mean,

you know, the VA always offers mental health, and I've gone through mental

health, but it's not the same, and I really don't like talking to people.

PC separated from the military and became a military spouse stationed overseas.

PC found that mental health services were nonexistent for veterans in her situation,

except for those going through a compensation and pension (C and P) exam:

Yeah, there's no help overseas. If you're already out and a spouse, there was like

two spouses that I knew, there was myself and another, that were in a similar

situation. And we both talked about how there's like no support overseas, and we

ran into a problem with mental health care where therapy doesn't exist. And if it

does, they don't speak English, and then you're trying to get mental health care

through the VA, but there's no one licensed to do it overseas. And so, you're kind

of sitting there for 2 years with no access to any kind of mental health care. That's

a big need for social support that doesn't exist with the exception of a C and P

exam, and I even asked during the exam. I was like, in my situation with mental

health, care doesn't exist? And if it does there's a huge language barrier. That was

kind of huge to find out, that there's no support overseas. So, we talked about

telehealth, because I was like, you know, I'm on telehealth with you, and she was

like, yeah, because it's a C and P exam. It's different. She's like, but I'm not

licensed to give mental health care through telehealth overseas. I was like well, is

there anybody? And she was like well, there's one lady in Guam, but she's booked

out for a year. And so yeah, there's just nothing available. It just it doesn't exist. I looked for it.

PH experienced being turned away when she sought out support from military personnel for trauma prior to her discharge, which delayed her ability to obtain help during reintegration:

When I finally went and got help it was like overcoming that hurdle of someone telling me that I was okay. But I knew that I wasn't okay. And, like, looking back, I was like, in such a dark place. But I had been there so long I didn't realize how dark it was. And so, it wasn't until someone was like, here's the lights, let's turn the lights on. And so, I think like that would have been really helpful to talk about my military experience. That incident where I went to mental health, it wasn't mental health, [I went] to get help and talk to someone and she told me I was fine, and that I just gotten home from deployment. Like, that was such a stumbling block for so many years before I finally went and got help.

Challenges

Participants were not prepared to encounter the losses they had during reintegration. The women felt as if they were the only ones having reintegration challenges and experienced a sense of shame and failure. Figure 10 illustrates that loss and feeling disconnected from civilians were challenging for the participants.

Figure 10

Challenges by Code
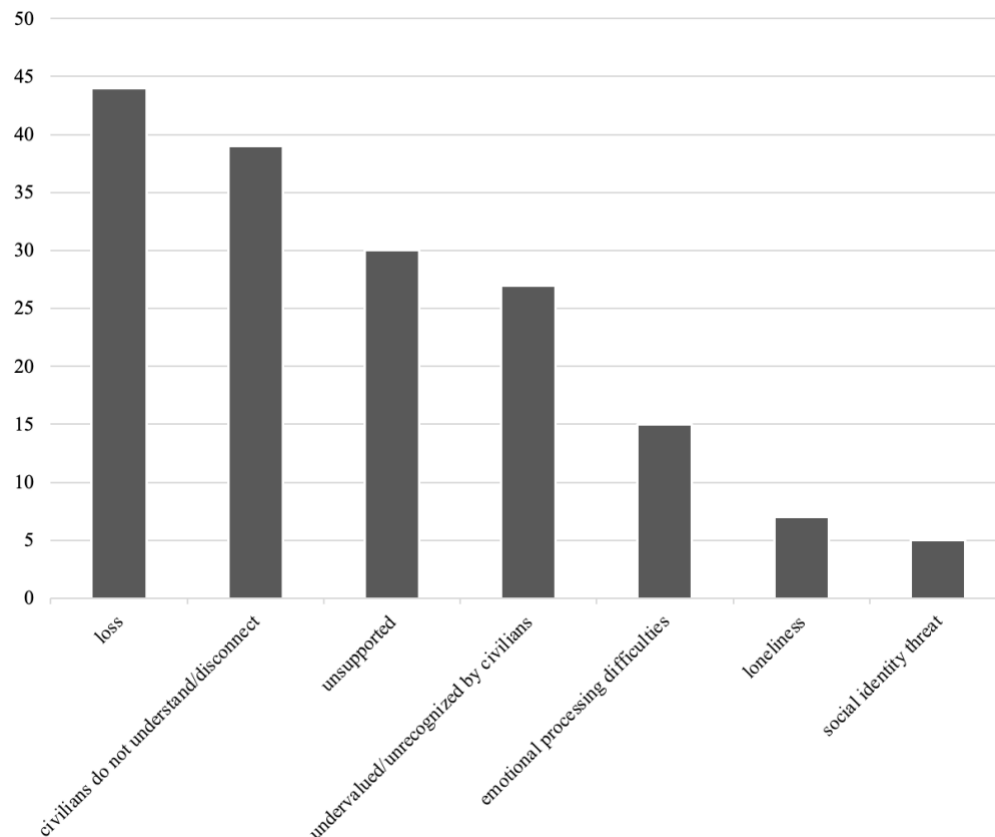
Social Identity

Social identity challenges identified in the study include (a) loss, (b) feeling undervalued/unrecognized by civilians, and (c) feeling that civilians do not understand. PG shared her thoughts about the loss of people and time, two things that cannot be regained once they are lost:

There's one thing that I really believe that the military does an absolutely horrible job at and that is remembering that we are all human, and that when we have losses, or when our family gets sick, that needs to be prioritized over the mission.

One individual is not running the armed forces. We get caught up thinking that I

need to be there, and this mission is so important, and if I don't do it, is it going to

get done? But it's not going to affect the world. So, we lose out on family time.

The military becomes our family, and then when you get out, your real family is

older or some of their best years are gone, or they're gone, and you don't have that

anymore.

PD shared that when she felt unrecognized by civilians when male veterans were

being celebrated, she stood up to be acknowledged:

Most of the time, when you're in a space where it is both men and women

veterans, the men are deemed the experts. So, most of the time they are brought to

the forefront, like the men on Veterans Day. Because again, women veterans don't

wear baseball caps. So, being able to give a place of honor to women veterans,

and to make sure that story is told at the same hero level as men. So, I remember

all of those spaces when I wasn't acknowledged, or when they say we want to

thank the men for their service, I stand up.

PE shared during her interview that she faced a social identity challenge when she

was excluded by other women in the workplace:

I got to my first [job after the military], I decided I wanted to try to go work for

the YMCA because I wanted to go be around women, and I wanted to find social

things. The man that hired me was like the only man that worked at the

organization. Most of these people that worked [there] were educators and it was

a close community. I didn't realize that they had all lived there their whole lives

and knew each other really well. And so, he hires me, I'm really excited, and I

don't even realize that he was hiring me to help him make changes that none of

them liked. So, that was that feeling when you arrive at a new job, and you're

super excited, and you're introducing yourself to people, and you can tell that

they're really lukewarm about you and you don't know why, and you're like, that's

the first time I just met that person, that was really awkward. Like what? Like,

they just didn't like my tenacity. They didn't like my enthusiasm. They didn't like

my positivity. They didn't like anything. And I remember going to him and

saying, This boss thing. These ladies don't like me, they kept reporting me to HR

for things. This is where I would go to the gym. I'd go to work out at lunchtime,

and I was called into HR. And they're like, are you working out on the clock? No,

no, I clock out. I clock out and I go, and I exercise, and have lunch, and I clock

back in, and I finish my work. I was told, well, you shouldn't work out at lunch

anymore because of the perception.

Social Connection

All participants experienced challenges connecting with civilians. When

discussing social connection, PA explained that sharing her military experiences did not

resonate when she attempted to connect with civilians:

I do find myself grappling with the feeling that I get by not being able to find a

way to connect those parts of my experience with this current group. I feel lesser

than, smaller in some way, because I don't feel like I have this quite as robust of

an identity to share with others that resonates. Yeah, well smaller than, lesser than

somehow, like not as meaningful or interesting. I think finding and building connection with other civilians that's continuing to be a challenge. I mean, I feel much closer to navigating that transition process. I've selected this to be home and doing the work to grow roots and build connections. But making meaningful connections with people that are civilians, it's kind of like you have to just gloss over any kind of military experience because it just doesn't resonate. You can just see, like, they don't know what to say, other than, well, thank you for your service. They just don't have a good understanding of it.

PB shared that the difficulty she experiences connecting with civilians is on her end:

Civilian acquaintances, they consider me friends, but they're acquaintances to me. They are just seeing one part of me. You know, representation matters a lot, and who we share things with matters a lot. But as far as with new relationships, I wouldn't consider them relationships. I can compartmentalize my relationships. They never become close relationships or become what I consider friends. They become associates, work associates, or school associates, classroom associates, because it takes time to build trust and to get to that level.

PD felt strongly that civilian women did not understand veterans and she tended to maintain friendships mostly with women who are military-affiliated:

To be clear, civilian women don't understand military women. So. if you are in a space where there aren't a lot of military women, you don't say a lot. I think 90% of my friends are military. The ones that aren't veterans have a military

association or affiliation. I have a few friendships that are less than 10 years long,

but you can count them on one hand.

Social Support

When asked about the social support challenges she faced during reintegration,

PD explained that veteran women leaders lack social support to fit their unique needs:

It takes the realization that we are not all cookie-cutter. The only way they're

going to figure out the right questions to ask is have a candid discussion with

leaders in the women veteran community. Ask what we need because if you put

us in a room with other women veterans who need help, not support, every leader

in there is going to pivot and put themselves last. I've also accepted the fact that

the spaces I go, in the things that I choose to do, a lot of times I'll be the first [to

do them]. I've had to make peace with that. But I've also had to try to figure out

what's out there because you got to figure out a way not to internalize everybody

else's problems, because if you are sympathetic and empathetic you will, but

there's nothing out there for leaders. I can't go in and say I need leadership

support. They're gonna send you to mental health.

When discussing social support challenges, PG recounted:

Nobody prepares people for the transition. Assistance programs are absolutely

horrible. Yeah. Just flooding somebody with information that require them make

decisions for the next journey in their life. And with most of them being a one and

done, nobody knows how to handle losses, nobody ever thinks how to help a

person handle a loss other than to send them to a chaplain for counseling or to the

psychiatrists to see what medicinal support they can get, so that they can continue coping, versus helping them through their grief in a positive, natural way so that they can continue to thrive.

PH shared that she wishes that she had the support of the veteran community when she began her reintegration. PH explained how she was alone and did not have any support for what she was going through:

I wish I had the veteran community, that's the support that I was like missing. And I wish I had, because they would have, they would relate the most to what I was going through. And I didn't have anyone that I could talk to about what I felt.

Responsive Strategies

Figure 11 shows that the most frequently used responsive strategy was self-discovery/self-reflection. Some other positive responsive strategies used among the participants included socialization, service-oriented behaviors, military pride, self-reliance, religion/faith activities, and acceptance. Self-isolation/avoidance, self-protection/guarding, and hiding veteran identity were prevalent responsive strategies used among the women veterans during uncomfortable encounters with civilians.

Figure 11

Responsive Strategies by Code
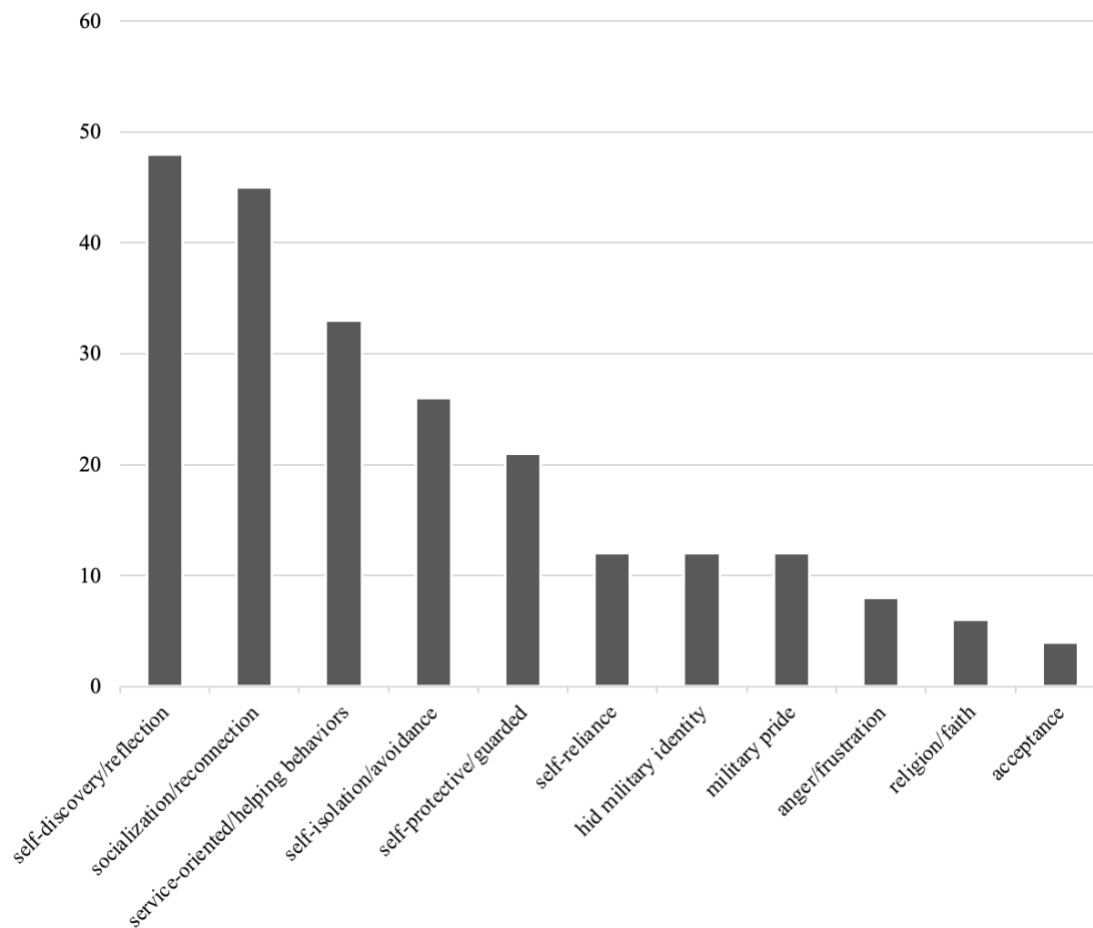
Social Identity

Responsive strategies were used that impacted multiple aspects of the individual and could overlap in a social setting: social identity, social connection, and social support. The responsive strategies were coded based on the primary reason for the response. In PF's case, she was incredibly proactive at finding resources and solutions to her health and wellness challenges after retirement. PF talked about her journey of self-discovery and self-reflection through experimentation with different VSOs:

There are so many different organizations that help veterans. One organization

that I wasn't aware of provides meditation sessions through retired civilian

personnel who want to give back to the military community. So, they provided

massages, different medical treatments, and art therapy We would do art sessions,

we would do the meditations, we would do gong training with music and noise

that would be calming. And, like I say, meditation, but there was also different

types of food to help your whole system since diet could be conflicting with

whatever your problem is. It could be how you're eating and maybe lack of

exercise. And, sleeping for me is a big part of what I have problems with, so,

there were opportunities to learn about different medications, different physical

activities, different diets, and things like smells, sounds, touch, and different

things like that. There were different apps that they exposed us to that we could

download and play at different times for different parts of the body that we can

touch and massage or just, you know, reflect on.

PG explained that travel helped her on her self-discovery journey:

I am going on a vacation. Sometimes, that's when you get like a stroke of genius,

or like, you know, the inspiration comes. You may meet somebody when you're

traveling that may spark something else, you know. But yeah, so it's just like,

there's a lot out there, but I think nobody teaches us in our transition, how to

connect with ourselves right? Nobody teaches us about how to connect with

yourself in other ways than just being depressed, and to really get to know you,

because the only you is the one that's been serving with everybody else. Like

nobody teaches you how to connect and spend time with yourself, and let it be all about you.

PG continued her self-discovery by accessing training through a VSO that offered self-development training to veterans online, which she found helpful:

I had a good experience with a training that went into the neuroscience of change, mind empowerment, focusing on your success, networking, transition, communication, and it was all really about you. And like, that was the best [experience of] anything that I've done. I can't even tell you how I found them. I'm telling you the truth. That's the best transition thing that I've gone through, and then they even meet monthly. I just haven't been available to meet. They meet monthly and they have other courses like changing your mindset. Yes, it was an effective course.

PH used writing as a responsive strategy tool for self-discovery when she felt lost and needed to process her emotions. Her writing eventually evolved into a new career helping other women veterans:

I mean, I think the writing really was probably the thing that helped so that I could process everything inside. Sometimes I have to say it out loud, or no, write it down, and then it's like, oh, I'm speaking to myself. I would journal and not just blog, because some of the stuff wasn't for, you know, for public consumption. I was writing a lot.

Social Connection

Building new relationships takes courage and vulnerability. When discussing the challenge of building social connections during reintegration, PA provided an example of using socialization as a responsive strategy:

So, I had just moved here and was just so incredibly lonely, I just sort of felt like the only thing I really did was listen to a lot of podcasts and audiobooks and walk the dog, I think there wasn't a whole lot of else going on in my life. And I was getting rid of stuff and thinking, okay, I've moved for the last time for quite a while, I'm not going to have to leave here for maybe, you know, 5 or 10 years. So, I was getting rid of stuff, and so I met this one woman on Facebook marketplace, she came over to buy a few tables that I had put up, and I remember thinking she was about my age, and she looked really nice. Maybe she'll go to coffee with me? And so, I just came right out and said, I'm so lonely, can we go have coffee? And she was wonderful. She was my first foray into this coffee shop group that she already kind of had started cultivating, and it kind of grew from there. So, it just took that one individual to grow my little social network a little bit more, into something blooming. But you know what, it was vulnerability, and we comment on it all the time, around how courageous it is to be able to admit how lonely you are, and to reach out to a complete stranger, and just take a chance. And the two of us like to share that story. And every time we share that story with others in our group, they all say the same thing, that it's so cool that

you were able to do that. I feel like that often too, and, you know, it's a moment of

deeper connection for all of us. It's a shared experience.

After a period of self-isolation at the beginning of reintegration, PE recognized

the need for rebuilding relationships with other female veterans who she remained in

contact with since officer candidate school (OCS):

Finding connections again, I think it was really important. Like when my friend

was doing her research like you're doing now, and she was realizing the tendency

to isolate and she's seeing these patterns, and she started reaching out to all of us

from that original OCS group individually. It took one of us being really real and I

think she was great to immediately start reaching back into the military world

saying, Guys, we need to work on mindfulness, we need to talk about

vulnerability, and expressing that we need to talk about somatic healing, [and] we

need to integrate things like yoga. It's things like gardening, yoga, and connection

to others that heal you. Because you have to reconnect to yourself and to your

emotions.

PG used socialization within a VSO setting as a responsive strategy for social

connection during reintegration. PG found that it was easier to connect with other women

veterans when the focus was not on reintegration challenges but instead focused on

socialization and having fun:

My friend [from] the military, we know each other from [my home state] when

we became friends, and we didn't serve [together]. She [joined the military] 10

years after I started serving, and she got out [at] about 10 years. So, she invited

[me on a group trip and] she was like, I'm gonna call and see if there's another space on this trip. And I was like, okay, whatever. And it was a ski trip to Colorado. And it was just skiing. It was no mental health, and it was absolutely amazing. We laughed, we had fun, we connected, and the one thing that we didn't really talk about? Well, you know, we touched on as amongst ourselves, about some of the things in the military, but nobody dwelled in that place. So, it was great. We did stuff that we don't normally do, like, everybody left their home, and we were able to have such a good time. And it was so much fun. [We] created a group, you know, for us, and we communicate, and we check on each other, and that's pretty cool.

Social Support

PD was a senior noncommissioned officer (NCO) in the military, and she found that during reintegration, she tended to care for others before herself, just as she did in the military. PD found it challenging to find the social support she needed as a former military leader but also found that it was easier to help others rather than help herself:

So being a senior NCO, you automatically think about others, like you think about your troops. And as a mother, you think about your children, and you make things and put things in place to have the trickle-down effect. And so that sometimes it's just standing up on the rock, and holding the light, and giving the light to people. People who need it can sense that you have what they need in order for them to survive. I've always been in the leadership realm and understanding the stepping up. And I don't ask why me, I asked why not me. So, a lot of times I am moving

in a space to do things under the premise that if I need it, there are at least five

others that need it also.

PF found support amongst her peers and continues to find a sense of purpose in

helping other veterans who are on their reintegration journeys:

Nobody knows how to transition and nobody really, nobody's preparing people

for a transition, the way they really need to be prepared for transition. So, anytime

I have a friend that's getting out or whatever, I try to give them all the information

that I can on my transition so that they don't have to make the mistakes that I

made because it's tough, it's tougher than it looks. I had a lot of other veterans of

same rank who had transitioned before me and we're able to share their

experiences and give advice on certain programs or certain fields that may be

attractive to veterans wanting to maybe give back to the veteran community or

explore specific opportunities for what we had to offer.

Comparison

PC had a primarily positive attitude about the future, focused less on the past than

the other participants, and experienced fewer challenges. Conversely, PB expressed a

mostly negative attitude about her past military service, including feelings of regret and

anger, and she experienced more challenges and fewer responsive strategies than the

other participants. Similar experiences, challenges, and responsive strategies emerged

among the participants with social identity, social connection, and social support. With

few variances, the participants experienced similar experiences, challenges, and

responsive strategies of (a) loss, (b) unavailable services, (c) feeling unsupported, (d)

service-oriented behaviors, (e) desire to connect authentically with civilians, (f) feeling

that civilians did not understand veterans, (g) socialization/reconnection, (h) self-

discovery/self-reflection, and (i) feeling caught off-guard by reintegration.

There were very few points of divergence across the sample. Of note, PD felt

strongly about the language used by the VHA to screen for depression and suicidality,

believing that it should be changed to build rapport, foster trust, and elicit more truthful

answers from patients about their social needs. PE provided the most usable data

compared to the other participants about her reintegration experiences and challenges.

PE's coded segments indicated that within the study context, she experienced more

challenges than the other participants and yet applied the most numerous responsive

strategies to overcome those obstacles proactively.

Responsive strategies included self-discovery and reconnection with themselves

and others during their reintegration. The most striking similarities among the

participants were their sense of loss of purpose and meaning, facing difficulties

connecting meaningfully with civilians, and not having access to veteran services when

they needed them. Only one participant out of eight perceived her reintegration

experience as a positive event, despite facing similar challenges as those encountered by

the other women. Responsive strategies were applied similarly to both experiences and

challenges across the sample to establish equilibrium to social identity, except for the two

discrepant cases, PB and PC.

Discrepant Case Findings

PB and PC were two discrepant cases that evaluated their experiences differently than the other women. PB and PC were similar cases in that they each served less than two years in the military and separated from the service involuntarily for medical reasons. PB and PC proved to have the least amount of usable data. PB was the only participant with more challenges than responsive strategies, and she perceived her reintegration experience as more damaging than the others. PC was the only participant with more neutral experiences than challenges or responsive strategies. PC was the only participant who perceived her reintegration as a wholly positive experience.

PB and PC were the two outliers who had more extreme experiences than the other participants. PB was on the far negative side of the reintegration continuum, and PC was on the far positive side of the spectrum. PB perceived her reintegration as a highly negative experience. PB recounted more challenges than experiences and responsive strategies. PC perceived her reintegration as a highly positive experience, despite facing similar challenges to the other participants, including lack of access to mental health services as an overseas military spouse. PC was the only participant not to express military pride and expressed no interest in returning to a rank-based authoritarian lifestyle.

Summary

In this chapter I presented the data collection, analysis, and results, which showed that the social reintegration experiences, challenges, and responsive strategies among eight women veterans were similar. Reintegration was more difficult than any of the

participants were prepared to encounter. The participants felt caught off-guard by the emotional nature of the challenges they faced during reintegration. During reintegration, the women veterans experienced loss in various forms, had a sincere desire to connect with civilians authentically, and felt misunderstood by civilians. Participants proactively sought support services from the VHA and were turned away unless they had registered and qualified for service-connected care. The VHA did not provide alternative options, leaving the women veterans to fend for themselves. All participants were proactively involved in creating responsive strategies to improve their situations and find solutions when there were none readily available.

Six interrelated themes emerged: (a) loss; (b) service before self; (c) unavailable support services; (d) self-reflection and self-discovery; (e) self-isolation, socialization, and reconnection; and (f) feeling undervalued and unrecognized by civilians. The categories of the codes: (a) experiences, (b) challenges, and (c) responsive strategies. The subcategories assigned were: (a) social identity, (b) social connection, and (c) social support. Loss, self-discovery, and socialization were the most frequent codes found in the data, which hints at the proactive nature of the participants when faced with challenges during reintegration. Loss was something the women veterans faced and were surprised to experience. Loss presented itself in various forms and was a combination of merged subcodes: (a) loss of connection, (b) loss of identity, (c) loss of status/authority, and (d) loss of purpose/meaning/direction. Answers to the research questions indicated that the participants encountered more challenges and social identity disruptions than neutral experiences.

All participants faced similar sequencing of experiences, challenges, and responsive strategies during reintegration. Responsive strategies accounted for most coded responses from the participants, with socialization, self-discovery, and service-oriented behaviors as the primary activities used in response to challenges. Social connection was the single highest data point showing that the participants attempted to connect with others despite their challenges. While all but one participant experienced periods of self-isolation and avoidance, they came out of it understanding the importance of reconnecting and socializing with the people in their lives. Social support was consistent across experiences, challenges, and responsive strategies. However, the participants expressed that they were accustomed to working things out independently, did not expect support from anyone, and needed help but were reluctant to ask for it. Feeling unsupported left the participants feeling alone in facing their daily challenges. All but one participant expressed having a sense of pride in their military service.

PB and PC were two discrepant cases where the participants had the least time in service compared to the other participants and had more extreme experiences than the others. PB's challenges focused on isolation/avoidance, anger, and hiding her military identity more than the other participants. PC was on the opposite end of the spectrum, where she had the least reported challenges, and she perceived her reintegration experience as highly positive compared to the other participants. In the following chapter I present the interpretation of key findings, limitations of the study, recommendations for future research, implications for social change, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

In this qualitative study, I explored women veterans' reintegration experiences, challenges, and responsive strategies with social identity, social connection, and social support. This study was conducted because women veterans are a growing population in the United States who face unique social reintegration challenges. As gender-specific support services remain inadequate, the population of women veterans continues to grow, age, and their needs evolve (Hendrikx et al., 2021). Eight women veterans participated in semistructured interviews for data collection that were audio recorded and transcribed for thematic analysis. Reality and truth were considered from the participants' subjective perspectives, and although their experiences were individualized, common themes emerged from their shared experiences that should be considered for further research.

As discussed in Chapter 4, six themes emerged from the data regarding reintegration: (a) loss; (b) service before self; (c) unavailable support services; (d) self-reflection and self-discovery; (e) self-isolation, socialization, and reconnection; and (f) feeling undervalued and unrecognized by civilians. With these six themes in mind, I interpreted the key findings to understand their underlying meaning using the social identity conceptual framework organized by the subcategories of social identity, social connection, and social support (see Haslam et al., 2021; Schmader & Sedikides, 2018; Walker, 2021). In the following sections of this final chapter, I present the key findings, interpretations of the findings, limitations, recommendations, implications for social change, and a conclusion.

Key Findings

All eight participants experienced similar cycles of loss, self-discovery, self-isolation, socialization, and reconnection. All the participants felt that reintegration was more complicated than they were prepared for, which caught them off-guard and made them feel a sense of loss. All the participants experienced challenges connecting authentically with civilians, and they felt undervalued and unrecognized by the civilians they encountered during reintegration, which was especially prevalent in work settings. All the participants also experienced challenges finding government-sponsored support services for mental and emotional health during reintegration.

Examining the findings of the participants' experiences, challenges, and responsive strategies showed that social identity was impacted more than social connection and social support. Overall, most participants had a mix of positive and negative attitudes about their past military experiences and reported more responsive strategies than experiences and challenges. This was indicative that the women took a proactive approach more than a passive approach to their civilian reintegration. The key findings of the study using the social identity conceptual framework were:

- Social identity:
  - The participants felt a deep sense of loss during reintegration.
  - Self-discovery and self-reflection involved the search for new purpose and meaning.
  - The participants felt undervalued and unrecognized by civilians.
- Social connection:

- o The participants proactively used socialization as a responsive strategy to improve the quality of their social connections.

- o The participants desired authentic connection with civilians.

- o The participants felt disconnected from civilians and felt that they did not understand women veterans.

- Social support:

- o Government-sponsored support services were not readily available to the participants immediately following military discharge.

- o Social support was consistent in the data, but the participants felt unsupported.

- o The participants practiced service before self, demonstrating pro-social behaviors.

Interpretation of Findings

The overarching finding of this study was that civilian social reintegration was more difficult than expected. In the following subsections I will discuss how the interpretation of findings relate to the literature review and the conceptual framework.

Related to the Literature

The findings of the study have indicated that the social needs of women veterans may be different than male veterans (Goldstein et al., 2018). The findings also suggested that civilian reintegration is a continuum of subjective experiences without an endpoint (Kent & Buechner, 2021). Women veterans may move forward and backwards along the continuum of reintegration as they adapt to their civilian environments; and their

behaviors occur in response to the quality of social feedback received. The social

challenges that women veterans encounter during reintegration, which is a time of

significant life change, may lead to increased psychosocial difficulties and longer-lasting

outcomes for women veterans than male veterans (see Boros & Erolin, 2021; Daphna-

Tekoah et al., 2021; Lawrence et al., 2021; Meca et al., 2021; Mittal, 2019; Park et al.,

2021). Women veterans are a growing population with unique social needs unmet by

current services (Schultz et al., 2022). A significant gap remains in the literature about

women veterans and how social factors impact their lives (Dodds & Kiernan, 2019;

Eichler & Smith-Evans, 2018).

Related to the Conceptual Framework

The findings of the study align with SIT in that they support social identity as

malleable in response to environmental factors (SIT). The findings also support that

social identity and personal identity are two dimensions of the same thing (Walker, 2021)

Social identity switching was demonstrated by the participants in their responsive

behaviors explained in their reintegration narratives (Zinn et al., 2022) Social identity

threats were experienced primarily in the workplace and the participants responded in

self-protective ways that align with SIT and SAFE (Worley, 2021). Social identity was

disrupted in response to major life changes, which aligns with SIMIC, and the quality of

social connection and social support experienced by the participants directly affected

their ability to adapt successfully in the face of life changes. The quality of social

connection and social support experienced during times of major life change are known

to impact adjustment and health outcomes, as SIMIC suggests (Haslam et al., 2019,

2021). In the following subsections, I provide an interpretation of the key study findings filtered through the social identity conceptual framework comprised of SIT, SIMIC, and SAFE (see Haslam et al., 2019, 2021; Walker, 2020; Worley, 2021).

Social Identity

This study showed that social identity was more affected than social connection or social support across all the participants' reintegration experiences, challenges, and responsive strategies. Reintegration was more difficult than expected for each participant, which impacted their social identities, prompting self-protective stress responses and behaviors that included self-segregation and avoidance (see Schmader & Sedikides, 2018). The participants experienced social barriers with civilians in the workplace and other social environments, which made them feel excluded, undervalued, and unrecognized. Social competition left the participants unable to penetrate civilian in-group boundaries, which led them to remove themselves from socially uncomfortable situations. Social identity threats motivated the participants to behave in ways that would enhance their social value and self-esteem. However, this typically involved self-protective measures, such as removing themselves from uncomfortable civilian environments, similar to a fight-or-flight response (see Worley, 2021).

Participants quit their jobs in at least three instances because of social identity threats they had with civilians, which could be perceived as discriminatory workplace experiences. Social creativity triggered by social competition and the desire for acceptance motivated some participants to use social identity switching to fit into their new civilian environments (see Zinn et al., 2022). The desire for acceptance by civilians

motivated the participants to downplay their veteran identities and past accomplishments, but this ultimately left them feeling inauthentic and undervalued. When civilians acted in ways towards the participants that they perceived as exclusionary, the participants experienced social identity threat, which led them to act in self-protective ways, such as promptly leaving public areas because they were experiencing intense anger and emotional distress (see Schmader & Sedikides, 2018; Worley, 2021).

Five of the participants experienced emotional processing difficulties. They felt unable to label their feelings, and their inability to understand what they were experiencing led to anger, depression, and self-isolation. The participants who experienced depression and self-isolation were reluctant to tell anyone what they were going through because they thought they were the only ones experiencing it and they did not want to appear weak to others, so they kept their difficulties to themselves. Only in time did each woman veteran recognize the need for vulnerability in their development of social identity, social connection, and social support. Similarly, the participants' social identity experiences and challenges during reintegration began with loss, which, although difficult, prompted responsive strategies of self-discovery and the search for meaning and purpose.

Loss

All participants experienced loss during reintegration. Loss was the primary challenge for participants' social identities, impacting multiple areas of their lives. The loss challenges included loss of connection, identity, status, authority, purpose, meaning, and direction. Loss was an evolving challenge for the participants because they were

confronted with grieving the loss of their former selves as they simultaneously attempted to adjust to civilian life (see Seamon-Lahiff et al., 2021). The participants did not feel prepared for the losses they experienced during reintegration, and they felt that predischarge transition courses led them to believe that reintegration was about obtaining civilian employment. This lack of preparation left the participants feeling misled by the military, lacking direction, and unsure about how they fit into the world around them.

Social systems and group norms influenced the participants' social behaviors and social identity development (see Haslam et al., 2021). The military provided a means by which the participants categorized themselves among others, but this promptly disappeared when they were discharged. In the military, in-group and out-group dynamics were based on rank, military occupation, and positions of authority. Upon leaving the military, the participants lost this structure and the system of social cues by which they were accustomed to conducting social categorization and considering normative behaviors (see Worley, 2021).

Although researchers have increased their awareness of the long-term implications of SDOH, most of this knowledge is focused on the general population, resulting in limited psychological research that considers the social needs of women veterans (Kamdar et al., 2023; Montgomery et al., 2020) The current study findings confirmed that among the participants, their social identities were disrupted in multiple areas of life, more than they anticipated prior to leaving the military. The participants felt unprepared and unsure of how to navigate difficulties with emotional processing. They sought help individually when they recognized that they needed assistance but could not

find government-sponsored services. Unable to find the needed services, they were proactive about self-reflection and self-development. The participants instinctively sought out alternative ways to help themselves, including being of service to other veterans. The social identity disruptions the participants experienced were persistent, and as their civilian identities developed, their military identities remained central to their self-concept. The losses the participants experienced during reintegration prompted journeys of self-discovery and self-reflection.

Self-Discovery and Self-Reflection

According to the SIMIC, the strength of social support and social connections during significant life change contribute to the quality of transitional experience (Haslam et al., 2019, 2021). Relationships and support are essential to successful life transitions. When resources were unavailable, the women veterans had to develop creative solutions to their problems. The experiences the women veterans had in the military were central to their social identities as they developed themselves alongside other servicemembers in meaningful, often life-changing ways. Their military responsibilities served a higher purpose and involved making decisions that had life-and-death consequences. Mundane civilian actions do not typically serve a higher purpose equal to the values that guide the military. The lack of structure during reintegration made it difficult for the participants to understand where they fit into society. This loss of purpose created a personal void for each participant in this study. When they searched for support, they could not find it, so they found other means to regain a sense of purpose and direction.

Social creativity led to self-discovery, reflection, and the search for new purpose and meaning. Self-discovery and self-reflection were at the core of the participants' responsive strategies that directly aligned with their social identities as they strived to understand themselves and explored whom they wanted to be and what they wanted out of life as a civilian. The participants searched for guidance from other veterans on the internet using online forums and groups. Similarly, the participants attended online webinars, in-person workshops, and conferences for veterans hosted by VSOs and fostered networking and personal development. One of the participants is dedicated to leadership consulting and hopes to guide others in their personal development. Two of the participants fully embraced retirement and traveled to visit old friends. Two of the eight participants have pursued their doctoral degrees and want to help other veterans. One participant is now the executive director of a veteran-focused, nonprofit organization. Another woman veteran relocated to a foreign country with her new husband to seek a life of travel and adventure. One began a career as a writer, and she is dedicated to helping other women veterans so they do not have to endure the same challenges she went through during reintegration. Finding personal purpose and meaning was critical to successful reintegration, but the participants still experienced complicated social interactions with civilians.

Feeling Undervalued and Unrecognized

All eight participants felt undervalued and unrecognized by civilians at different times during their reintegration. The women veterans who worked experienced frequent social identity threats, often subtle acts of discrimination that are difficult to prove, such

as being excluded from social interactions, overlooked for advancement, underutilized by management, and ignored when their professional insights could be leveraged as a competitive advantage. Negative social feedback can lead to a pattern of social identity disruption and diminished social value, leading to other adverse health consequences (Schmader & Sedikides, 2018).

One participant explained that when she was in a social setting with a coworker outside of the office, she was accused of not having combat experience and told that she was not a real veteran. Other participants expressed that when they tried to open up about their military experiences with civilians, they were often met with blank stares, no further engagement, and no follow-up questions. Due to this experience of social identity threat and the desire for acceptance, the participants would sometimes downplay their military identities to grow social connections with civilians. Diminishing their veteran identities in social situations was a responsive strategy that helped ease socialization but left the participants feeling unfulfilled and inauthentic (see Schmader & Sedikides, 2018). These feelings of inauthenticity would sometimes trigger self-isolation and avoidance.

It is important to note that the military identity does not leave the veteran; however, the veteran identity becomes an intersectional element of the individual's identity that evolves with the person as they develop across the lifespan. The veteran identity becomes a lens through which veterans see the world around them and interpret their experiences. The veteran identity may become more salient at certain times than others. For instance, the veteran identity may become more salient in a social setting among other veterans and minimized during times spent among nont al., 2022).

Social Connection

Social connections create a sense of belonging and community that are imperative for veterans' health and well-being after military service (Long et al., 2021; Teo et al., 2018). The success of life transitions depends mainly on the strength of existing social connections, the continuity of relationships, and the ability to form new connections (Haslam et al., 2021). Social relationships are key SDOH factors the VHA (2020) considers for whole health and well-being (Hatef et al., 2019).

The participants faced experiences that included social exclusion, disconnect with civilians, and finding that they were not as openly accepted in the workplace as expected. Socialization was the responsive strategy most frequently used by the participants to improve their connection with others. The women veterans socialized more often when they felt good about themselves and were in good health, but they socialized less when they felt disconnected from others or were experiencing physical pain and health issues. Self-isolating behaviors left the participants feeling lonely, which can lead to depression and increase the likelihood for other adverse health issues to develop (see Teo et al., 2018). Empirical evidence has shown that social connectedness buffers PTSD symptomology, but social isolation can worsen symptoms (Kintzle et al., 2018; Sippel et al., 2019).

Proactive Socialization

The participants demonstrated the importance of building relationships during reintegration and proactively attempted to strengthen existing relationships and form new ones. Some participants reconnected with family members and old friends, while others

attempted to forge new friendships and form professional associations with their civilian counterparts. Despite these attempts at socialization, the participants similarly experienced difficulties connecting with civilians, and their interactions left them feeling less than, excluded, and unaccepted. Socialization attempts that were met with a lack of inclusion and belonging were often followed by self-isolation and avoidance, which supports the SAFE model's concepts of social behavior (see Schmader & Sedikides, 2018).

Desire for Authentic Connection

Reintegration was also when the participants reconnected with themselves and others. I found that reintegration was a time of social disconnection and reconnection for the women involved in the current study, which aligns with the SAFE model that predicts that individuals will self-segregate and avoid social situations when they are unable to be their authentic selves (see Schmader & Sedikides, 2018). The participants did not enjoy surface-level interactions and small talk with civilians but instead craved meaningful, deep conversations that required vulnerability. Whether on social networking sites or in person, the women veterans were quick to extract themselves from social situations where they did not feel challenged to open up about themselves or discuss meaningful topics. The participants even went so far as to state that they would enjoy their own company alone rather than endure surface-level conversations with people they could not be themselves around.

Difficulty Connecting

All the participants experienced difficulties connecting with civilians. The participants felt stereotypes about women veterans were rampant among the civilians they encountered during reintegration. The women veterans felt it was difficult to connect with civilians during reintegration. The women felt that civilians did not understand them, and their perception was that civilians disregarded them as subordinate to male veterans. When social feedback was perceived as unfavorable resulting from their interactions with civilians, the more their reintegration challenges persisted. The participants found it difficult to focus on their similarities with civilian women and instead focused on their differences. The participants' unique military experiences were central to their identities and were not socially mobile, meaning their previous military-based social significance was not transferable among the civilian groups they encountered. This diminished value left the participants reconsidering what they had to offer the world in their post military lives.

The data in this study suggests that women veterans tend to diminish their military identities to aid socialization and strengthen connections with civilians. The downside to hiding their military identities is that while this behavior may initially aid in building connections with civilians, it may leave the veteran feeling unaccepted, inauthentic, and unfulfilled. The experience of feeling inauthentic among others in social settings can lead to dissonance, self-isolation, and social anxiety. Repeated exposure to negative social feedback can diminish social identity value over time, which may have negative well-being and health consequences (Schmader & Sedikides, 2018).

Social Support

The military served as a social system with structural resources for the women veterans before discharge. The loss of social support creates a stress response, which can then result in physical and mental health problems (Haslam et al., 2021). Reintegration was a significant life change that caused stress and disruptions in the lives of the women veterans. As Haslam et al. (2021) stated, life changes challenge the sense of self, especially when support resources are lost. When access to needed resources is lost, health and well-being can suffer. The participants agreed that there is a need for increased support services immediately following the end of military duty and that more needs to be done to prepare veterans for the social challenges they will face during reintegration.

Findings suggest that some psychosocial challenges women veterans face during reintegrating include a need for more civilian understanding and support. Women veterans faced experiences such as social exclusion, disengagement, and not being as openly accepted in the civilian workplace as they expected. The responsive strategies used to adapt to the reintegration challenges the participants faced were focused on self-discovery, self-protection, self-sufficiency, and continued attempts at socialization. The women each expressed that they would sometimes self-isolate to protect themselves and deal with things alone, not to burden others. At other times, they would interact with very few people due to a lack of trust and found it difficult to ask for support when needed.

The appraisal of the quality of available support is influenced by whether what is being offered is provided by an in-group or an out-group member. This consideration means that women veterans would be more receptive to the social support offered by

other women veterans than civilians (Haslam et al., 2021). Participants wanted to participate in peer support groups focusing on wellness, positivity, and proactive responsive strategies rather than dwelling on negative emotions or ruminating on past experiences. Similarly, six out of the eight participants held leadership positions in the military and shared that they were more likely to use reintegration support services explicitly created for women veteran leaders. However, at the time of the study, support services of this nature were not readily available.

Unavailable Support Services

The participants' experiences were that government-sponsored support services were not available to the participants immediately following military discharge, or they were not aware how to access needed services. The military and VHA service providers may not fully understand the gap in available services. When this research was conducted, neither the military nor the VHA offered mental health or emotional support services in the gap between leaving military service and registering with the VHA. The study participants expressed that they could not find support easily when they searched for needed mental and emotional support services immediately following the end of their military service.

The participants found the VHA system difficult to navigate and were unable to obtain services without first registering for care, waiting for a determination of eligibility to receive care, separately filing disability claims, and waiting for a decision regarding the status of their service-connected disabilities; each step in the process required significant processing time. Further, registering for care with the VHA is only optional

for veterans, not mandatory (VA, 2022). Veterans without service-connected injuries or illnesses will be charged for any health care services they receive if their insurance does not cover them. Women veterans may inevitably not have their mental health and social support needs met during civilian reintegration when they face significant life changes, challenges, and may be especially vulnerable. Not having easy access to mental and emotional treatment and support needed during civilian reintegration is a disservice to this population of women veterans. It is important to note that if women veterans do not openly self-identify as veterans, motivating VA usage may be more challenging (Devine et al., 2020).

Consistent Social Support

Social support was consistent across the participants' experiences, challenges, and responsive strategies. The participants did not expect social support and found it difficult to ask for help when needed. The consistent levels of social support could indicate several things; however, its significance requires further investigation. Firstly, the levels of social support could mean that it was consistently available to the participants during reintegration. Secondly, it could mean that social support was consistently unavailable to the participants. Thirdly, it could indicate that social support was consistently unexpected among the participants because they were conditioned to believe it would not be available, so they did not ask for it. Fourthly, it could mean that the participants were self-reliant and did not need additional social support.

The participants expressed needing more support during reintegration but did not expect support from anyone. They had difficulty asking for help, so it was easier to help

others rather than help themselves. When searching for support through VSOs, the women naturally gravitated towards leadership roles and helping others before themselves and wanted to appear strong in their ability to be self-sufficient. The women each expressed that, at times, they would self-isolate to protect themselves, deal with things alone, not burden others, interact with very few people due to a lack of trust, and be unable to be vulnerable when they needed support.

The most surprising takeaway from the study about support was that access to mental health and emotional support services immediately following military discharge was nonexistent through government organizations. Neither the military nor the VHA offered immediate access to mental health services upon separation or retirement from the military. Some participants recounted being turned away by the VHA when they actively sought assistance without recommending where to seek alternative support. Similarly, VSO services were inconsistent and did not meet the immediate needs of the participants who were more senior in rank. The VSO activities encountered by the participants failed to meet their social desire for an authentic and more profound connection with other women veterans. The VSO activities focused on painful personal experiences, anxiety, and depression. Participants wanted to focus on wellness, positivity, and proactive response strategies rather than ruminate on the past or dwell on negative emotions and experiences. These experiences highlight a persistent gap in the literature and in service offerings that has real-world consequences on the lives of women veterans.

Service Over Self

All the participants wanted to be a part of something bigger than themselves when they joined the military. The women similarly craved that same sense of purpose after completing their military service. Participants expressed wanting to live civilian lives that had meaning and purpose. The participants each offered examples of interactions with civilians, including employers, that were unfulfilling due to their lack of meaning and purpose. Six out of eight participants held leadership positions while they were in the military, and service to others before the self was central to their social identities. The women naturally gravitated towards organizations and opportunities that allowed them to serve in leadership roles and help others, even when they needed help for themselves. Service to others was so closely aligned with the participants' social identities that they felt like something was missing from their interactions or lacked meaning when the need to serve a higher purpose was unmet within them. Although service over self is an admirable quality, it may be necessary to teach outgoing military leaders how to find a balance between serving others and self-care so that they can learn to set healthy boundaries and prioritize themselves in their post-military lives.

Limitations

The study was limited to exploring reintegration experiences, challenges, and responsive strategies of women veterans with social identity, social connection, and social support. The most significant limitation of the study was the small, purposive, homogenous sample, so results are not transferable and cannot be generalized across the larger population of women veterans (Guest et al., 2006; Mohajan, 2018). The study does

not include male veterans, which further limits the transferability of findings to the broader veteran population. It is also important to mention the study's subjective nature, which considers that reintegration experiences are highly individualized periods of instability and change.

A limitation of the study is that the current perspectives of the participants are inclusive of who they are in the present day but focused on their memories of past events. The participants' narratives relied on their recollections of their reintegration experiences. Over time, memories of events once perceived as hardships may have evolved into more positive memories, or vice-versa, based on various factors that cannot be fully controlled for in this qualitative study. While the present self-concept of the participants could not be entirely separated from the past version of who they were during reintegration, the meanings behind how the participants' experiences were interpreted remained the primary focus of this study.

This study considered social identity, social connection, and social support as SDOH in a community context. However, it did not explore other mental and physical health aspects related to the reintegration experiences of women veterans. Other societal factors, such as SES, employment, and education, were not considered in this study but are vital to understanding SDOH (Hatef et al., 2019; Purcell et al., 2021).

Recommendations

As the literature on SDOH supports, well-being is multidimensional and includes life's physical, emotional, social, and spiritual aspects (Purcell et al., 2021). Reintegration services and preparatory measures do not yet appropriately address the different

psychosocial dimensions of life prior to military discharge so that veterans are better prepared to take charge of their well-being when they reenter the civilian world (Markowitz et al., 2020; Purcell et al., 2021; Thompson et al., 2022). Current transition preparedness courses focus on obtaining employment and do not teach servicemembers how to reintegrate into civilian society, nor do they provide the tools to process social identity disruptions when they arise with mindfulness (Derefinko et al., 2019; Lara, 2021; Verkamp, 2021). For instance, while career-focused preparation is prevalent across the military and VA, both systems fail to address the root causes of the symptoms that lead to maladjustment during civilian reintegration (Purcell et al., 2021). For these reasons, interventions must evolve to include holistic approaches to address the fundamental psychosocial aspects of a veteran's life and well-being (Markowitz et al., 2020; Purcell et al., 2021; Thompson et al., 2022).

Negative social feedback can send a veteran into a pattern of identity disruption, feelings of not having a purpose as a civilian, and being at increased risk for substance abuse and suicide (Adams et al., 2019). For instance, while career-focused preparation is prevalent across the military and VA, both systems fail to address the root causes of the symptoms that lead to maladjustment into civilian life (Purcell et al., 2021). For these reasons, interventions must evolve to include holistic approaches to address the entire spectrum of psychosocial aspects of a Veteran's life and well-being (Markowitz et al., 2020; Purcell et al., 2021).

While time spent on self-discovery and self-reflection was valuable, it would be helpful for women veterans to be informed before leaving the military about what they

should expect to experience during reintegration, including the psychosocial and emotional fluctuations they may encounter. Veteran-focused physical and mental health care services continue to be cumbersome in their enrollment processes. The registration processes can be inadequate at identifying and helping veterans struggling socially and emotionally in reintegration. Although it is difficult to influence the subjective reintegration experiences of outgoing servicemembers positively, it would be helpful for policymakers and practitioners to explore interventions that may mitigate adverse outcomes on health and well-being during this period of significant life change. Additionally, the evidence shows that women veterans are less likely than male veterans to openly self-identify as veterans, so without intervention, it will be challenging to motivate women veterans to increase their usage of VA services.

It is essential to acknowledge that the VA continues to improve its service offerings for women veterans; it is imperative to address the gap in mental health and emotional support services immediately following military service. This research uncovered a critical service gap during civilian reintegration that the military and VHA service providers may not fully understand. When this research was conducted, neither the military nor the VHA offered mental health or emotional support services in the gap between military discharge and determining eligibility for care from the VHA. Further, veterans do not need to register with the VHA for services. As a result of the gap in services, women veterans may not have their mental health and social support needs met during civilian reintegration when they face significant life changes and challenges. At the time of this study, women veterans did not have adequate access to the treatment and

support needed during civilian reintegration, which is a disservice to this population that military and government leaders must address.

SDOH impact veteran health behaviors, service utilization, and outcomes, but current research lacks emphasis on the relationship between SDOH and gender (Duan-Porter et al., 2018). Further research is needed to investigate the relationship between gender and SDOH to better understand existing barriers, influence behaviors, and to predict health outcomes (Duan-Porter et al., 2018). Similarly, further research is needed to understand why women veterans do not self-identify as veterans as openly as male veterans. Further research is needed to explore the social identity threat related behaviors that limit the experience of belonging in the workplace experienced by women veterans, especially in STEM fields, and other male dominated careers (Werum et al., 2020). Feeling unaccepted, inauthentic, and unfulfilled may lead to other unintended consequences of social anxiety and isolation. However, more research is needed better to understand the social dynamics and cognitive processes at play in professional environments that could have long-term implications on women veterans in society.

The aging population of women veterans requires additional research and services to meet their changing needs (Long et al., 2021). More qualitative research is needed to confirm or disconfirm the findings of this study regarding the extensive difficulties with social identity that the participants experienced during civilian reintegration. Future quantitative research is needed to investigate how the reintegration experiences of women veterans as factors of SDOH contribute to outcomes on health and well-being. Longitudinal research is needed to understand the life circumstances and experiences of

women veterans who are years beyond their military service but continue to experience adverse effects of military service and reintegration difficulties. Further research is needed on the identity development of women veterans across the lifespan to expand the understanding of how past military experiences continue to impact social identity in aging populations (Haslam et al., 2019; Long et al., 2021).

Inclusive research is needed to increase the knowledge of the social needs of women veterans of minority ethnic backgrounds, sex/gender minorities, and the aging population of women veterans (Lehavot et al., 2019; Long et al., 2021). For example, I recommend building upon the research of Montgomery et al. (2020), which found that Hispanic women veterans are at increased risk of experiencing adverse outcomes from SDOH, including violence, housing instability, and low-quality social support. Further research is needed that explores SDOH so that findings can be generalized to the broader population of women veterans. It would also be beneficial for psychologists to research how women veterans experience other social phenomena after military service, such as workplace discrimination, religion/spirituality, existential issues, friendships, romantic relationships, sexuality, infertility, pregnancy, motherhood, illness, and death.

Implications for Positive Social Change

This study intended to expand the understanding of the social experiences, challenges, and responsive strategies of women veterans during reintegration to raise awareness about the needs of women veterans, inform future research, and justify the improvement of existing services (Fletcher et al., 2022; Godier-McBard et al., 2022; Goldstein et al., 2018; Griffiths et al., 2020). Emerging research on the SDOH supports

that social dynamics contribute to mental and physical health outcomes (Kamdar et al.,

2023). Social identity and social feedback contribute to an individual's sense of social

value and self-esteem. By understanding that social identity disruptions are the primary

challenge women veterans face during reintegration, practitioners can increase their

understanding to address the psychosocial needs of this population holistically rather than

only treating the symptoms (Godier-McBard et al., 2022; Goldstein et al., 2018; Griffiths

et al., 2020). This research may contribute to positive social change by increasing the

understanding of the social experiences of women veterans so that their reintegration

support needs may be more directly addressed; and by expanding the body of scholarly

knowledge for policymakers and practitioners to support changes to existing services

(Scoglio et al., 2022).

The well-being of women veterans can be enhanced over time if support services

are improved using scientific research and data to inform intervention decisions

(Campbell et al., 2021; Kamdar et al., 2023). Currently, psychological support services

are unavailable to veterans from the moment they depart military service until they seek

support privately or register with the VHA, both of which take time and do not provide

immediate assistance. This research helped identify the gap in the availability of services

between when women veterans leave the military and when they seek help for mental

health or emotional support. It can also be inferred that if women veterans are

experiencing this problem, then male veterans are likely experiencing it, and both require

further investigation. There may be a more significant issue about service availability that

needs to be addressed about the lack of services from when veterans leave the military to

when they register with the VHA or seek help elsewhere. Social change is incremental and requires a commitment to continuous improvement by researchers and practitioners to meet the changing needs of this population. Through continuous improvement and research, improvements to services can be made based on empirical evidence to meet the changing needs of this population (Linfield & Posavac, 2019).

Conclusion

This study expanded the knowledge of women veterans' reintegration challenges, experiences, and responsive strategies with social identity, social connection, and social support. This study contributed to the psychosocial understanding of reintegration and identified how social identity was primarily impacted after military discharge, strained social connections, and revealed weaknesses in social support structures, both formal and informal (Fletcher et al., 2022; Godier-McBard et al., 2022; Goldstein et al., 2018; Griffiths et al., 2020). The eight participants' narratives were interpreted using the social identity conceptual framework, which included SIT, SIMIC, and SAFE, to identify the underlying meanings of their subjective reintegration experiences. IPA design and thematic analysis helped to identify themes and differences among the participants.

The participants' relayed that military transition preparation courses focused on obtaining employment; and did not teach servicemembers how to reintegrate into civilian society, nor did they provide the tools to identify and process social identity disruptions (Derefinko et al., 2019; Lara, 2021; Verkamp, 2021). Outgoing military members should continue to receive training for career transition before their exit from the military, but it is also vital to prepare them for the social identity disruptions they are likely to encounter

during reintegration (see Bovin et al., 2019; Romaniuk & Kidd, 2018; Sullivan &

Starnino, 2019; Verkamp, 2021).

Despite their challenges, the participants were proactive in their self-discovery,

self-reflection, and self-reliance journeys. Although there is a strong commitment on the

military side to prepare veterans for career transition, there is a significant gap in mental

health services immediately following discharge from the military, requiring that the

participants fend for themselves when they are at their most vulnerable and in need of

support. The women veterans in this study faced frequent social identity-related

challenges that disturbed their lives during reintegration and had the potential to impact

their well-being (Markowitz et al., 2020; Purcell et al., 2021). The participants who

experienced repeated negative social feedback endured increased challenges for longer

periods, extending their reintegration adjustment periods far beyond their military

discharge.

The reintegration experiences were highly individualized, but the pattern of

experiences was similar among the participants. The women who participated in this

study experienced a deep sense of loss and felt unprepared for the disruptions they faced

during reintegration. The women veterans experienced social identity disruptions in

multiple life dimensions after military discharge, which caused them emotional distress,

increased the need for social support, and they were surprised to find that support through

the VHA was not available to them. The women veterans were highly independent,

accustomed to being self-reliant, and did not want to appear weak to others, so they were

reluctant to ask others for help. These complex social dynamics made the women suffer in silence despite needing social support.

Socialization was the primary responsive strategy used by all participants. While this was a proactive behavior, the participants often felt a disconnect with civilians and needed to minimize their veteran identities to forge social connections. Although helpful in building rapport, hiding their veteran identities left the women feeling inauthentic, undervalued, unrecognized, and disconnected from civilians. This negative social feedback often led the women to self-isolate, which increased loneliness and socially avoidant behaviors. The challenges the women experienced motivated them towards self-discovery and self-reflection to reconnect with themselves, and to create new visions for the future. The women were naturally drawn towards leadership roles and sought service-oriented opportunities to continue to serve others and make a difference. The women desired meaning and purpose and had little patience for surface-level interactions.

It is essential to recognize that social identity, social connection, and social support are SDOH for women veterans, and they need enhanced psychosocial preparation to be successful after military service. Social identity disruptions play a vital role in the reintegration appraisals of women veterans, but they need preparation prior to leaving the military so that they are better equipped to overcome the challenges they encounter. When faced with reintegration challenges, women veterans responded proactively with self-reliant and self-protective responsive strategies. However, building awareness and preparation may save time and minimize distress between recognizing and overcoming reintegration challenges.

The results of this study provide a baseline for the qualitative understanding of women veterans' reintegration experiences so that future studies may build upon it to increase the understanding of the post-service social needs of this population. The psychosocial experiences of the women veterans in this study highlight the gap in empirical knowledge and limited government-sponsored support services for women veterans during reintegration. This lack of empirical evidence has real-world implications on the population of women veterans as they increase in number, continue to age, and their needs evolve.

Access to mental health and social support services immediately following military service was nonexistent for the participants of this study. Veteran-focused physical and mental health care services continue to be cumbersome in their enrollment processes and can be inadequate at identifying veterans struggling socially and emotionally in their reintegration (Bovin et al., 2019). Interventions must evolve to include holistic approaches to address the dynamics of a veteran's life, including essential SDOH (Markowitz et al., 2020; Purcell et al., 2021).

This research contributes to positive social change by increasing the understanding of the psychosocial experiences of women veterans so that the findings may inform future improvements to reintegration support services (Angel et al., 2018; Antal et al., 2019; Dallocchio, 2022). However, social advocacy must be combined with the body of empirical evidence to influence positive social changes that improve the lives of women veterans. (Steinhauer, 2019). The well-being of women veterans can be

enhanced by increasing the research-based knowledge available to policymakers and practitioners (Campbell et al., 2021).

The bottomline of this study: Reintegration was more difficult than expected. Despite the challenges they faced, the women veterans who participated in this study were proud of their military service. Social identity was impacted more than connection and support. SDOH contributed to the overall quality of reintegration experiences but revealed that psychosocial challenges were not addressed during military transition preparatory training. The participants of this study experienced a significant gap in access to mental health support services following military discharge. The adverse effects of negative reintegration experiences may last years beyond military discharge and require further investigation. There is an urgent need for researchers to advance the psychosocial understanding of women veterans, including conducting deeper investigations about SDOH that affect this population's short-term and long-term mental, emotional, and physical well-being following military discharge (Lawrence et al., 2021; Thompson et al., 2022).

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Appendix A: Demographic Questionnaire

With your permission, I would like to collect some demographic information:

1. What year were you born? _____

2. What race do you identify as? _____

3. What year did you join the military? _____

4. Which branch (or branches) of the military did you serve? _____

5. How long did you serve? _____

6. Did you serve on Active Duty, Reserves, or the National Guard? _____

7. Were you an enlisted, warrant officer, or commissioned officer? _____

8. What was your military occupation? _____

9. How many deployments did you complete (combat or non-combat)?

   _____

10. What was your rank upon separation? _____

11. How long have you been separated from the military? _____

12. What was your reason for leaving the military? _____

Appendix B: Interview Guide

The Central Research Question

The central research question: What are the reintegration experiences, challenges, and responsive strategies of women veterans with social support, social connection, and social identity? Using an exploratory and reflexive approach to data collection, the following research sub-questions support the central research question:

SQ1: What are the participants' *experiences* with social support, social connection, and social identity during reintegration?

SQ2: What are the participants' *challenges* with social support, social connection, and social identity during reintegration?

SQ3: What *responsive strategies* are used in response to challenges with social support, social connection, and social identity to during reintegration? during reintegration?

Opening Script

Thank you for joining me today. As you know, my name is Amanda Najar-Cabrera, and I am a doctoral student of social psychology at Walden University. We are here today because you have agreed to participate in a research study that includes sharing and documenting your story of social reintegration after military service. Your participation is voluntary, and you may stop and withdraw from the interview at any time. We will be discussing a topic that is personal and can be sensitive in nature, so if you need time or would like to skip a question, please feel free to let me know.

Prior to our meeting, you were provided an informed consent email, and you have responded and agreed to your voluntary participation. This interview will be audio-recorded, and no video will be used to safeguard your privacy. Your name will not be used, and you will be assigned a number in place of your name. These measures are meant to protect your privacy and confidentiality. Do you consent to this interview and audio recording? Do you have any questions before we begin?

Confirm Consent

Confirm Eligibility

Interview Initiation

I would like for us to explore your personal story about your civilian reintegration process -- including what it was like for you, how you felt, what you thought, the support you had or did not have, how it was different than your expectations -- in as much detail as possible. We will discuss your experiences, challenges, and ways for overcoming the challenges you faced in three areas: (a) social support, (b) social connection with others, and (c) social identity/group membership. As we begin, please think back to the day you left the military and the days immediately following your separation/retirement. Think about your experiences with social support, your relationships, and sense of belonging after military service.

Social Support Questions

Experiences

1. How did you feel when you left the military?

2. In 2-3 words, how would you describe your experience of the social support you experienced during reintegration after leaving the military?

3. Tell me about your experiences with social support after leaving the military; what was leaving the military like for you?

4. Who were the people who made up your social support system immediately after leaving the military?

5. Who would you say was *there for you most* during this time?

6. Would you say that you had enough social support as you reentered civilian life? Tell me about your answer.

Challenges

7. What challenges did you experience regarding the support you needed?

8. Why was this a challenge for you?

9. What made you feel supported or unsupported?

10. What did others do to support you or not support you?

Responsive Strategies

11. What did you do when you needed support from others?

12. When you needed help, who did you reach out to and why?

13. What did you do if you needed support and did not have it available to you?

14. How did you feel when you felt supported?

15. How did you feel when you felt unsupported?

16. What could others have done differently to support you better?

17. What was your biggest lesson learned regarding social support that you experienced during your reintegration?

18. What was your biggest success regarding social support that you experienced during reintegration?

Social Connection Questions

Experiences

1. How did your relationships change when you left the military?

2. If your relationships changed, how did this make you feel?

3. What was your relationship status when you left the military?

4. How did you connect with others after leaving the military (Romantic partner/spouse? Friends? Family)?

5. Did you ever experience a sense of disconnect from others after leaving the military? Tell me about your experiences.

6. Would you say that you experienced a sense of belonging with others when you reentered civilian life? What made you feel this way?

Challenges

7. What challenges, if any, did you have connecting with others after leaving the military?

8. If your relationships changed, how did this make you feel?

9. How did the changes in your connection to the military impact your sense of identity?

10. Describe any challenges you may have had regarding your military identity and becoming a civilian?

11. What do civilians not understand about being a veteran that you wish they understood?

12. What do civilians not understand about being a woman veteran that you wish they understood?

Responsive Strategies

13. What did you do to adapt to personal relationship challenges during reintegration?

14. What did you do when faced with difficulties connecting with others?

15. What did you do to forge new relationships with civilians outside of the military?

16. In what ways, if any, did you maintain connections to your military friends and acquaintances after leaving the service?

Social Identity/Group Membership Questions

Experiences

1. What social groups including religious, sports, hobbies, or other interests did you belong to when you left the military?

2. How did your involvement in social groups or group activities change after leaving the military?

3. When you seek out joining a social group, what motivates you to do so?

Challenges

4. What challenges to experiencing a sense of belonging have you encountered since leaving the military?

5. Do you prefer connecting with people online or in person, and why?

6. Do you find fulfillment in social groups or in more solitary activities? Why?

7. What deters you, if anything, from joining others in social activities or groups?

Responsive Strategies

8. In what ways have your group involvement or activities changed since leaving the military (Religious/Sports/Hobbies)?

9. What did you do when you found yourself in an uncomfortable group situation? Can you give me an example?

10. What did you do when you felt unheard, unseen, or unappreciated regarding your military service?

11. If you are active on social media, how did your social media usage change when you left the military? What groups are you a part of on social media?

12. How do you maintain connection to your military identity?

13. How do you disconnect yourself from your military identity?

Closing

1. Do you miss being in the military? Why?

2. How do you feel about speaking with me today?

3. Is there anything else that you would like to share that we have not discussed?

4. I want to thank you for sharing your story and for your time today.

What happens next?

1. I will follow-up with you to ask any follow-up questions, if necessary.

2. Upon completion of this project, the final outcomes will be available to you for review and comment.

3. Do you have any final questions or concerns?

4. Again, I want to reassure you that your privacy and confidentiality will be safeguarded.

5. If you have any questions in the coming days, you have my contact information to get in touch with me directly.

Thank you for your time and participation, your contribution to this research is valuable.