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A Resilient Warrior: Coping Positively With Combat Stress Exposure

William Stallard
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Walden University
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Abstract

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by

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Postgraduate Diploma, Naval War College, 2011

MA, Naval War College, 2004

MDiv, The Southern Baptist Theological Seminary, 1994

BA, Clear Creek Baptist Bible College, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Psychology

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Abstract

The purpose of this study was to explore and examine coping with combat stress exposure in a homogeneous group of 132 U.S. Marines who served in Operations Enduring Freedom or Iraqi Freedom, and who self-reported that they were coping positively. A mixed methods concurrent triangulation strategy was employed with positive psychology as the quantitative theoretical base and Husserlian transcendental phenomenology as the qualitative conceptual framework. Quantitatively, hardiness, hope, social support, personality, and coping strategies were assessed in the participants to examine how these variables may moderate or mediate the relationship between combat stress exposure and subjective well-being. Five hypotheses were tested using the one sample *t* test, Pearson correlation, and multiple regression analysis for moderation and mediation interaction. It was found that Marines with higher subjective well-being were generally hardy, hopeful, less neurotic, more extraverted, used adaptive coping strategies, and coped best with good social support. Thirteen volunteers from the larger sample were interviewed yielding qualitative data concerning how and why they coped positively. Seven themes emerged using an inductive and descriptive coding method. The themes were: (a) emotionality, (b) moral dilemma/injury, (c) self-awareness, (d) training, (e) job, (f) shared experience, and (g) social support. The negative effects of war can be economically, physically, and psychologically devastating to individuals, families, institutions, and society. Learning more about coping positively with combat stress exposure can enable the U.S. military to foster positive social change by mitigating the negative effects of stress, reducing medical treatment costs, strengthening warriors to be fit to fight, and ensuring that military service personnel return to society as better citizens.

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Dedication

The study is dedicated to the sons and daughters of freedom who boldly and bravely wear our nation's cloth in support and defense of the Constitution of the United States. Their sacrifices on the battlefields and at home make our nation great. I am deeply grateful for all who directly and indirectly supported this research project, especially the Commanders who granted me access to their Marines and the warriors who voluntarily participated in the study.

I dedicate this study to my family especially my parents for their unconditional love; to my wife, who is more than my best friend; she is my encourager, transcriptionist, and editor. Her keen intellectual ability ensured that every word and thought in this piece of work was scrutinized. To my children I owe my gratitude—they, too, are able scholars; they encouraged me and believed that I would complete what I started. My son was my graphic artist who designed the Resilient Warrior logo, the promotional material, and webpage. His artistic ability captured what I envisioned communicating as a resilient warrior.

Additionally, I dedicate this work to my mentors, Chaplain Allen and Mrs. Terri Allen. They are my champions. They served our nation while at war and during times of peace. Chaplain Allen introduced me to Duquesne's school of phenomenology where he studied with Adrian Van Kaam. This dynamic couple overcame many personal challenges in their life—they are resilient warriors. Lastly and most importantly, I am eternally grateful to my Savior and Lord Jesus Christ, who created, saved, and sustains me. My faith and hope in God ensured that if I loved what I started, I would finish strong.

Acknowledgments

The ultimate goal of my research can be found in the words of Lincoln at the end of his second inaugural address:

With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation's wounds, *to care for him who shall have borne the battle* and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.

Furthermore, in a statement attributed to General George Washington, the U.S. Senate Committee on Veteran's Affairs stated:

The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation.

Finally, the United States of America's veterans of war deserve our best resources, support, and care in order to cope positively with the effects of combat.

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Chapter 1: Introduction

Background

September 11, 2001 changed the lives of countless people as the United States (U.S.) was attacked by terrorists, triggering the Global War on Terrorism (GWOT). In October 2001, the U.S. went on the military offensive in Afghanistan as Operation Enduring Freedom (OEF) began, and in March 2003, Operation Iraqi Freedom (OIF) was launched with shock and awe. The GWOT has been characterized as the *Long War* (Rosenau, 2006), and in September 2010, OIF transitioned to the stability mission Operation New Dawn, with the withdrawal of combat forces on December 31, 2011; combat operations continue in Afghanistan. Since October 2001, more than 2.5 million U.S. service members have served in OEF and OIF (Department of Defense, 2013). These simultaneous overseas contingency operations have exposed U.S. service members to combat stress.

The deleterious effects of *combat stress exposure* (CSE) have been recorded in literature since antiquity, from Homer's 9th century BCE *Iliad* to the 3rd century BCE *Epic of Gilgamesh* and beyond (Brimes, Hatton, Brunet, & Schmitt, 2003). During the U.S. Civil War, military physicians and policy makers became more aware and interested in the physical and psychological impact of combat on U.S. service members (Talbot, 1996). From the U.S. Civil War until February 2010, over 41 million U.S. service members participated in major wars, with over 980,000 war related deaths and over 1.4 million wounded in action (Congressional Research Service, 2010). However, these statistics do not capture the psychological casualties of war caused by CSE.

Hoge et al. (2004) published one of the first studies on the psychological casualties of OEF/OIF. They interviewed 2,530 U.S. Soldiers and Marines from OIF and 3,671 U.S. Soldiers and Marines from OEF. The researchers found that 16% of OIF veterans and 11% of OEF veterans had been diagnosed with posttraumatic stress disorder (PTSD) or were suffering from other psychopathological problems associated with CSE. The level of CSE was significantly correlated with negative psychological symptoms. The Hoge et al. study pointed out the gaps in the current research on the effects of exposure to combat and noted that most studies that “examined the effects of combat on mental health were conducted among veterans years after their military experience” (p. 14). Hoge et al. focused their study on the prevalence of psychopathology such as depression or PTSD; additionally, they analyzed who was not getting help for mental health problems and why they were not getting help. The Hoge et al. study provided the catalyst for other studies of the same nature over the past decade.

Since 2003, the U.S. Army (USA) has deployed Mental Health Advisory Teams (MHAT) to Iraq and Afghanistan each year to study the psychological effects of combat on service members. In a series of MHAT reports, the Army amassed significant data on the impact of CSE. The MHAT V (2008) reported that the prevalence of mental health problems involving acute stress reaction, depression, and anxiety was 17-18% of the 2,295 OIF Soldiers who participated in the September to October 2007 well-being surveys, and similar findings were reported from the 699 OEF Soldiers surveyed. Additionally, of those surveyed in OIF during the same period, approximately 11% of Soldiers screened positive for mild traumatic brain injury (TBI; MHAT V).

The J-MHAT 7 (2011) reported on the mental health of Soldiers and Marines in Afghanistan. The mental health advisory team collected data from two randomized samples: (a) 911 surveys from Soldiers and (b) 335 surveys from Marines. The findings on Marines were compared to previous MHAT reports and included the following:

1. Marines reported more exposure to concussive and combat events.
2. Marines reported higher rates of psychological problems.
3. Marines reporting suicidal ideation were unchanged from previous reports.
4. Marines who deployed multiple times reported more psychological issues.

However, the news was not all negative. The report noted:

1. Marines reported lower rates of marital problems: divorce, separation, and adultery.
2. Marines reported morale, unit cohesion, and perception of leadership as higher.
3. Marines reported a reduction in the stigma for getting helping.
4. Marines reported an increase in pride for what they were doing in OEF.

There is no lack of information regarding the negative health effects of combat on U.S. service members. In April 2008, the Center for Military Health Policy Research of the RAND Corporation released a study on the psychological and cognitive injuries to service members from OEF/OIF (RAND, 2008). The title of the study, *Invisible Wounds of War*, captured the essence of the majority of injuries from OEF/OIF. As compared to previous wars the U.S. participated in, the GWOT has resulted in fewer physical injuries and deaths because of improved tactics, armored vehicles, and body armor; however,

because of fewer forces, a longer war, and multiple deployments, there was more exposure to combat stress, which increased the probability of psychological injuries.

The RAND (2008) study surveyed 1,965 OEF/OIF veterans to determine the probability of diagnosis with major depression, PTSD, or a TBI. The findings suggested that of the over 1.6 million service members who served in OEF/OIF at the time of the study, 300,000 possibly suffer from PTSD or related symptoms, and 320,000 may have some magnitude of a TBI (RAND). There are many negative effects of CSE on service members who come home with no visible signs of injury, and many will manifest harmful behaviors such as substance abuse, domestic violence, suicide, and homicide (Institute of Medicine, 2010).

However, as startling as this may seem, the majority of OEF/OIF veterans come home without physical or psychological injuries and will successfully adapt and readjust by coping positively with CSE. Peterson, Park, and Castro (2011) noted that despite PTSD rates that range from 13% to 25%, suicide rates of 20 per 100,000, annual divorce rates of 3%, most U.S. service members do well when they come home from war. Martin Seligman conjectured that the psychological response to military combat is a normal distribution, and that the majority of those who come home from war are resilient (Seligman & Fowler, 2011).

The current study focuses on resiliency and coping positively with CSE. I assumed that negative psychological symptomology can coexist with positive coping with CSE; this assumption is based on *posttraumatic growth* (PTG) theory research (Rieck, Shakespeare-Finch, Morris, & Newberry, 2005). Posttraumatic growth theory

purports that positive change or growth can result from adverse circumstances or traumatic events (Linely & Joseph, 2004a). Posttraumatic growth studies have been conducted with various populations such as victims of rape, disasters, and diseases (Joseph, Linely, & Harris, 2005). More recently, PTG studies have been conducted with war veterans. Pietrzak et al. (2010) conducted one of the first PTG studies with combat veterans from OEF/OIF. In a survey of 272 Connecticut National Guardsmen who served in OEF/OIF since 2003, 72% when assessed using the Posttraumatic Growth Inventory responded with *great to very great growth* based on their combat experience.

In recent years, there has been a renewed interest in resiliency, stress, and coping; however, there is a significant gap in the literature regarding coping positively with CSE. The majority of studies conducted on the effects of war on service members have examined psychopathology such as PTSD. Historically, psychology in general focused on what is wrong with people or illness; however, with the formalization of positive psychology, there is renewed interest in what is right with people or wellness. The current study examines and explores the psychology of what works for coping positively with CSE.

Resiliency

Why do some individuals exposed to stress, adversity, or trauma display positive psychological outcomes? Why do most U.S. service members exposed to combat stress cope positively with this experience? Are some individuals more physically and psychologically resilient? Peterson and Seligman (2004a) contended that stressful life events may negatively affect some individuals while there are many people who are

resilient in the face of adversity. These researchers noted that resiliency is not a “unitary trait or characteristic” but is an “umbrella” term for those who cope well with stressful experiences (p. 78).

Much of the psychological resiliency construct is grounded in child developmental psychology (Yates & Masten, 2004). Masten and Reed (2005) defined *resiliency* as “a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity and risk” (p. 75). Walsh (2006) defined resiliency “as the capacity to rebound from adversity strengthened and more resourceful. It is an active process of endurance, self-righting, and growth in response to crisis and challenge” (p. 4). Bonanno (2008) differed with Walsh and contended that resiliency is often “underestimated and misunderstood” (p. 101). Bonanno differentiated resiliency from recovering or rebounding from adverse circumstances—resilient individuals maintain relative stability during crisis and display psychological homeostasis over time (Bonanno).

Lepore and Revenson (2006) reviewed resiliency from a posttraumatic growth perspective focusing on three forms of resiliency: (a) recovery, (b) resistance, and (c) reconfiguration. They concluded that resiliency is both a process and an outcome. To describe the difference between the three forms of resiliency, Lepore and Revenson employed a wind-blown tree analogy. *Recovery* is described as a severely wind-blown tree that bends without breaking and, after the wind stops, returns to its original shape (prestress functioning). This form of resiliency involves psychological “elasticity” (p. 25). *Resistance* is described as a tree that appears unaffected by the wind; essentially, it

stands strong and does not bend or break under stress. Finally, resilience as *reconfiguration* is described as a tree that bends when blown severely over time, and because of the severity and prolonged nature of the wind, changes shape to adapt or accommodate to the effects of stress (Lepore & Revenson). In the current study, I used the Lepore and Revenson model.

Finally, there is a gap in the research literature with regard to the study of resiliency and adults; however, over the past decade, this gap has begun to close. After September 11, 2001, the American Psychological Association (APA) launched a national education, prevention, and intervention resilience initiative (Newman, 2005). In August 2002, *The Road to Resilience* was promulgated to help mitigate the impact of traumatic stress on society and individuals, and in March 2003, the APA released *Resilience in Time of War* followed by *Homecoming: Resilience After Wartime* (Newman). These initiatives targeted both civilians and the military. Conceptually defined, resiliency is the adaptive ability to positively cope with physical and psychological stress.

Psychological Stress and Coping

Every human being is continuously subjected to stress (Selye, 1976). Hans Selye defined *stress* as “the nonspecific response of the body to any demand” (p. 1). Selye was one of the pioneers of stress research, developed the general adaptation syndrome theory to explain the wear and tear of stress on the human being. Selye may be considered the father of the modern construct of stress; his research built a bridge from the biological to the psychological while weaving in a philosophy of life. He developed a stress lexicon that included terms like *stress*, *distress*, and *eustress*; he mapped out the biological stress

response system and was able to integrate other theories such as Walter Cannon's concept of physiologic homeostasis (Selye).

Even though stress is a ubiquitous human phenomenon, there is no unified definition of stress. Stress is defined differently by biologists, architects, psychologists, physicists, and sociologists; however, there are common terms used to describe and define stress such as *strain*, *tension*, and *load*. Conceptually defined, *psychological stress* is the external or internal tension, strain, or pressure experienced and appraised by an individual along a continuum of stressors from benign to extreme to traumatic as the person transacts with his or her environment.

Herbert (1997) categorized stress and stressors as physical and psychological. A stressor can be an internal or external stimulus, real or unreal, benign or existential (Drolet et al., 2001). The normal human stress response system functions essentially the same way in every person; however, individual genetics, physical and psychological development, duration of the stressor, type of stressor, and stress coping resources can either exacerbate or mitigate the stress response and impact on health and well-being (Flannery, 1999). Thus, the physiological human stress response system may work in the same way for most individuals; however, the psychological human stress responses vary from individual to individual due to person factors. There are enough common person factors that stress and coping patterns can be theorized such as in the work by Selye (1976).

From a transactionist perspective, *psychological stress* “refers to that quality of experience, produced through a person-environment transaction that, through either

overarousal or underarousal, results in psychological or physiological distress” (Aldwin, 2007, p. 24). The most prevalent transactionist stress and coping model was developed by Lazarus and Folkman (1984), who stated, “psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (p. 19). Stress affects everyone differently; some individuals are more resilient, some have better coping styles and strategies.

Furthermore, Lazarus and Folkman (1984) defined “coping as constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of a person” (p. 141). From a transactionist perspective, Aldwin (2007) defined *coping* as “the use of strategies for dealing with actual or anticipated problems and their attendant negative emotions” (p. 125). Coping may involve personality styles that are consistent over time or strategies that vary from coping situation to situation (Lazarus, 1999). Conceptually defined, coping is a cognitive and emotive transactional adaptation process that involves coping strategies and styles to appraise and manage stress along a continuum of benign to extreme to traumatic stressors.

Problem Statement

The problem I addressed in the current study is that until now, most studies on the effects of CSE on service members have focused on the negative outcome of stress exposure such as PTSD, thus leaving a significant gap in the literature on coping positively with exposure to combat stress and resiliency. Using only PsycINFO in

EBSCO and searching for peer-reviewed articles between 1914 and 2011 (WWI to the GWOT), I had the following search results, which bring the problem of this study into focus: *stress and coping* (11,830); *stress and coping and war* (281); *stress and coping and military combat* (2); *PTSD* (8,452); *PTSD and coping* (484); *combat stress* (147); *combat stress and coping* (30); *combat stress exposure* (3); *combat stress exposure and coping* (0). Britt, Sinclair, and McFadden (2013) noted in the introduction of *Building Psychological Resilience in Military Personnel* that in a peer-reviewed search of PsycINFO from 2000-2010, they found 4,133 citations when searching for *resilience* but only 136 citations when they searched for *resilience + military*.

To help close the research gap on combat stress exposure, coping, and resiliency, I used a mixed method concurrent triangulation strategy, whereby qualitative (QUAL) and quantitative (QUAN) data were collected side by side, analyzed separately, and then integrated. This QUAL+QUAN mixed method study explored and examined the coping outcome in a homogeneous group of U.S. Marines who were exposed to combat stress during OEF/OIF, and who self-reported that they were coping positively with their combat experience. In the QUAL portion of the study, I explored through phenomenological interviews how and why these Marines coped positively with their combat experience after OEF/OIF. During the QUAN portion of the study, I examined the influence of the independent variable (IV) of combat stress exposure on the dependent variable (DV) of subjective well-being by measuring the impact and role of the moderating variables (MODV) of hardiness, hope, social support, and personality, along with the mediating variable (MEDV) of coping.

Purpose of the Study

The purpose of the study was to quantitatively examine and qualitatively explore the phenomenon of coping with the effects of CSE in a group of U.S. Marines who served in either OEF or OIF or both, and self-reported that they were coping positively with their combat experience. The findings helped fill the literature gap concerning psychological illness and wellness; they added to the resiliency, stress, and coping literature, with the goal of influencing researchers to conduct more resiliency studies in order to develop prevention, intervention, and postvention programs and policies that will help mitigate the negative impact of CSE on service members, their families, the military institution, and society.

Research Questions and Hypotheses

There were three research questions and five directional hypotheses for this study.

1. What influence did the moderating variables of hardiness, hope, social support, and personality have on the effect of CSE on the U.S. Marines in this study who subjectively self-reported that they were coping positively with their combat experience?

The following directional hypotheses were tested during this study:

H₀₁: U.S. Marines who score average or above on the PVSIII-R® (Maddi & Khoshaba, 2001) cope positively with CSE (H₀₁: $\mu \geq 40$).

H₀₂: U.S. Marines who score average or above on the Adult Dispositional Hope Scale (Snyder, Rand, & Sigmon, 2005) cope positively with CSE (H₀₂: $\mu \geq 49$).

H₀₃: U.S. Marines who score average or above on the Postdeployment Social Support Scale (King, King, & Vogt, 2003) cope positively with CSE (H₀₃: $\mu \geq 56.69$).

H₀₄: U.S. Marines scoring average or above on extraversion, openness, conscientiousness, and agreeableness and low on neuroticism based on the NEO™-Five-Factor Inventory-3 (NEO™-FFI-3; McCrae & Costa, 2010) cope positively with CSE (H₀₄: $\mu \geq 45$ for EOAC; $\mu < 45$ for N).

2. What mediating influence did coping have on the effect of CSE on the U.S. Marines who participated in this study and subjectively self-reported that they were coping positively with their combat experience? The following directional hypothesis was tested during this study to examine this hypothesis:

H₀₅: U.S. Marines who subjectively self-report that they are coping positively with CSE report adaptive coping strategies and styles based on the Brief COPE Inventory (Carver, 1997).

3. How and why did the U.S. Marines in this study cope positively with their combat stress exposure experience? Question 3 was explored in the qualitative strand of the study and does not have a hypothesis.

Theoretical Base and Conceptual Framework

The theoretical base for the QUAN strand of this mixed method study was applied positive psychology, and the QUAL conceptual framework was Husserlian transcendental phenomenology. Positive psychology is a science of well-being. Applied positive psychology is the study of positive cognitions and emotions, positive character

strengths, and virtues, and positive institutions (Linely & Joseph, 2004b; Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005). Cowen and Kilmer (2002) noted that historically psychology was more concerned with psychopathology and how to fix the human psyche. Positive psychology is focused on preventing psychopathology. The health benefits attained in practicing positive psychology are profound and range from helping individuals find hope amidst depression to stress reduction and lowering cortisol levels (Fredrickson & Losada, 2005).

Positive psychology's foundation is built on character strengths, and virtues (CSV; Peterson & Seligman, 2004b). There are six universal virtues in the CSV construct (Dahlsgaard, Christopher, & Seligman, 2005; Peterson & Seligman, 2004c). The virtues are wisdom, courage, humanity, justice, temperance, and transcendence (Park, Peterson, & Seligman, 2004; Seligman, Steen, Park, & Peterson, 2005). Positive psychology is impassioned, with the goal of helping individuals discover the good life and human authenticity in order to flourish amidst adversity (Dahlsgaard, Christopher, & Seligman; Robbins, 2008). The moderating variables in this study are a good fit for the positive psychology construct and are described in Chapter 2.

As noted above, resiliency and coping positively with stress are important aspects of positive psychology (Peterson & Seligman, 2004a). Positive psychology is concerned about risk factors that undermine well-being; however, positive psychology focuses more on protective factors such as hardiness, hope, and social support in order to strengthen resiliency. Positive psychology is not a risk averse or a stress free theory of life; instead,

positive psychology boldly takes on challenges and threats to human well-being so that humans can do more than survive—they can thrive.

Since WWII, the U.S. military has continued to study combat stress, coping, and resiliency (Bartone, Pastel, & Vaitkus, 2010). The U.S. military has embraced the positive psychology movement and its impact on training and leadership (Matthews, 2008a, 2008b). The military is critically concerned about the physical and psychological well-being of service members and their families, as evidenced in Department of Defense (DoD) online initiatives such as *Real Warriors, Real Battles, Real Strengths* resources; the U.S. Army's *Comprehensive Soldier Fitness (CSF)* program, and the Navy and Marine Corps' *Combat Operational Stress Control (COSC)* program for service and family members. The Commandant of the Marine Corps made institutionalizing resiliency training a top priority for the Corps in 2010. These initiatives and programs address resiliency, stress, and coping at the individual, operational, familial, and institutional levels.

Understanding the positive and negative effects of combat on U.S. service and family members has become a top priority for DoD and the Veterans Administration (VA). The January 2011 APA journal *American Psychologist* featured a series of articles on the U.S.A.'s CSF program. Former U.S.A. Chief of Staff General George W. Casey, Jr. noted that the CSF “is an integrated, proactive approach to developing psychological resilience in our soldiers, in their family members, and in the Army's civilian workforce” (Casey, 2011, p. 1). The Army's CSF program is aligned with the Penn Resiliency Program and the science of positive psychology to develop an extensive array of user

ready resources to help prevent the psychological negative effects of war by strengthening psychological health and well-being (Cornum, Matthews, & Seligman, 2011; Reivich, Seligman, & McBride, 2011).

Finally, the conceptual framework for the QUAL strand of this mixed methods study was based on Edmund Husserl's transcendental phenomenology. Husserl (1927) developed transcendental phenomenology late in the 19th and early in the 20th centuries as a systematic scientific method, philosophy, and psychology (Giorgi, 2009; Moustakas, 1994). Meaning making or discovering the essence of a lived experience is at the core of transcendental phenomenology (Moerer-Urdahl & Creswell, 2004). The primary means of collecting data using this method is through phenomenological interviews (King & Horrocks, 2010). Transcendental phenomenology can be used to investigate any phenomenon and has been employed in a variety of studies, especially in nursing research (Priest, 2004; Scannell-Desch, 2005). Positive psychology and transcendental phenomenology are described in Chapters 2 and 3.

Conceptual Definitions of Terms and Operational Measures

Combat: War is “a violent clash of interests between or among organized groups characterized by use of military force” (MCDP 1, 1997, p. 3). The violence of war by military force is combat. A combat zone is an environment; the combatant transacts with the stress within this environment. Conceptual definition: War is a clash of wills and interests that often results in military force and violence involving combat.

Combat stress: The Marine Corps (MCRP 6-11C, 2000) defined combat stress as “the mental, emotional, or physical tension, strain, or distress resulting from exposure to

combat related conditions” (p. C-2). This definition was updated in MCRP 6-11C (2010) to “changes in physical or mental functioning or behavior resulting from the experience of lethal force or its aftermath. These changes can be positive and adaptive or they can be negative, including distress or loss of normal functioning” (p. 1-3). Combat stress involves a person-environment transaction. Combat stress can lead to distress, injury, or illness when the psychological and physical demands exceed a person’s ability to adapt to, manage, and cope with stress (Nash, 2007). Combat stress can be measured along a continuum from benign (no threat) to extreme to traumatic (threat to integrity of self or existential threat). Being exposed to combat stress can result in negative or positive psychological and physical outcomes. Conceptual definition: Combat stress is the external and internal tension, strain, or pressure experienced and appraised by an individual along a continuum of stressors from benign to extreme to traumatic as a person transacts with the combat environment.

Combat stress exposure: The degree, magnitude, and cumulative effect (allostasis) of exposure to combat stress related experiences. Combat stress exposure can be measured on a stress continuum of light to heavy combat. Conceptual definition: Combat stress exposure is the magnitude or intensity of exposure to combat-related experiences that can be measured on a continuum of light to heavy combat. Operationally, CSE can be measured by the Combat Exposure Scale (Keane et al., 1989).

Combat stress reaction: The "expected, predictable, emotional, intellectual, physical, and/or behavioral reactions of service members who have been exposed to stressful events in combat or military operations other than war" (Campise, Geller, &

Campise, 2006, p. 216). Conceptual definition: Combat stress reaction is the expected psychological and physiological reaction to exposure to combat or operational stress; this reaction is on a continuum of stressors from benign to extreme to traumatic as an individual transacts with the combat environment.

Combat operational stress control: “Encompasses all policies and programs to prevent, identify, and holistically treat mental injuries caused by combat or other operations” (United States Marine Corps, 2009, para. 1). The two primary goals of COSC are a ready force, and protecting and restoring the well-being of Marines and their families (para. 1). At the unit leader level, COSC is defined as “leader actions and responsibility to promote resilience and psychological health in military units and individuals, including families, exposed to the stress of combat or other military operations” (MCRP 6-11C, 2010, p. 1-3). Conceptual definition: COSC is the U.S. Navy and Marine Corps’ holistic program for preventing and treating the effects of combat stress in Sailors, Marines, and their families to ensure a ready and healthy fighting force.

Coping “is a response aimed at diminishing the physical, emotional, and psychological burden that is linked to stressful life events and daily hassles” (Snyder & Dinoff, 1999, p. 5). From a transactionist perspective, Aldwin (2007) defined coping as “the use of strategies for dealing with actual or anticipated problems and their attendant negative emotions” (p. 125). Coping may involve personality styles that are consistent over time or strategies that vary from coping situation to situation (Lazarus, 1999). Conceptual definition: Coping is the transactional and adaptive appraisal process that uses cognitive and emotive reappraisal as well as coping strategies and styles to manage

stressors along a continuum of benign to extreme to traumatic. Operationally, coping can be measured by the Brief COPE Inventory (Carver, 1997).

Hardiness is “a composite of the interrelated attitudes of commitment, control, and challenge that provides the existential courage and motivation to turn circumstances from potential disasters into growth opportunities” (Maddi, Harvey, Khoshaba, Fazel, & Resurreccion, 2009, p. 292). Conceptual definition: Hardiness is a personality construct that manifests existential courage to cope positively with stress through the hardy attitudes of commitment, control, and challenge. Operationally, hardiness can be measured by the PVSIII-R® (Maddi & Khoshaba, 2001).

Hope is “the process of thinking about one’s goals, along with the motivation to move toward (agency) and the ways to achieve (pathways) these goals” (Snyder, 1995, p. 355). Conceptual definition: Hope is goal setting; achieving goals requires motivation, resources, and execution of a plan and the ability to reach goals even when there is adversity. Operationally, hope can be measured by the Adult Dispositional Hope Scale (Snyder, Rand, & Sigmon, 2005).

Positive psychology is “a field of psychological theory and research that focuses on the psychological states (e.g., contentment, joy), individual traits or character strengths (e.g., intimacy, integrity, altruism, wisdom), and social institutions that make life most worth living” (VandenBos, 2007, p. 713). Conceptual definition: Positive psychology is the study of positive cognitions, emotions, character strengths and virtues, and institutions that influence individuals to achieve and experience a flourishing life even

under stressful circumstances. Positive psychology is not the study of psychopathology and illness; rather, it is the study of psychological health and wellness (well-being).

Psychological stress “refers to that quality of experience, produced through a person-environment transaction that, through either overarousal or underarousal, results in psychological or physiological distress” (Aldwin, 2007, p. 24). According to Lazarus and Folkman (1984), “psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (p. 19). Conceptual definition: Psychological stress is the external or internal tension, strain, or pressure experienced and appraised by an individual along a continuum of stressors from benign to extreme to traumatic as a person transacts with his or her environment.

Resiliency from a developmental psychology perspective is “a class of phenomena characterized by patterns of positive adaptation in the context of significant adversity and risk” (Masten & Reed, 2005, p. 75). Walsh (2006) defined resiliency “as the capacity to rebound from adversity, strengthened and more resourceful. It is an active process of endurance, self-righting, and growth in response to crisis and challenge” (p. 4). Newman (2005) defined resiliency as “the human ability to adapt in the face of tragedy, trauma, adversity, hardship, and ongoing significant life stressors” (p. 227). The Navy and Marine Corps defined resiliency as “the process of preparing for, recovering from, and adjusting to life in the face of stress, adversity, trauma, or tragedy” (MCRP 6-11C, 2010, p. 1-3). Conceptual definition: Resiliency is the adaptive ability to positively cope with physical and psychological stress.

Social support is “the provision of assistance or comfort to others, typically in order to help them cope with a variety of biological, psychological, and social stressors” (VandenBos, 2007, p. 869). Conceptual definition: Social support is the assistance given by institutions, groups, and individuals to aid someone in coping with physical and psychological stress. Operationally, military social support can be measured with the Postdeployment Social Support Scale (King, King, & Vogt, 2003).

Stress appraisal is the evaluation of stressors; the verb *appraising* focuses on the evaluation process, and the noun *appraisal* focuses on the “evaluative product” (Lazarus, 1999, p. 75). The stress appraisal and coping model developed by Lazarus and Folkman (1984) differentiated two forms of conscious and unconscious appraisal as primary and secondary. Stress appraisal involves evaluating stressors for personal phenomenological meaning and appraising stressors on a continuum of benign to threatening. Conceptual definition: Stress appraisal is the psychological process of evaluating and giving meaning to stressors. Stressors are environmental factors that are perceived by an individual on a continuum of benign to extreme to traumatic.

Stress coping style is “the characteristic manner in which an individual confronts and deals with stress, anxiety provoking situations, or emergencies” (VandenBos, 2007, p. 232). Coping style is an individual personality factor that is stable over time and situations (Aldwin, 2007). Conceptual definition: Stress coping styles are typically stable traits like personality factors that influence an individual’s unique way of coping.

Stress coping strategy is “an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one’s reaction to such a

situation” (VandenBos, 2007, p. 232). Coping strategies are process oriented and change based on stress response (Aldwin, 2007). Conceptual definition: Stress coping strategies are cognitive and emotive processes that an individual uses to cope with stress; these strategies may vary from coping situation to situation.

Transcendence is the positive psychology virtue of “strengths that forge connections to the larger universe and provide meaning” (Peterson & Seligman, 2004c, p. 30). Transcendence is further described by five character strengths: (a) appreciation of beauty and excellence, (b) gratitude, (c) hope, (d) humor, and (e) spirituality (Peterson & Seligman, 2004b, p. 30). Conceptual definition: Transcendence is a metaphysical sense of connectedness to self, others, the universe, and for many to God. This connectedness provides meaning to life and helps individuals cope with stress.

Transcendental phenomenology (Husserlian) is a philosophy that seeks to understand anything at all that can be experienced through the consciousness one has of whatever is ‘given’—whether it be an object, a person, or a complex state of affairs—from the perspective of the conscious person undergoing the experience. (Giorgi, 2009, p. 4)

Conceptual definition: Transcendental phenomenology is a philosophy, psychology, and research methodology that explores the conscious human experience of any phenomenon in order to explicate the essence of the phenomenon.

Assumptions and Limitations

1. I assumed the authenticity and truthfulness of the research participant’s self-reports of their subjective conscious responses to quantitative measures and

qualitative questions. A limitation to this assumption was social desirability and recollection bias.

2. I assumed that the quantitative measures used in this research and normed for the civilian general population can be used directly with a military cohort. A limitation was the lack of previous research comparing military and civilian samples using these instruments.
3. I assumed that inferences and generalizability of research findings can be applied to the other branches of the U.S. military. A limitation to this study was that the sample was very purposeful and homogenous; thus, the sample may not represent the whole military population.
4. I assumed that the mixed methods approach would provide reliable, valid, and trustworthy findings. A limitation to this approach was the potential for uncontrolled confounding variables, misinterpretation of data, or divergent/contradicting findings.
5. I assumed that most U.S. Marines exposed to combat stress will cope positively with their combat experience. A limitation was the gap in the research literature related to coping positively with CSE.
6. I assumed that coping with CSE is a normal distribution in that some will be left of the distribution and will be diagnosed with posttraumatic stress disorder while others will be right of the distribution and experience posttraumatic growth; however, most Marines will be in the middle of the distribution and cope positively with their experience. This is based on Seligman's claim that

“the human response to high adversity, such as combat, is normally distributed” (Seligman & Fowler, 2011, p. 84). A limitation was the gap in the research literature related to coping positively with CSE.

7. I assumed that negative psychopathological symptoms from the effects of exposure to combat stress can coexist with positive psychological outcomes. A limitation was the gap in the research literature related to coping positively with CSE.
8. I assumed and expected a level of bias. As a prior enlisted Marine and veteran of OIF as a Navy Chaplain, I was exposed to combat stress but not at the magnitude of my sample. Also, I am positively biased toward Marines who have served in combat, which required me to exercise discipline not to permit my biases to interfere with data collection and analysis. This is why transcendental phenomenology was a good qualitative framework for this study because of the epoche or bracketing of my knowledge and experience. Another limitation to this study was positive bias toward the participants and phenomenon under study.

Delimitations

The scope of this study involved discovering how and why U.S. Marines who have been exposed to combat and who have returned home are coping positively with their combat experience. This was a narrowly focused study of stress and coping using a purposeful, homogenous, and nonrandom sample. The boundaries of this study were confined within the context of the Marine Corps which is a strength and not a weakness.

The research population was healthy and productive, with a strong sense of identity. Using valid and reliable positive psychological measures for the QUAN side of the study and the discipline of the epoche and process of the transcendental phenomenological QUAL side of the study led to a convergence of data that was supported by scientifically observable and verifiable findings. This mixed method study enabled me to use two methods to build a third method of inquiry that maximized the strengths and minimized the weaknesses of a single method of study.

Significance of the Study

Unless there is world peace, war will continue to cause harm to individuals, institutions, communities, cities, states, and nations. The negative effects of war can last a lifetime and have immediate generational consequences. If the U.S. military knows why and how service members cope positively with combat stress, then assessments and tools can be designed and training developed to prepare service members and their families for the potential negative and positive effects of combat. Inherent to this study was social change, as coping positively with combat stress can mitigate the negative effects of combat in many warriors by strengthening resiliency, thus strengthening families, reducing cost for mental health care, and producing better citizens. United States service members are volunteer Soldiers, Sailors, Marines, and Airmen, and when they return to society healthy, after honorable service, they can be more productive and positive citizens.

The nature of this study was to expand the resiliency, stress, and coping research literature, create research interest, help military planners and policy makers create new

resiliency strengthening programs, help clinicians and researchers develop theories and practices to mitigate the negative psychological outcomes of war, and most of all, help warriors and their families make sense of their military combat experience.

Chapter Summary

Life is stressful, and every human being is subjected to stress; thus, coping positively with stress is critical for living the good life. The resiliency, stress, and coping research literature is rich and diverse, but there is a significant gap in the literature with regard to coping positively with combat stress. Past research on combat stress focused primarily on psychopathology or illness—not positive psychology and wellness. In this mixed methods study I helped fill in the gap between psychological illness and wellness, between psychopathology and positive psychology. The key points from Chapter 1 include the following:

1. Over 2.5 million service members served in OEF/OIF and were exposed to combat stress.
2. Statistically, over 300,000 may potentially suffer from an invisible wound of war such as PTSD or TBI.
3. Most service members who return home from war and have been exposed to combat stress will cope positively with their combat experience.
4. The positive psychology variables of hardiness, hope, social support, and personality moderate the effect of the independent variable of combat stress exposure on the dependent variable of subjective well-being.

5. The variable of coping mediates the effect of the independent variable of combat stress exposure on the dependent variable of subjective well-being.

Chapter 2 will review literature focusing on the theoretical base of positive psychology and the conceptual framework of transcendental phenomenology as it pertains to coping with CSE. Chapter 3 will describe the mixed methods research plan. Chapter 4 presents the findings from the collected and analyzed mixed method data. Chapter 5 provides the discussion of the findings, conclusions, and recommendations to include the impact on social change.

Chapter 2: Literature Review

Introduction

The first section of this mixed method literature review examines the quantitative theoretical base of coping positively with combat stress exposure (CSE). The second section of this literature review explores the qualitative conceptual framework of coping positively with CSE. There is abundant research literature on resilience, stress, coping, and the negative psychological outcomes of stress, but the same body of literature is sparse on coping with CSE and resilience in the military; thus, there is a significant gap in the literature on coping positively with CSE and resiliency.

Theoretical Base

Stress and Coping Theory

Stress and coping as a person-environment transaction. The science of stress and coping is broad, and the theoretical approach to researching this phenomenon depends on the scientific discipline conducting the inquiry. If stress and coping are simply a biological stimulus-response, then Selye's (1976) general adaptation syndrome theory is sufficient for understanding the human reaction to stress. If sociology or traumatology is the theoretical approach, then an ecological model may work best for understanding stress and coping (Grzywacz, 2000; Harvey, 1996). For my study I used a cognitive transactionist model of stress and coping developed by Lazarus and Folkman (1984).

Lazarus and Folkman (1984) developed the transactional model as a metatheory to demonstrate that stress and coping are a cognitive and evaluative process involving a

transaction between a person and the environment. According to Lazarus and Folkman transactionalism is a “bidirectional and dialectical systems approach to stress and coping” (p. 294). A person-environment transaction is not simply an interaction with the environment but “implies a newly created level of abstraction in which the separate person and environment elements are joined together to form a new relational meaning” (p. 294). Thus, at the core of the evaluation or appraisal of stress and coping are subjectivity and phenomenology.

There are many person factors that influence stress and coping, such as external or internal stressors, environmental context of the stress, the internal cognitive and emotive state of the individual experiencing stress, individual cognitive abilities, personality factors, and individual coping strategies or styles. A transactionist theory of stress and coping is an integrated biopsychosocial model (Aldwin, 2007). Person factors can compound the coping process and confound research; thus, being aware of individual person variables and trying to control for them is critical for the researcher.

Harvey (1996) defined environment, from a traumatic stress perspective, as the ecological context of stress. From an interactionist point of view, the environment is a stimulus or stressor that elicits a response; while from a transactionist perspective, the environment is the context of stress, a stressor, and a potential coping resource (Aldwin, 2007). Lazarus (1999) identified four environmental variables: (a) demands, (b) constraints, (c) opportunity, and (d) culture (pp. 61-70). *Demands* are negative or positive psychological pressures that can create external and internal conflicts. *Constraints* limit what a person can and cannot do about the environment and the stressor. *Opportunity*

involves timing—the right or wrong time, or the stress of a missed opportunity. *Culture* is the totality of environmental and ecological forces converging to create, mitigate, or exacerbate stress. Thus, when environmental demands (stressors) exceed a person's coping ability and resources, this leads to a person-environment transaction mismatch resulting in psychological stress, often called *distress* (Aldwin; Lazarus).

Stress and coping as a cognitive/emotive process. Lazarus (1999) developed a transactionist model of stress and coping as a cognitive appraisal process with a cognitive-motivational-relational theory of emotions as a base. Within Lazarus's metatheory, stress and emotion are viewed as “co-joined” (p. 86). Historically, psychologists have viewed emotions more often than not as negative, irrational, and conflicting with reasoning (Lazarus). Lazarus stated,

emotions are not appraisals, but a complex organized system consisting of thoughts, beliefs, motives, meanings, subjective bodily experiences, and physiological states, all of which arise from our struggles to survive and flourish by understanding the world in which we live. (p. 100)

Lazarus (1999) developed a taxonomy of 15 core emotions with relational meanings. Lazarus stated, “when there is stress there is emotion” (p. 35). These emotions and meanings are part of the cognitive mediation process and occur between stimulus and response. The cognitive mediation process is not a strict behaviorist model of stimulus-response (S-R) but is referred to in value-expectancy theory as stimulus-organism-response (S-O-R; Lazarus, p. 5). The O-rganism refers to the cognitions that occur after

an environmental stimulus and before the behavioral response (Lazarus). It is during the cognitive appraisal or evaluative process of stress that emotions and meanings occur.

According to transactionist theory, there are two evaluative processes: (a) primary and (b) secondary appraisal (Lazarus & Folkman, 1984). Primary appraisal evaluates and answers the question “Am I in trouble or being benefited, now or in the future, and in what way” (p. 30)? There are four types of primary appraisals: (a) irrelevant, (b) benign-positive, (c) benefit, and (d) stressful (p. 32). Lazarus and Folkman noted that there are three types of stress appraisals: (a) harm/loss, (b) threat, and (c) challenge (p. 75). One criticism made by Aldwin (2007) noted that Lazarus and Folkman’s types of appraisals are not all-inclusive and may not fit every stress appraisal transaction.

Once the primary appraisal process begins, a person continues to evaluate the environmental information using secondary appraisal, which answers the question “What if anything can be done about it” (Lazarus & Folkman, 1984, p. 31)? Monroe and Kelley (1997) noted that secondary appraisal uses coping strategies and styles to manage the emotions associated with psychological stress. Appraisals and coping are an iterative process that transacts with the environment and can change over time (Lazarus & Folkman, 1987). However, Lazarus and Folkman pointed out that the terminology of primary and secondary appraisal led to some unfortunate points of confusion, such as the idea that primary appraisal is more important than secondary appraisal—both appraisals are equally important to the stress and coping process.

Stress as problem-focused and emotion-focused coping. Coping is the “management of psychological stress” (Lazarus, 1999, p. 111). Coping is a dynamic

process involving appraising (evaluating) and appraisal (evaluation) followed up with reappraising and reappraisal, and it is through the coping process that relational meaning is made and stress is managed. There are two major coping functions in the transactionist model: (a) problem-focused (PF) and (b) emotion-focused (EF) coping.

Coping functions are not coping outcomes or strategies but refer to the “purpose a strategy serves” (Lazarus & Folkman, 1984, p. 149). Problem-focused coping function is directed outward, typically toward problem solving, and involves (a) defining the problem, (b) generating solutions, and (c) cost-benefit analysis. Problem-focused coping engages coping strategies that are directed outwardly to change the environment by controlling or eliminating the stressor. Emotion-focused coping function is directed inward to manage stress emotions, most often by decreasing the emotion, but in some cases increasing emotionality during the appraisal and reappraisal process to help manage stress. For example, anger, appropriately directed, can help provide meaning to the stress and coping experience. Emotion-focused coping can function to help maintain hope and optimism (Lazarus & Folkman). Problem-focused and emotion-focused coping functions can interact to help or hinder the coping process; optimally, coping positively with psychological stress leads to adaptive approach-oriented coping strategies and styles by managing stress and regulating emotion. Lazarus (1999) concluded that there is no universally effective or ineffective coping strategy or style.

Stress and coping strategies and styles. Lazarus and Folkman (1984) defined “coping as constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources

of a person” (p. 141). Coping involves personality styles, which are consistent over time, while coping strategies vary from coping situation to situation (Lazarus, 1999). The terms coping styles and strategies are often used interchangeably (Carver, Scheier, & Weintraub, 1989) in stress research literature and may be confusing at times; however, for my study I used coping styles and strategies as distinct interacting processes.

Stress coping style is a personality trait construct. Coping style is a “characteristic manner in which an individual confronts and deals with stress, anxiety-provoking situations, or emergencies” (VandenBos, 2007, p. 232). Conceptually defined, stress coping styles are stable trait-like personality factors that influence an individual’s unique way of coping. On the other hand, a stress coping strategy is “an action, a series of actions, or a thought process used in meeting a stressful or unpleasant situation or in modifying one’s reaction to such a situation” (p. 232). Coping strategies are process oriented and can change over time in response to different stressors (Aldwin, 2007). Conceptually defined, stress coping strategies are cognitive and emotive processes that an individual uses to cope with stress; these strategies may vary from coping situation to situation.

Stress and coping as a positive psychology construct. Lazarus (2000) noted that positive psychology’s interest in positive well-being fits naturally into the transactional stress and coping model; however, this is not without warning. Lazarus challenged researchers and clinicians not to negate the relevance of both positive and negative emotionality in stress and coping. Furthermore, problem-focused and emotion-focused coping need not be pitted against one another, even though there is valid research that

demonstrates that emotion-focused coping and neuroticism are positively correlated with avoidance and negative coping (Watson, David, & Suls, 1999). According to Lazarus a goal of positive psychology should be to continue closing the gap between research and clinical practice through rigorous scientific methodology.

The construct of positive psychology as the science of *what works* is interested in stress and coping (Heppner & Lee, 2005; Lopez, Snyder, & Rasmussen, 2003; Snyder, 1999; Stanton, Parsa, & Austenfeld, 2005). Schwarzer and Knoll (2003) reviewed positive coping and mastering of stress demands using proactive coping theory with an emphasis on meaning making, which is a hallmark of positive psychology. Another example of positive psychology's interest in coping was demonstrated by Bono, Emmons, and McCullough (2004), who defined and described the psychological strength of gratitude. These researchers noted that gratitude is positively correlated to coping with stress and resiliency through positive emotion-focused coping.

Stress and coping positively with combat stress exposure. Levin (2007) reported that “the stresses of combat in Iraq or Afghanistan need to be seen in a context that is broader than just that of PTSD risk—a context of resiliency and recovery” (para. 1). In this same report, Charles Figley, who was one of the first U.S. Marines to return home from Vietnam and is one of the founders of the International Society of Traumatic Stress Studies, stated, “We need to move from an obsession with PTSD to focus on combat stress injury prevention and management” (Levin, para. 3). Neither of these statements diminishes the importance of researching the negative effects of war such as

PTSD and TBI; these comments accentuate the reality that more research needs to be conducted on the positive outcomes of being exposed to combat stress.

The study of stress and coping in the United States finds its origins primarily in military research dating back to World War I and II (Lazarus, 1999); however, studying the negative effects of war in the U.S. dates back to the U.S. Civil War. During the U.S. Civil War, several terms described the negative psychological effects of war on service members, such as *homesick*, *nostalgia*, *coward*, and *lunatic* (Talbot, 1996). One of the most prevalent terms was the *soldier's heart*, which, in the 1890s, was a psychopathological term describing a combat stress reaction characterized by fatigue, shortness of breath, rapid heartbeat, dizziness, and other cardiac symptoms (Talbot).

Talbot (1996) explained,

when Civil War soldiers 'saw the elephant' as they called going into action, some of them sustained injuries they could not name. Wounds of the mind left them open to imputations of malingering, allegations of cowardice or charges of desertions." (p. 41)

Oliver Wendell Holmes, Jr. fought in the U.S. Civil War as part of the 20th Massachusetts and was in the Potomac battles of 1861 (Talbot, 1996). Holmes stated, "many a man has gone crazy since this campaign begun from the terrible pressures on mind and body... I hope to pull through but I don't know" (Talbot, p. 45). Combat stress injuries can affect any noble-minded warrior, and how warriors cope with CSE can influence the quality of their lives, their well-being and functioning. Oliver Wendell Holmes, Jr. is an example of a resilient warrior who coped positively with CSE, adapted,

and readjusted after war, and then manifested posttraumatic growth to live a flourishing life. Holmes went on to become the longest sitting judge on the U.S. Supreme Court (Talbot).

The study of trauma and the effects of war are relevant to this current study. Literature on trauma and the military dates back to the 19th century research of Pierre Janet. Janet believed that traumatic events and how they are remembered affect a person's ability to cope (van der Kolk, 1994). Janet called the psychological effects of war *dissociation*. According to Talbot (1996), dissociation "allows a person under stress to continue functioning although often in autonomic and sometimes inappropriate ways" (p. 42).

In the 1940s, Abraham Kardiner conducted psychobiological research with WWI veterans (Friedman, 1994; van der Kolk, 2001). Then, during WWII, mental health researchers and providers developed innovative combat stress coping studies and interventions such as the landmark research by Grinker and Spiegel (1945). Roy Grinker and John Spiegel were military psychiatrists who studied the psychological effects of combat on service members during combat. Their first study involved ground forces in North Africa, which produced the monograph *War Neuroses in North Africa* (Grinker & Spiegel, 1943). This publication was a diagnostic breakthrough. Grinker and Spiegel took the lessons learned from WWI and the intervening years before WWII and applied them to firsthand observations of the effects of combat stress on ground and air forces. This first study led to the more exhaustive study that was presented in the text *Men Under Stress* (Grinker & Spiegel).

Grinker and Spiegel (1945) employed the case study method to analyze the theoretical stress construct as applied to the effects of combat on U.S. service members. They developed a range of diagnostic criteria, a firm understanding of the psychodynamics of combat based on personality theory, and psychotherapeutic treatment during combat and back home. However, it appears that a few years after WWII, psychological military research tapered off, thus leaving empirical gaps in the research literature. Hans Pols (1999; 2007) described how after WWII American psychiatry repressed what had been learned during WWI and II with regard to identifying and treating psychological war injuries. Pols (1999) called this period of American medical history a time of “professional amnesia.” With the outbreak of the Korean conflict, interest in psychological war casualties was revived (Lazarus & Folkman, 1984). *Battle fatigue* or *combat exhaustion* described the negative effects of CSE in Korea (Soetekouw et al., 2000). Interestingly, there is very little research on stress and coping from the Korean War, which is often referred to as the *silent* and *forgotten war*.

The Vietnam War may have been politically disastrous, the human toll devastating and demoralizing, but research on psychological stress injuries related to the Vietnam War generated scientific breakthroughs in diagnosis, medications, treatments, and therapies that are used today to help war veterans past and present. During the Vietnam era, the symptomology from combat stress injuries was called *post Vietnam syndrome* and is credited to the work of Dr. Chaim Shatan, who in reaction to the removal of *traumatic war neurosis* from the second edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association [APA],

1968), formed the Vietnam Veterans Working Group (Bloom, 2000). The outcome of this working group led to a Presidential Commission to study the mental health of Vietnam veterans and eventually aggressive research by the Veterans Administration (VA). This research led to the development of posttraumatic stress disorder to replace post Vietnam syndrome. The DSM-III (APA, 1980) included PTSD.

Since the 1970s research on the negative psychological outcomes due to military combat has increased; however, a large gap remains in the literature regarding how service members cope positively with CSE. There are a few longitudinal studies such as National Vietnam Veteran Readjustment Study or independent studies like Suvak, Vogt, Saverese, King, and King (2002) who examined a Vietnam War military cohort to determine their long-term life adjustments and well-being three decades after being exposed to combat.

The 1991 Gulf War generated renewed interest in how service members cope with combat stress (Benotsch et al., 2000; Hobfoll et al., 1991; Marlowe, 2000; Sharkansky et al., 2000). Over the past two decades new theories described the psychological effects of war such as Combat Stress Reaction, Combat Stress Control, Combat Stress Injury, and Combat Operational Stress Control. These developments helped the military and the scientific communities view the psychological impact of war on service members as an expected reaction or response to the combat environment and experiences before, during, and after war.

Combat Stress Reaction (CRS) is the "expected, predictable, emotional, intellectual, physical, and/or behavioral reactions of service members who have been

exposed to stressful events in combat or military operations other than war" (Campise, Geller, & Campise, 2006, p. 216). This normative view of understanding CSR has led to some confusion and stigma for getting help for combat related psychological problems. Because if CSR is viewed as a normal and expected reaction, and if a service member feels abnormal then seeking help could lead to faulty thinking like "I am weak," "What will others think about me," or "They will kick me out if I get help." Faulty thinking about getting help for psychological war injuries fostered the stigma for getting help that exists today and is rooted in our military history and warrior ethos.

Nash (2007) developed the combat stress injury model to help change the mentality associated with CSR. Additionally, Nash contended that the transactionist model is the best fit for coping with CSE. Nash espoused the view that coping with combat stress involves multiple interacting variables such as genes, personality, social context, personal relationships, and the environment (Nash). Finally, over the past 150 years the U.S. military has evolved in understanding the negative and positive effect of CSE on warriors, and is developing policies, programs, and resources to ameliorate the stigma for getting help.

Stress coping measures. Measuring stress is multidimensional. Physiologically stress can be measured by heart rate, blood pressure, and cortisol levels (Lovallo, 2005). Objectively stress can be measured by using a stress checklist of major life events such as divorce, death, illness, birth of child, or a job promotion (Turner & Wheaton, 1997). Lazarus and Folkman (1984) developed the Ways of Coping (WOC) scale for measuring subjective stress and coping. The WOC scale focuses on daily stress and how a person

copes. The WOC scale has eight subscales which function as coping options and are divided into problem or emotion focused coping: (a) confrontive coping, (b) distancing, (c) self-control, (d) seeking social support, (e) accepting responsibility, (f) escape-avoidance, (g) planful problem solving, and (h) positive reappraisal (Lazarus & Folkman, 1987). Lazarus and Folkman demonstrated negative coping is mostly maladaptive and deleterious to a person's health and well-being (Lazarus & Folkman). However, some believed the WOC scale was too simple and a limited measure of stress and coping and needed to be expanded.

In response to the potential limitations of the WOC scale Carver, Scheier, and Weintraub (1989) developed the COPE inventory to expand the Lazarus and Folkman transactionist model and WOC measure. Carver and colleagues incorporated their research in behavioral self-regulation into the COPE inventory. Additionally, they believed that coping involved coping styles and strategies along with coping "dispositions" (p. 270). The COPE inventory has been used in a variety of studies to include breast cancer and diabetes (Thomas & Marks, 1995; Karlsen & Bru, 2002). Additionally, the COPE Inventory has been used in many correlational studies with the Five Factor Model of personality (Watson & Hubbard, 1996). However, Carver (1997) discovered many people became impatient when taking the 60 item COPE inventory; thus he developed the Brief COPE inventory which was used in the current study. The Brief COPE inventory is described in Chapter 3.

Hardiness Theory

Hardiness as operationalized existential courage. The psychological construct of hardiness developed over the past three decades as a personality disposition that copes positively with stress through a set of learned attitudes to produce favorable outcomes (Maddi, 2004). Hardiness is rooted in existential psychology, and according to Maddi is the operationalization of existential courage. Existential psychology emerged from existential philosophy (Brennan, 2003). Existential philosophy developed during the 19th and 20th centuries as a reaction and response to Hegel's dialectical philosophy. Sartre fundamentally expressed one of the core concepts of existential thought in his popular phrase "existence precedes essence" (p. 283). At the heart of existential philosophy and psychology is discovering meaning for one's life which involves decision making (Maddi, 1998).

Søren Kierkegaard is considered the *Father of Existentialism*. He provided insight to the emotive dimension of existential thought (Evans, 1990). Core to existentialist philosophy and psychology are the feelings of guilt, despair, and anxiety; especially how emotions are associated with thoughts of finitude, alienation, and death (MacQuarrie, 1972). These thoughts and emotions emerge as human's self-analyze being-in-the-world. Existence (life) is always placed up against non-existence (death) which creates psychic tension—what Kierkegaard distinguished as anxiety or angst (Evans). This anxiety is also known as ontological anxiety and is generated by fear or uncertainty of the future (Maddi, 2004).

Kierkegaard believed the ability to cope positively with angst was through faith in a Christian God. Paul Tillich took this concept of faith and developed existential courage or *the courage to be* as a substitute for faith (Maddi, 2004). Subsequently, Maddi developed hardiness as the operationalization of existential courage. According to Maddi, Harvey, Khoshaba, Fazel, and Resurreccion (2009) “personality hardiness has emerged as a composite of the interrelated attitudes of commitment, control, and challenge that provides the existential courage and motivation to turn circumstances from potential disasters into growth opportunities” (p. 292).

Hardiness as a personality disposition. Kobasa (1979) in a seminal study on the effects of stress on health helped develop the construct of hardiness which is grounded in personality theory and existential psychology. Kobasa measured the effects of stressful life events in a group of corporate executives going through the deregulation of the telecommunication industry during the late 1970s and 1980s. Kobasa began the study with 837 executives who were sent questionnaires in order to develop two groups of participants: (a) high stress/low illness group and (b) a high stress/high illness group.

After screening the questionnaires, there were 116 high stress/low illness and 150 high stress/high illness individuals who met the criteria for the study; of these 100 from each group were randomly selected to participate in the study. Demographically the research population was homogenous with the following group characteristics: white males with college degrees, ages 40-49, married with two children with a stay at home spouse, they were middle management executives with at least six years of experience, and mostly Protestant who attended services regularly.

The study included three hypotheses regarding the three attitudes of hardiness: (a) control, (b) commitment, and (c) challenge. Hardiness is a cumulative score measuring these three attitudes, and it was proposed that individuals high in hardiness cope better with stress and have lower rates of illness. Kobasa (1979) measured stress and illness using the Schedule of Life Events and Social Readjustment Rating Scale and the Seriousness of Illness survey. To measure the three personality attitudes Kobasa used various measures at the time which were later developed into the current hardiness measure the Personal Views Survey-III-R (PVSIII-R®). This initial research sought to determine if the positive personality disposition of hardiness buffers the negative effects of stress on health. Kobasa concluded based on this study that executives high in hardiness coped better with stress and had less illness. The study was the beginning of a longitudinal study with these executives that lasted for 12 years (Maddi, 1999a).

Hardiness as control, commitment, and challenge. Kobasa (1979) proposed persons high in stress and low in illness have a hardy personality disposition that separates them from individuals high in stress and illness. A hardy personality has three reoccurring characteristics: (a) the ability to control or influence stressful events, (b) the ability to have a deep sense of commitment to life, and (c) the acceptance of change as challenging and good (Kobasa, p. 3). Over the past 30 years researchers have sought to measure and validate this psychological phenomena in studies with athletes (Hanton, Evans, & Neil, 2003), college students, corporate executives, military service members, and persons with various diseases (Maddi, Harvey, Khoshaba, Fazel, & Resurreccion, 2009).

According to Maddi and Khoshaba (2001) “hardiness is a pattern of learned attitudes and skills” (p. 8). Individuals high in the commitment attitude are willing to seek social support and resources to deal with stress. Individuals high in control have the attitude that they can positively influence their circumstances to affect favorable outcomes. Individuals, high in the challenge attitude view change as good, and are willing to learn from their circumstance whether it is positive or negative. These hardy attitudes are additive and interrelated combining together to produce a hardy person (Maddi & Khoshaba).

Hardiness measure. Psychological constructs are not easily quantifiable and many measures take years to refine which is the case of hardiness. In the Kobasa (1979) study there was no single measure for the hardiness attitudes. Maddi and Khoshaba (2001) stated “the first measure of HardiAttitudes™ combined already existing scales that seemed conceptually relevant, although they had originally been devised with other concepts in mind” (p. 14). Thus, the utilization of these measures for the hardiness construct drew well deserved criticism (Funk, 1992; Funk, & Houston, 1987). This criticism of the Kobasa study focused on the nature of the homogenous sample, the scales used, and weak correlations with the three hardy attitudes especially the challenge attitude (Funk; Maddi, 1999a). Ongoing research tested the hardiness construct, and the latest instrument for measuring for hardiness is the PVSIII-R® which refuted or corrected the valid criticism of the original hardiness research (Maddi, 2004; Maddi & Khoshaba).

The hardiness attitudes of commitment, control, and challenge can be measured using the PVSIII-R® (Maddi & Khoshaba, 2001; Maddi, Khoshaba, Harvey, Fazel, &

Resurreccion, 2010). The PVSIII-R® was tested and validated with various samples to include college undergraduates (Maddi, Harvey, Khoshaba, Fazel, & Resurreccion, 2009), U.S. Army Reserve Forces (Bartone, 1999), and Israeli Defense Forces (Florian, Mikulincer, Taubman, 1995). The psychometrics of the PVSIII-R® are presented in Chapter 3.

Hardiness and positive psychology. Psychological hardiness is more than surviving stressful life events. Hardy individuals often thrive on stress (Maddi, Harvey, Khoshaba, Fazel, & Resurreccion, 2009a; 2009b). Even though hardiness is not part of the taxonomy of positive psychology's character strengths and virtues, hardiness fits well within the virtue of transcendence and the character strengths of hope, optimism, and future-mindedness, and future orientation. Maddi (2006a) contended that hardiness should be part of the positive psychology "mix" (p. 160). Furthermore, Maddi presented a framework and method to help develop an integrated positive psychology which included using a comparative analytic approach to research. He believed that the variables of positive psychology need to be better differentiated either as independent or dependent variables; for example is hardiness an independent variable that influences the positive outcome of coping with stress or is hardiness a dependent variable and when mixed with social support helps individuals cope better with stress?

Valliant (2000) reported that hardiness contributed to positive psychology as an involuntary defense mechanism which helps mitigate the effects of anxiety. Matthews (2008a) placed hardiness in the construct of positive psychology and coping with extreme stress of combat. He concluded hardiness can "inculcate" (p. 170) warriors before being

exposed to combat stress and hardiness can help service members cope positively with their combat stress experience. Hardiness can increase resiliency.

Hardiness and coping positively with combat stress exposure. Since the Vietnam conflict the DoD increased research on the effects of war on service members; however, as previously noted there is a large gap in the literature on coping positively with CSE. Recently, DoD established the Defense Center of Excellence for Psychological Well-being and Traumatic Brain Injury (TBI). While PTSD and TBI justifiably need to be researched there must be increased interest and research in how individual service members cope positively with CSE. The majority of those who go to war will come home and cope positively with their combat experience; thus if science knows why and how service members cope better with CSE then preventive measures can be developed to mitigate the negative impact of combat stress on service members.

Research is emerging on coping with combat stress and the hardiness construct is consistently mentioned in the resiliency literature (Friedl & Penetar, 2008; Garb & Cigrang, 2008; Maddi, 2007; Waugh, Tugade, & Fredrickson, 2008). However, some of the current literature, especially in Lukey and Tepe (2008), lacked new evidence, with most of the references to hardiness stemming back to Kobasa (1979), or to a few more recent but dated studies by Florian, Mikulincer, and Taubman (1995) and Bartone (1999). Westphal, Bonanno, and Bartone (2008) provided an overview of resiliency and personality but most of their references to actual human participant studies are over five years old and the majority of these studies focus on non-military samples. Finally, the literature supports the concept that hardy individuals cope better with stress especially

those with positive social support systems (Maddi & Hightower, 1999; Pengilly & Dowd, 2000).

Hope Theory

Hope as a cognitive process. Snyder (1999, 2002) developed a cognitive theory of hope in the 1980's, and continued to refine the theory through research and clinical application; he especially applied hope to the broader construct of positive psychology and coping positively with stress. Snyder (2002) grounded hope theory in cognition but did not diminish the relevance of emotion. He noted that during a visit with preeminent scholar and clinician Karl Menninger at the Menninger Foundation campus that it was Menninger who encouraged him to focus on hope as a thinking process (Snyder).

Menninger (1959) had long realized the importance of hope and health. He delivered a lecture in 1959 to the American Psychiatric Association entitled "The Academic Lecture: Hope" where he challenged the members of the association to consider the positive impact and clinical importance of hope on doctors, patients, and their families. Though dated by current research literature standards Menninger's 1959 academic lecture carries the hallmarks of modern positive psychology even though his context was rooted in a progressive psychoanalytic construct.

It is intriguing that hope from the days of Greek mythology up until Menninger's 1959 lecture was often construed as a negative psychological trait or state; except in Jewish and Christian theology where hope is a positive phenomenon and an essential element of faith. Menninger (1959) helped move hope beyond nihilism and fatalism, beyond pessimism and optimism to a reality that "hope is humble, it is modest, it is self-

less. Unconcerned with the ambiguity of past experience, hope implies process; it is an adventure, a going forward, a confident search” (p. 484). Furthermore, Menninger concluded:

But there are many people in the world who are neither our patients nor our students, and who are nonetheless filled with great apprehensiveness, partly from ignorance and mistrust of one another. They are afflicted with great suffering which all our discoveries have not ameliorated, and awed by vast discoveries which none of us fully comprehend. Some of them look to us for counsel, to us whom they have so highly honored and so generously rewarded with prerogatives and opportunities. They are our friends, our brothers and sisters, our neighbors, our cousins in foreign lands. For these people—for them and ourselves—are we not now duty bound to speak up as scientists, not about a new rocket or new fuel or a new bomb or a new gas, but about the ancient but undiscovered truth, the validity of Hope in human development—Hope, alongside of its immortal sisters, Faith and Love. (p. 491)

Taking his cue from Karl Menninger, Snyder (1995) defined hope “as the process of thinking about one’s goals, along with the motivation to move toward (agency) and the ways to achieve (pathways) these goals” (p. 355). Parsing Snyder’s cognitive definition of hope involves three main components: (a) goal setting, (b) pathways, and (c) agency thinking (Snyder, 2002). Making goals, planning on how to achieve one’s goals, and staying motivated to reach the goals is the aim of Snyder’s hope theory. A person who generates pathway thoughts believes they have the ability and aptitude to reach their

goals; agency thinking is the motivation or positive attitude necessary to hit the target goal. Goals need to be significant enough to challenge a person (Snyder). This is a very simplistic interpretation of Snyder's hope theory. The hope process is more complicated than simple thinking, planning, believing, and achieving (Snyder et al., 2000). For example, how does someone learn or develop the thinking ability to make and achieve goals? Do they have the resources to achieve the goals? What about confounding variables such as emotions, stressors, or the phenomena that Snyder (2002) adds to his model the "surprise event" (p. 254)?

Hope as an emotion. Jarymowicz and Bar-Tal (2006) provided a detailed analysis of emotions and theorized about the dominance of fear as a primary negative emotion over hope as a secondary positive emotion. They described emotions as "psycho-physiological reactions to all kinds of stimuli" (Jarymowicz and Bar-Tal, 2006, p. 369). Human emotions evolved as part of adaptive survival; however, some emotions can cause maladaptive behavior (p. 369). The following are key lessons on emotions gleaned from Jarymowicz and Bar-Tal (pp. 369-371).

1. Emotions are unconscious and conscious, biochemical, physiological, affective, cognitive, and behavioral processes.
2. Emotions can produce adaptive or mal-adaptive reactions and responses.
3. Emotions help decode and provide meaning to perceived stimuli.
4. Emotions that are primary can be spontaneous, fast, uncontrolled, and unintentional.
5. Emotions can be automatic reactions.

6. Emotions can be part of the human stress appraisal, evaluation, and decision making processes.
7. Emotions can be low road (limbic system) or high road (cortex) brain functions.
8. Emotions may be localized in left (positive emotions) or right (negative emotions) hemisphere; fear may be right hemisphere oriented, involved in unconscious intuitive information processing; while hope is left hemisphere oriented, involved in conscious rational cognition.
9. Emotions such as fear may be primary emotions produced unconsciously in the limbic system as a protective reaction to negative stimuli and dominate over the conscious secondary positive emotion of hope.

Jarymowicz and Bar-Tal (2006) viewed hope primarily as cognitive, with secondary affective elements, which is in agreement with Lopez, Snyder, and Pedrotti (2003) who stated, “thoughts and emotions work hand-in-hand in hope theory to help the person pursue the coveted goals that are crucial in day-to-day living” (p.95). Cognitions help individuals develop goals and hopeful expectations, and the affective element of hope helps produce positive emotions for achieving goals which creates the motivation to try and achieve goals. Like Snyder (2002) Jarymowicz and Bar-Tal depicted hope as a state and trait.

Hope measurements. Hope can be measured as a dispositional trait and a psychological state of being (Lopez, Snyder, & Pedrotti, 2003; Snyder, Cheavens, & Michael, 1999; Snyder, 2002; Snyder, Rand, & Sigmon, 2005). Lopez, Snyder, and

Pedrotti reviewed over 20 definitions and theories of hope, and examined various validated hope measures. Hope research can be divided into two major categories: (a) emotion-based, or (b) cognitive-based (Lopez, Snyder, & Pedrotti, p. 91). Measuring hope is challenging because of the nature of the construct as a trait and state. Lopez, Snyder, and Pedrotti noted that quantitative self-report measures of hope may not be as reliable, but qualitative observational methods along with self-reports may offer more meaningful insight into individual assessments of hope.

Snyder et al. (1991) sought to design a validated quantitative individual measure of hope. After developing hope theory as goals, pathways, and agency thinking they tested the Hope Scale. The initial Hope Scale was a measure of hope as a disposition or trait. In subsequent research Snyder (1995) developed a Hope Scale to measure hope as a state of being. The Trait and State Hope Scales are for adults. Then Snyder et al. (1997) refined these measures, and developed the Children's Hope Scale. Even though there are several current psychological measures of hope the most prevalent validated quantitative measures of hope in the positive psychology literature are Snyder's hope scales. Hope is integral in coping with stress, and individuals with higher hope often have better logical problem solving skills which is key for achieving goals (Jarymowicz & Bar-Tal, 2006). The Adult Dispositional Hope Scale (ADHS) was used for the current study. The psychometrics of the ADHS are described in Chapter 3.

Hope and positive psychology. As previously noted positive psychology's classification of six universal virtues is supported by 24 character strengths (Peterson & Seligman, 2004b). The sixth virtue in the classification is transcendence which is defined

as “strengths that forge connections to the larger universe and provide meaning” (Peterson & Seligman, p.30). Transcendence is further described by five character strengths: (a) appreciation of beauty and excellence, (b) gratitude, (c) hope, (d) humor, and (e) spirituality (p. 30).

The 24 character strengths of positive psychology are considered “psychological ingredients” to the good life (Peterson & Seligman, 2004b, p. 13). They are not to be considered as “exclusive or exhaustive,” and are part of a “family” of traits that describe virtues (p. 13). Thus, when defining and describing hope, Peterson and Seligman (2004d) included the traits of (a) optimism, (b) future-mindedness, and (c) future orientation as part of the mixture that creates hope which “represent a cognitive, emotional, and motivational stance toward the future” (p. 570).

Hope and coping positively with combat stress exposure. Hope theory has been studied in the fields of psychotherapy (Irving, et al., 2004), cognitive behavior therapy (Riskind, 2006; Snyder et al., 2000), and coping with stress (Aspinwall, 2005). However, there is a gap in the psychological research literature related to coping positively with CSE; especially as it relates to hope theory and positive psychology. With the limited literature and research on coping positively with CSE one must glean from research in coping with PTSD. Irving, Telfer, and Blake (1997) conducted a study with 72 randomly selected participants who were voluntarily seeking in-patient treatment for combat-related PTSD; the researchers sought to measure hope, coping, and social support. They used Snyder’s hope theory and predicted that a higher disposition of hope would be

associated with better coping skills. Irving, Telfer, and Blake made the following predictions:

1. Military veterans with combat-related PTSD would report lower levels of dispositional hope at admission than nonclinical samples.
2. Military veterans receiving inpatient treatment for combat related PTSD, with higher dispositional hope at admission and discharge would be associated with adaptive coping strategies and greater perceived social support.
3. Military veterans receiving inpatient treatment for combat related PTSD who build coping skills and improve relationships during treatment would report greater reliance on approach coping, less reliance on avoidance coping, and increased perception of social support.

To test these hypotheses Irving, Telfer, and Blake (1997) administered at admission and discharge the Hope Scale, the Perceived Social Support Scales, the Coping Responses Inventory, the Beck Depression Inventory, and Mississippi Scale for Combat Related PTSD. Of the 72 participants 43 completed the study from admission to discharge. The findings supported the hypotheses. The researchers concluded even though military veterans who seek inpatient treatment for combat related PTSD may have “profound lack of hope,” their hope may be “gone but not lost” (p. 472). Participants in this study with higher hope and higher perceived social support coped more positively with PTSD. Finally, the findings from this study support the various findings described by Snyder, Cheavens, and Michael (1999) who concluded after a review of extensive hope literature that hope helps individuals cope better with stress.

Social Support Theory

Social support and coping with stress. Humans are social by nature and psychological well-being is directly related to social structures such as institutions (Ryff & Singer, 2005). Quality relationships are critical to physical and psychological health (Taylor, Dickerson, & Klein, 2005). Being able to perceive and receive social support is one aspect maintaining health. Social support is “the provision of assistance or comfort to others, typically in order to help them cope with a variety of biological, psychological, and social stressors” (VandenBos, 2007, p. 869). Lazarus and Folkman’s (1984) transactionist model of stress and coping viewed an individual’s transaction with society as a key component of their metatheory. They contended that fundamental to the social sciences is the actualization of the individual in relation to society. Society and social interaction can be the source of stress or a resource for coping (Lazarus & Folkman). Conceptually defined: social support is the assistance given by institutions, groups, and individuals to aid someone to cope with physical and psychological stress.

Schwarzer and Knoll (2007) defined and differentiated between perceived and received social support. They delineated the various types of social support such as instrumental, informational, and emotional support (p. 244). Social support involves interaction. Perceived social support may not ever happen; while received social support has happened. Within the transactionist model of stress and coping social support whether perceived or received can be viewed as a coping resource, and can help foster self-efficacy and adaptive coping (Schwarzer & Knoll).

Social support and positive psychology. Positive psychology is committed to fostering positive social institutions that help individuals thrive (Robbins, 2008). One goal of the positive psychology movement is the “deliberate creation of institutions that enable good character” (Peterson & Seligman, 2004c). Historically, positive institutions included the family, religious organizations, and schools. Additionally, a chief aim of applied positive psychology is good citizenship; thus, individuals exhibiting positive social traits are better able to contribute to the well-being of society (Linley & Joseph, 2004). Positive psychology’s emphasis on character strengths and virtues contribute to developing within the individual the ability to relate positively with others and society; thus making positive social support a critical component of positive psychology especially within the construct of subjective and social well-being (Keys & Magyar-Moe, 2003).

The U.S. military can be considered a positive institution that fosters and develops character strengths and virtues. The U.S. military seeks to develop positive communities and interpersonal relationships so service and family members can thrive and flourish. Studies in social support have included positive psychology variables such as optimism and hardiness. Brissette, Scheier, and Carver (2002) measured the correlation between optimism, social support, and coping with a group of young adults transitioning to college during their first year of undergraduate work. Two of the goals of the study were to measure whether or not an optimistic attitude helped develop a positive social network, and do social networks or social support help individuals cope better during stressful life

transitions? The findings of the study concluded the greater the optimism and positive social support, the more adaptive coping is employed in stressful situations.

Social support and coping positively with combat stress exposure. Social support can be a vulnerability or a protective factor when coping with CSE (Freeman & Freeman, 2009). The lack of social support, the avoidance of, or dysfunctional social support can exacerbate coping with CSE; however healthy perceived or received social support can be a resource for coping positively with CSE. Vogt, Rizvi, Shipherd, and Resick (2008) conducted a study at Marine Corps Recruit Depot Parris Island with the goal to examine the reciprocal nature of hardiness and stress reaction during initial military training in a group of male and female Marine recruits. A secondary purpose was to determine the relationship between hardiness and social support.

The study involved 826 female and 1,021 male recruits. The participants were administered a psychological battery on the first day of training to establish a baseline on stress reaction, hardiness, perceived social support, and negative and positive affectivity. Then at the completion of the 12 weeks of boot camp these same measures were given again. The findings for males and female recruits were different, in that males with higher levels of hardiness entering boot camp had lower levels of stress reaction during training; those with higher levels of stress reaction at the beginning showed even lower levels of hardiness at the end of boot camp. Male recruits with low social support and hardiness had higher stress reaction; however social support was not a protective factor for either low or high levels of hardiness. The data on men supported the theory that those high in

hardiness and social support use more problem focused adaptive coping strategies and styles.

The findings with the female recruit cohort were different in that hardiness was a protective factor against stress reaction; nor did hardiness decrease in those with initial high stress reaction. Female Marine recruits with low social support and hardiness did not predict low or high stress reaction. However, those with high social support and higher stress reaction showed a slight increase in hardiness at the end of boot camp. Overall both genders with low social support, low hardiness had higher stress reaction; however, for women increased stress reaction with high social support produced increased hardiness (Vogt, Rizvi, Shipherd, & Resick, 2008).

Social support measures. There are various measures of social support such as the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988); the Interpersonal Support Evaluation List (Cohen, Mermelstein, Karmack, & Hoberman, 1985); or the Postdeployment Social Support (PSS) scale (King, King, & Vogt, 2003). The PSS is part of the Deployment Risk and Resilience Inventory (DRRI) (King, King, & Vogt). Pietrzak, Johnson, Goldstein, Malley, and Southwick (2009) conducted a resiliency study with a group of 272 reserve component and National Guard service members who had served in OIF or OEF. The study was facilitated through a mail survey to compare traumatic stress, depressive symptoms, resiliency, and social support. A variety of psychological measures were used to include the PSS of the DRRI. The findings revealed that increased postdeployment social support may diminish the negative

effects of the CSE. The PSS was used for the current study. The psychometrics of the PSS are described in Chapter 3.

Personality Theory

Personality and the five factor model. Cohen and Swerdlik (2005) defined personality as “an individual’s unique constellation of psychological traits and states, including aspects of values, interests, attitudes, worldview, acculturation, sense of humor, cognitive and behavioral styles and related characteristics” (p. I-18). Piedmont (1998) noted that normal personality is well developed by age 17. Furthermore, based on genotype and phenotype theory—personality is both stable over time but malleable in order to adapt to the environment (Piedmont).

One of the major constructs for understanding general personality theory is the Five Factor Model (FFM). The FFM was originally based on the early 20th century lexicographical and adjectival studies of personality by Allport and Odbert; followed by Cattell in the 1930s (Piedmont, 1998). During the 1960s W.T. Norman developed five dimensions of personality: (a) extraversion or surgency, (b) agreeableness, (c) conscientiousness, (d) emotional stability, and (e) culture (Cohen, 2005, p. 183). Over time the FFM evolved through research into the current construct: (a) extraversion, (b) neuroticism, (c) conscientiousness, (d) agreeableness, and (e) openness to experience (VandenBos, 2007).

The FFM is sometimes referred to in research literature as the five factor theory (FFT) and the “Big Five” (Bernard, Walsh, & Mills, 2005; McCrae, et al., 2000). It has been noted that the FFM and Big Five are different, and are often “incorrectly conflated”

(VandenBos, 2007, p. 378). The Big Five is a taxonomy of the five dimensions of personality noted above; while the FFM is a means of measuring the five dimensions of personality (VandenBos, p. 378). For the purpose of the current study the FFM is emphasized. The five dimensions or domains of personality described by the FFM are universal human personality traits (McCrae & Costa, 1997); they can establish individual (Piedmont, 1998) and cultural personality profiles (McCrae & Terracciano, 2005), and can be used in assessing some mental illnesses such as personality disorders (Bagby, Costa, Widiger, Ryder, & Marshall, 2005; Trull, Ueda, Costa, & McCrae, 1995).

Personality measurement and the five factor model. The FFM can be measured by the three separate NEO™ Inventories: (a) NEO™ Personality Inventory-Revised (NEO PI-R™), (b) NEO™ Personality Inventory-3 (NEO™-PI-3), (c) NEO™-Five-Factor Inventory-3 (NEO™-FFI-3). The NEO PI-R™ inventory has been tested extensively nationally and internationally (Jang, McCrae, Angleitner, Riemann, & Livesley, 1998; McCrae, Yik, Trapnell, Bond, & Paulhus, 1998) and finds broad acceptance as a very reliable and valid measure of the FFM. The NEO PI-R™ has been used in counseling, therapy, psychiatry, health psychology, industrial and organizational psychology, genetic, and education studies and practices (McCrae & Costa, 2010). Recently, the NEO PI-R™ was revised and published as the NEO™-PI-3 in order to expand the utilization from adults to adolescents (McCrae & Costa). The NEO™-PI-3 retains the validity and reliability of the NEO PI-R™. The NEO™-FFI-3 is a shorter version of the NEO™-PI-3 and was used in this study. The psychometrics of the measure are described in Chapter 3. The following is a description of each factor.

Piedmont (1998) stated with regard to the first factor neuroticism of the FFM as measured by the NEO™ inventories “assesses affective adjustment versus emotional stability” in individuals (p. 84). A person with high scores in neuroticism is “prone to psychological distress;” high neuroticism on the NEO™ does not mean a person has a diagnosable mental health disorder, but could be an indicator of being at risk for psychiatric problems (p. 84). Negative emotions such as fear, anger, and disgust are associated with neuroticism (McCrae & Costa, 2010). Often persons high in neuroticism are prone to irrationality, impulsivity, and maladaptive coping to stress (McCrae & Costa). Conversely, individuals low in neuroticism often are more emotionally stable, calm, relaxed, and use adaptive coping strategies and styles (McCrae & Costa).

Costa and McCrae (1985; as cited in Piedmont, 1998, p. 86) defined the second factor extraversion “as representing the quantity and intensity of interpersonal interaction, the need for stimulations and the capacity for joy.” A person who scores higher on extraversion is generally more sociable, willing to seek support, and enjoys people (Piedmont). Emotionally, extraverts generally have positive dispositions. In the context of the FFM extraversion is the opposite of introversion; however, introversion is not a factor in this model.

The third factor in this model is openness to experience which means “proactive seeking and appreciation of experience for its own sake, and as toleration for exploration of the unfamiliar” (Piedmont, 1998, p. 87). Individuals who are open are often more creative, curious, and broad minded (Piedmont). McCrae and Costa (2010) noted that open individuals have “active imaginations, aesthetic sensitivity, attentiveness to inner

feelings, preference for variety, intellectual curiosity, and independence of judgment” (p. 20). Open individuals are curious about the internal and external world.

The fourth factor is agreeableness, which focuses on individual’s attitude toward others (Piedmont, 1998). Extraversion can determine how a person relates to others; agreeableness can determine how well an individual gets along with others. Agreeableness can be temperamental; agreeable individuals are often altruistic, sympathetic, and empathetic (McCrae & Costa, 2010). A person low in agreeableness may be antagonistic, antisocial, paranoid, and have a propensity toward dependent personality disorders (p. 20).

The final factor of the FFM measured by the NEO™ inventories is conscientiousness which “assesses the individual’s degree of organization, persistence, and motivation in goal directed behavior” (Piedmont, 1998, p. 90). A person who is conscientious has the self-control to delay self-gratification (p. 90). Individuals who are high in conscientiousness often have control over impulsivity; thus they would be low on neuroticism (McCrae & Costa, 2010). Conscientious individuals are often “purposeful, strong-willed, and determined” (p. 20). High conscientiousness can be manifested positively as a “will to achieve” or low conscientiousness could be associated with compulsivity (p. 21). Finally, conscientiousness is often associated with character, thus highly conscientious individuals are often “scrupulous, punctual, and reliable” (p. 20); however, those low on the conscientious factor are not necessarily immoral or have character flaws.

Each of the five factors have facet scales which help measure a variety of thoughts, emotions, and behaviors associated with the domain measure. For example the neuroticism domain has facet scales to measure “anger, depression, self-consciousness, impulsivity, and vulnerability, as well as anxiety” (McCrae & Costa, 2010, p. 21). The facet scales help provide meaning to the domain measure (McCrae & Costa). The five factors and multiple facets scales provide a composite profile of the person being tested with the NEO™ inventory. The profile permits the measurement administrator to interpret findings.

The NEO™ can provide personality correlates that indicate whether or not a person may be psychologically equipped with a personality profile which enables them to cope positively with stress. A person low in neuroticism, average or higher in extraversion, openness, conscientiousness and agreeableness could be predisposed to coping positively with stress. Furthermore, based on the NEO™ profile one can establish a style of well-being (personality style). The personality style of well-being is low in neuroticism and high in extraversion and is considered an “upbeat optimist” (McCrae & Costa, 2010, p. 31). Finally, even though it is not hypothesized in this study optimism has been positively correlated with hopefulness and future oriented thinking.

Personality and positive psychology. Positive psychology strives to identify and measure positive personal traits in an individual’s cognitions, emotions, and behaviors (Park, Peterson, & Seligman, 2004). Character strengths and virtues are positive individual traits. As noted in Chapter 1 positive psychology is often identified with six core virtues and 24 character strengths which represent a family of traits that are reflected

in the good life, life satisfaction, and the life that flourishes in the face of adversity (Park, Peterson, & Seligman, 2004). The question of the relationship between the FFM and positive psychology's character strengths and virtues is relevant to the current study. The five personality domains are not included in the positive psychology framework but are positively correlated with character strengths (Park, Peterson, & Seligman).

Piedmont (1998) identified character as a part of personality, and is associated with the FFM trait of openness which has a facet scale for values; openness to values "means the readiness to reexamine social, political, and religious values" (p. 88). Individuals who score high on openness to values have attitudes and actions that are more tolerant of others and open-minded; conversely someone who is low on openness to values is potentially intolerant and closed-minded.

As part of the profile analysis of the NEO™-PI-3 there is a matrix that plots the factors in relation to character; for example individuals high in conscientiousness and agreeableness are often willing to help others, are more social, and willing to seek social support. Adjectives which describe this character profile include: moral, respectful, reverent, polite, considerate, sincere, and understanding (Piedmont, 1998). This summary suggests the five factors though not part of the classification of human excellence of positive psychology can be considered part of the family of character strengths and virtues.

Personality and resiliency. Over the past decade personality researchers expanded variable-centered trait oriented theory to a person-centered personality approach (Asendorpf, 2002). This expanded approach is organized around personality

types (van Lieshout, 2000). Personality types are clusters of individual traits that collectively form personality profiles. This approach was applied to the FFM, and Asendorpf developed a typological construct which produced three replicable personality types based on individual clustering of traits: (a) resilient, (b) overcontrolled, and (c) undercontrolled. The resilient type is below average on neuroticism and average or above on the other four factors of the FFM (Asendorpf).

The resilient type personality is described as a well-adjusted individual who functions well intellectually, emotionally, and socially (van Lieshout, 2000, p. 280). However, this new approach received criticism (Costa, Herbst, McCrae, Samuels, & Ozer, 2002). Costa et al. (2002) pointed out the utility of the three types but demonstrated through an analysis of four studies using large samples that three of the four studies did not fully confirm the three personality types. They concluded that the FFM is a better predictor of individual personality than the clustering of types. A typological approach is valid, but the FFM using the NEO PI-R™ is both statistically and clinically more sound (Costa et al.).

Personality, stress, and coping positively with combat stress exposure. Bolger and Zuckerman (1995) designed a framework for examining personality, stress, and coping. They proposed that personality can affect stress reaction and coping choices. They described a stress process with two stages: (a) stress exposure, and (b) stress reactivity. They described stress exposure as the likeliness of experiencing a certain stressful event, and stress reactivity as “the extent to which a person is likely to show emotionality or physical reactions to a stressful event” (p. 890). The framework

developed by Bolger & Zuckerman involved four possibilities for how personality may or may not affect the stress process:

1. The null model whereby personality cannot explain any effect on stress process outcomes.
2. A differential exposure model whereby personality effects stress exposure but not reactivity.
3. A differential reactivity model whereby personality effects reactivity but has no impact on exposure.
4. The differential exposure-reactivity model whereby personality affects both stress exposure and reactivity.

Furthermore, stress reactivity can be divided into: (a) coping choice, and (b) coping effectiveness (Bolger & Zuckerman, 1995). Coping choice involves coping styles and strategies. Coping effectiveness describes how the coping efforts either produce positive or negative outcomes. This framework assumes that personality can impact exposure and reactivity by influencing coping choices and effectiveness; thus if personality does effect coping then there are four possibilities on the coping outcome:

1. The null model whereby coping cannot explain how personality affects coping.
2. The differential coping-choice model whereby personality effects coping strategies and stress outcome.
3. The differential-coping effectiveness model whereby personality impacts coping effectiveness positively or negatively.
4. The differential choice-effectiveness model whereby personality acts as a

mediation factor on coping choice and moderating factor on coping effectiveness.

Bolger and Zuckerman (1995) tested this framework with the FFM personality factor of neuroticism. In their study they examined stress exposure, reactivity, coping choice, and effectiveness. They enlisted 94 introductory college psychology students, 65 females, 29 males with a mean age of 19.5. The participants were administered the Eysenck Personality Inventory to measure neuroticism, Ways of Coping scale, and the Profile of Mood States. Each participant kept a 14 day diary of stressors and reactions; then were administered the same measures again. The results of the study revealed the differential exposure-reactivity model best fit the data of the study. High neurotic participants experienced more daily stress and conflicts, and their negative reactivity was higher with greater distress. With regard to coping, high neurotics chose to use more coping strategies and styles but mostly coped negatively using escape-avoidant coping strategies.

This model is very applicable to coping positively with combat stress exposure. The essence of this study is to determine why and how U.S. Marines exposed to combat stress cope positively with their combat experience. The above model suggested that personality is a moderating factor in coping effectiveness, and individuals high in neuroticism cope less effectively or chose avoidant coping strategies and styles. A resilient Marine who copes positively with CSE has personality factors that enable them to cope better by choosing effective coping strategies and styles which correlated with the differential exposure reactivity model.

Conceptual Framework

Transcendental Phenomenology

Transcendental phenomenology's historical roots. One criticism of the quality of research articles reviewed for this study that employed phenomenological methods is that they insufficiently explained Husserlian transcendental phenomenology.

Furthermore, in two quality research methodology books by Creswell (1998; 2003) there is very little historical and technical background to phenomenology in general, and less on Husserlian transcendental phenomenology. Creswell like other researchers take from Husserl key philosophical, psychological, and methodological components like the *epoche*, subjective reflection or the concept of essence without explicating the depth of Husserl's thought; thus the following is provided to ensure Husserl's transcendental phenomenological theory is put into historical context.

Transcendental phenomenology is not an empirical experimental model of the natural sciences. Transcendental phenomenology is an *a priori* human science developed by Edmund Husserl. Brennan (2003) when referring to "historian of psychology E. G. Boring contrasted the *great man* and *Zeitgeist* models as they applied to the history of psychology" (p. 2). One can make the argument that Edmund Husserl is a historically obscure great man who embodied the *Zeitgeist* of his times.

Furthermore, Husserl developed a new philosophical and scientific paradigm. Kuhn (1970) described *normal science* as "research firmly based upon one or more past scientific achievements, achievements that some particular scientific community acknowledges for a time as supplying the foundation for its further practice" (p. 4). In the

course of scientific research and development new ideas emerge and often create change toward a new model in what Kuhn referred to as a *paradigm shift* which can lead to scientific revolutions. Husserl referred to his work as built on Cartesian and Kantian philosophies and in many ways transcendental phenomenology is neo-Cartesianism and Kantianism paradigm shift. Welton (1999) noted with regard to Husserl's research

This work established an opening that would eventually take philosophy beyond the older, tired alternatives or psychologism and formalism, realism and idealism, objectivism and subjectivism. Its efforts to integrate a theory of meaning with one of truth, a theory of the subject with one of the object, turned philosophical thought in a direction that it had not envisioned. (p. viii)

Husserl was aware of the evolution of his work; he was a man on a journey, a participant in the transcendental phenomenological attitude. His work was a paradigm shift from the natural sciences to human science. In a 1922 letter to a colleague Husserl wrote:

I am in a much worse situation than you because the greatest part of my work is stuck in my manuscripts. I almost curse my inability to bring my works [*mich*] to an end, and that first quite late, partly only now, the universal, systematic thoughts have come to me, which, though demanded by my previous, particular investigations, now also compel me to rework them all. Everything is in the stage of recrystallization! Perhaps I am working, with all the humanly possible expenditure of energy, only for my posthumous works. (Welton, 1999, p. xi)

From 1887 to 1936 Husserl published ten major works in German, some translated into French, English, and Japanese. Husserl died in 1938 with over 40,000 pages of unpublished writings that are currently being organized for future publication. Husserl never saw the impact of his work. Also, Husserl may have been eclipsed by Heidegger, who was Husserl's student, colleague, and friend at the beginning of their relationship, but in the end Heidegger became a Nazi foe to Husserl—to the point that Husserl was stripped of his professorship at Frieberg and German citizenship by the Nazi's before his death in 1938 (Sheehan & Palmer, 1997).

Husserl's life and work is well documented; including a prose account of his life written by his wife Malvine (Welton, 1999). However, because Husserl's academic life spanned over 40 years, three professorships, crossed over into a new century, involved living through the first great war where one of his sons was killed and another injured, he lived as a Jew who converted to Christianity in anti-Semitic Germany, Husserl's life-world was as complex as his research. This is why many find Husserl's philosophy and psychology difficult to follow because there is no single definitive work that describes his ideas. Husserl continued to develop his ideas to the end which is clearly seen in the 1936 publication *The Crisis of European Sciences and Transcendental Phenomenology*.

For the purpose of my study there was one academic article written by Husserl in 1927 that provided the conceptual framework for my research. Transcendental phenomenology is a philosophy, psychology and research methodology. Transcendental phenomenology has a particular and peculiar lexicon of technical meanings—much of which are derived from the philosophers that influenced Husserl such as Hume,

Descartes, Kant, Locke, Brentano, and Stumpf. Relevant to this study was the influence of Franz Brentano on Husserl's thought. After Husserl completed his university work in Germany where he studied mathematics and philosophy he moved to Vienna where he completed his doctoral dissertation on a theory of calculus and variations. Husserl returned to Germany where he completed some benign military service; then returned to Vienna where he attended Franz Brentano's lectures on psychology (Brennan, 2003; Welton, 1999). Brennan noted that it was Brentano's *Act Psychology* that impacted Husserl for the rest of his life.

Brentano is possibly the founder of human science psychology which was an alternative to the growing natural science of psychology espoused by Wundt at the time; Husserl attended Wundt's lectures while studying at Leipzig (Brennan, 2003). Brentano was a Catholic Priest from the Dominican Order, the same as Saint Thomas Aquinas, which influenced his doctoral topic *On the Manifold Meaning of Being According to Aristotle* (Brennan, p. 169). Brentano was widely recognized for his depth of understanding of Aristotle and psychology; however, because of his intellectual prowess he became a threat to the Catholic Church and eventually left the Priesthood and married. In 1874 Brentano was appointed a professor of philosophy at Vienna and had students such as Karl Stumpf, Sigmund Freud, and Edmund Husserl. Though not a prolific writer, his limited works had a significant impact on human science psychology. Brentano's act psychology focused on "the inseparable interaction of the individual and the environment" (p. 169).

Brentano did not subscribe to the structuralism of Wundt who focused on experimental science in a laboratory, which was based on anthropology and animal science (Brennan, 2003). Brentano was interested in the human science and human beings (subject) as they interacted with their environment (object and phenomena); he explored human consciousness and intentionality—perception, judging, intuition, and memory. Brentano was not opposed to the natural sciences such as physiology or biology but he saw natural science as informing human science psychology. Brentano explored the human mind, consciousness, the acts, and processes of “pure psychology” (p. 171). Late in Brentano’s academic life he moved toward phenomenology and “hoped for a psychological method that allows psychological acts to be described in terms of the subjective, experiencing person” (p. 172). Brentano introduced Husserl to the concept of intentionality and this is where Brentano ends and Husserl’s transcendental phenomenology begins.

Transcendental phenomenology and psychology: The new philosopher could start with Husserl’s first writings and read him chronologically, or one may read Husserl backwards—I decided to take a middle road and began reading Husserl (1927); then excerpts from his essential writings (Welton, 1999). Additionally, four other sources were used to formulate a better understanding of transcendental phenomenology as a philosophy, psychology, and research methodology: (a) Giorgi (2009), (b) King and Horrocks (2010), (c) Moustakas (1994), and (d) Sokolowski (2000).

Husserl’s (1927) article provided a good introduction to transcendental phenomenology. Husserl began with a sweeping statement:

The term ‘phenomenology’ designates two things: a new kind of descriptive method which made a breakthrough in philosophy at the turn of the century, and an *a priori* science derived from it; a science which is intended to supply the basic instrument (*Organon*) for a rigorously scientific philosophy and, in its consequent application, to make possible a methodical reform of all the sciences. Together with this philosophical phenomenology, but not yet separated from it, however, there also came into being a new psychological discipline parallel to it in method and content: the *a priori* pure ‘phenomenological’ psychology, which raises the reformational claim to being the basic methodological foundation on which alone a scientifically rigorous empirical psychology can be established. (Welton, 1999, p. 322)

Husserl did not discount the relevance of the natural science, but contended transcendental phenomenology is the beginning point for all sciences. He espoused that the natural empirical sciences run parallel to transcendental phenomenology with the major difference being attitudinal; the natural (science) attitude as compared to the transcendental (phenomenological) attitude. To practice phenomenology the researcher or phenomenologist must shift from the natural science (empirical *a posteriori*) attitude to the transcendental phenomenological (nonempirical *a priori*) attitude. Husserl (1927) concluded with the idea that transcendental phenomenology takes the ancient Greek philosophers, followed by Descartes and Kant to the next level in philosophy and ever expanding epistemology—noting that the Leibnizian “universal ontology” had come to fruition in transcendental phenomenology (Welton, 1999, p. 333).

Transcendental phenomenology as a philosophy. The philosophy of phenomenology is the exploration of human experience, consciousness, and meaning through subjective reflection. Philosophical phenomenology included scholar researchers such as Hegel, Kant, Husserl, Heidegger, Sartre, Ricouer, van Kaam, Tillich, and Merleau-Ponty; also, there are branches in phenomenology such as transcendental, existential, hermeneutical, and experimental (Moustakas, 1994). Sokolowski (2000) made the following statements about phenomenology from a philosophical perspective:

1. Phenomenology is the study of human experience and the way things present themselves to us in and through such experience (p. 2).
2. Phenomenology is reason's self-discovery in the presence of intelligible objects (p.4).
3. Phenomenology is a science that studies truth (p. 185).
4. Phenomenology gives us an immanent way to be transcendent (p. 196).

Edmund Husserl's (1927) transcendental phenomenology opened the door of human science wider. Transcendental comes from the Latin root word *transcendere* meaning "going beyond" (Sokolowski, 2000, p. 58). Gearing (2004) noted "phenomenology is derived from the Greek *phainoemn*, meaning appearance, and *logos*, meaning reason" (p. 1430). Husserl developed his ideas by critiquing Descartes' and Kant's philosophies. Husserl's use of transcendental is analogous to Kant's use of critical (Moustakas, 1994). Kant's philosophy revolved around criticism in that he desired to avoid dogmatism and skepticism by seeking pure reason and transcendental knowledge that is *a priori* (unmixed with anything empirical and must be universal) and not

governed by empiricism or sensory data. Transcendental phenomenology is a philosophy, psychology, and research methodology that explores subjective human conscious experience of phenomena.

Transcendental phenomenology as pure psychology. Transcendental phenomenology is not only a complex philosophy; it is a pure science and psychology (Husserl, 1927). Husserl was critical of the psychology of his era, referring to it as *psychical*, and likened it to anthropology and zoology. Husserl developed a pure psychology without any mixture of preconceived empirical dogmas. Pure psychology from a transcendental phenomenological perspective is built on reflection of subjective experiences in the life world. Reflection involves the core concept of intentionality whereby Husserl stated “All consciousness is ‘intentional’” (p. 3). Husserl’s use of intentionality was directly influenced by Franz Brentano. Every phenomenon that can be perceived has an intentional structure (essence), and intentional reflection always involves directing subjective consciousness of the phenomenon to the object as it presents itself to the individual. Husserl’s mantra like Kant was “back to the things themselves” (Moustakas, 1994).

Husserl developed a unique lexicon that expanded Kantian, Cartesian, and Lockean thought in order to describe transcendental phenomenology, as a philosophy, psychology, and methodology; technical terms such as *epoche*, *noetic*, *noematic*, *eidosis*, *eidetic reduction*, *inter-subjective reduction*, *life world*, and *transcendental attitude* (Moustakas, 1994). These terms describe transcendental philosophy and psychology, and

are essential to understanding Husserl's methodology of this pure science which is described in Chapter 3.

Transcendental phenomenology as a methodology. Kendler (2005) noted transcendental phenomenology is not the psychology of Wilhelm Wundt who developed a method to study human consciousness around the same time as Husserl. Wundt's method of studying human consciousness involved training research participants to be introspective in a very controlled laboratory environment (Kendler). Wundt's psychology was sensory oriented and empirically based; however, this method was flawed from Husserl's perspective because training participants to be introspective influenced how a person perceived their conscious experience thus creating bias (Kendler). Also, around the time of Wundt and Husserl another psychologist, John Watson, developed the method and science of behaviorism. The science of behaviorism followed the rules of empirical natural science which developed into modern cognitive psychology (Kendler).

Husserl developed transcendental phenomenology in the midst of great discoveries in natural and human sciences. Transcendental phenomenology's method for studying conscious human experience is different from introspection or behaviorism in that transcendental phenomenology involves the scientific processes of epoche, transcendental-phenomenological reduction, imaginative variation, and intentional analysis (Moustakas, 1994).

Husserlian transcendental phenomenological research method can be used to study any phenomena. Wright (2002) used this approach to "discover the spiritual essence of palliative care" (p. 125). Wertz (2005) applied this method to study the impact

of qualitative research on counseling psychology; he concluded “the phenomenological movement has expanded the conceptual foundation and practice of science in order to include the descriptive study of subjectivity and the full human person” (p. 176).

Scannell-Desch (2005) employed this method in a qualitative study with nurses who served in Vietnam. In her study phenomenological interviews were conducted with 24 female research participants. Scannell-Desch transcribed the interviews and using the phenomenological method analyzed the data to develop combat nursing themes that were applied as lessons learned for present day military nursing. Scannell-Desch’s research was a QUAL model for my study.

Transcendental phenomenology and coping positively with combat stress exposure. The QUAL portion of this study was designed to explore the combat stress exposure experiences in a sample of U.S. Marines to inquire how they cope positively with their combat experience. The method for the QUAL research is Husserlian transcendental phenomenology. One of the unique aspects of this methodology is the epoche or bracketing of the primary researcher’s knowledge and personal experience with CSE. After the interviews the QUAL data were analyzed. During the analysis themes of coping positively with CSE emerged; then the primary researcher compared data sets with the QUAN portion of the study to develop a composite picture of the U.S. Marine who copes positively with their combat experience—a resilient warrior.

To illustrate this method, Shaw and Hector (2010) explored the lived experiences of U.S. service members returning home from Iraq and Afghanistan using the phenomenological method to develop a thematic narrative. The purpose of the study was

to understand the meaning of U.S. service member's experiences in Iraq and Afghanistan. The study involved ten U.S. service members (five-National Guard, two-Army, two-Army Reserve, and one-Air Force), all white males, ranging in age 23-56. The researchers collected participant data through live interviews using audio recording then transcribing the interviews into text files for analysis.

The results of the data analysis from Shaw and Hector (2010) revealed the following: the foundational theme from the overall interviews was *job*. The service members commented on doing their job. One participant stated "The actual job determines a lot of your own individual experience," another stated "The experience depends on the job a lot of the time" (p. 130). Figural themes included: *being there*, *awareness of others*, and *a different world* (p.130). Sub themes included: *for or against being there*, *family*, *day-day basis*, and *dangerous* (p. 132). Each of these themes were analyzed and compared to theoretical research to determine the implications for psychologist who may work with and treat military service members. There were five key findings for psychologists:

1. When working with U.S. service members who have served in Iraq and Afghanistan it is important to know about the job the member performed in theater of operations (p. 133).
2. Explore the meaning of experiences by inquiring about being there and ask questions such as "What did it mean to you to serve your country in Iraq or Afghanistan" (p. 133)?

3. If the service member has a family then they should be involved in the treatment planning and therapy (p. 134).
4. Help service members re-establish a routine when returning home from war (p. 134).
5. Dangerous experiences can result in trauma and disorders, know the signs and symptoms of PTSD, know when to refer and/or how to treat symptoms of PTSD (p. 134).

Shaw and Hector's (2010) phenomenological study demonstrated the relevancy of using phenomenological interviews in research with service members exposed to combat stress. Listening to the service members recollect their story of being in war was a powerful method for understanding the meaning of military service and how warrior cope with CSE. The phenomenological method can be a trustworthy research model for exploring lived experiences of humans.

Chapter Summary

In conclusion, the resiliency, stress, and coping literature are replete with studies; however, there is a significant gap in the literature with regard to coping positively with combat stress exposure. Thus far, Chapter 1 introduced the context of the study, described the problem, delineated the research method, and defined key words and theories. Chapter 2 reviewed the scholarly literature undergirding the study, linking together the literature into one comprehensive study. Chapter 3 will explain the methodology, instruments, data collection, analysis, and ethical issues.

Chapter 3: Research Method

Introduction

This study was a QUAL+QUAN mixed method research project that explored and examined in a homogeneous group of U.S. Marines the positive coping outcome of being exposed to combat stress during OEF/OIF. In the QUAL strand of the study I explored through transcendental phenomenological interviews how and why these Marines coped positively with their combat experience. In the QUAN strand of the study I examined the influence of the independent variable (IV) of combat stress exposure on the dependent variable (DV) of subjective well-being by measuring the impact and role of the moderating variables (MODV)—hardiness, hope, social support, and personality—along with the mediating variable (MEDV) coping.

Using a mixed methods approach logically enabled me the opportunity to simultaneously capitalize on two proven scientific methods, minimize the weakness of a single method, and maximize the strengths of integrated data sets; thus expanding the potential findings to the research questions and hypotheses. Additionally, the theoretical quantitative base of positive psychology and the conceptual qualitative framework of transcendental phenomenology expanded the scope of the research. Positive psychology provided the quantitative rigor for examining the operationalized variables; while transcendental phenomenology provided the depth and structure for exploring lived experiences through interviews and the development of thematic data.

In this chapter, the methods are described and developed as a single concurrent triangulation strategy (Figure 1) beginning with the QUAL method followed by the

QUAN. The order was derived from the sequence in which the strands of data were gathered and the phasing of analysis.

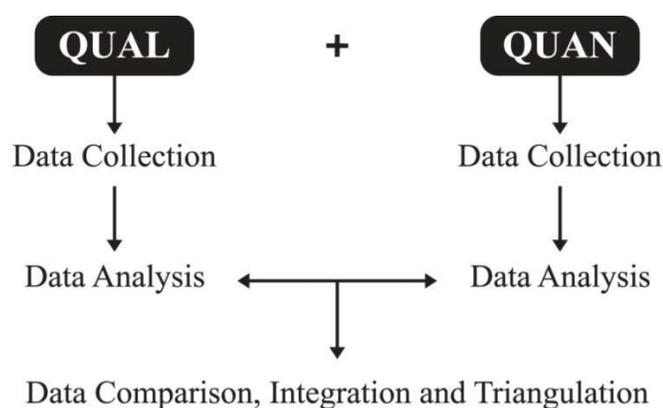


Figure 1. Concurrent triangulation strategy model. Adapted from Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (p. 214), by J. W. Creswell, 2011, Thousand Oaks, CA: Sage. Reprinted with permission from Copyright Clearance Center. See Appendix E.

This was a single primary researcher study; thus, collecting QUAL and QUAN data simultaneously was impossible. However, as explained below, there were clear boundaries concerning how the data were collected, which minimized contamination and bias during the data collection, analysis, and integration of data phases. This chapter explicates the following major areas: (a) research design and approach, (b) setting and sample, (c) instrumentation and material, (d) data collection and analysis, and (e) protection of human participants.

Research Design and Approach

A pragmatic knowledge base or paradigm was used for this study. According to Creswell (2003) pragmatism:

1. Focuses on what works to solve a problem;
2. Embraces a pluralistic approach to knowledge to solve a problem;

3. Empowers the researcher to choose the best method for the study which is often mixed methods; and
4. Is always in a particular social context. (p. 12-13)

Mixed methods is a third methodology (Tashakkori & Teddlie, 2010), often grounded in philosophical pragmatism, that finds its roots in the research and literature of Charles Sanders Peirce, William James, and John Dewey (Johnson & Onwuegbuzie, 2004, p. 16). Pragmatism emphasizes “practical consequences and empirical findings” (p. 17). Other characteristics of pragmatism include the following: (a) provides a middle ground between dogmatism and skepticism; (b) rejects traditional dualism; (c) focuses on the natural world to include culture, institutions, and subjective thoughts; (d) explores how humans interact with their environment and adapt to new situations; (e) committed to strong practical empiricism; (f) embraces a values-oriented philosophy; and (g) typically rejects scientific reductionism (p. 18).

Maxcy (2003) described the historical roots of philosophical pragmatism and compared it to formalism (positivism and empiricism). According to Maxcy, pragmatism “moved researchers away from sole considerations of knowledge, and to a discourse centered on consequent knowing and meanings” (p. 52). In this study, I used philosophical pragmatism to unite the theoretical base with the conceptual framework to form a cohesive methodology.

As noted above, I used a concurrent triangulation strategy (Creswell, 2003). This strategy placed equal priority on both methods by collecting data concurrently and then comparing or mixing (integrating) the data to “confirm, cross-validate, or corroborate

findings within a single study” (Creswell, Clark, Gutman, & Hanson, 2003, p. 229). The integration of data during the analysis led to a mixed-method interpretation of data and meta-inferences (Creswell & Clark, 2011).

There were three research questions and five directional hypotheses for my study.

1. What influence did the moderating variables of hardiness, hope, social support, and personality have on the effect of CSE on the U.S. Marines in this study who subjectively self-reported that they were coping positively with their combat experience?

The following directional hypotheses were tested during this study:

H₀₁: U.S. Marines who score average or above on the PVSIII-R® (Maddi & Khoshaba, 2001) cope positively with CSE (H₀₁: $\mu \geq 40$).

H₀₂: U.S. Marines who score average or above on the Adult Dispositional Hope Scale (Snyder, Rand, & Sigmon, 2005) cope positively with CSE (H₀₂: $\mu \geq 49$).

H₀₃: U.S. Marines who score average or above on the Postdeployment Social Support Scale (King, King, & Vogt, 2003) cope positively with CSE (H₀₃: $\mu \geq 56.69$).

H₀₄: U.S. Marines scoring average or above on extraversion, openness, conscientiousness, and agreeableness and low on neuroticism based on the NEO™-Five-Factor Inventory-3 (NEO™-FFI-3; McCrae & Costa, 2010) cope positively with CSE (H₀₄: $\mu \geq 45$ for EOAC; $\mu < 45$ for N).

2. What mediating influence did coping have on the effect of CSE on the U.S.

Marines who participated in this study and subjectively self-reported that they were coping positively with their combat experience? The following directional hypothesis was tested during this study to examine this hypothesis:

H₀₅: U.S. Marines who subjectively self-report that they are coping positively with CSE report adaptive coping strategies and styles based on the Brief COPE Inventory (Carver, 1997).

3. How and why did the U.S. Marines in this study cope positively with their combat stress exposure experience? Question 3 was explored in the qualitative strand of the study and does not have a hypothesis.

Finally, I considered other methods for the study such as a single-strand QUAL ethnographic case study or a single-strand QUAN study of hardiness, stress, and coping. However, in research on coping with combat stress exposure, a multifaceted study emerged linking the questions and hypotheses to mixed-method model. Furthermore, in the literature search, it was apparent from the beginning that a significant research gap existed in coping positively with combat stress exposure and resiliency. There is a plethora of studies on PTSD and CSE; however, there are very few if any mixed methods studies of the nature of the current study. The following two sections describe the QUAL and QUAN study methods.

Qualitative Research Methodology

Transcendental Phenomenology as a Qualitative Research Method

Transcendental phenomenology’s brief lexicon. Before transcendental phenomenology’s research method is described, a brief lexicon is provided. The following key words are found in Husserl’s English-translated works and are essential for applying transcendental phenomenology to research.

a priori: Transcendental phenomenology is an *a priori* human science that explores conscious inner experience—a pure science not contaminated with empirical or sense data (Husserl, 1927). One can argue that empirical natural science is based on the conscious outer human experience and is an *a posteriori* science driven by sensory data.

Intentionality: Moustakas (1994) noted, “Husserl’s transcendental phenomenology is intimately bound up in the concept of intentionality” (p. 28). Intentionality originated in Aristotelian philosophy as a mental orientation toward objects (Moustakas, 1994, p. 28). Husserl (1927) noted that he derived the use of intentionality from the scholastics, particularly the Neo-Scholastic Franz Brentano (Welton, 1999, p. 323). Husserl (1927) stated, “the basic character of being as consciousness, as conscious of something, is intentionality” (Welton, 1999, p. 323). For Husserl, all consciousness is intentional.

Phenomenon: Building on intentionality, when individuals direct their consciousness toward an object while using a transcendental phenomenological attitude, what appears to them mentally in their consciousness is a phenomenon, whether real or unreal.

Intuition: Husserl (1927) viewed intuition as a critical component of his *a priori* human science. Intuition, according to Moustakas (1994), is rooted in Cartesian thought

and is innate to competent human beings. Intuition is the ability to make judgments, and for Husserl, intuition was at the core of “back to the things themselves” (p. 32). As noted in Moustakas “the self for Descartes and for Husserl is an intuitive-thinking being, a being who doubts, understands, affirms, denies, wishes for or against, senses, imagines” (p. 32).

Epoche: At the core of practicing transcendental phenomenology in psychological research is the epoche. The epoche is practiced within the transcendental phenomenological attitude. Epoche is Greek for “suspension,” especially in philosophy as the suspension of judgment (Liddell & Scott, 1935). According to Moustakas (1994), “In the epoche, we set aside our prejudgments, biases, and preconceived ideas about things” (p. 85). Essentially, “the world is placed out of action, while remaining bracketed” (p. 85). The epoche is contrasted to Greek skepticism, Cartesian doubt, and Kantian criticism. In the epoche, the researcher is seeing and describing phenomena as if for the “first time” (Moustakas, p. 85).

The epoche requires disciplined concentration, focus, looking again and again, and listening over and over to see the manifold appearances of a phenomenon (Sokolowski, 2000). The epoche is reflective-meditation (Moustakas, 1994). King and Horrocks (2010) provided a critique of the epoche in that it is never fully achieved because setting aside one’s bias, preconceptions, and prejudgments is very difficult to achieve; even though the epoche cannot be fully achieved, the researcher does not abandon the process. The epoche is further discussed below with regard to the role of the researcher in data collection.

Transcendental-phenomenological reduction: Sokolowski (2000) pointed out that the Latin root for reduction means “leading back” (p. 49). This leading back is the mantra of transcendental phenomenology as “back to the things themselves” (Moustakas, 1994). This leading back reverses the natural attitude and turns into the transcendental phenomenological attitude in order to practice the epoche. According to Moustakas the reduction describes the textures of what one senses (textural description). During the reduction, the epoche is practiced, examining new horizons and manifold appearances in order to discover meaning and the essence of what is being observed.

Imaginative variation: Transcendental phenomenology involves phases and stages of observing, listening, perceiving, judging, and describing. The phenomenologist uses the imagination. Moustakas (1994) noted with regard to imaginative variation,

The aim is to arrive at structural descriptions of an experience, the underlying and precipitating factors that account for what is being experienced; in other words, the ‘how’ that speaks to conditions that illuminate the ‘what’ of experience. How did the experience of the phenomenon come to be what it is? (pp. 97-98)

At the core of this process is describing the essence of phenomena. Moustakas (1994), when referring to Husserl’s *Ideas*, noted that essence as Husserl “employs this concept, means that which is common or universal, the condition or quality without which a thing would not be what it is” (p. 100).

Essence: King and Horrocks (2010) noted, “the essence of any phenomenon is that which makes it what it is and not something else” (p. 178). Sokolowski (2000) stated, “essences are evidenced to us” and are described through “eidetic intuition” (p. 177).

Husserl (1970) differentiated between *semantic essence* and *intentional essence* in that determining the essence of an intended object requires conscious synthesis of the noetic and noematic processes.

Eidos, noesis, noema: Husserl employed several Greek words to provide technical structure to transcendental phenomenology and to avoid confusion with psychological terms used in the natural sciences. Three terms that are critical to understanding transcendental phenomenology are *eidos*, *noesis*, and *noema*. *Eidos* in the Greek means form or appearance and can convey the word *idea* (Kittel, 1985). Husserl (1927) noted that *eidos* leads to understanding the essence of a phenomenon through the eidetic reduction.

Husserl (1927) used *noesis* and *noema* in a correlational manner. The Greek root word for *noesis* and *noema* is *noeo*, which means to perceive, think, or know (Würthwein, 1985). Moustakas (1994) noted, “*noesis* refers to the act of perceiving, feeling, thinking, remembering, or judging—all of which is embedded with meaning that is concealed and hidden from consciousness” (p. 69). *Noesis* is intentionality and brings phenomena into consciousness. Moustakas noted that “*noema* is that which is experienced, the what of experience, the object correlate. *Noesis* is the way in which the what is experienced, the experiencing or action of experiencing, the subject correlate” (p. 69). King and Horrocks (2010) explained *noema* and *noesis* as the “what it is we experience, and how we experience it” (p. 177). To arrive at the essence of a phenomenon requires unifying the *noesis* (experiencing) with the *noema* (experienced)

and is achieved in the epoche using the reduction through reflective-meditation, imagination, the phenomenological attitude, and synthesis.

Synthesis of composite textural and composite structural descriptions: According to Moustakas (1994), synthesis is the final step in bringing the what and how of an experience into an integrated and intuitive whole that describes the essence of the experience of the phenomenon. This is a composite of textural and structural description of the experience.

Intersubjectivity and the lifeworld: Transcendental phenomenology is a subjective human science that is easily mischaracterized as solipsism or radical dualism. Husserl's (1927) phenomenological psychology seeks to unite the subjective transcendental ego (nonempirical or pure self) with the objective natural ego (empirical or sensory self). This unity is not a dual ego but one ego that alternates from a transcendental to natural attitude (intersubjectivity). The lifeworld is the real world—the world in which people live. The lifeworld is where people experience the self and others. Transcendental phenomenology's ultimate goal is to explore and describe the lived experience of self and others in community through shared consciousness (Husserl).

Transcendental phenomenology's research method. Moustakas (1994) noted that “the empirical phenomenological approach involves a return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience” (p. 13). The researcher is a scientist who collects experiential descriptive human data and then analyzes and interprets the data to determine the essence or structure found in the phenomenon. Husserl (1927) described

transcendental phenomenology as a philosophy, psychology, and methodology that has developed over time. In the current study I used Moustakas's application and adaption of Husserl's method. See Appendix A for a step-by-step guide provided by Moustakas (pp. 180-181).

Transcendental phenomenology and the researcher. The role of the researcher in transcendental phenomenological research is unique in that the researcher may have experienced the phenomenon being studied as is the case for this study. As the primary researcher for this study I spent 12 months in OIF during the troop surge from October 2006 to October 2007 working in the Joint Operations Center of the Multi-National Corps Baghdad Iraq. During that period of time I was exposed to combat stress. Additionally, I was deployed in the Global War on Terror in 2011 to Gulf of Aden. However, in neither deployment did I experience the magnitude of CSE as those who participated in my study; nor did I receive the Combat Action Ribbon.

Transcendental phenomenology seeks to directly study phenomena (Gearing, 2004). Because I indirectly experienced combat stress there was the potential that this experience could create bias which was identified in Chapter 1 as an assumption and limitation. However, this bias was not a disadvantage but advantage to me.

Transcendental phenomenological research method seeks to manage bias through the application of the epoche (bracketing). Bracketing (epoche) is the first step I took when collecting data.

Gearing (2004) developed a typology of six forms of bracketing: (a) ideal, (b) descriptive, (c) existential, (d) analytic, (e) reflexive (cultural), and (f) pragmatic. Each of

these forms of bracketing share the essence of the epoche of temporarily suspending judgment. Gearing (2004) explicated the differences in each of the six forms of bracketing which are primarily based on the philosophy of the researcher and theoretical framework that undergirds the research. The *ideal* form of bracketing was employed for the current study. The ideal form of bracketing is grounded in Husserlian philosophy (Gearing). The framework for ideal bracketing is “centered on descriptive phenomenology” (Gearing, p. 1436). The form of the epoche brackets presuppositions, and strives to discover the universal essences of the phenomenon being observed. Bracketing also involves the final step of unbracketing when the data is analyzed, integrated, and fully described (Gearing).

Transcendental phenomenological interviews. Seidman (2006) noted that phenomenological interviews are a means for gathering in-depth information related to lived experiences. Phenomenological interviews use open-ended questions to guide the research participant to reconstruct their experience of a particular phenomenon. King and Horrocks (2010) explained the key concepts of Husserlian transcendental phenomenology interviews. They described the essential elements of conducting an effective interview, which included:

1. A comfortable, quiet, safe environment; free from distractions.
2. Good audio equipment. Note that recording conversations influences the conversation. Explain to the interviewee how the recorded data will be used and safe guarded (informed consent).
3. Build positive rapport with the interviewee. Always remember the power

dimension between researcher and research participant. Interviewees must feel safe in order to open up and speak freely.

4. Ask open ended simple questions with probing questions to keep the flow of the interview moving.
5. Avoid non-verbal communication that could be distracting and leading.
6. Actively listen and do not make judgmental comments.

As a matter of reflection, the 13 interviews went well overall; however, the first few interviews were more challenging because I had to learn not to be in a chaplain or counselor mold. During the initial interviews I found myself talking too much, making unnecessary comments, and interrupting the interviewee's answers. The keys for a good interview are: (a) focus on asking your questions, (b) do not finish the interviewee's sentences, (c) be comfortable with pauses to give the research participant time to think, (d) practicing before you conduct the actual IRB approved interviews.

Transcendental phenomenological data analysis and meaning making.

Meaning making is the heart of the transcendental phenomenological research method (Giorgi, 2009). Giorgi developed a modified Husserlian approach entitled *The Descriptive Phenomenological Method in Psychology* in order to develop and interpret the psychological meaning of QUAL data. He compared seven polarities that distinguish natural science from human science: (a) experimentation—other research modes, (b) quantity—quality, (c) measurement—meaning, (d) analysis-synthesis—explication, (e) determined reactions—intentional responses, (f) identical repetition—identity through variations, and (g) independent observer—participant observer (p. 71). In the context of

this mixed methods study all seven of these distinctive scientific criteria were at work; however, three of these seven polarities appeared most relevant for the current study.

With regard to these three polarities Giorgi (2009) commented, “every phenomenon in the world has a quantitative aspect and qualitative aspect” and that “there is even a certain reciprocity between the two” (p. 74). Even though transcendental phenomenology embraces both aspects it starts with the qualitative *a priori* inquiry and analysis. Thus this mixed method study of coping with CSE has quantitative and qualitative components that in the end informed both sides of the study as an integrated whole. Another polarity that seemed very relevant to the current study involved comparing measurement and meaning. Giorgi noted “measurement is the elaboration and specification of the quantitative dimension of reality” (p. 79). Whereas, meaning making is the qualitative description of the phenomenon which answers the question, “what is the phenomenon or the experience like” (p. 79)? Finally, the researcher is both an independent objective observer and subjective participant observer. Thus, the epoche is a critical process for both sides of the study especially when administering the psychological assessment and interviewing the research participants.

The following open ended questions were used for the phenomenological interviews:

1. Please share with me about your combat tour in Iraq/Afghanistan. What job did you perform in country?
2. What was combat like?
3. What was coming home from war like?

4. How did you cope with your combat experience after you returned home?
5. Looking back what does your combat experience mean to you today?
6. Has your combat experience changed you and if so how has it changed you?
7. What advice would you give a new Marine who has never been in combat and is going to war?

Operationally, I employed the transcendental phenomenological method to conduct interviews and research. The recorded interviews were transcribed into text documents and analyzed by me. In the current study I used Giorgi's (2009) descriptive phenomenological method for analyzing the text:

1. Enter into the phenomenological attitude to read each text to get a sense of the whole (Giorgi, 2009, p. 128). During this first reading the researcher is in the epoche—bracketing out personal knowledge and experience of the phenomenon.
2. While using the transcendental phenomenological reduction, read the text again and highlight meaning units (p. 129). Giorgi noted, “the lived experience of the researcher plays a role here because the discriminations taking place are directed toward the lived experience of the other” (p. 130). This is the intersubjective play between the researcher and the participant's description of their lived experience.
3. The meaning units emerge using the researcher's intuition of the intended object. At this stage in the analysis the meaning units are not cognitively or psychologically analyzed.

4. Next transform the participant's raw data into "phenomenologically psychologically sensitive expressions" (p. 130). At this point the researcher goes back to the highlighted text to sort the meaning units; then the researcher begins "interrogating each meaning unit to discover how to express in a more satisfactory way the psychological implications of the lifeworld description" (p. 130). The researcher switches into a psychological (natural) attitude to make this analysis.
5. During this analysis free imagination is employed by cognitively dwelling on the data to determine invariant meanings through the eidetic intuition. As meaning or essence emerge the researcher develops a composite description of the phenomenon under study. This is the unbracketing of the researcher's experience whereby the researcher employs their knowledge and experience of the phenomenon to develop the composite synthesis.

Transcendental phenomenology is an *a priori* qualitative method and mixed with an *a posteriori* quantitative method can expand the scope of a study. As a human science transcendental phenomenology helped me qualitatively explore the essence of the phenomenon being studied; while empirical natural science helped quantitatively explain the phenomenon; this is further explained in Chapter 4.

Quantitative Research Methodology

Positive Psychology as a Quantitative Research Method

Positive psychology is complementary to psychopathology. Positive psychology is indebted to the advances in psychopathology which endeavors to help those with

mental health problems; however, for far too long psychology focused on human weakness, illness, and what is wrong with people. Positive psychology is the human science of what is right with people and focuses on human strengths and wellness. Lopez, Snyder, and Rasmussen (2003) explained and advocated for the necessity of striking a balance when assessing human weaknesses and strengths.

Positive psychology has challenges (Sandage & Hill, 2001), and critics (Held, 2004; Lazarus, 2000; Cowen & Kilmer, 2002) who objectively pointed out the potential problems with overemphasizing positivity and neglecting negativity. This shadow side or dark side of positive psychology is discussed in Chapter 5. Furthermore, when measuring subjective psychological human phenomena the researcher must ensure that the theoretical foundation is solid and the variables such as hope, hardiness, coping, and social support are empirically grounded, and the operationalized variables are measureable with valid and reliable instruments. Paradoxically, psychological negative affect and emotions can be positive; for example, anger can be used constructively; denial can be a temporary positive coping strategy, and some pessimism is needed to see the reality of the lifeworld.

Positive psychology, moderating, and mediating variables. The current study was not a traditional empirical study of cause and effect; nor did I manipulate the variables being tested. Instead I focused on measuring the magnitude of the IV (combat stress exposure) and the MODV (hardiness, hope, social support, and personality) and MEDV (coping) influence on the DV (subjective well-being). As previously noted the MODV and MEDV in this study fit well in the positive psychology CSV family.

Distinguishing between moderating and mediating variables is critical but can be confusing. Often in the research literature mediator and moderator variables are used interchangeably (Baron & Kenny, 1986; Bennett, 2000; Creswell, 2003). Mediator and moderator variables share some commonality in that they both are third variables that influence the dependent variable, and in some cases the variable may be both a moderator and mediator (Muller, Judd, & Yzerbyt, 2005; Edwards & Lambert, 2007).

Bennett (2000) defined a moderator as “an independent variable that affects the strength and/or direction of the association between another independent variable and an outcome variable” (p. 416). Furthermore, a mediator “is a variable that specifies how the association occurs between an independent variable and an outcome variable” (Bennett, 2000, p. 416). Moderators emphasize *when* the relationship occurs, and mediators emphasize *how* and *why* the variable effects the DV (Bennett). For example, a hardy (MODV) person should have higher levels of subjective well-being (DV), and cope more positively with CSE (IV). On the other hand how a person copes (adaptive or less-adaptive coping-MEDV) with CSE (IV) will influence subjective well-being (DV); thus if a person uses adaptive coping strategies they are more likely cope positively with CSE.

Bennett (2000) noted that it is difficult to differentiate between mediating and moderating variables as in the case of coping. Coping can be both an independent and dependent variable (Beehr & McGrath, 1996). Also, coping can be a mediating and moderating variable (Bennett). The researcher determines the type of variable depending “on theory and the conceptual framework that guides the research” (p. 416). In the context of the current study coping is a mediating variable. As previously noted a MODV

affects the direction and strength of the relation between the IV and DV (Baron & Kenny, 1986). Often MODV are used in correlational studies and can be analyzed using analysis of variance (ANOVA) and multiple regressions (Baron & Kenny; Bennett). The following MODV model (Figure 2) was used for the study.

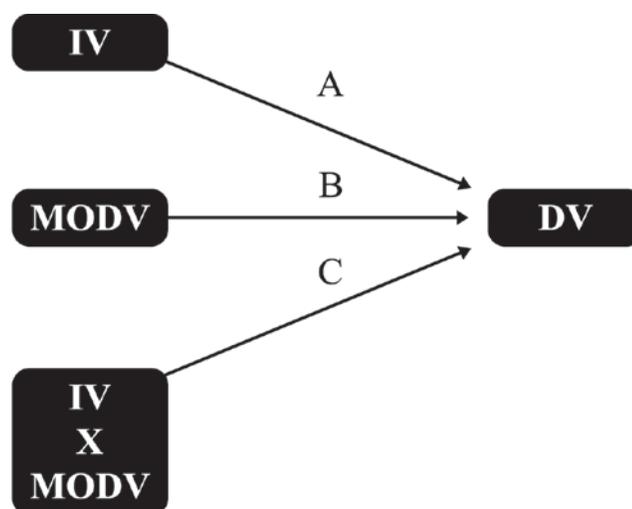


Figure 2. Moderator variable model. Adapted from “The Moderator-Mediator Variable Distinction in Social Psychological Research,” by R. M. Baron and D. A. Kenny, 1986, *Journal of Personality and Social Psychology*, 51(6), p. 1174. Copyright 2011 by the American Psychological Association. Reprinted with permission.

Based on Baron and Kenny (1986) this model consists of three paths:

1. Path A: IV and DV correlation and the influence/impact of Combat Stress Exposure on the subjective well-being of the research participant.
2. Path B: MODV influence/impact of hardiness, hope, social support, and personality on the subjective well-being (DV) of the research participant.
3. Path C: IV times MODV (interaction variable) affects the DV.

Baron and Kenny (1986) stated “a moderator is a third variable that affects the zero-order correlation between two other variables” (p. 1174). Baron and Kenny

commented that moderation happens when the relation between the IV and DV changes because of the MODV. They stated, “the statistical analysis must measure and test the differential effect of the independent variable on the dependent variable as a function of the moderator” (p. 1174). When measuring this effect it is critical to understand the levels of measurement of the IV and MODV as either categorical or continuous or a combination.

Bennett (2000) explained the general strategy for testing moderation using hierarchical multiple regression.

1. In the first step (or steps) of the regression, the independent variables (including moderator) are entered into the model as predictors of the outcome variable (p. 417).
2. In a separate step, an interaction term (the product of two independent variables, which represent the moderator effect) is entered (p. 417).
3. If the interaction term explains a statistically significant amount of the variance in the dependent variable, a moderator effect is present (p. 417).

Furthermore, Baron and Kenny (1986) noted that mediators explain how and why external events take on internal (psychological) significance. For a variable to be a mediator it must meet the following criteria according to Baron and Kenny and this relation is illustrated in Figure 3.

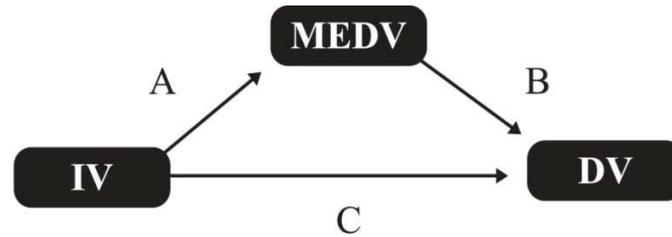


Figure 3. Mediator variable model. Adapted from “The Moderator-Mediator Variable Distinction in Social Psychological Research,” by R. M. Baron and D. A. Kenny, 1986, *Journal of Personality and Social Psychology*, 51(6), p. 1176. Copyright 2011 by the American Psychological Association. Reprinted with permission.

1. Path A: Variations in levels of the IV significantly account for variations in the presumed MEDV.
2. Path B: Variations in the MEDV significantly account for variations in the DV.
3. Path C: When Paths A and B are controlled, a previously significant relation between the IV and DV is no longer significant, with the strongest demonstration of mediation occurring when Path C is zero. (p. 1176)

According to Baron and Kenny (1986) ANOVA is one test for mediation along with regression models. They stated that three regression equations should be used:

1. Regress the MEDV on the IV.
2. Regress the DV on the IV.
3. Regress the DV on both the IV and on the MEDV. (p. 1177)

For mediation to occur Baron and Kenny (1986) stated the IV must significantly affect the MEDV in the first regression (Path A); the IV must significantly affect the DV in the second regression (Path C); finally, the MEDV must significantly affect the DV in the third regression (Path B). In this model the IV is assumed to cause the MEDV thus

are correlated; highly correlated variable can result in multicollinearity which could result in less power in the third regression Path B (Baron & Kenny).

Setting and Sample

Research setting and context. Understanding the military environment, research population, and culture was essential for this study. The context of the study was the United States Marine Corps (U.S.M.C.), on a major Marine Corps base. The study involved U.S. Marines who were exposed to combat stress during OEF/OIF, who earned a Combat Action Ribbon (CAR), returned home from war, and self-report they are coping positively with CSE. This section of the dissertation describes the military demographics, military culture (warrior ethos), and combat stress environment. Additionally, participant selection criteria, sampling method and size, along with the type of data collected are described.

Military demographics. The U.S. military is a volunteer force made up of active and reserve components along with the utilization of state National Guard; this is different from past wars in which U.S. service members may have been volunteers or conscripted. As noted in Chapter 1 over 2.5 million service members deployed to OEF/OIF since 2001 (Department of Defense, 2013). The following data were taken from a comprehensive report by the Institute of Medicine (2010) at the time of this report only 1.9 million service members had deployed for the GWOT.

1. Of those U.S. service members deployed in the GWOT 89% were male and 11% female as compared to almost all male who served in Vietnam; only 7,494

females served in Vietnam as compared to over 200,000 females in OEF/OIF(p. 18).

2. Today's forces are older and more likely to be married with children with average ages of active duty officers 34.6 and enlisted 27.1 years old, with reserve component service members being slightly older than active duty counterparts (p. 18).
3. Over 40% of the current forces have deployed more than once to OEF/OIF; with many deploying multiple times which increases their cumulative exposure to combat stress. Deployments have varied from a few a months to 15 months.
4. The number of killed and wounded in the current war is lower than previous conflicts: fatality to wounded ratio for OEF was 1:5.0 and OIF 1:7.2 as compared to Vietnam 1:2.6 (p. 29). The higher fatalities to wounded ratios in the current war are attributed to better fighting tactics, tactical armor, and battlefield medicine.

Military culture and the warrior ethos. Culture includes “the distinctive customs, values, beliefs, knowledge, art, and language of a society or a community” (VandenBos, 2007, p. 250). The U.S. military has a culture and warrior ethos that is distinctively different from civilian society. The U.S. military consists of three branches and four services under the Department of Defense; this does not include the U.S. Coast Guard which falls under the Department of Homeland Security. The four military services are the Army, Navy, Marine Corps, and Air Force; the Navy and Marine Corps

fall under the Department of the Navy. Each of the services have unique training methods, core values, customs, traditions, and sub-cultures.

Christian, Stivers, and Sammons (2009) developed a model to help mental health clinicians understand the military culture and the service members they may help. They identified four unique characteristics of the military culture that are different from civilian society, and may have an impact on therapeutic interactions. These four characteristics are: (a) collectivism versus individualism, (b) rigid hierarchicalism, (c) future orientation with historical focus on identity, and (d) service-oriented values (p. 32). The warrior ethos is inculcated starting with boot camp. The U.S. military strips away individualism during boot camp and enculturates collectivism in each recruit through indoctrination. Throughout a service member's time in the military individuality is diminished in order to build a team of warriors, inspire *esprit de corps*, and create high organizational morale which is essential in warfighting.

Rigid hierarchicalism or strict rank structure creates the environment for effective leadership which demands professional followership in the military. Military hierarchicalism insures there is a clear base of power and authority so lawful orders can be issued and followed without questioning authority; service members should not follow unlawful orders and should question authority when an order is perceived as unlawful. Following orders in combat can result in death which increases the intensity of combat stress exposure because of the existential nature of war. The military hierarchy is determined by rank which is directly associated with authority, identity and position

within the organization. Hierarchicalism and ranks reinforce the values of the military, protect service members, and provide expert leadership on the battlefield.

The military is an innovative organization which leads civilian society on many levels to include social issues and technology. Even though the military is focused on future operations, they rely heavily on their individual and collective service histories to maintain *esprit de corps* and a high state of morale that are protective factors related to combat stress. Unit cohesion is essential for effective war fighting, and coupled with high morale can mitigate the negative effects of CSE (Nash, 2007). Finally, each service has a set of core values which are based on Aristotelian virtues such as honor, courage and commitment. Core values are critical for building teams and effective leadership. Core values are directly related to character strengths and virtues (positive psychology) which are moderating variables in this proposed study. Living by core values is a positive protective factor and help mitigate the negative effects of combat stress exposure.

Military combat as stressful environment. War is “a violent clash of interests between or among organized groups characterized by use of military force” (MCDP 1, 1997, p. 3). The violence of war by military force is combat. A combat zone is an environment, and the combatant transacts within the environment to manage combat stress. The United States Marine Corps (MCRP 6-11C, 2000) defined combat stress as “the mental, emotional, or physical tension, strain, or distress resulting from exposure to combat-related conditions” (p. C-2). In a revision of the MCRP 6-11C (2010) the Navy and Marine Corps redefined combat stress as “changes in physical or mental functioning or behavior resulting from the experience of lethal force or its aftermath. These changes

can be positive and adaptive or they can be negative, including distress or loss of normal functioning” (p. 1.3).

Combat stress involves a person-environment transaction. Combat stress can lead to eustress, extreme stress, distress, traumatic stress, combat stress injury or illness when the psychological and physical demands exceed a combatant’s ability to adapt, manage, and cope with CSE. Combat stress can be measured along a continuum from benign (no threat) to extreme to traumatic (threat to integrity of self/existential threat). Being exposed to combat stress can result in negative or positive psychological and physical outcomes. Combat stress exposure is the intensity or magnitude of combat stress a service member experiences during war (combat related conditions) and copes with after they return home.

Research Sample Method, Size, and Selection Criteria. Independently, qualitative and quantitative research methods employ distinctive sampling techniques. Often qualitative research uses purposive sampling and quantitative uses probability sampling (Teddlie & Yu, 2007). Mixed methods research employs a mixed sampling technique. The sampling technique used in the current study provided the needed statistical power of a quantitative study, and the unique transferability of a qualitative study.

As noted above the setting and context of this study was the U.S.M.C. on a large base. The study only involved U.S. Marines who were awarded the CAR, and who self-reported they were coping positively with CSE. The military requirements for being

awarded a CAR are prescribed by the Secretary of the Navy (SECNAVINST 1650.1H, 2006) and include the following criteria:

1. Active participation in ground combat.
2. Direct exposure to the detonation of an Improvised Explosive Device (IED) used by an enemy, with or without the immediate presence of enemy forces.
3. Personnel who serve in clandestine or special operations, who by the nature of their mission, are restricted in their ability to return fire, and who are operating in conditions where the risk of enemy fire was great and expected to be encountered, may be eligible for the CAR. (p. 2-33)

Research participants were recruited at the unit level, no pay was involved, and the only incentive for participation was helping future warriors cope positively with CSE.

Participants needed to have been home from combat for at least 12 months. Being diagnosed with TBI or PTSD was not a disqualifying factor. Based on posttraumatic growth theory I assumed that negative symptomology can co-exist with positive coping and outcomes.

Based on Kemper, Stringfield, and Teddlie (2003) the most appropriate sampling technique for my study was a purposive non-random homogeneous sampling technique. Collins, Onwuegbuzie, and Jiao (2006) commented that this sampling technique is used to find participants with "similar or specific characteristics" (p. 84), and recommended that no more than 10 and no less than six participants be selected for the QUAL portion of the study. The goal was 10 Marines to conduct the phenomenological interviews; there were 13 volunteers who were interviewed.

Determining sample size for the quantitative strand of the study depended on the type of statistic being generated, how will the statistic represent the population, and how well does the statistic represent the influence of the IV, MODV, and MEDV on the DV? Thus performing a power analysis to determine sample size was essential when designing the study. Knowing the context and the population of the study was critical. The general context was described above. The following U.S.M.C. demographics were produced by the Headquarters, Marine Corps (2010) and have not changed much since the report was published:

1. In December 2010 there were 202,433 Marines on active duty, with 21,655 officers and 180,778 enlisted (1:8.3).
2. The Marine Corps is the youngest, most junior, and least married of the four military services with 64% of Marines being 25 or younger, with 46.6% enlisted and 67.7% of officers being married.
3. There were 103,471 single Marines in December 2010.
4. As of December 2010 there were 30,304 Marines who are females or 6.68%.
5. From 2003 to 2010—563,355 Marines deployed to OEF/OIF at an average of 70,419 per year or nearly 1/3 of the Marine Corps being deployed per year.

The sample is further described in Chapter 4 to include the power analysis and sample size. The following section describes protection of human participants and other ethical issues; then the psychometrics of the instrumentation used for the QUAN strand of the study are presented. The scales are presented in the order they were administered.

Protection of Human Research Participants and Ethical Issues

The protection of human participants in the pursuit of conducting ethical human science research is not optional. Historically, the lessons learned from the Nuremberg trials from World War II and the infamous Tuskegee experiments from 1932-1972 guided researchers to develop stringent protections for human research participants (Sieber, 2004a). Up until the 1970s most researchers in the U.S. were mostly guided by personal conscience and the human ethics of causing no harm and treating others fairly (Sieber, 2004b). In the 1970s the U.S. federal government began better regulating human participant research as described in the Belmont Report (1979).

The Belmont Report (1979) provided structure for research review, and institutional oversight through Institutional Review Boards (IRB). The Belmont Report produced three ethical principles which guide researchers: (a) respect, (b) beneficence, and (c) justice. Fundamentally, research is not conducted for research sake only. According to the Belmont Report research must benefit society and protect research participants from harm. Human beings should not be viewed as objects or subjects but as volunteer research participants and must always be treated justly and with respect.

To that end, I strived to ensure the highest ethical treatment of the research participants based on the American Psychological Association (APA) Code of Ethics hereto referred to as the Ethics Code (2010) and the APA's standards for Responsible Conduct of Research. Furthermore, I adhered to Federal regulations and more specifically the Department of Defense Instruction 3216.02 (DoDI 3216.02, October 20, 2011);

Secretary of the Navy Instruction 3900.39D (SECNAVINST 3900.39D, November 6, 2006) and Marine Corps Order 3900.18 (MCO 3900.18 January 21, 2011).

Scientific research particularly with human participants is not a right but a privilege; this privilege is granted by individuals, institutions, society, and is conditionally based on codes of ethics and Federal regulations (National Institutes of Health, 2004). The following is a brief explanation of the ethical issues associated with my study. This section will review the: IRB process, informed consent, participants, vulnerability, participant psychological support, reporting an adverse event, recruiting, and data collection.

Institutional review board. Institutional Review Board (IRB) approval of research with human participants is required at Walden University, and is foundational to ethical research according to the Ethics Code (2010). Based on Walden's ethical requirements and the Ethics Code Standard Eight research must contain accurate scientific information, research cannot begin until IRB approval, and the research must follow the approved protocol. Additionally, this study required Department of the Navy review and authorization per SECNAVINST 3900.39D (2006) and MCO 3900.18 (2011).

Before the Walden IRB could approve my research Walden had to secure a Department of Navy Addendum to their Federal Wide Assurance. To achieve this I coached Walden's IRB through the addendum process which required an application from Walden to the Office of Naval Research (ONR). After ONR reviewed the application, Walden's IRB members were required to take Department of the Naval Human Research Protection training. The Walden IRB members completed the training

and forwarded the completion certificates to ONR who put together an addendum package that was sent to the Surgeon General of the Navy who approved Walden's DON Addendum to their FWA on 27 July 2012 #DoD N-A3268. Walden is now listed on the ONR's and the Bureau of Navy Medicine's official website <http://www.med.navy.mil/bumed/humanresearch/resource/AssuranceInformation/Pages/DoD-NavyFWA%20Addendums.aspx>. As a DON approved research institution Walden's IRB was authorized by the Navy and Marine Corps to approve or disapprove my research. The Walden IRB reviewed my IRB application and granted approval with reference #05-25-12-0024823 which is stamped on the approved Informed Consent found in Appendix B.

However, further approvals had to be granted within the Marine Corps in order to gain access to research participants. The following steps were taken by me in order to comply with MCO 3900.18 (2011). The submission package to the Marine Corps Human Research Protection Official included:

1. Approved proposal and IRB application.
2. CITI intramural ethics training certificates which included: Human Research basic course, bio-medical course, and the refresher course.
3. Curriculum Vitae.
4. Letters of Cooperation from participating commands.
5. Walden IRB approved informed consent.

Marine Corps final approval was granted on 7 August 2012.

Participants, inducements, conflicts of interest, and exploitation. The study I embarked on was unique in that I am a Naval officer and chaplain. Thus, there was the potential of conflict of interest, with rank and professional position in that the participants may have a degree of social desirability to do what I ask because of my rank and military job or feel pressure from their command to feel compelled to participate in the study. In the context of this study I was a student researcher and identified myself as Mr. Dan Stallard. Thus this identity as a non-military student researcher helped reduce the professional power differential and increased participant autonomy. Command pressure was an important ethical issue because military members are considered a vulnerable population which is discussed below in the section on vulnerability.

The ethical issue of multiple relationships was a factor. As noted above I am a Naval officer and chaplain; however in the context of my study I presented myself as a student researcher, who was a prior service enlisted Marine and veteran of OIF. I wore civilian attire and masked my military identity. This was not deception, because I was a student, prior enlisted Marine and OIF veteran; however, I masked my professional military identity to protect my participants.

Section 3.05 of the Ethics Code (2010) provided the standard for guarding against multiple relationships. Section 3.06 of the Ethics Code provided the standard for conflicts of interest. The study was designed as a research dissertation project, there was no personal gain on the part of the participants other than helping future warriors; the military will not make any financial profit off the findings, except they will possibly gain insight to coping positively with combat stress exposure, learn more about resiliency, and

future resilience strengthening training as a result of the findings. Section 3.08 of the Ethics Code admonished psychologists from exploiting relationships; thus it was in the best interest of all to know up front the risks and benefits for the researcher, participants, and institutions involved in the study. This study was minimal risk.

Vulnerable population. Respect for persons, beneficence, and justice are the foundational ethical principles for conducting human participant research. The U.S.M.C. considers active duty service members as a vulnerable research population; thus there is a requirement for additional human participant protections (MCO 3900.18, January 2011). Amdur (2007) noted that a person is vulnerable if they “are likely to have compromised autonomy related to decisions about research participation to a degree that would violate the principle of respect for persons” (p. 24). Subordination to senior authority is inherent in the military; thus Marine Corps stated “Regardless of the risk level of the research, no seniors shall influence the decisions of their subordinates whether to participate as research subjects” (MCO 3900.18, January 2011).

In order to prevent exploitation of research participants in this study the informed consent reinforced that the study was voluntary. Additionally, the command could not compel anyone to participate; however, the command’s training officer informed via email their service members about the nature of the study and authorized them time away from work to participate in the study. Also, the command supported and assisted me in scheduling time to recruit, space to recruit, and audio/visual equipment. The command did not directly recruit the research participants. Recruiting took place at three major commands. I developed and published a webpage for registration www.resilient-

warrior.org. Also, I developed and printed a postcard size advertisement that I handed out during plenary recruiting sessions—see Appendix C for a sample advertisement.

The recruiting sessions involved a verbal and visual brief using Power Point that covered the following:

1. Purpose of the study
2. Participant criteria
3. Participant involvement for interviews and resilient warrior assessments
4. Voluntary participation
5. Risks and benefits
6. Privacy and confidentiality
7. Registration

Approximately 1,000 Marines attended five information sessions with 140 volunteering to participate. Those who volunteered either registered via the website or with pen and paper before being consented on the day of data collection. QUAN data collection took place on six separate days at three locations. The commands provided the space and audio/visual equipment. I provided the pens, registration forms, informed consents, along with participant scoring sheets and instrument booklets. Everything that I used to administer the assessments were distributed and collected by me. I used a verbal and visual brief in Power Point to guide the administration of each assessment. The assessment scoring sheet contained the participant's research ID # and no personally identifiable information (PII). The registration forms and informed consents which

contain PII are filed in participant folders and are stored in a secure location; solely in my possession.

Reporting an adverse event. An adverse event is defined by MCO 3900.18 as “any unfavorable and unintended occurrence associated with the conduct of a research project” (p. 1, enclosure 4). The U.S. Department of Health and Human Services’ Office for Human Research Protection noted there is not a uniform definition of an adverse event across federal entities; however they defined and described unanticipated problems and an adverse event in human research. They noted an unanticipated problem meets all of the following criteria:

1. unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied;
2. related or possibly related to participation in the research (in this guidance document, possibly related means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and
3. suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized. (Office of Human Research Protection, 2012, section I)

Furthermore, Amdur and Bankert (2007) described an adverse event by using the following question and answers:

Is the event being reported serious and unexpected? Serious: Death, a life-threatening experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant disability/incapacity, or a congenital anomaly/birth defect. Unexpected: any adverse experience the specificity or severity of which is not consistent with the current protocol description that was approved by the IRB or the currently approved consent form. (p. 65)

In my study I applied the definition of adverse event as found in MCO 3900.18. Walden University Office of Research Integrity and Compliance required that a serious adverse event must be reported to them within 5 business days. Example of a serious adverse event: a participant self-disclosed they are suicidal which would require command notification, intervention and referral. The informed consent provided the following statement:

Should you experience discomfort or distress as the result of your participation in this study, you should seek assistance from those resources available to you through your chain of command, military medical or mental health professionals and behavioral health services. The Marine Corps DSTRESS phone line is an anonymous counseling service 24/7 and is readily available to you at no charge: **1.877.476.7734** . The online **DSTRESS.COM** can provide you local resources and assistance.

Finally, there were no adverse events associated with this study.

Ethical issues associated with collecting and releasing data. All collected data will be kept secure for five years post research. Section 9.04 of the Ethics Code (2010) provided the standard for release of test data. Fisher (2003) stated the changes to this standard are possibly the “most significant” of the 2002 Ethics Code and consequently the amended 2010 Ethics Code. Essentially in the past, psychologists and test givers were to “refrain” from releasing test material, test results, and raw data (p. 192). The current standard authorizes psychologists with proper releases to provide the data to client/patients and authorized others. This change in releasing data is meant to meet the client/patient and research participants’ rights, and according to Fisher is consistent with current legal decisions.

The standard does give the psychologists the ethical leverage not to release data if the information could be misused, misinterpreted, or cause harm to the patient/client. Test data is confidential and can be treated similar to confidential communication. A formal debriefing for participants will be scheduled after approval of dissertation. The debriefing will be in the context of an informational and educational seminar. Individual participant data will be made available to each participant via secure email after the debriefings.

Another issue was the use of the internet for the utilization of promotion, registration, and email to communicate with participants. Use of the internet and email for conducting research has many potential “land mines” (Keller & Lee, 2003, p. 218). The internet and email systems I used were protected so that participant identity and research data was not compromised. The key is to have a security plan in place at the beginning of the research, communicate this plan to the participants, code PII, and use the

most secure electronic means available (Nosek, Banaji & Greenwald, 2002). The following section discusses the instruments used in the QUAN data collection.

Instrumentation and Materials

Combat Exposure Scale

At the core of this study was how and why most U.S. Marines cope positively with CSE. Measuring something that is ubiquitous as stress and as peculiar as combat stress is challenging since the experience of the phenomena is different for each participant; not to mention the measure for CSE is based on memory from a very stressful past experience. Watson, Juba, and Anderson (1989) tested the validities of five different combat exposure scales: (a) Vietnam Veterans Questionnaire Combat Exposure Scale, (b) Revised Combat Scale, (c) Military Stress Scale, (d) Objective Military Stress Scale, and (e) Combat Exposure Scale. The authors concluded that their analysis must be viewed with caution because of the subjective nature of war and the combatant. The level and type of CSE varies from war to war. For example was the protracted wars of WWII and Vietnam the same, or was quick and decisive victory like Desert Storm (Gulf War I) different from OEF/OIF? Was the war symmetric or asymmetric, conventional or an insurgency? What was the level of combat—light or heavy; what was killed in action and wounded in action ratio? These are confounding variables that may or may not be able to be controlled for in any scale.

The VA uses the Combat Exposure Scale (CES) developed by Keane, et al (1989). The CES is public domain and permission is not required for use. The CES is easily administered with a seven item self-report measure using a five point Likert scale.

Sample questions include: (a) Were you ever under enemy fire? And (b) How often did you fire rounds at the enemy? The score generated by this CES measure categorizes an individual's experience as light to heavy combat. The original scale was normed using a sample of 362 Vietnam-Era veterans. The mean age was 37.7 years ($SD = 4.0$), and the mean number of years of education was 13.26 ($SD = 2.3$); 57% were married and 52% were white. The mean score on the Combat Exposure Scale was 25.57 ($SD = 10.12$); scores ranged from 1 to 41. Coefficient α was calculated and yielded a value of .85.

The Keane CES was developed for Vietnam era veterans, and has been used widely in research and clinical work with veterans seeking treatment for war related stress problems such as PTSD. I chose this scale as opposed to the surveys used by Hoge et al. (2004) who focused more on the war related traumatic stressors, or Maguen et al. (2010) who studied the mental health impact of killing by U.S. service members during OIF. The CES is short, easy to administer, and a widely used measure of relative level of combat stress exposure. The CES was administered with pencil and paper. Each participant was assessed with a single continuous CES score ranging from 1 (light combat) to 5 (heavy combat). The results of the CES are presented in Chapter 4. Since the end of my study a new Combat Experience Scale (Guyker, et al., 2013) has been developed which I recommend to researchers to use instead of the CES.

Subjective Well-Being Scale

Someone once stated "If you want to know how I am doing, just ask me." Subjective Well-Being (SWB) is not a new construct, and there is substantial literature that describes various measures of subjective well-being (Keys & Magyar-Moe, 2003). It

was not my purpose to explicitly measure SWB with a multi-item instrument such as Satisfaction with Life Scale (Pavot, Diener, Colvin, & Sandvik, 1991), or multi-scale instrument such as the Psychological Well-being Scales (Ryff & Keyes, 1995).

In my study I assumed the Marines were coping positively with CSE. Participants who met the research study criteria reported how well they were coping with their combat experience. To measure the SWB of the participants they were asked the following single item question on a five point Likert scale: “Based on your combat experience how well are you coping with your exposure to combat stress?” With 1— being “I am coping okay with my combat experience,” 3— “I am coping positively with my combat experience,” and 5— “I am coping very positively with my combat experience.”

Single item surveys measuring SWB have been successfully used in the past by researchers such as George Gallup and colleagues (Diener, Lucas, & Oishi, 2005). These single item surveys may have reliability and validity problems especially with participant bias. The bottom line if the individual met the study criteria and self-reported they are coping positively with their combat experience it is assumed they are telling the truth and being authentic. The SWB scale was administered with pencil and paper. The results are presented in Chapter 4.

Personal Views Survey, Third Edition-Revised ®

The Personal Views Survey, Third Edition-Revised (PVSIII-R®) purports to measure the personality construct of hardiness which is “a composite of the interrelated attitudes of commitment, control, and challenge that provides the existential courage and motivation to turn circumstances from potential disasters into growth opportunities”

(Maddi, Harvey, Khoshaba, Fazel, & Resurreccion, 2009, p. 292). The PVSIII-R® was refined over the past 25 years in order to increase reliability and validity (Woodward, 2004).

Maddi, Khoshaba, Harvey, Fazel, and Resurreccion (2009) addressed the constructive criticism identified in past studies that used earlier versions of the Personal Views Survey (PVS). Two major criticisms focused on ensuring the hardiness construct measured by the PVS was a unitary measure of three interrelated attitudes commonly referred to as the 3Cs (commitment, control, and challenge). The other major criticism focused on the relationship between negative affectivity and neuroticism. Subsequent studies confirmed that the PVS is not merely the opposite of neuroticism, but in studies comparing the FFM of personality the hardiness construct correlates negatively with neuroticism and positive with the other four personality factors (Maddi et al.).

Maddi et al. (2009) conducted a study using 1,141 undergraduates at a major university to measure the hardiness attitudes in regression studies with measures of coping, social support, stress, and strain. They divided the volunteer participants into six samples to compare a combination of measures with the PVSIII-R®. When the results were combined all the sample data of the PVSIII-R® showed positive correlations with the 3Cs and hardiness (commitment, $.85 p < .001$; control, $.79 p < .001$; and challenge, $.80 p < .001$). The Cronbach α in these studies for hardiness was $.79$.

The PVSIII-R® is a survey that can be administered online or pen and paper (Maddi & Khoshaba, 2001). The descriptive statistic for the PVSIII-R® is based on creating a percentage score which can range from 0-100%. The PVSIII-R® was normed

on more than 3,000 adolescents and adults ages 15-74 years old; the norming sample was 44% males and 56% females. The norming studies involved a variety of context from athletes to firemen. Hardiness percentages in the range of 40-60% are average but caution must be exercised here. Many factors need to be considered when interpreting the results of any study especially when the studies involve measuring the effect of stress.

The PVSIII-R® is copyright protected, permission was granted by Salvatore Maddi (see appendix G). The PVSIII-R® is an 18 question survey using a Likert scale of zero to four; with zero being *not true at all* and four being *very true*. Sample questions: (a) by working hard, you can always achieve your goal, (b) my mistakes are usually very difficult to correct, and (c) most days, life is really interesting and exciting for me (Maddi & Khoshaba, 2001, p. 79). During my study the PVSIII-R® was administered to the participants during a plenary session. The survey was administered using pen and paper. The raw data from the surveys were transferred to a password protected spreadsheet and emailed to the Hardiness Institute. Salvatore Maddi of the Hardiness Institute provided the percentage data from the raw scores back to me at a cost of .50 per participant. The hardiness data results are presented in Chapter 4.

Adult Dispositional Hope Scale

The Hope Scale developed by Snyder et al. (1991) is often referred to in the literature as the Adult Dispositional Hope Scale (ADHS; Lopez, Snyder, & Pedrotti, 2003) or the Trait Hope Scale (Snyder, Rand, & Sigmon, 2005). The need to differentiate the names of the scales is due to the expansion of measuring the construct to include the Adult State Hope Scale (Snyder et al., 1996) and the Children's Hope Scale (Snyder et

al., 1997). The ADHS has been used in research and clinical settings to include studies with combat veterans (Crowson, Frueh, & Snyder, 2001; Irving, Telfer, & Blake, 1997).

The ADHS is public domain and permission was not required for use. The ADHS purports to measure hope theory as defined in Snyder (1995) as “the process of thinking about one’s goals, along with the motivation to move toward (agency) and the ways to achieve (pathways) these goals” (p. 355). The ADHS measures agency and pathways thinking as noted in Chapter Two. Functionally, Snyder noted that individuals who score higher on hope using the ADHS “experience their goals in a phenomenologically more positive fashion” (p. 357).

The ADHS is a 12 item self-report measure using an eight point Likert scale with one being *definitely false* and eight being *definitely true*. Sample questions include: (a) I can think of many ways to get out of a jam, and (b) My past experiences have prepared me well for my future. The scale has four items to measure pathway thinking and four items to measure agency thinking with four items used to disguise the scale. The item coefficients range from .23 to .63 with α coefficient .74 to .84 (Snyder, 1995, p. 357). The ADHS has been administered in test-retest reliability studies with correlations in the .80 + range. Snyder noted that in concurrent validity studies that hope correlates positively with “self-esteem, perceived problem-solving capabilities, perceptions of control in life, optimism, positive affectivity, and positive outcome expectancies” (p. 357). Additionally, higher hope “correlates negatively with social introversion, depression, negatively affectivity, and anxiety” (p. 357). The ADHS was administered with pencil and paper. The results of the ADHS are presented in Chapter 4.

Deployment Risk and Resilience Inventory and Postdeployment Social Support

Scale

The Deployment Risk and Resilience Inventory (DRRI) is a reliable and validated group of 14 measures related to deployment of U.S. military forces (King, King, & Vogt, 2003). The DRRI consists of 14 scales that can be administered individually or collectively depending on the need. The measures span risk and resilience factors for pre-deployment, deployment, and post-deployment phases of military operations. The measures were developed and validated using samples of veterans from Gulf War I (1990-91). Studies were conducted using focus groups, telephone survey, and national mailing. Only the Postdeployment Social Support (PSS) measure from the DRRI was used for this study. However, it is critical to discuss the reliability and validity of the whole DRRI before discussing the PSS.

The developers of the DRRI designed the inventory by developing preliminary definitions, over-all constructs, and domains. Next the researchers met with six focus groups of 33 participants all of which were Gulf War I veterans to discuss their experiences and the definitions of the DRRI. With refined definitions the researchers developed 14 risk and resilience factors and scales. After extensive literature search and reviews the content of the DRRI was developed with generally 25 items per scale. After the inventory was designed the measures went through three psychometric studies: (a) telephone survey with 357 participants; (b) mail survey with 495 veteran participants, and (c) final telephone interview with 357 participants. During the third psychometric study additional measures were administered to assess correlations with physical and mental

health, life satisfaction, and neurocognitive deficits (King, King, & Vogt, 2003). The final DRRI have a range of $\alpha = .72$ to $.94$.

The PSS is a 15 item scale which purports to measure “emotional sustenance and instrumental assistance” (King, King, & Vogt, 2003, p. 6). The PSS uses a five point Likert scale with one being *strongly disagree* to five being *strongly agree*. Sample statements include: (a) the reception I received when I returned from my deployment made me feel appreciated for my efforts, and (b) I have problems that I can’t discuss with family and friends. The possible range of scores are 15 to 75, higher scores mean greater social support. Alpha for this measure is $.87$, the mean 56.69 with a standard deviation of 10.52 . Permission to use the PSS was granted by Dawne Vogt. The PSS was administered with pencil and paper. The results of the PSS are presented in Chapter 4.

NEO™ Five-Factor Inventory-3

According to the NEO™ inventories Professional Manual (McCrae & Costa, 2010) the NEO™ purports to measure the five personality domains of the FFM. The NEO™ Five-Factor Inventory-3 (NEO™-FFI-3; FFI-3) is a revision of the NEO-FFI™. The FFI-3 is a 60 item version of the 240 item NEO™-PI-3. The NEO™-PI-3 assesses the FFM of personality in individuals age 12 and older. The NEO™-PI-3 measures the five personality domains of the FFM, and measures six facet scales for each domain. The FFI-3 only measures the domains and not the facet scales.

There are two versions of the FFI-3: (a) Form S for self-report, (b) Form R for observer ratings. The current study used Form S (HS; self-report and hand scorable version). The Form S (HS) version has a template for scoring domain scales and

converting raw scores to *T* scores. The *T* scores are age and gender specific based on the norms for the inventory. When scoring the FFI-3 if there are 10 or more unanswered items the inventory is considered invalid, and if there are nine or less blanks the items can be scored neutral. There are three yes or no validity checks on the last page: (a) responded to all of the statements, (b) entered responses across the rows, and (c) responded accurately and honestly (McCrae & Costa, 2010, p. 15).

The NEO™ “measures traits that approximate normal, bell-shaped distributions” (McCrae & Costa, 2010, p. 17); thus most will score average with some scoring low and some high on the NEO™. Caution must be exercised when developing a personality profile or interpreting scores because it is easy to view the scores on each scale as black and white. Each of the domains should be interpreted as a continuous dimension and not concrete or inflexible (McCrae & Costa). The results can be easily summarized when analyzing the norms and scores as: very low, low, average, high, and very high. The NEO™PI-3 does not use normalized *T* scores “approximately 38% score in the average range ($T=45$ to 55), 24% score in the high range ($T=56$ to 65), 24% score in the low range ($T=35$ to 44), 7% score in the very high range ($T=66$ and higher), and 7% score in the very low range ($T=34$ and lower; p. 17).

The validity and reliability of the NEO PI-R™ is well documented (Costa & McCrae, 1992), and is carried over to the revised NEO™-PI-3 and NEO™-FFI-3. The NEO™-PI-3 was validated in three phases and samples: (1) Phase 1 adolescent sample, (2) Phase 2 adult sample, and (3) Phase 3 middle school sample (McCrae & Costa, 2010). The adolescent sample involved 500 individuals ages 14 to 20 from 26 different states,

51.6% were female, 84.6% white with A and B for average school grades; the adult sample involved 63 individuals ages 21 to 91 who resided in 29 different states, 56.1% were women, 92.6% white and most had a high school diploma; the middle school sample involved 4449 children ages 12 to 13, 52.4% female, 94.5% white and were A and B students.

The median Coefficient α for all the five factors for the first two samples was .82 which is consistent of previous NEO™ reliability. The third sample of 12 and 13 year olds had a median Coefficient α .76. The data from the three samples was analyzed extensively; detailed results published in McCrae and Costa (2007) and McCrae and Costa (2010). The FFI-3 uses a five point Likert scale using endorsements from *strongly disagree* to *strongly agree*. Sample items from the NEO™-FFI-3 include: (a) I am not a worrier (neuroticism), (b) I really enjoy talking to people (extraversion), (c) I experience a wide range of emotions or feelings (openness), (d) I tend to assume the best about people (agreeableness), and (e) I work hard to accomplish my goals (conscientiousness). The FFI-3 is copyright protected and permission was granted through the purchase of the instrument from Psychological Assessment Resources (see Appendix F). The results for the FFI-3 inventory are presented in Chapter 4.

Brief Cope Inventory

The Brief Cope Inventory (BCI) is a shorter version of the COPE Inventory, and is a theoretically based measure of coping styles and strategies (Carver, 1997). The BCI is public domain and permission for use is not required. As explained in Chapter 2 the COPE was an expansion of the Lazarus and Folkman (1984) stress and coping model

with the integration of the Carver, Scheier, and Weintraub's (1989) self-regulation theory. The COPE inventory was normed in three studies with undergraduate students from a major university (Carver, Scheier, & Weintraub). The first study consisted of 978 participants. A factor analysis resulted in eigenvalues greater than 1.0; alpha for each scale ranged from .45 to .92, and test-retest reliabilities from two samples of 89 and 116 students' revealed alphas ranging from .42 to .89. The second and third studies revealed statistically similar results.

The original COPE was a 60 item inventory using the Likert scale of one to four. The COPE inventory had 13 scales but over time expanded to 15 scales. Examples of the COPE scales are active coping, planning, seeking social support, denial, turning to religion, and acceptance. The COPE measures both adaptive coping and coping dimensions that may not be productive (counterproductive)—one could characterize this latter form of coping as less-adaptive and for some of the strategies maladaptive. Not all less-adaptive coping strategies are maladaptive such as in some cases of denial, which is often perceived as avoidance; denial for a while can actually buffer a person from the negative effects of stress thus is a form of adaptive coping.

Carver (1997) discovered in field use of the COPE inventory that many individuals became impatient with the length and redundancy of the inventory; so he developed the BCI. The BCI is a 28 item inventory measuring 14 coping scales using a one to four Likert scale with one being *I haven't been doing this at all* and four being *I've been doing this a lot*. Sample statements include: (a) I've been turning to work or other

activities to take my mind off things, (b) I've been concentrating my efforts on doing something about the situation I'm in, and (c) I've been saying to myself "this isn't real."

In the BCI, Carver (1997) eliminated two scales from the COPE (restraint coping and suppression of competing activities), three scales were renamed (positive reinterpretation and growth was renamed positive reframing; focus on and venting emotions was changed to venting; the scale mental disengagement became self-distraction), one new scale termed self-blame was added. The BCI was normed using participants who experienced Hurricane Andrew. The participants were a nonrandom sample of convenience. There were 168 participants, 66% female, the sample was multicultural in nature, and 126 of the participants took a second inventory at six months and third inventory at one year for test-retest reliability.

Scales and α values for the BCI are: (a) active coping $\alpha = .68$, (b) planning $\alpha = .73$, (c) positive reframing $\alpha = .64$, (d) acceptance $\alpha = .57$, (e) humor $\alpha = .73$, (f) religion $\alpha = .82$, (g) using emotional support $\alpha = .71$, (h) using instrumental support $\alpha = .64$, (i) self-distraction $\alpha = .71$, (j) denial $\alpha = .54$, (k) venting $\alpha = .50$, (l) substance use $\alpha = .90$, (m) behavioral disengagement $\alpha = .65$, and (n) self-blame $\alpha = .69$. The BCI scales can be administered individually if the researcher is interested in a certain scale to cope with a particular phenomenon, such as coping with breast cancer. Kim, Han, Chaw, McTavish, and Gustafson (2010) studied self-blame and positive reframing in the context of coping with breast cancer. In this study the researchers were testing mediation and moderator variables using the BCI scales self-blame and positive reframing. Also, Carver (1997) noted that the time orientation of the BCI scales can be modified based on the

nature of the study. In my study I measured coping in the present time. For the current study the BCI was administered using pen and paper during a plenary session. The BCI does not generate an overall coping score. For the purpose of my study the adaptive coping scales were assigned a total score and the less-adaptive coping scales total score to determine which coping strategies were used more or less. The findings for the BCI are presented in Chapter 4.

Data Collection and Analysis

Onwuegbuzie and Leech (2004) noted that mixed methods research can “address much more comprehensive research purposes than do quantitative or qualitative research alone” (p. 770). As noted previously the purpose of this study was to examine and explore the phenomenon of coping with the effects of combat stress exposure in a group of U.S. Marines who served in OIF/OEF, and who self-reported they were coping positively with their combat experience. To achieve this purpose, I used a mixed methods concurrent triangulation strategy, whereby qualitative (QUAL) and quantitative (QUAN) data were collected side by side, analyzed independently, then triangulated to provide a comprehensive answer to the research questions and to test the hypotheses.

Erzberger and Kelle (2003) explained the origin of mathematical triangulation technique used in surveying in order to determine the distances between various fixed points; then they described how triangulation was transformed into a validation method for social science research. Erzberger and Kelle developed the triangulation theory into the model of "Between the Theoretical and the Empirical Level of Reasoning" (p. 462). This model of triangulation demonstrated how QUAN and QUAL data are integrated and

interpreted. Erzberger and Kelle explained three possible outcomes (inference) when integrating (triangulating) QUAN and QUAL data: (a) convergence, (b) complementary, or (c) contradictory. *Convergence* means both QUAN and QUAL data come to the same conclusions through separate analysis. *Complimentary* means the QUAN and QUAL data "relate to different objects or phenomena" but supplement each other without contradicting the results (p. 466). *Contradicting* results means the data is divergent; however, divergent and contradicting results may in fact lead to new knowledge and are not necessarily the result of a poorly designed study (p. 466).

Phased data collection and analysis. The following phased process was used to collect and analyze data collected. The research was conducted on a major U.S.M.C. base. There was a period of advertisement, solicitation of volunteers, participant screening, followed by informed consenting of participants. A data protected website, email, and word of mouth were used to recruit participants and facilitate preliminary screening. The secure online registration collected some basic PII, reviewed and certified the volunteers met the study criteria, and acknowledged they initially were consented to participant in the study. The signed informed consenting took place on Day 1 of Phase 1 as described below.

Phase I: Data Collection

Day 1: I met with participants who were screened via website and recruiting to explain the process for the week (one hour session). Secured the signed informed consent and answered questions. The participant goal was 150 active duty Marines but was able to recruit 132. On Day 1 13 Marines randomly volunteered to be interviewed.

Day 2: Conducted phenomenological interviews (one hour interviews).

Day 3: Conducted phenomenological interviews.

Day 4: Conducted phenomenological interviews.

Day 5: Convened full group of participants to administer, CES, SWBS, NEO™-FFI-3, BCI, PVSIII-R®, ADHS, and PSS (one hour large group session). Recruiting, consenting, and administration of assessments was repeated at two other commands. The interviews took place at two locations.

Phase II: QUAL Data Analysis

Part I: Transcribed taped interviews.

Part II: Used Giorgi's (2009) modified Husserlian approach to organize data.

Part III: Analyzed QUAL data and prepared initial write up using Giorgi's (2009) and Moustakas (2004) methods.

Part IV: Completed QUAL composite textural and structural descriptions.

Phase III: QUAN Data Analysis

Part I: Conducted statistical and analytical study of QUAN data using SPSS.

Part II: Completed QUAN findings write up.

Phase IV: Integrated and interpreted QUAL/QUAN findings.

Phase V: Developed synthesis description of a resilient warrior through triangulation of data sets. Results are presented in Chapter 4 and discussed in Chapter 5.

Data interpretation and verification of trustworthiness and validity. Mixed methods research employs both qualitative and quantitative means for ensuring reliability and validity so that the data interpretation is trustworthy. Reliability means that the

instruments and measures used in the research are dependable (Mitchell & Jolley, 2004). Validity means that the researcher measured what was intended to be measured (Mitchell & Jolley). The most reliable measures are free of research error; while validity is free of bias—no psychological measure is perfect, and no research study is completely free of bias.

Erzberger and Kelle (2003) noted that when integrating mixed method data the researcher must use solid "reasoning and logical inference" (p. 466). To this end they defined and described three forms of reasoning and logical inference: (a) deduction, (b) induction, and (c) abduction. *Deduction* uses hypothesis testing to make inferences; while *induction* makes generalized statements about empirical facts (Erzberger & Kelle). *Abduction* is applied when the mixed data is divergent. If the findings in a study lack logical reasoning through deduction and induction then abduction is employed (Erzberger & Kelle). Abductive reasoning seeks to discover new or unknown ideas.

Thematic qualitative data analysis. Giorgi (2009) provided a modified Husserlian approach for collecting, coding, and interpreting data. Similar to Moustakas (1994) the researcher switches from a natural attitude to the phenomenological attitude which is essential for employing Husserlian Transcendental Phenomenological philosophy, psychology, and methodology. At the core of the method is the search for and description of the essence of the phenomenon (Giorgi). Giorgi developed his phenomenological approach based on the Duquesne school of phenomenology which emphasized psychology and existential-philosophy in the interpretation of human data gathered through phenomenological interviews.

In my study the research participant's interviews of how they coped with their exposure to combat stress were transcribed to text files. Then textural and structural descriptions were developed. Textural and structural descriptions are unique because when analyzing the data the researcher can visually see and feel the description, and when reading out loud the researcher hears the description which increases the interpretative potential. Interacting with the text over and over reveals new horizons and potential meanings.

Giorgi (2009) noted that when analyzing and coding the thematic data, the researcher must not go beyond what is presented in the text. The themes that emerge from the text should not be taken out of context. Giorgi provided several steps for his method:

1. Read the text "for a sense of the whole" (p. 128).
2. Determine meaning units as you reread the text. Units of meaning break down the whole into parts or pieces.
3. Operationally, assume the phenomenological attitude as you read the text. Mark the text when you sense a meaningful comment or shift in meaning.
4. Do not interrogate the meaning, simply mark the meaning unit. The researcher does not establish a unit of meaning before they read the text; allow the text to speak and the meaning to emerge.
5. At this time in the exploration of the lived experience of the researcher helps determine textual meaning.
5. There may be a sense of arbitrariness to the process of determining units of meaning—stick with it, do not over think the process.

6. Once the meaning units are marked then the transformation of the research participant's natural comments "into phenomenologically psychologically sensitive expressions" begins (p. 130).
7. At this stage of interacting with the meaning units, the researcher interrogates the marked texts to develop structures, psychological meaning based on the researcher's knowledge and experience with the phenomenon. This is when the psychological attitude is engaged in data analysis and interpretation.
8. Free imagination is used to develop categories of meaning and themes.

During the imaginative phase of interacting with the data the researcher uses a deeper level of personal consciousness. Giorgi (2009) noted when referring to Husserl's conscious process there is a peculiar schema or signifying act. Giorgi noted this act schema is a process for "transforming the lifeworld meaning units into psychological expression, and the process is aided by the method of free imaginative variation" (p. 133). As the researcher intentionally reads the participants description of their experience, the researcher reduces this meaning unit into psychologically interpreted data using an intersubjective attitude (Giorgi).

As the researcher analyzes the meaning units, transforms the data into psychologically interpreted data, the researcher constructs a table of the transformed data, that will help present the thematic material as it emerges during the interpretation phase. As the themes emerge a composite textural and structural description of the experience of all the participants is pieced together to provide a composite description of the collective experiences of the research participants these descriptions are presented in Chapter 5. The

synthesis description of a resilient warrior is presented in Chapter 5. Additionally, the textural-structural descriptions are in Appendix D.

Description of quantitative data analysis. The quantitative data for this study involved the IV (Combat Stress Exposure) which was a continuous variable determined by using the Combat Exposure Scale. The scored range of CSE was characterized as light to heavy combat. The DV in this study was subjective well-being and was a continuous variable based on a one question survey. To be in the study the participants had to be coping positively with CSE. I tested four MODVs and one MEDV which were previously discussed. Hardiness, hope, social support and personality were the MODVs and are continuous in nature. The MEDV coping was categorical in nature. The primary statistical tests in this study were Pearson correlation, ANOVA, and multiple regressions. The data were analyzed using SPSS.

Chapter Summary

This chapter described and discussed research design and approach, mixed methodology, the setting and sample, the protection of human research participants and other ethical issues, followed by a review of the psychological assessment instruments along with data collection and analysis procedures and processes. Chapter 4 will advance the study with the detailed presentation of study results.

Chapter 4: Results

Introduction

The purpose of this study was to examine and explore the coping outcome of U.S. Marines who were exposed to medium to heavy combat stress during OEF/OIF and who self-reported that they were coping positively with their combat experience. The study design was a mixed method concurrent triangulation strategy, whereby the QUAN and QUAL data were collected and analyzed separately; then integrated as a synthesized description of a resilient warrior.

In the QUAN portion of the study the influence of the independent variable of combat stress exposure on the dependent variable of subjective well-being was examined by measuring the impact and role of the moderating variables of hardiness, hope, social support, and personality, along with the mediating variable of coping. A MODV functions to explain *when* a specified additional predictor variable directly influences the outcome between the IV and DV, while the MEDV explains *why* a specified additional predictor variable indirectly influences the outcome between the IV and DV. Both the MODV and MEDV effect explain some of the variance within the model being tested. In the QUAL portion of the study phenomenological interviews were employed to explore *how* these Marines were coping positively with their combat experience.

This chapter presents the descriptive characteristics of the sample and the statistical tests used for the QUAN analysis along with tabulated results; additionally, the QUAL data is presented. The chapter closes with a table of psychological themes that emerged from the analysis and eidetic description of the phenomenon of coping

positively with CSE. Chapter 5 will provide the discussion of both strands of analysis, the integration of data, the overall findings, implications for future research, and the application of the research for social change.

Descriptive Characteristics of the Sample

Currently, there are approximately 190,000 active duty Marines; at the time of the study, there were approximately 200,000. Over the past 12 years, the Marine Corps has been actively involved in overseas contingency operations in Iraq and Afghanistan, with approximately one third of the Marine Corps deployed at all times during this period. Since 2001, approximately 120,000 Marines have received the Combat Action Ribbon (CAR) as described in Chapter 3. Approximately half of those awarded the CAR were noninfantry. The current study consisted mostly of infantry officers and enlisted service members. In order to voluntarily participate in the study, the U.S. Marines met the following minimal criteria:

1. A combat veteran of OEF or OIF.
2. Received the Combat Action Ribbon or equivalent.
3. Home for at least 12 months from the last combat deployment.
4. Self-reported they were coping positively with their combat experience.

Based on a directional test with $\alpha = .05$, a population correlation coefficient squared, and a power of .85, the recommended sample size was 143 (Jaccard & Becker, 2002, p. 593). The goal for the QUAN data research was a random sample of 150 volunteers. There were 139 volunteers recruited before reaching saturation. The final number of qualified participants was 132: Two were missing QUAN data, three reported

that they were not coping well, one was a Navy Corpsman, and one did not have a CAR or equivalent. The goal for the QUAL portion of the study was to interview 10 randomly selected Marines from the 132 participants. Thirteen Marines from the sample volunteered to be interviewed. Table 1 is a description of the sample characteristics. Some demographics were mistakenly overlooked for this study, such as marital status and education. There were 131 male participants and one female participant; gender differences were not studied. Table 2 presents the rank order and distribution of ranks.

Quantitative Strand

The QUAN strand of the study was correlational in nature, with one outcome variable (DV) and more than two predictor variables (IV, MODV, MEDV); thus, the Pearson correlation, one-tailed *t* test, ANOVA, and multiple regression were used. In order to use these parametric tests, measures of central tendency and variability were analyzed for all variables. Assumptions noted by Fields (2005) related to parametric data are:

1. The data must be normally distributed.
2. There needs to be homogeneity of variance.
3. The data were measured at least on the interval level.
4. The data were independent; thus, the data collected on an individual in the study did not influence another individual's data in the study. (p. 64)

Tests were computed for the central tendency of the variables and for normal distribution using histograms, boxplots, and normal Q-Q plots. Parametric assumptions were not violated. Table 3 presents the measures of central tendency for the IV, DV, and

MODV. Tables 4 and 5 present the Pearson correlations of the IV and MODV in relationship with the DV.

Table 1

Summary of Sample Characteristics (n = 132)

Characteristic	Range	<i>M</i>	<i>Mdn</i>	<i>Md</i>	<i>SD</i>
Age*	20-52	30.48	30.00	24.00	6.68
Years of Service	2-30	10.68	10.00	5.00	6.05
OEF Deployments**	0-1	.76	1.00	1.00	.43
OIF Deployments**	0-1	.73	1.00	1.00	.45
Total Deployments***	1-6	2.43	2.00	2.00	1.19
Months Home	12-123	37.95	27	15	28.87

*The sample age mean is older than average U.S. Marine; 65% of the Marine Corps are under 25, with 39% being E3 or below. However, the age range in this study is representative of the Marine Corps.

**53% of the Marines in this study deployed either to OEF or OIF, with 47% participating in both overseas contingency operations.

***The Total Deployments indicate that this sample of Marines participated in deployments other than OEF/OIF and, on average, had deployed 2.43 times during their service in the U.S.M.C., with some deploying as many as 6 times.

Table 2

Rank Order and Distribution (n = 132)

Rank Order	Rank Distributions
E3*	2
E4*	32
E5*	20
E6*	7
E7*	4
E8*	3
E9*	3
W01*	24
W02*	2
W03*	1
O1E*	22
O3	4
O4	4
O5	1
O6	3
O7	1

*E3 through E9 are enlisted (E3-E9); (WO1-O1E) are currently new officers but prior enlisted; thus, of the 132 participants, 120 were enlisted during their combat tours. The rank distribution in this study is a general representation of the current active duty Marine Corps distribution, which is made up of approximately 90% enlisted. This sample represents a good distribution of rank and ages; practically, this sample of 132 Marines is the size of a rifle company, which is the bedrock of the Marine Corps ground combat organization.

Table 3

Measures of Central Tendency for the IV, DV, and MODVs (n = 132)

Variables	Scale Range	Sample Range	<i>M</i>	<i>Mdn</i>	<i>Md</i>	<i>SD</i>
Combat Stress Exposure	7-35	12-32	23.54	23.50	22.00	4.75
Subjective Well-being	1-5	1-5	3.80	4.00	5.00	1.33
Hardiness*	0-100	21-53	40.09	40.00	43.00	6.47
Hope	12-96	34-64	55.42	56.00	55.00	5.63
Social Support	15-75	44-73	61.55	62.00	56.00	6.30
Neuroticism	0-100	26-74	45.99	46.50	47.00	10.50
Extraversion	0-100	28-75	56.90	56.00	51.00	10.55
Openness	0-100	25-73	51.52	50.50	48.00	10.40
Agreeableness	0-100	25-68	45.67	46.00	50.00	11.30
Conscientiousness	0-100	30-75	55.83	56.00	55.00	10.19

*In measuring central tendency for hardiness, the distribution appeared mostly normal, but the box plot revealed two very low outliers; when the outliers were removed for the analysis, the mean rose slightly to 40.09. The skewness of hardiness was -.439 with a kurtosis of .062 revealing a tendency toward higher levels of hardiness; thus, removing the outliers was consistent with the direction of the overall scores. However, based on the literature, the average scores for hardiness in this study were significantly lower than the anticipated score of 60.

Table 4

Pearson Correlations Between the DV, IV, and MODVs (n=132)

Variables		1	2	3	4	5
1. Subjective Well-Being	DV	1	-.188*	.509**	.210*	.230**
2. Combat Stress Exposure	IV	-.188*	1	.002	-.053	.143
3. Hardiness	MODV	.509**	.002	1	.434**	.652**
4. Hope	MODV	.210*	-.053	.434**	1	.412**
5. Social Support	MODV	.230**	.143	.652**	.412**	1

*Correlation is significant at the 0.05 level (1-tailed).

**Correlation is significant at the 0.01 level (1-tailed).

Table 5

Pearson Correlations Between the DV, IV, and MODVs, (n=132)

Variables		1	2	3	4	5	6	7
1. Subjective Well-Being	DV	1	-.188*	-.411**	.214**	.099	.214**	.183*
2. Combat Stress Exposure	IV	-.188*	1	-.060	-.106	-.109	-.349**	.250**
3. Neuroticism	MODV	-.411	.060	1	-.408**	-.103	-.254**	-.442**
4. Extraversion	MODV	.214**	-.106	-.408	1	.252**	.323**	.182*
5. Openness	MODV	.099	-.109	-.103	.252**	1	.342**	.069
6. Agreeableness	MODV	.214**	-.349**	-.254**	.323**	.342	1	-.001
7. Conscientiousness	MODV	.183*	.250**	-.422**	.182*	.069	-.001	1

*Correlation is significant at the 0.05 level (1-tailed).

**Correlation is significant at the 0.01 level (1-tailed).

Traditional null hypotheses were not used for this study; instead, the hypotheses were directional, and in order to accept a directional hypothesis as true, a critical value for the t distribution with a level of confidence of .05 with 131df was determined to be ± 1.65 . Table 6 presents the one sample t tests for Hypotheses 1-4; a one sample t test was not used for Hypothesis 5 because there is not a single coping strategy test statistic for the BCI—this will be explained in the section on mediation.

The following directional hypotheses were tested during this study:

H_{01} : U.S. Marines who score average or above on the PVSIII-R® (Maddi &

Khoshaba, 2001) cope positively with CSE (H_{01} : $\mu \geq 40$).

H₀₂: U.S. Marines who score average or above on the Adult Dispositional Hope Scale (Snyder, Rand, & Sigmon, 2005) cope positively with CSE

(H₀₂: $\mu \geq 49$).

H₀₃: U.S. Marines who score average or above on the Postdeployment Social Support Scale (King, King, & Vogt, 2003) cope positively with CSE

(H₀₃: $\mu \geq 56.69$).

H₀₄: U.S. Marines scoring average or above on extraversion, openness, conscientiousness, and agreeableness and low on neuroticism based on the NEO™-Five-Factor Inventory-3 (NEO™-FFI-3; McCrae & Costa, 2010) cope positively with CSE (H₀₄: $\mu \geq 45$ for EOAC; $\mu < 45$ for N).

Table 6

One Sample t Test at 95% Confidence Interval With 131 df and a t Distribution Critical Value of ± 1.65 (n=132)

Hypothesis	Test Value <i>M</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	<i>sig.</i>
H ₀₁ : $\mu \geq$	40 (Hardiness)**	39.80	6.47	131	-.350	.727
H ₀₂ : $\mu \geq$	49 (Hope)	55.42	5.63	131	13.12	.000*
H ₀₃ : $\mu \geq$	56.69 (Social Support)	61.55	6.29	131	8.87	.000*
H ₀₄ : $\mu \geq$	$\mu < 45$ for N and 45 for EOAC; (Personality)					
	Neuroticism	45.99	10.50	131	1.08	.283
	Extraversion	56.90	10.55	131	12.97	.000*
	Openness	51.52	10.40	131	7.20	.000*
	Agreeableness	45.67	11.30	131	.678	.499
	Conscientiousness	55.83	10.19	131	12.22	.000*

*Test is significant at the level of 0.05 (2-tailed).

**There were two very low hardiness scores that were revealed in the box plot; however, even with removing these two scores, the *M* was 40.09 with a nonsignificant *t* score of .158, which falls within the critical value of ± 1.65 ; thus, if the traditional null hypothesis method were used, the null hypothesis would not be rejected, or for this study, the hypothesis is not true based on the one sample *t* test.

The first research question identified in Chapter 1 examined the influence that the moderating variables of hardiness, hope, social support, and personality had on the effect of CSE on the Marines in this study who subjectively self-reported that they were coping positively with their combat experience. To test for moderation, Baron and Kenny's (1986) model was applied using Bennett's (2000) three steps as explained in Chapter 3. The following sections provide the steps taken to analyze moderator effect. The results are in Tables 7-14.

Hardiness as a Moderating Variable

In the first step of the multiple regression the IV (CSE) and MODV (hardiness) were entered into the model as predictor variables on the DV (SWB). In the second step an interaction term of CSE x hardiness was entered into the model. As a result of step 2 if the interaction variable explained a statistically significant amount of the variance in the DV then a moderator effect was present. Hardiness moderated SWB and explained 32.1% of the variance in the model. Table 7 presents the results of this test.

Table 7

Summary of Multiple Regression Analysis for Moderator Interaction Between CSE_Hardiness on SWB (n = 132)

Variable	Step 1			Step 2		
	B	SE B	β	B	SE B	β
Constant	.88	.78		9.18	3.84	
CSE	-.05	.02	-.18*	-.38	.15	-1.37*
Hardiness	.10	.01	.51**	-.10	.09	-.49
CSE_Hardiness				.008	.004	1.56*

Step 1: * $p < .05$; ** $p < .001$; $R^2 = .295$; $\Delta R^2 = .284$.

Step 2: * $p < .05$; $R^2 = .321$; $\Delta R^2 = .305$.

Hope as a Moderating Variable

In the first step of the multiple regression the IV (CSE) and MODV (hope) were entered into the model as predictor variables on the DV (SWB). In the second step an interaction term of CSE x hope was entered into the model. As a result of the step 2 if the interaction variable explained a statistically significant amount of the variance in the dependent variable then a moderator effect was present. Hope did not moderate SWB.

Table 8 presents the results of this test.

Table 8

Summary of Multiple Regression Analysis for Moderator Interaction Between CSE_ Hope on SWB (n = 132)

Variable	Step 1			Step 2		
	B	SE B	β	B	SE B	β
Constant	1.85	1.16		11.63	6.24	
CSE	-.06	.02	-.23*	-.475	.260	-1.701
Hope	.11	.02	.51*	-.11	.11	-.48
CSE_Hope				.007	.005	.11

Step 1: * $p < .05$; $R^2 = .103$; $\Delta R^2 = .089$.

Step 2: $R^2 = .120$; $\Delta R^2 = .099$.

Social Support as a Moderating Variable

In the first step of the multiple regression the IV (CSE) and MODV (social support) were entered into the model as predictor variables on the DV (SWB). In the second step an interaction term of CSE x social support was entered into the model. As a result of step 2 if the interaction variable explained a statistically significant amount of the variance in the dependent variable then a moderator effect was present. Social support moderated SWB and explained 12.3% of the variance in the model. Table 9 presents the results of this test.

Table 9

Summary of Multiple Regression Analysis for Moderator Interaction Between CSE and Social Support on SWB (n = 132)

Variable	Step 1			Step 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Constant	2.36	1.27		17.03	5.70	
CSE	-.05	.02	-.17*	-.68	.24	-2.42*
Social Support	.04	.02	.20*	-.19	.09	-.91*
CSE_Social_Support				.010	.004	2.46*

Step 1: * $p < .05$; $R^2 = .075$; $\Delta R^2 = .061$.

Step 2: * $p < .05$; $R^2 = .123$; $\Delta R^2 = .103$.

Personality (NEOAC) as a Moderating Variable

In the first step of the multiple regression the IV (CSE) and MODV (Personality NEOAC) were entered into the model as predictor variables on the DV (SWB). In the second step an interaction term for each of the FFM factors of CSE x N-E-O-A-C were entered into the model; thus this test was ran 5 times. As a result of step 2 if the interaction variable explained a statistically significant amount of the variance in the dependent variable, a moderator effect is present. Neuroticism moderated SWB and explained 26.1 of variance in the model. Extraversion, agreeableness and conscientiousness did not moderate SWB. Openness moderated SWB and explained 8.4% of the variance in the model. Tables 10-14 present the results of these tests.

Table 10

Summary of Multiple Regression Analysis for Moderator Interaction Between CSE_Neuroticism on SWB (n = 132)

Variable	Step 1			Step 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Constant	7.67	.71		1.02	2.43	
CSE	-.06	.02	-.21*	-.217	.10	-.77*
Neuroticism	-.05	.01	.424*	-.09	.05	-.70
CSE_Neuroticism				.006	.004	-1.47*

Step 1: * $p < .01$; ** $p < .001$; $R^2 = .214$; $\Delta R^2 = .202$.

Step 2: * $p < .05$; $R^2 = .261$; $\Delta R^2 = .244$.

Table 11

Summary of Multiple Regression Analysis for Moderator Interaction Between CSE_ Extraversion on SWB (n = 132)

Variable	Step 1			Step 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Constant	3.50	.88		8.76	3.02	
CSE	-.05	.02	-.17	-.26	.12	-.93*
Extraversion	-.03	.01	.19*	-.07	.05	-.55
CSE_ Extraversion				.004	.002	-1.02

Step 1: * $p < .05$; $R^2 = .073$; $\Delta R^2 = .059$.

Step 2: * $p < .05$; $R^2 = .0971$; $\Delta R^2 = .076$.

Table 12

Summary of Multiple Regression Analysis for Moderator Interaction Between CSE_Openness on SWB (n = 132)

Variable	Step 1			Step 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Constant	4.46	.86		11.07	2.83	
CSE	-.05	.02	-.17	-.31	.11	-1.13*
Openness	-.01	.01	.08*	-.127	.05	-.94**
CSE_Openness				.005	.002	-1.33**

Step 1: * $p < .05$; $R^2 = .041$; $\Delta R^2 = .027$.

Step 2: * $p < .01$; ** $p < .05$; $R^2 = .084$; $\Delta R^2 = .063$.

Table 13

Summary of Multiple Regression Analysis for Moderator Interaction Between CSE_Agreeableness on SWB (n = 132)

Variable	Step 1			Step 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Constant	3.74	.90		6.10	2.55	
CSE	-.04	.03	-.13	-.13	.10	-.47
Agreeableness	.02	.01	.17	-.03	.05	-.25
CSE_Agreeableness				.002	.002	.45

Step 1: $R^2 = .060$; $\Delta R^2 = .046$.
Step 2: $R^2 = .068$; $\Delta R^2 = .046$.

Table 14

Summary of Multiple Regression Analysis for Moderator Interaction Between CSE_Conscientiousness on SWB (n = 132)

Variable	Step 1			Step 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Constant	3.66	.75		4.78	3.24	
CSE	-.07	.02	-.25*	-.12	.14	-.42
Conscientiousness	.03	.01	.25*	-.01	.06	-.09
CSE_Conscientiousness				.001	.002	.26

Step 1: * $p < .01$; $R^2 = .091$; $\Delta R^2 = .077$.

Step 2: $R^2 = .092$; $\Delta R^2 = .071$.

Coping as a Mediating Variable

The second research question identified in Chapter 1 was what mediating influence did coping have on the effect of CSE on the Marines who participated in this study and who subjectively self-reported they were coping positively with their combat experience? To test for mediation Baron and Kenny's (1986) model was applied using Bennett's (2000) three steps as explained in Chapter 3. Coping was measured using the Brief Cope Inventory (BCI). The BCI purports to measure 14 independent coping strategies. Table 15 presents the values for central tendency for the BCI coping strategies. Carver, Weintraub, and Scheier (1989) and Carver (1997) noted that the individual coping strategies can be analyzed separately or in combination depending on the interest of researcher. Also, as noted earlier the BCI does not provide a single coping strategy index score. However, for the purpose of the current study a sum was computed for the adaptive coping strategies and for less-adaptive coping strategies in order to test the following hypothesis:

H₀₅: U.S. Marines who subjectively self-report that they are coping positively with CSE report adaptive coping strategies and styles based on the Brief COPE Inventory (Carver, 1997).

Table 16 presents the mean for the sum for adaptive and less-adaptive coping strategies; Table 17 presents the Pearson Correlations between the DV, IV, and MEDV.

Table 15
Measures of Central Tendency for the MEDV (n = 132)

Coping Variables	Scale Range	Sample Range	<i>M</i>	<i>Mdn</i>	<i>Md</i>	<i>SD</i>
Active-Coping	2-8	2-8	5.31	5.00	5.00	1.77
Emotional Support	2-8	2-8	4.48	4.00	2.00	1.93
Instrumental Support	2-8	2-8	3.98	4.00	2.00	1.86
Positive Reframing	2-8	2-8	4.68	5.00	2.00	1.91
Planning	2-8	2-8	4.09	4.00	2.00	1.82
Humor	2-8	2-8	4.12	4.00	2.00	2.06
Acceptance	2-8	2-8	6.24	7.00	8.00	1.86
Religion	2-8	2-8	4.04	3.00	2.00	2.22
Self-Distraction	2-8	2-8	4.42	4.00	3.00	1.69
Denial	2-8	2-7	2.33	2.00	2.00	.87
Substance Use	2-8	2-8	2.94	2.00	2.00	1.50
Behavioral Disengagement	2-8	2-6	2.37	2.00	2.00	.84
Venting	2-8	2-8	3.52	3.00	2.00	1.55
Self-blame	2-8	2-8	3.14	2.50	2.00	1.50

Table 16

Mean for the Sums for Adaptive and Less-Adaptive Coping Strategies (n = 132)*

Coping Strategies	<i>M</i>
Adaptive Coping	36.94
Active-Coping	
Emotional Support	
Instrumental Support	
Positive Reframing	
Planning	
Humor	
Acceptance	
Religion	
Less-Adaptive Coping	18.72
Self-Distraction	
Denial	
Substance Use	
Behavioral Disengagement	
Venting	
Self-blame	

*The mean for the sums for adaptive and less-adaptive coping strategies are not a single coping strategy index but are a means for determining the tendency of the sample to use more or less of a coping strategy and for testing mediation.

Table 17

Pearson Correlations Between the DV, IV, and MEDVs (n = 132)

Variables		1	2	3	4
1. Subjective Well-Being	DV	1	-.188*	-.043	-.533**
2. Combat Stress Exposure	IV	-.188*	1	.230**	.202*
3. Adaptive Coping	MODV	-.043	.230**	1	.352**
4. Less-adaptive Coping	MODV	-.533	.202*	.352**	1

*Correlation is significant at the 0.05 level (1-tailed).

**Correlation is significant at the 0.01 level (1-tailed).

To test for the mediation effect of coping on subjective well-being the following steps were taken. In the first step of testing for mediation the MEDV was regressed on the IV; second the DV was regressed on the independent variable; third the DV was regressed on both the IV and the MEDV. For mediation to occur Baron and Kenny (1986) stated the IV must be a significant predictor of the first regression (Path A); the IV must be a significant a predictor of the DV in the second regression (Path C); finally, the MEDV must be a significant predictor of the DV in the third regression (Path B). In this model the IV is assumed to cause the MEDV. Table 18 presents the mediator effect test of adaptive coping and Table 19 presents the same effect for less-adaptive coping. Adaptive coping was not a mediator; while less-adaptive was a mediator. Thus less-adaptive coping had a mediating effect on SWB. However, this effect was a negative relationship (which means the higher less-adaptive scores go up the lower the SWB).

Thus, the converse is true for this study—this sample of Marines who self-reported they are coping positively used fewer less-adaptive coping strategies. Also, when comparing the means of each coping strategy in Table 15 one can observe the adaptive coping strategy means are substantially higher than the less-adaptive strategies suggesting this sample used more adaptive coping strategies than less-adaptive strategies.

Table 18

Summary of Multiple Regression Analysis for Mediator Effect of Sum of Adaptive Coping Between CSE on SWB (n = 132)

Variable	Step 1			Step 2			Step 3		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Constant	25.93	4.16		5.04	.57		5.04	.66	
CSE	.46	.17	.23*	-.05	.02	-.19*	-.052	.03	-.188*
Adaptive Coping							8.18	.01	.001

Step 1: * $p < .01$; $R^2 = .053$; $\Delta R^2 = .046$.

Step 2: * $p < .05$; $R^2 = .035$; $\Delta R^2 = .028$.

Step 3: * $p < .05$; $R^2 = .035$; $\Delta R^2 = .020$.

Table 19

Summary of Multiple Regression Analysis for Mediator Effect of Sum of Less-Adaptive Coping Between CSE on SWB (n = 132)

Variable	Step 1			Step 2			Step 3		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Constant	13.83	2.13		5.04	.58		6.97	.57	
CSE	.20	.09	.02*	-.05	.02	-.19*	-.02	.02	-.08
Less-Adaptive Coping							-.14	.02	.000*

Step 1: * $p < .05$; $R^2 = .041$; $\Delta R^2 = .033$.

Step 2: * $p < .05$; $R^2 = .035$; $\Delta R^2 = .028$.

Step 3: * $p < .001$; $R^2 = .29$; $\Delta R^2 = .28$.

Qualitative Strand

The third research question identified in Chapter 1 was how and why did the Marines in this study cope positively with their combat stress exposure? This question was explored in the QUAL strand of the study and does not have a hypothesis. The QUAL strand of the study involved 13 interviews using the phenomenological method described in Chapter 3. Interviewees volunteered during the registration and recruiting process. Demographically, the interviewees were six years older than the sample mean of 30.48 years old and on average had six more years of service. Also, they were more recently in combat than the average Marine in the study and had more combat experience. With regard to the measures of central tendency for the IV, DV, and MODV the interviewees were slightly higher on each variable than the sample; thus the interviewees appeared to be coping better than the sample at large which may be a factor of age and maturity. When comparing the central tendency of the MEDV—the interviewees appeared to be at the same levels and types of coping strategies as the sample. By and large the interviewees were a good representation of the sample especially by rank: 1-E4, 1-E5, 2-E7, 1-E8, 1-E9, 3-O3, 1-O4, 1-O5, 1-O6, and 1-O7.

The phenomenological method, as outlined in Appendix A, was employed by me during the QUAL strand of the study with the goal of describing the essence of a resilient warrior's experience of CSE and how they coped with this experience. Husserl (1927) used the two Greek words noesis and noema when striving to capture the essence of an observed phenomenon. As noted in Chapter 3, King and Horrocks (2010) explained noesis and noema as the “what it is we experience, and how we experience it” (p. 177).

To arrive at the essence of describing a phenomenon requires unifying the noesis (experiencing) with the noema (experienced), and is achieved in the epoche (bracketing) using the phenomenological reduction through reflective-meditation, the phenomenological attitude, and synthesis.

According to Moustakas (1994) synthesis is the final step in bringing the *what* and *how* of an experience into an integrated and intuitive whole which describes the essence of the thing, object, or experience. Wertz (2010) explained how to apply a method of eidetic analysis for psychology in order to understand the essence of a thing. He developed procedures for distinguishing how the eidos (essence) is presented to the observer through analysis. Wertz stated “The general essence, the eidos is found in those features that are invariant through all possible individual variations, as the general form necessary in order for individuals to be examples of the essence in question” (p. 287).

The QUAL interviews were analyzed with four key questions in mind:

1. What (noema) was the research participant’s experience of combat like?
2. What (noema) was the research participant’s experience of coming home like?
3. How (*noesis*) did the research participant’s cope positively with their combat stress experience?
4. What is the essence of the resilient warrior’s experience that makes their lived experience different from others?

To answer these questions the phenomenological method as described by Moustakas (1994) and reinforced by Giorgi (2009) and Sokolowski (2000) were employed. Each participant’s interview was read over and over—beginning with reading

the text file while simultaneously listening to the audio file of the interview for editing along with refreshing my memory of the participant, their voice, and content of the interview. Next I entered into the epoche and read the interviews to-be-present with the participant's words, thoughts, and emotions without mixture of my personal knowledge and experience of the phenomenon.

Being in the epoche and bracketing personal knowledge and experiences is challenging and required a quiet space to be-in-the-interviewees-conscious-flow. Next, the texts were read in the context of the phenomenological reduction with imaginative variation in mind in order to observe thematic patterns in the individual interviews and collectively as a whole. In the exploration of the QUAL data seven themes emerged from the interviews. The seven themes were: (a) emotionality, (b) moral dilemma/injury, (c) self-awareness, (d) training, (e) job, (f) shared experience, and (g) social support.

Next I drafted a "Textural and Structural Description of Combat and Coping with Combat Stress Exposure" for each of the participants interviewed. These descriptions are located in Appendix D. The final step in the phenomenological analysis was the eidetic analysis (Wertz, 2010). Husserl (1927) called this the eidetic reduction. Giorgi (2009) identified this step in the analysis as the "eidetic generalization" (p. 195). This final step of the analysis leads to describing the essence of the thing being analyzed.

Sokolowski (2000) demonstrated this final step of the analysis in three levels of thinking: (a) typicality, (b) empirical universal, (c) and imaginative variation. He illustrated this in the observation of wood. In observing pieces of wood the phenomenologist intuits that wood floats; thus leading to the conclusion that a typical

piece of wood floats. Through further observation it appears to the phenomenologist that floating is similar in all pieces of wood which makes floating an empirical universal. Thus, if floating is an empirical universal then it may be an essence of wood; that which makes it what it is and if removed or striped away it is no longer what it is. Then the observer or researcher transitions to the third level of thinking called imaginative variation where the imagination runs free to see if it can conceive and perceive of the thing in ways that “shatters” or “explodes” the essence (p. 179). Sokolowski stated “eidetic reduction focuses on the essential form of things” (p. 194). The findings of this final step in the phenomenological analysis are discussed in Chapter 5 along with the synthesized composite description of a resilient warrior. However, for the purpose of presenting the results of the analysis the following is presented as the eidetic analysis of coping positively with CSE.

An Excursion into Consciousness

An excursion is a short trip, typically for a purpose and with the intention of a prompt return. The purpose of this excursion is to briefly describe how I arrived at this intentional point in my research (back to the things themselves). It was in the epoche and phenomenological attitude as described in Chapters 3 and 4 that the qualitative themes emerged in my transcendental reflection and meditation on the data. As I read the phenomenological interviews and drafted the textural and structural descriptions I intentionally came back to the data as if for the first time again, then again, and again. Like a parent coming back into the room of a sleeping baby only to perceive again the

child looks different yet it is the same child. This led me to awe and wonder in reflecting on the narratives of the warriors in my study.

As noted in Chapter 2 transcendental phenomenology is an *a priori* human science. This means as one observes the phenomenon under study the researcher begins with an attitude without any mixture of the empirical. Coping positively with CSE was a criterion for participating in this study. However, I had an *a priori* intuition that I was subjectively aware that the participants were coping positively with CSE. Was this awareness based on the empirical assumption from the literature that most service members go to war and come home to cope positively with CSE? Was this awareness based on the fact that the volunteer participants self-reported they were coping positively in order to participate in the study? The qualitative questions explored in the study were how and why are they coping positively? Thus to answer the questions I examined their responses to a series of questions during phenomenological interviews.

However, during this process the questions I was asking myself imaginatively evolved from “How and why are they coping positively with CSE?” to “How and why can *I know* they are coping positively with their CSE?” To answer this question I entered the epoche again and again. How then does the researcher become conscious of the essential nature or essence of coping positively with CSE? I kept asking myself “How do I know they are coping positively with combat stress exposure?” I went back to things themselves, over, and over into the phenomenological attitude, the epoche.

In the epoche I bracketed the natural “I-researcher” attitude and entered into the “phenomenological-I-observer” attitude. What is it that I observed that answered the

questions how and why are these Marines coping positively with their combat stress experience? For me the first awareness came from simply being present with them, hearing their answers to my questions, experiencing their existence as human beings, now home for war knowing that combat was hell, and willing to tell their story of coping with CSE to me. It was in hearing their story that I intuitively sensed they were coping positively; yes they subjectively reported to me they were doing ok before the interviews, but it was not until I entered the flow of their conscious experience that I knew they were coping positively. It was an internal sense of being-present-with-the-warrior, listening to their thoughts, experiencing their range of emotions, observing their body language, reading their interviews, drafting the textural and structural descriptions that gave me the intuitive awareness they really were coping positively with their combat experience. However, how could I describe the essence of this coping experience?

The epoche and phenomenological reduction led me to the eidetic description below. My time with the Marines in this study was like a religious and spiritual experience. I felt I was in the presence of the holy-other (transcendence). I experienced truth and authenticity; this experience left me in awe, inspired; knowing I was in the presence of someone who experienced the darkness of combat to return to the light of home, and was able to describe what they experienced, along with why and how they are coping positively with CSE. I was transformed by these conversations. It is like the word *quality* which is difficult to define or describe; quality is subjective but when you experience it you know it. When I experienced the individual Marines in my study, reflected, and transcendently mediated on their narratives I knew they were coping

positively with CSE. Now I will strive to provide an eidetic description of the phenomenon of coping positively with CSE as it has been intuitively and creatively presented to me by the participants in my study.

Eidetic Description

What is the essence of coping positively with combat stress exposure? What makes coping positively with CSE uniquely different from other related stress coping experiences? Coping positively with CSE is more than just a person-environment transaction. From a transactionist perspective stress is appraised on a continuum from beneficial, to benign, to existential with variations in-between. Coping with CSE is more than a transaction; coping is more than self-preservation; more than surviving combat; coping positively with CSE is about thriving as a resilient warrior. Coping becomes meaning making—the warrior’s military service in combat is for the greater good of society and the world. Often serving in combat and coping positively with combat stress can lead to posttraumatic growth.

In essence seven core themes emerged during the interviews and are described here with textual examples; in Chapter 5 the themes are discussed in detail and applied to greater body of scientific literature. The first theme that emerged was *emotionality*. Marines who cope positively with CSE understand that the positive and negative emotions related to combat must be managed in combat and when they come home from war. Emotionality in the context of coping with CSE can span from being numb to feeling good/justified for killing the enemy, to extreme rage and complicated grief and guilt. In war participant one stated with regard to emotionality:

Yeah, so many emotions, stuff morphed from the very beginning til after the 3rd deployment. During the first deployment there wasn't much of a question for an emotional tension about the mission that we were on. I don't know if it had been from training or from reading or from the standard story line or what but...it was...we believed in what we were doing and we tried to do it ethically. Most of the emotions in the first deployment and most of the second one as well, had to do with friendships, losses, and frustrations in working with people but those are all pretty normal. Then some of the emotions from combat scenarios. I don't think we talked about...we didn't...I think we all liked the adrenaline rush but we wouldn't talk about it.

Participant two summed up how he felt when an aerial mission went badly:

Most of my issues that I think I had during that time was guilt. Guilt of maybe not picking the right path. Doing the right planning.

Participant five shared that he currently struggles with expressing positive emotions when he commented:

I think it made me numb. Like I find it hard to feel sorry for things. Like to have any kind of emotions. Now I don't know if that's due to combat or that's just the way that I am. I don't know. It's just kind of like gradually over time. I don't really have pity on people or emotionally like when my wife is crying I can't generate a tear. No matter how hard I try.

Participant six commented that the one emotion that gripped him in combat was:

fear of the unknown for me. It was very scary because I didn't know what the bad guys were doing. I didn't know where they would be coming from. I didn't know what pile of trash was going to blow up behind me. It was...you're not scared of too many things. Like, I'm not scared of the dark anymore. But the only reason people are scared of the dark is they can't see the dark.

Participant 12 identified a difficult emotion to manage which is:

Disgust! Every time it was normally disgust. They would...we were bringing in dead women and children, and men and it was indiscriminant. They did not care. At the same time their ANP's and ANA's getting killed.

Finally, participant 12 summed it up well after an intense fire fight by stating:

You've got joy, because it's over; you've got sorrow, because you've got 3, 2 Marines and a Brit that you've learned they died. You've got all these good and bad emotions simultaneously flooding you.

The second theme that emerged from the interviews was *moral dilemma/injury*.

Marines who cope positively with CSE often think deeply about the morality of war.

Marines are trained to be ethical and moral warriors. The Law of Armed Conflict and the rules of engagement are drilled into their minds. However, because of the fog, friction, uncertainty, and chaos of war Marines face many moral dilemmas and can be injured morally from combat.

Participant one commented in regard to how he felt about the mission during his third combat deployment when he stated:

The third one...the third one there was some disenfranchisement with the mission and especially in Afghanistan. It was a lot harder to lead the Marines when they didn't believe in what we were doing and you couldn't hide the fact of the seemingly pointlessness of what we were doing.

He went on to state that this moral dilemma is challenging then and now:

But in relation to God; killing somebody does not satisfy you or just doing the job whether you think it is reasonable. Reasonable is the wrong word. Whether you think it is good policy, whether you think it is morally wrong or whether you think it is just ridiculous to be there. Doesn't satisfy. But there is a tension between you saying it doesn't satisfy and looking back and saying "yeah I did it." And I'm not sure how I am going to address that one with my son yet.

Participant four was very articulate when he described in detail how a mission he planned was the worse day of his life and led to an extreme moral injury. He stated:

Like I had an episode where I dropped a bomb and it killed no bad guys but it killed eight women and children. That was the worst day of my life. It devastated me like I was a psychological casualty when that happened. The lie that I bought into was 'you've committed the unforgivable sin' like at that point I didn't even care if I went to jail...I was just concerned with, like where I was going to be spending eternity quite frankly.

Participant 12 commented that his real struggle came when he returned home from war when he stated:

Yeah, first thing when you get back from deployment was just getting back into the routine. Realizing that I can be at rest. I don't need to worry about waking up at 0300 when the Afghans decided to fire a 50 caliber machine gun at us. Just stupid stuff like that. But coming back from Afghanistan was trying to wrap my mind around exactly how to exist in a world where everything I believed in before religiously, philosophically, morally, society wise was now destroyed. So that was a lot more difficult.

The third theme that emerged from the interviews was *self-awareness*. Marines who cope positively with CSE are self-aware of the potential mortality and morality of the mission and how different they were after they came home. Participant six stated with regards to self-awareness and combat:

It made me realize that there are more important things than me...thinking about the Marines that weren't able to come home alive and thinking about their families and just being unbelievably thankful for those guys who protected me...

Participant two noted that being self-aware every day is critical when he commented:

I think it just comes down to you. You got to understand your situation and just wake up every day going to put forth your best effort. Some things you can control and some things you can't and as long as you're putting the right effort to control things with your end of control you will at least leave with a good taste in your mouth per se. Have that last bite of a good steak. It's when you don't that is when I think everything will maybe creep up on you and may be too much burden to handle.

Participant four summed it well when he stated

You don't prove who you are in combat, you learn about who are in combat.

Participant six stated:

It made me realize that there are more important things than me...Thinking about the Marines that weren't able to come home alive and thinking about their families and just being unbelievably thankful for those guys who protected me...

Participant seven simply commented that because he was in combat:

I know who I am as a person.

The fourth theme that was identified in the study was *training*. Marines train like the fight and fight like they train. Marines train from the day they enter military service to the day they leave. Training is essential for success in combat. Participant five captured the essence of combat and training when he stated that combat is:

Fast moving. Confusion. But I used to wonder why we did all the things we do in training. When you are in combat you actually see it come together. It all makes sense. Like just the simplest things you know. You see a man down when you're rushing...fire team maneuvers and its tough stuff. Machine guns laying out basic fire like that. It all came together. I mean afterwards, during the time you don't think about it.

Participant 16 succinctly stated with regard to training:

I mean you know there were some things that just like if it got really hectic it wasn't just a smooth ride. Like we always knew what to do but in the end it always turned out like how we trained.

Participant 78 eloquently summarized the importance of training in the following:

Right, no matter how small, no matter what the details are, I mean you think back to boot camp even. There's a purpose for everything. To do something that is engrained in you so for it to be engrained in you we are going to do 5s and 25s until you want to scream at the top of your lungs. Till you are begging to stop because it's that important. I definitely drill down on why things are important. It's always attached to; if we get this wrong someone can die. Even worse if we get this wrong someone can die and it will be on your conscience. We always say that it's like getting someone killed is worse than you dying yourself. When you get someone killed it'll be, it's because of something you didn't do, something you didn't know, something you disregarded, dismissed in training, something we could have done more thoroughly. Maybe even down to the after action report on a hot wash talking about what took place during our training evolution. If you don't do that right and any little detail and discuss it so that from the senior guy on down to PFC until their nodding their head north to south 'yeah I do understand that.'

The fifth theme that emerged in the study was *job*. It is in the context of duty that Marines are able to make positive meaning from an often very adverse experience that involves killing, death, and destruction. This is what makes being a Marine warrior different from most everyday life experiences and jobs such as being a postal worker, a factory worker, or other wage earning job. The closest nonmilitary vocation a Marine can identify are first responders such as a police officer, emergency medical technician,

nurse, or doctor because these civilian vocations deal with life and death. Doing your job in the military is often associated with a deep sense of duty and loyalty that goes above and beyond one's self. Participant one summed it up well when he stated:

There's a couple of things. There's a sense of satisfaction in having done the job that was asked by your bosses, by the Marines you are leading, and by the country. The fulfilling the contract that you signed up. There is something in what American society and I think most male societies have defined as fulfilling sort of a warrior picture. Of somebody who is not afraid to fight or if he is afraid to fight he fights anyway. I'm not sure if some of that might be linked to pride.

Participant 12 provided an intriguing perspective when he commented:

Honestly, I wish I would have never gone through it. I don't know what other people think but I don't...there is a sense of pride in having gone to the worst places in the world and do the worst job in the world and to have some of the worst experiences in the world locked in your mind so that other people don't have to. But I don't know...what all my brothers here fight for but I fight for peace. I've got a picture on my wall with NY and early Sept 2001 where the World Trade Center Towers standing. That's what I want back is peace. So the way I see it is it's unfortunately something I had to experience as a duty to my country.

Participant 110 put his experience in historical context:

6800 died on Iwo Jima. So it's really hard to complain too much. I mean everybody carries their own challenges I guess. I try to be just positive about it.

You had a job and we are professionals and this is what we do. We do the nations bidding. They said go do this and we did that. Really just trying very hard just to 'okay this is the chapter in your life' and you kind of move on. It's not something...what I've found is those that speak a lot about killing; they've done very little of it. It's usually some guy talks about, 'yeah I killed all these people.' Usually he was like a mechanic and he didn't do that. I don't understand why people do that.

The sixth theme that emerged in the study was *shared experience*. Marines who cope best with CSE cope best often do so with those they served with or other service members who have the same combat experience. Coping is more meaningful in the relationship to other warriors because they simply understand. Participant 78 summed it up well when he stated:

Yeah, I mean and I think that is an important thing how do you cope? How do you deal with it? You bond together. You were there with the guy to your left and your right and you carry each other through it...Very aware that you are with Marines and you are there together doing this.

Participant six commented with regard to shared experience:

Shared hardships make a bond with people. So if you go through hard things and you do experience the same things that your Marines are experiencing. You automatically earn their trust.

The Marine Corps has long considered the nature of their human relationships as being a band of brothers and participant three summed it succinctly regarding how he felt after he returned from war:

I was happy to be back but you're still longing for that high from brotherhood.

Finally, the seventh theme and probably the most critical with regard to coping positively with CSE is *social support*. Marines who cope positively with CSE appraise the existential nature of combat as meaningful and often beneficial; especially when a Marine comes home from war to experience family, friends, love, and support. Coping positively with CSE is reciprocal in nature and involves positive relationships; coping positively is a social phenomenon. Participant 16 stated the following in regards to social support:

I probably give most of the credit to my wife. I know there would be a lot of nights for a while I could have pretty bad night terrors. She would be the one to wake me up or calm me down, until I woke up.

Participant one noted how critical family support was to him:

I mean so...I didn't have a lot of the family stress coming home like others did because there was never a question of unfaithfulness, there was never a question of her care of the children or you know reckless finances or anything like that. I really had an easy homecoming compared to some of the others. Some of the other Marines. That made wanting to come home really, really good. There's a couple months transition time when we get back where we kind of have to figure

out who each other is again. But by the grace of God we have worked through most of that and we work through that.

Participant seven summarized his experience of social support when he noted:

There with me, right along my side. I have a wife that is resilient; I guess that's the word for that. She...I guess I could be crazy at times...I guess is the word...no physically just emotionally not there. She is definitely by my side all the time...

Finally, the whole family system is important to positive social support. Participant 78 stated with regard to social support:

I think it was pretty good. I think that starts...for one you have family and everything and for the most part just important no matter what. Whether it's a wife and kids. Parents are incredible. My siblings...for me they are very supportive.

Chapter Summary

This chapter presented the findings of the QUAN and QUAL data. The tests on hardiness, social support, and neuroticism revealed that these variables had a moderating effect on the relationship between CSE and SWB. Less-adaptive coping had a mediating effect on the relationship between CSE and SWB. Also, this chapter provided the eidetic description of seven themes that emerged from the phenomenological interviews. Chapter 5 will present the discussion and interpretation of the findings, implications for social change, recommendations, and future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of the study was to quantitatively examine and qualitatively explore the phenomenon of coping with the effects of combat stress exposure in a group of U.S. Marines who served in either OEF/OIF or both, and who self-reported that they were coping positively with their combat experience. The findings helped to fill the literature gap between psychological illness and wellness; they added to the resiliency, stress, and coping literature, with the goal to influence researchers to conduct more resiliency studies in order to develop prevention, intervention, and postvention programs and policies that will help to mitigate the negative impact of CSE on service members, their families and society.

There were three research questions and five directional hypotheses for this study.

1. What influence did the moderating variables of hardiness, hope, social support, and personality have on the effect of CSE on the U.S. Marines in this study who subjectively self-reported that they were coping positively with their combat experience?

The following directional hypotheses were tested during this study:

H₀₁: U.S. Marines who score average or above on the PVSIII-R® (Maddi & Khoshaba, 2001) cope positively with CSE (H₀₁: $\mu \geq 40$).

H₀₂: U.S. Marines who score average or above on the Adult Dispositional Hope Scale (Snyder, Rand, & Sigmon, 2005) cope positively with CSE (H₀₂: $\mu \geq 49$).

H₀₃: U.S. Marines who score average or above on the Postdeployment Social Support Scale (King, King, & Vogt, 2003) cope positively with CSE (H₀₃: $\mu \geq 56.69$).

H₀₄: U.S. Marines scoring average or above on extraversion, openness, conscientiousness, and agreeableness and low on neuroticism based on the NEO™-Five-Factor Inventory-3 (NEO™-FFI-3; McCrae & Costa, 2010) cope positively with CSE (H₀₄: $\mu \geq 45$ for EOAC; $\mu < 45$ for N).

2. What mediating influence did coping have on the effect of CSE on the U.S. Marines who participated in this study and subjectively self-reported that they were coping positively with their combat experience? The following directional hypothesis was tested during this study to examine this hypothesis:

H₀₅: U.S. Marines who subjectively self-report that they are coping positively with CSE report adaptive coping strategies and styles based on the Brief COPE Inventory (Carver, 1997).

3. How and why did the U.S. Marines in this study cope positively with their combat stress exposure experience? Question three was explored in the qualitative strand of the study and does not have a hypothesis.

The purpose of the Marine Corps is: make Marines, win the nation's battles, and develop quality citizens (Marines, 2013). Understanding the purpose of the Marine Corps is essential in order the link to the application of the study discussed at that the end of the chapter. As conceptually defined in Chapter 1, “War is a clash of wills and interests that often results in military force and violence involving combat.” Also, war is

a uniquely human endeavor (MCDP 1, 1997). The essence of being a Marine is being a warfighter. According to the Marine Corps Doctrine Publication 1 (MCDP 1, 1997):

Because war is a clash between opposing human wills, the human dimension is central in war. It is the human dimension which infuses war with its intangible moral factors. War is shaped by human nature and is subject to the complexities, inconsistencies, and peculiarities which characterize human behavior. (p. 13)

The Marine Corps often turns to Clausewitz's classic *On War* (1819) for understanding the theory of war and the human dimension of war, as well as for developing warfighting doctrine that directly influences the training and education of Marines. For Clausewitz, war involved rational and nonrational, material and immaterial, and simple and complex factors. The nonrational, immaterial, and complex factors of war can be characterized as the *moral elements* of war. Clausewitz wrote, "The moral elements are among the most important in war" (p. 184). The moral elements of war help leaders and warriors cope with the uncertainties of war: fog, friction, and chance. Furthermore, Clausewitz concluded that moral forces:

constitute the spirit that permeates war as a whole, and at an early stage they establish a close affinity with the will that moves and leads the whole mass of force, practically merging with it, since the will itself is a moral quality. (p. 184)

As war is mostly a human endeavor, the moral factors are critical for waging and winning wars regardless of technological superiority. Additionally, Clausewitz noted that "the troops' national feelings (enthusiasm, fanatical zeal, faith, and general temper)" are

moral factors especially in austere combat environments (p. 184). Michael Handel (2001) commented that Clausewitz's moral factors include:

personality, creativity, experience, intuition of the leaders; the passion and character of the people; the training and motivation of the military; the quality of military doctrine; and the behavior of the troops under fire and their continued resistance following a defeat. (p. 82)

Moral factors in war involve emotions, cognitions, the human will (volition), the spirit, and the spiritual, cultural, and religious elements. Clausewitz was emphatic that the moral factors cannot be fully known, nor can they be easily categorized or quantified. Moral elements are subjective to the individual but should not be objectively neglected by the leader.

The current study took place in the context of Marines at war and in many ways is a study of the moral factors of war. Moral in the context of the theory of war is not only morality but is broadly applied as the invisible and intangible human person factors of the warrior as described above. This study's findings are intended to promote resiliency in the Marine Corps through training and education; thus, the interpretation of these findings is viewed through the lens of the warrior and warfighting.

Interpretation of Findings

The interpretation of findings is threefold: (a) qualitative interpretation, (b) quantitative interpretation, and (c) synthesis interpretation. As described in Chapter 3, I used a single concurrent triangulation strategy (Figure 1). This strategy placed equal priority on both methods by collecting data concurrently and then comparing or mixing

(integrating) the data to “confirm, cross-validate, or corroborate findings within a single study” (Creswell, Clark, Gutman, & Hanson, 2003, p. 229). The integration (triangulation) of data during the analysis led to metainferences (Creswell & Clark, 2011).

Additionally, in Chapter 3, it was noted that Erzberger and Kelle (2003) commented that when integrating mixed method data, the researcher must use solid "reasoning and logical inference" (p. 466). Erzberger and Kelle defined and described three forms of reasoning and logical inference: (a) deduction, (b) induction, and (c) abduction. *Deduction* uses hypothesis testing to make inferences, while *induction* makes generalized statements about empirical facts (Erzberger & Kelle). *Abduction* is applied when the mixed data are divergent. If the findings in a study lack logical reasoning through deduction and induction, then abduction is applied (Erzberger & Kelle). Abductive reasoning seeks to discover new or unknown ideas. The following three sections provide the reasoning and logical analysis of the results of the data presented in Chapter 4.

Qualitative Interpretation

Chapter 1 introduced the Husserlian transcendental phenomenological conceptual framework used in this study; Chapter 2 provided an in-depth literature review on the framework; Chapter 3 described the methodology for employing phenomenology through interviews and analysis; and Chapter 4 presented the seven themes that emerged during the interviews along with 13 textural and structural descriptions, which are located in Appendix D. The following section interprets the findings. The themes that emerged from

the 13 interviews were (a) emotionality, (b) moral dilemma/injury, (c) self-awareness, (d) training, (e) job, (f) shared experience, and (g) social support.

The seven themes are linked to the experience of combat, coming home from war, and coping with CSE. Each of the following thematic discussions ends with a description of the essence of the theme by answering the following question: What is the essence of the resilient warrior's experience that makes his or her lived experience different from that of others?

Emotionality. Each of the participants interviewed were able to describe and discuss the emotions associated with being in combat, coming home, and coping with CSE—as one would expect, the range of emotions related to combat went from very negative to very positive. The warriors described a variety of emotions such as terror, anger, guilt, disgust, fear, and joy. A theory of emotion was presented in Chapter 2 in the context of hope as an emotion in contrast to fear. Emotions and cognitions are of equal importance when coping with stress. As noted in Chapter 2, Lazarus's (1999) metatheory viewed stress and emotion as “cojoined” (p. 86). Without emotions, the appraisal of stress is impossible.

The transactionist theory of coping applied to this study is based on a balance of the cognitive and emotive appraisal of stress, coping, stress management and control. As noted in Chapter 2, Lazarus (1999) developed the transactionist model with a cognitive-motivational-relational theory of emotions as a base. Throughout the history of psychology, emotions often were analyzed from a negative perspective; however, healthy expressions of negative and positive emotions are essential for coping. As previously

discussed in Chapter 2, emotion-focused coping is as important as problem-focused coping. Even though the Marines in this study are coping positively, they continue to experience negative emotions related to war.

For example, two of the interviewees have difficulty expressing a range of emotions—one still feels numb, and another feels a lack of empathy. One of the negative criticisms of positive psychology is the lack of emphasis on negative emotions. Positive psychology is not the negation of negative emotionality; it is the healthy expression of all emotions in a positive way. This means that anger can be expressed in ways that are healthy. For example, there are times when venting to a “brother in arms” is the best coping strategy. Even denial for a while can be healthy, especially while in combat. The warrior has a job to do, and he or she cannot get stuck in complicated grief when another warrior is killed; the warrior has to stay in the fight to protect the battle buddy to the left and right. Thus, denial in combat is necessary to numb the warrior. However, sooner rather than later, the Marine warrior must strive to cope positively with the negative effects of war. Warriors cannot live in a state of denial and numbness and cope positively with CSE.

Emotionality is understudied in military research. However, there is a growing body of theoretical and practical research on the importance of positive emotions and positive affect, especially within the domain of positive psychology (Fredrickson, 2002; Fredrickson & Losada, 2005). Positive emotions have been associated with positive psychological adjustment and ego resiliency as related to service members serving under traumatic war conditions. Riolli, Savicki, and Spain (2010) conducted a study with 632

U.S.A. Soldiers who were stationed in Baghdad, Iraq during OIF. These researchers tested five hypotheses related to ego resiliency, positive affect, appraisal of stress, and mood states. The researchers concluded from their study that even under traumatic conditions, resiliency was very prevalent among the Soldiers and was positively related to positive emotionality. Positive emotions mediated the appraisal of stress in traumatic conditions, resulting in positive ego resilience.

Finally, what is the essence of the resilient warrior's emotionality that makes his or her lived experience different from that of others? With regard to emotionality, war peels off the veneer of emotions and exposes the raw, primordial emotions of human beings. In combat, emotions are more intense and can lead to a range of expression from numbness to rage to elation and joy. Often, the numbing effect is essential in combat to help the warrior cope, but if numbing and denial continue after the warrior returns home, it can contribute to negative outcomes, as in the case of participant three, who self-reported that the lack of emotional expression eroded his marriage and resulted in divorce. Anger that could result in rage or going berserk must be brought under positive control. *Thus, a resilient warrior is able to express a range of appropriate emotions and has self-control of these emotions.*

Moral dilemma/injury. The Marines in this study were confronted with the life and death of war. The young men and women who join the military are raised in a culture that makes murder a federal crime. United States Marines are trained to respect human life and protect it; however, when given a mission, they are often asked to take a life. When faced with killing, many begin to think about the moral implications of war and

killing, especially when they experienced an enemy who did not fight by the Laws of Armed Conflict, the Geneva Conventions, or other just war ethics and virtues. Combat can put warriors in circumstances that lead to moral dilemmas and contribute to moral injury.

Maguen et al. (2010) discovered in a study of 2,797 OIF veterans that approximately 40% of these service members reported to have killed someone in combat. These researchers found that being directly involved in killing was a contributing factor to PTSD or other negative symptoms such as depression or behaviors such as alcohol abuse. Thus, thinking about the morality of war and killing in ways that help service members cope positively is critical to their well-being. If a person is experiencing a moral conflict, this can lead to distress, which limits an individual's ability to actively cope, use positive reframing, and come to acceptance about the dramatic and traumatic experiences of war. Coping positively with CSE requires that the warrior be able to process internal moral conflicts through adaptive and active coping.

The concept of moral injury is complicated and is a subject gaining attention in the literature. Drescher et al. (2011) defined and described moral injury as the disruption in an individual's confidence and expectations about one's own or others' motivation or capacity to behave in a just and ethical manner. This injury is brought about by bearing witness to perceived immoral acts, failure to stop such actions, or perpetration of immoral acts, in particular actions that are inhumane, cruel, violent, bringing about pain, suffering, or death of others. (p. 2)

Nancy Sherman (2010) commented about moral injury when she stated:

But what we miss in being afraid to talk about a soldier's emotions is that psychological anguish in war is also moral anguish. Soldiers wrestle with what they see and do in uniform, even when their conflicts don't rise to the level of acute psychological trauma. And they feel guilt and shame even when they do no wrong by war's best standards. (p. 1)

Moral injury is an invisible war injury and is directly related to combat stress injury, as discussed in Chapter 2. In order to cope with moral injury, one must be able to process the negative and often traumatic experiences of combat in a positive way similar to that described under moral dilemma. Not all moral injury associated with being in combat happens in combat. Two of the participants in my study experienced drama and trauma at home through failed marriages and the death or illness of a loved one that made coping with CSE more challenging especially with their moral reasoning. Interestingly, both of these Marines sought mental health services and the assistance of a chaplain. They adapted and are coping positively. In the study it was found that those who cope positively with CSE are less likely to use self-blame and denial coping strategies and are more likely to use positive reframing and acceptance when coping.

There are very few peer reviewed articles and studies on moral dilemma and injury. In a search of Academic Search Complete (EBSCO) for *moral injury*, there were 70 citations found; most of these entries were articles published within the past decade and were related to the current GWOT. Also, Nash et al. (2013) developed the Moral Injury Events Scale, which purports to measure moral injury in combatants. This scale

was developed as part of a larger longitudinal study entitled the Marine Resiliency Study. Moral injury related to being in combat needs to be the subject of future research.

Finally, what is the essence of the resilient warrior's moral processing that makes his or her lived experience different from that of others? Facing moral dilemmas and being morally injured can happen to any person anywhere; however, combat puts an individual in a particularly risky environment that most people never will experience. The moral decisions of the resilient warrior require him or her to instantaneously make life-and-death choices. Often, these warriors are only 18 or 19 years old; at this age, the prefrontal cortex and executive decision making system are not fully developed. The wrong decision can shatter lives and take the life of a human being, which could result in PTSD and a moral injury that can haunt an individual for life. The resilient warrior is trained to make the best moral decisions possible in the most difficult of environments. *Thus, a resilient warrior is able to make snap moral decisions that protect lives and achieve the mission without sustaining moral injury; if a moral injury is sustained they are able to cope with their combat experience and rebound positively.*

Self-awareness. Throughout the interviews the participants were very reflective and introspective about their combat experience, coming home from war and coping positively with CSE. This awareness included understanding their emotionality associated with war and the awareness that war had changed them, mostly in positive ways. Self-awareness is an emerging topic within the positive psychology research and part of the Master Resilience Training conducted by the Army in conjunction with the Penn Resiliency Program (Reivich, Seligman, & McBride, 2011).

Self-awareness is one of the six core resiliency competencies of the Comprehensive Soldier Fitness Master Resiliency Training program. The six core competencies are: (a) self-awareness, (b) self-regulation, (c) optimism, (d) mental agility, (e) strength of character, and (f) connections. Griffith and West (2013) conducted a resiliency study with 611 Army National Guard and civilians. The researchers discovered in self-report measures of the six resiliency core competencies that increased self-awareness and strength of character were positively correlated with resiliency which enabled them to cope better with the stressors associated to military service.

Finally, what is the essence of the resilient warrior's self-awareness that makes their lived experience different from others? When you are aware of your mortality especially in combat the warrior comes face to face with their existence or nonexistence. Existence is at the core of our essence. Stallard (2004) commented that Sartre fundamentally expressed this in his popular phrase "existence precedes essence." The resilient warrior who experiences combat is faced with the reality of their own existence and the existence of others. *Thus, a resilient warrior is self-aware of their existence and able to face the possibility of non-existence and cope positively with this experience.*

Training. The Marine Corps is well known for arduous and austere training. The Marine Corps adages "train like you fight and fight like you train" and "if it ain't raining, we ain't training" or "the more you sweat in peace time the less you bleed in war" are realities for being a Marine. Resiliency is tied directly to training and education which will be discussed later. In combat the Marines in this study often stated they were able to

cope better by simply doing what they were trained to do. The same was true about coming home from war. The Marine Corps trains Marines in Combat Operational Stress Control which helps them while deployed, during return and reunions, and while they adjust and adapt to being home or in garrison. Also, spouses of warriors receive training on how to cope with the effects and stress of war.

Training is discussed in the recommendations for actions; however, one of the prevalent discussions in the military today is how to institutionalize resiliency training. It is believed by many that resiliency is a trait for some but can be strengthened in most through training and education such as what is offered by the Hardiness Institute. In June 2013 Sinclair and Britt edited a published work *Building Psychological Resiliency in Military Personnel: Theory and Practice*. In this text there is a strong emphasis on military training, leadership, and environment regarding resiliency. It is evident with the full implementation of the U.S.A.s Comprehensive Soldier Fitness Program, DoD Total Force Fitness concept, and the emphasis on institutionalizing resiliency training in the Marine Corps that the DoD and VA are trying to stem the tide on the negative effects of CSE by focusing on strengthening service members holistically.

Finally, what is the essence of the resilient warrior's training experience that makes their lived experience different from others? From the day a Marine steps on the yellow foot prints at boot camp or Officer Candidate School they begin a training and education process that lasts their entire time in the Marine Corps. Training is an essential aspect of being a Marine. Training is part of the first purpose of the Marine Corps that is making Marines. As discussed in Chapter 3 in the section on the culture of the military

and the warrior ethos that training is essential for making a warrior. *Thus, a resilient warrior is well-trained which can protect lives in combat and win the nation's wars; also because of their training they are better equipped to cope positively with CSE during combat and when they come home from war.*

Job. Doing *my job* was a reoccurring theme in my interviews. Often pride of serving one's country was associated with doing *my job*. As noted in Chapter 2 Shaw and Hector (2010) conducted a phenomenological study of OEF/OIF veterans which revealed *job* was a foundational theme to their study and that doing their job gave positive meaning to their combat experience. Military service can be understood as a vocation in the profession of arms. The Chairman of the Joint Chiefs of Staff General Dempsey (2010) commented in a "White Paper—America's Military: A Profession of Arms" that

Following September 11, 2001, America's All-Volunteer Force embarked on campaigns extending well beyond any limits imagined as the era of persistent conflict unfolded, its resilience arguably exceeded expectations of its architects. As we reflect on a decade of war, America's Service men and women fought as a Joint Force selflessly serving our Nation, answering the call to duty repeatedly, continuously adapting. The sacred element of trust enabled them to persevere. (p. 1)

Finally, what is the essence of the resilient warrior's understanding of doing their job or duty that makes their lived experience different from others? It is in the context of military service as a noble profession that our service members cope with CSE. As a profession of arms service members are trained and educated to fight with a set of values

that include honor, courage, and commitment. Doing my job as a service member is directly related to doing my duty. Service members who embody these values and do their duty are more likely to cope positively with CSE which is evidenced in the positive psychology literature of character strengths and virtues. *Thus, a resilient warrior lives by a set of positive core values that enable them to do their job and perform their duties honorably; doing one's duty can enable warriors to cope positively with CSE.*

Shared experience. The Marine Corps was established on November 10, 1775 and for 239 years developed an ethos that is built on leadership, *esprit de corps*, and knowledge. Shakespeare's Henry V, St. Crispen's Day Speech which included "We few, we happy few, we band of brothers; for he to-day that sheds his blood with me shall be my brother" is common knowledge to Marines. The Marine Corps is built on a bond of trust between warriors. War is continuation of policy by other means; the other means is combat and combat is violence. Marines usually do not get caught up in the politics of war, once in battle they fight for their Marines to the left and to the right. The words of two of the participants capture the essence of shared experience and coping with CSE. Participant six stated"

Shared hardships make a bond with people. So if you go through hard things and you do experience the same things that your Marines are experiencing. You automatically earn their trust.

Participant 78 commented:

Yeah, I mean and I think that it is an important thing how do you cope? How do you deal with it? You bond together. You were there with the guy to your left and

your right and you carry each other through it... Very aware that you are with Marines and you are there together doing this.

Finally, what is the essence of the resilient warrior's training experience that makes their lived experience different from others? The Marine Corps is an extraordinary organization, the title Marine is earned and lasts a life time, the camaraderie of being in the Marines is transcendent. The *esprit de corps* formed in combat is at the core of being a Marine. *Thus, a resilient warrior is not an individual who is alone in combat; the warrior is part of a corps of warriors who share the hardship of combat; thus this shared experience is essential in coping positively with CSE.*

Social support. As discussed throughout this dissertation positive social support whether perceived or received was essential in coping positively with CSE. Hourani et al. (2012) studied resiliency and mental health in 475 active duty Marines leaving the military service by examining the risk and protective factors of mental health after being exposed to combat. Social support was found to be one of the key protective factors that promotes resiliency and positive well-being.

Finally, what is the essence of the resilient warrior's social support experience that makes their lived experience different from others? Social support is enhanced by loving relationships that are lasting and meaningful. Throughout the interviews spouses were most often given the credit for helping their warrior adapt to being home and coping positively with CSE. Social support in the military context is based on the strong bonds because of the existential nature of military life. Family separation is a way of life in the military. Thus, positive social support is essential for coping with the stress of military

service especially when deployed to combat. Furthermore, the Marine Corps has a robust Family Readiness Program, Ombudsman, and Marine Corps Community Services resources that support family readiness. Family readiness is a resiliency factor. *Thus, a resilient warrior has positive social relationships that support the whole family system to cope with the stressors of military service at home and abroad; positive social support empowers warriors to cope positively with CSE.*

Quantitative Interpretation

Chapter 1 introduced positive psychology as the theoretical base used in this study; Chapter 2 provided an in-depth literature review of the theoretical base; Chapter 3 described the methodology for employing positive psychology to empirical research; Chapter 4 presented the results in Tables 1-19 of the statistical tests conducted during this study—the following section interprets these findings. The explanation of these results will be demonstrated by analyzing the five directional hypotheses.

Hypothesis 1. The first hypothesis predicted and expected that the Marines in this study would score average or above on the PVSIII-R® (Maddi & Khoshaba, 2001) with $H_{01}: \mu \geq 40$. This hypothesis was not supported by the findings. A one sample t test showed that the difference in participant scores for hardiness ($N = 132$, $M = 39.80$, $SD = 6.47$) and the hypothesized test value 40.00 were not statistically significant, $t(131) = -.350$, $p = .05$, 95% CI [-1.31, .92], $d = -0.03$. As noted in Table 5 there were two hardiness outliers that were revealed in a box-plot; even with removing these two scores the M rose slightly to 40.09 which appears to validate the hypothesis; however running the one sample t test again the hypothesis was not true based a statistically nonsignificant

t score of .158 which falls within the critical value of ± 1.65 . However, hardiness was highly correlated with SWB with $r(131) = .509, p = .01$. Additionally, hardiness moderated SWB and explained 32.1% of the variance in the model. Two reasons why the findings may be mixed are due to the very homogenous nature of the sample and multicollinearity. Also, according to the literature Maddi and Khoshaba estimated that with a military sample the hardiness percentiles should be around 60% which is significantly higher than in my study. Further analysis is recommended using abductive reasoning that will be discussed in future research.

Hypothesis 2. The second hypothesis predicted and expected that the Marines in this study would score average or above on Adult Dispositional Hope Scale (Snyder, Rand, & Sigmon, 2005) with $H_{02}: \mu \geq 49$. This hypothesis was supported by the findings. A one sample *t* test showed that the difference in participant scores for hope in the current sample ($N = 132, M = 55.42, SD = 5.63$) and the hypothesized test value 49.00 were statistically significant, $t(131) = 13.12, p = .05, 95\% CI [5.46, 7.93], d = 1.14$. Hope was moderately and significantly correlated with SWB with $r(131) = .23, p = .01$. Even though this sample appeared to be very hopeful and SWB was high there was no moderation effect between CSE, hope and SWB. Further analysis is recommended using abductive reasoning that will be discussed in future research.

Hypothesis 3. The third hypothesis predicted and expected that the Marines in this study would score average or above on the Postdeployment Social Support Scale (King, King, & Vogt, 2003) with $H_{03}: \mu \geq 56.69$. This hypothesis was supported by the findings. A one sample *t* test showed that the difference in participant scores for social

support ($N = 132$, $M = 61.55.42$, $SD = 6.29$) and the hypothesized test value 56.69 were statistically significant, $t(131) = 8.87$, $p = .05$, 95% CI [3.77, 5.94], $d = .77$. Social support was moderately and significantly correlated with SWB with $r(131) = .21$, $p = .01$. Additionally, social support moderated SWB and explained 12.3% of the variance in the model. The results of this study for social support are strongly supported by the research literature discussed in Chapter 2.

Hypothesis 4. The fourth hypothesis predicted and expected that the Marines in this study would score average or above on extraversion, openness, agreeableness, conscientiousness, and low on neuroticism based on the NEO™-FFI-3 (McCrae & Costa, 2010) with H_{04} : $\mu \geq 45$ for EOAC; $\mu < 45$ for N. The hypothesis testing for each factor resulted in mixed findings for personality.

Neuroticism. A one sample t test showed that the difference in participant scores for neuroticism ($N = 132$, $M = 45.99$, $SD = 10.50$) and the hypothesized test value 45 was not statistically significant, with $t(131) = 1.08$, $p = .05$, 95% CI [-.83, 2.79], $d = .09$. However, neuroticism was highly and significantly correlated with SWB with $r(131) = -.411$, $p = .01$. Also, neuroticism moderated CSE on SWB and explained 26.1% of variance in the model. Thus, as neuroticism goes down SWB goes up.

Extraversion. A one sample t test showed that the difference in participant scores for extraversion ($N = 132$, $M = 56.90$, $SD = 10.40$) and the hypothesized test value 45 was statistically significant, with $t(131) = 7.20$, $p = .05$, 95% CI [10.08, 13.72], $d = 1.14$. Extraversion was moderately and significantly correlated with SWB with $r(131) = .21$, $p = .01$. However, extraversion did not moderate the effects of CSE on SWB.

Openness. A one sample t test showed that the difference in participant scores for openness ($N = 132$, $M = 51.52$, $SD = 10.40$) and the hypothesized test value 45 was statistically significant, with $t(131) = 7.20$, $p = .05$, 95% CI [-.83, 2.79], $d = .63$. Openness was not significantly correlated with SWB with $r(131) = .099$, $p = .01$. However, openness moderated the effects of CSE on SWB and explained 8.4% of the variance in the model.

Agreeableness. A one sample t test showed that the difference in participant scores for openness ($N = 132$, $M = 45.67$, $SD = 10.19$) and the hypothesized test value 45 was statistically significant, with $t(131) = 12.22$, $p = .05$, 95% CI [9.08, 12.58], $d = .06$. Agreeableness was moderately and significantly correlated with SWB with $r(131) = .214$, $p = .01$. Agreeableness did not moderate the effects of CSE on SWB.

Conscientiousness. A one sample t test showed that the difference in participant scores for conscientiousness ($N = 132$, $M = 55.83$, $SD = 11.30$) and the hypothesized test value 45 was not statistically significant, with $t(131) = .678$, $p = .05$, 95% CI [-1.28, 2.61], $d = .96$. Conscientiousness was slightly but significantly correlated with SWB with $r(131) = .183$, $p = .01$. Conscientiousness did not moderate the effects of CSE on SWB.

Sinclair, Waitsman, Oliver, and Deese (2013) commented that “most service members exposed to traumatic events do not report severe mental health problems” (p. 21) and even though mental health problems are a prevalent problem in the military most service members “appear to be resilient” (p. 22). Sinclair, Waitsman, Oliver, and Deese based their conclusions on the FFM of personality theory. There is widespread support of the FFM in the stress and coping literature and particularly in several current military

studies on resiliency. Overall the statistical trend in the current study using the FFM was supported by the findings with neuroticism being lower and the other factors being higher. Even though the moderation effect was not consistent among the personality variables it appeared the five factors do influence how Marines cope positively with CSE; however, like hardiness the homogenous nature of the sample may have contributed to these mixed findings. Further analysis is recommended using abductive reasoning that will be discussed in future research.

Hypothesis 5. The fifth hypothesis predicted and expected that the Marines in this study would report adaptive coping strategies and styles based on the Brief COPE Inventory (Carver, 1997). First, this hypothesis was poorly written because it is obvious that if you administer the BCI which measures adaptive and less-adaptive coping strategies then the Marines in this study would report adaptive coping strategies. The hypothesis should have read

H₀₅: U.S. Marines who subjectively self-report that they are coping positively with CSE report using more adaptive coping strategies and fewer less-adaptive coping strategies based on the Brief COPE Inventory (Carver, 1997).

Using this revised hypothesis the study findings supported the hypothesis. Table 15 presented the two categories of coping strategies and the *M* for adaptive coping as 36.95 and the *M* for less-adaptive coping as 18.72. Thus, it appears that the Marines in this study are more likely to use adaptive coping strategies than less-adaptive coping strategies.

However, adaptive coping strategies were not significantly correlated with SWB with $r(131) = -.043, p = .01$; while less-adaptive coping were significantly and highly correlated with SWB with $r(131) = -.533, p = .01$. This finding is further supported in that adaptive coping was not a mediator; while less-adaptive was a mediator. Less-adaptive coping strategies explained 28% of the variance in the model. However, the effect is a negative relationship—which means the more less-adaptive scores go up the lower the SWB. Thus, the converse is true for this study—this sample of Marines who self-reported they were coping positively used fewer less-adaptive coping strategies and more adaptive coping strategies.

Synthesis Interpretation

In Chapter 2 it was noted that Erzberger and Kelle (2003) explained the origin of mathematical triangulation technique used in surveying in order to determine the distances between various fixed points; then they described how triangulation was transformed into a validation method for social science research. Erzberger and Kelle developed the triangulation theory into the model of “Between the Theoretical and the Empirical Level of Reasoning” (p. 462). This model of triangulation demonstrated how QUAN and QUAL data is integrated and interpreted (synthesized). They explained three possible outcomes (meta-inference) when integrating (triangulating) QUAN and QUAL data: (a) convergence, (b) complementary, or (c) contradictory. Convergence means both QUAN and QUAL data come to the same conclusions through separate analysis. Complimentary means the QUAN and QUAL data “relate to different objects or phenomena” but supplement each other without contradicting the results (p. 466).

Contradicting results means the data is divergent; however, divergent and contradicting results may in fact lead to new knowledge and are not necessarily the result of a poorly designed study (p. 466).

The findings from the current study were mostly complementary and the following is a syntheses description of “A Resilient Warrior.” Note this is not a description of “The Resilient Warrior.” No study or theory can capture all there is to know about being human, no element science can describe the totality of being human thus my study described characteristics of a resilient warrior. The following is a sketch of a resilient warrior as depicted by me based on the QUAL and QUAN data discovered in this study.

A resilient warrior. In the context of this study a resilient warrior is a Marine from ages 20-52 with an average age of 30 who has served on active duty on average for 10 years with some Marines still serving in their first enlistment and one who has served 30 years. Half of the Marines in this study deployed either to OEF or OIF with 47% participating in both operations with all being awarded the CAR or equivalent. The average number of deployments for these Marines was 2.43 with a few deploying as many as six times.

While deployed a resilient warrior depended on his or her training to help him fight better and cope with CSE. A resilient warrior relied on his brothers in arms for support during and after combat; along with the warrior’s family and friends back home. A resilient warrior is generally proactive, sociable, and willing to seek help when needed.

Being connected to others through social support was essential for these resilient warriors to cope positively with the effects of combat.

Furthermore, the shared experience of combat with fellow Marines inspired the warrior in battle; they fought for each other, side by side. The death of a fellow Marine was distressing to the resilient warrior but motivated them to fight harder, and to be a better person and Marine in order to honor the sacrifice of their brothers and the families left to grieve the loss of a loved one. Serving with other warriors helped give positive meaning to the combat experience. This shared experience enabled positive reframing after combat and to come to acceptance with the reality of war. A resilient warrior understands what they did in combat was their job in the profession of arms in service to their country. Doing their job created a sense of pride, duty, and professional satisfaction.

A resilient warrior is hardy. A hardy warrior has the ability to control or influence stressful events, the ability to have a deep sense of commitment to life, and the acceptance of change as challenging and good. A resilient warrior is hopeful and they tend to be optimistically upbeat. Because they are hopeful they have the ability to make future plans, marshal the resources to reach their goals, and the motivation to achieve their goals even when adverse events interrupt their flow in life.

Finally, a resilient warrior's personality is lower in neuroticism, average or higher in extraversion, openness, agreeableness, and conscientiousness which enabled them to cope positively with stress. Extraversion helped them relate positively to others; agreeableness helped them to get along with others. Being agreeable meant a resilient warrior tends to be altruistic, sympathetic, and empathetic. A resilient warrior is very

conscientious about being a Marine. Being conscientious means potential stronger character, self-control, and driven to succeed or achieve the mission. A resilient warrior is more likely to use adaptive coping strategies and fewer less-adaptive coping strategies. A resilient warrior faces adverse life events with existential courage; they may have TBI, PTSD, or a moral injury but they are adaptive and able to rebound, recover even when life has reconfigured them by the wounds of war—they are resilient warriors—they are United States Marines.

Implications of Positive Social Change

As noted in Chapter 1 unless there is world peace; war will continue to cause harm to individuals, institutions, communities, cities, states, and nations. The negative effects of war can have immediate generational consequences and last a life time. If the U.S. military knows why and how service members cope positively with combat stress then positive psychological tools, training, and education can be developed to mitigate the negative effects of war. Inherent to this study was social change; because coping positively with combat stress can mitigate the negative effects of combat in many warriors by strengthening resiliency in individuals, families, institutions, and society.

As noted earlier the *Invisible Wounds of War* (Rand, 2008) study predicted that over 300,000 service members suffer from PTSD or other psychopathological problems related to trauma. The societal and economic costs of trauma related injuries from war are significant and will have systemic societal consequences for decades to come. The U.S. government has a national and moral responsibility to take care of veterans and their

families; especially those wounded, ill, or injured from war. Additionally, sound policies, programs, and funding are necessary to effect positive social change due war.

Societal costs of trauma related health problems are far reaching, and will negatively affect individuals, families, institutions, and society. Behavioral health outcomes such as divorce, suicide, poor work performance, loss time at work, unemployment, homelessness, domestic violence, parenting issues, substance abuse, and poor health because of lifestyle decisions will all negatively impact society (Rand, 2009). The economic and social costs to these problems are incalculable. Furthermore, the cascading economic costs for treating the invisible wounds of war are hard to calculate; however, there are some estimates based on economic modeling; along with current and future VA healthcare budgets that can provide some idea of the potential costs.

The RAND (2009) study and testimony to the U.S. Congressional committee on veteran affairs explained the societal and economic costs of the invisible wounds of war by using a two year postdeployment model which calculated a variety of factors. This report concluded that using 2007 dollar values the cost related to treating PTSD and major depression found in service members who participated in OEF/OIF could range from \$4.0 to \$6.2 billion annually. This report estimated the postdeployment individual service member cost for PTSD alone will range from \$5,904 to \$10, 298 annually. To this end the VAs annual health care budgets increased by 9% each year since 2004; with a 2011 budget of \$52 billion and projected budgets to increase by 50% by the year 2020 (Congressional Budget Office, October 2010).

How can these costs be reduced? Resilient warriors who cope positively with combat stress exposure can help reduce the costs and outcomes associated with the negative effects of war—not only the economic cost but the psychological tax levied on individuals, families, institutions and society. What tangible improvements can be implemented to effect positive social change due to the negative effects of war? The following recommendations for actions are presented for consideration.

Recommendations for Action

Positive psychology focuses on the life well lived, the flourishing life, the good life. Resiliency and coping positively with the stressors of life are essential for positive well-being in individuals, families, institutions, and society. Based on my study I made the following conclusions.

1. Most Marines who go to war and return home can cope positively with their combat experience.
2. Marines with positive social support from family, friends, and the Marine Corps can cope better with CSE.
3. Marines with positive attitudinal and personality factors such as hardiness, hope, self-awareness, lower neuroticism, and higher extraversion are more likely to cope positively with CSE.
4. Marines who use adaptive coping strategies and fewer less-adaptive coping strategies tend to cope positively with CSE.
5. The Marine Corps is a positive institution that fosters resiliency.
6. The Marine Corps is a resilient institution.

7. Marines are resilient warriors.
8. When Marines leave the service and return to society they can return as better human beings and positive citizens.

The following actions are recommended. These recommendations are in concert with the 35th Commandant of the Marine Corps' (Amos, 2010) planning guidance which stated:

Institutionalize Resiliency Training. The Assistant Commandant of the Marine Corps will chair an effort to develop policies and programs to increase individual resiliency training throughout unit forming, training, deployment, and postdeployment phases. The objective is to provide the best skills and tools available to the Marine and their leaders so that they can better cope with the challenges of combat and the rigor of life as a Marine both deployed and in garrison. (p. 12)

1. Recommend the findings from my study be provided to the United States Marine Corps to support institutionalizing resiliency training throughout the Marine Corps and support Marine Corps Order (MCO) 5351.1 (Feb, 2013) Combat Operational Stress Control (COSC) Program. The COSC program Enables a cohesive ready force and promotes long-term health and well-being among Marines, attached Sailors, and their family members. The COSC program assists commanders, Marines and attached Sailors, in maintaining warfighting capabilities by preventing, identifying, and

managing the impacts of combat and operational stress on Marines and Sailors.

2. Recommend the findings of the study be provided to the commander of the Marine Corps Training and Education Command to enhance the implementation of Marine Total Fitness (MTF) which is a holistic approach to health which addresses fitness of body, mind, spirit, and relationships. The purpose of MTF is to make Marines more resilient and ready for duty by:
 - a. Enhancing, sustaining, and when necessary, restoring body, mind, spirit, and social fitness.
 - b. Supporting fitness via the relationships Marines form with other Marines, their leaders, and families.
 - c. In order to win battles, preserve the force, and protect Marines.

Marine Total Fitness is conceived as four individual cords of fitness woven together to form an integrated rope. Marine Total Fitness takes existing programs and unifies them to best reach and maintain total fitness. All levels of leadership are responsible for employing the MTF throughout the Marine Corps enterprise. The end state of MTF is “A Marine who is prepared to successfully operate in and respond to the rigors, demands, and stressors of both combat and garrison.”

3. Recommend providing the findings of this study to the Commanding General, Marine Corps Combat Development Command in order to use in doctrine

integration and development of Combat Operational Stress Control (MCRP 6-11C).

4. Recommend that the Marine Corps consider using hardiness training for strengthening resiliency in individuals and the institution.
5. Recommend the findings from this study be disseminated to the scientific community via:
 - a. published peer reviewed articles.
 - b. poster sessions at psychological conferences such as the 2014 APA convention in Washington, DC.
 - c. presentation of scholarly papers to various APA divisions and academic institutions such as the Marine Corps University, Quantico, VA.
 - d. post findings to the website www.resilient-warrior.org, which will become a forum for research discussion and a resource page for warrior resiliency.
 - e. present the findings of this study to the Defense Center of Excellence for Psychological Well-being and Traumatic Brain Injury.
 - f. provide post research debrief to the commands that supported the study and send a secure email of the findings to each participant in the study.

Recommendations for Further Study

The purpose of the study was to examine and explore the phenomenon of coping with the effects of combat stress exposure in a group of U.S. Marines who served in OEF/OIF, and who self-reported they were coping positively with their combat experience. The current study helped me fill the literature gap between psychological

illness and wellness; it added to the resiliency, stress, and coping literature; and hopes to influence researchers to conduct more resiliency studies in order to develop prevention, intervention, postvention programs, and policies that will help mitigate the negative impact of CSE on service members and their families.

The findings of this study generated many new questions related to stress, coping, and resiliency. The following questions were not answered in this study:

1. What is the influence of age (maturity) on coping with CSE?
2. What is the influence of being single or married on coping with CSE?
3. What is the influence of education on coping with CSE?

Recommendations for further study include the following:

1. Posttraumatic growth is a growing field of study and more research needs to be conducted with warriors and their families related to personal psychological growth.
2. Posttraumatic stress disorder does not have to be a debilitating disorder and more research needs to be conducted on how to assist those with PTSD in order meet the challenges associated with the negative effects of CSE. For example the Hardiness Institute offers hardiness training that can assist warriors in strengthening resiliency.
3. Examine and explore resiliency among U.S. Marines from a trait and state perspective to discover if there is a resilient personality based on the FFM or other clusters of personal variables.

4. Explore resiliency among U.S. Marines using Bolger and Zuckerman (1995) framework for examining personality, stress, and coping.
5. Analyze all the variables in this study using Nathans, Oswald, and Nimon's (2012) guidebook for interpreting multiple linear regressions.

Finally, this study was a personal journey for me. As noted in Chapter 1— I began this study to earn my PHD in Health Psychology by helping close the gap in the research literature on stress, coping, and resiliency as it relates to CSE. The mixed methodology was an ideal model for me because it enabled me to learn about positive psychology and how to employ phenomenology. As noted in Chapter 1 under Assumptions and Limitations there was an inherent bias I had to manage in this study. As a prior enlisted Marine and veteran of OIF as a Navy chaplain I was exposed to combat stress, but not at the magnitude of the participants in the study. Also, I am positively biased toward Marines who have served in combat, which required me to exercise discipline not to permit my biases to interfere in my data collection and analysis. This is why transcendental phenomenology was a good qualitative framework because of the epoche or bracketing of my knowledge and experience which enabled me to managing my bias.

Finally, Grinker and Spiegel (1945) stated in the introduction to their classic work on combat stress that

war tries men as no other test that they have encountered in civilized life. Like a cruel experiment it exposes the underlying physiological and psychological mechanisms of the human being. Cruel, destructive and wasteful

though such an experiment may be, exceedingly valuable lessons can be learned from it regarding the methods by which men adapt themselves to all forms of stress, either in war or in peace. (p. vii)

The one major lesson I learned from this study was: warriors can endure the hardship of combat and cope positively with their experience. Throughout this study it was demonstrated that dramatic and traumatic experiences associated with being in combat can have positive outcomes. Finally, as noted above the purpose of the Marine Corps is to: make Marines, win the nation's battles, and develop quality citizens (Marines, 2013). I believe the findings from this study can enhance the purpose of the Marine Corps.

The heritage of the Marine Corps is a storied history from 1775 to the present. From the revolutionary battle of Nassau Bay to the urban warfare of Fallujah and mountain fire fights of Afghanistan, Marines continue to tell their story with blood, sweat, and tears. Becoming a Marine is life changing and being a Marine is meaningful. Meaning making is a primary human motivation and need (Seligman, 2011). Finding meaning and purpose in life is essential for human flourishing and optimal living (Seligman). The Marine Corps promotes flourishing and optimal living by fostering a warrior ethos that cultivates individual and collective meaning making. Meaningful phrases like *Semper Fidelis*, *Esprit de Corps* or *Teufelshunde* describe the essence of being a Marine.

How do Marines make meaning when faced with the arduous and austere life of a warrior? How do they turn adversity into strength? The Battle of Iwo Jima presents an

immortal example of how more than 60,000 Marines and Sailors faced an insurmountable challenge; and after a fierce 36 day fight against 22,000 well trained and fortified Japanese soldiers, the Marines overcame the enemy. This was the only battle during WWII that Marine casualties outnumbered the enemy's losses. After the battle there were over 26,000 U.S. casualties to include 6,800 KIAs. The Marine Corps transformed this tragedy into triumph by turning the flag raising on mount Suribachi into an iconic image of Marine Corps tenacity, resiliency, and heroism; where "Uncommon Valor Was a Common Virtue."

In our generation, meaning making involves empowering Marines through Marine Total Fitness. Meaning making is enhanced by being part of something that is greater than self and for the greater good of humanity. Essential personal and institutional factors that empower and enhance meaning making include: character development, positive relationships, high morals and morale, along with being totally fit: mind, body, spirit and in all relationships. A resilient warrior is a totally fit warrior who can cope positively with combat stress exposure.

References

- Aldwin, C. (2007). *Stress, coping, and development*. New York, NY: Guilford Press.
- Amdur, R. J. (2007). Principles of the Belmont Report. In R. J. Amdur & E. A. Bankert (Eds.), *Institutional review board member handbook* (pp. 21-29). Boston, MA: Jones and Bartlett.
- Amdur, R. J., & Bankert, E. A. (2007). Adverse event report. In R. J. Amdur & E. A. Bankert (Eds.), *Institutional review board member handbook* (pp. 63-71). Boston, MA: Jones and Bartlett.
- American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). Washington, DC: Author.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Amos, J. F. (2010). *35th Commandant of the marine corps planning guidance*. Washington, DC: Author.
- Asendorpf, J. B. (2002). The puzzle of personality types. *European Journal of Personality*, 16, S1-S5. doi:10.1002/per.446
- Aspinwall, L. G. (2005). The psychology of future-oriented thinking: From achievement to proactive coping, adaptation, and aging. *Motivation and Emotion*, 29(4), 203-235. doi:10.1007/s11301-006-9013-1

- Bagby, R. M., Costa, P. T., Widiger, T. A., Ryder, A. G., & Marshall, M. (2005). DSM-IV personality disorders and the Five-Factor model of personality: A multi-method examination of domain- and facet-level predictions. *European Journal of Personality, 19*, 307-324. doi:10.1002/per.563
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173-1182.
doi: 0022-3514/86
- Bartone, P. T. (1999). Hardiness protects against war-related stress in Army reserve forces. *Consulting Psychology Journal: Practice and Research, 51*(2), 72-82.
doi:10.1037//1061-4087.51.2.72
- Bartone, P. T., Pastel, R. H., & Vaitkus, M. A. (Eds.). (2010). *The 7If advantage: Applying Army research psychology for health and performance gains*. Washington, DC: National Defense University.
- Beehr, T. A., & McGrath, J. E. (1996). The methodology of research on coping: Conceptual, strategic, and operational-level issues. In M. Zeidner & N. S. Endler (Eds.), *Handbook of coping: Theory, research, applications* (pp. 63-84). New York, NY: John Wiley and Sons.
- Belmont Report. (1979). Retrieved from <http://ohsr.od.nih.gov/guidelines/belmont.html>
- Bennett, J. A. (2000). Focus on research methods. Mediator and moderator variables in

nursing research: Conceptual and statistical differences. *Research in Nursing and Health*, 23, 415-420. doi:10.1002/1098-240X(200010)23:5<415::AID-NUR8>3.0.CO;2-H

- Benotsch, E., Brailey, K., Vasterling, J., Uddo, M., Constans, J., & Sutker, P. (2000). War zone stress, personal and environmental resources, and PTSD symptoms in Gulf War veterans: A longitudinal perspective. *Journal of Abnormal Psychology*, 109(2), 205-213. doi:10.1037//0021-843X.109.2.205
- Bernard, L. C., Walsh, R. P., & Mills, M. (2005). Ask once, may tell: Comparative validity of single and multiple items measurement of the Big-Five personality factors. *Counseling and Clinical Psychology Journal*, 2(1), 40-57. Retrieved from <http://www.drmills-lmu.com/publications/As%20One%20May%20Tell.pdf>
- Bloom, S. L. (2000). Our hearts and our hopes are turned to peace: Origins of the International Society for Traumatic Stress Studies. Retrieved from <http://www.istss.org/AM/Template.cfm?Section=AboutISTSS&Template=/CM/ContentDisplay.cfm&ContentID=2891>
- Bolger, N., & Zuckerman, A. (1995). A framework for studying personality in the stress process. *Journal of Personality and Social Psychology*, 69(5), 890-902. doi:10.1037//0022-3514.69.5.890
- Bonanno, G. A. (2008). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *Psychological Trauma: Theory, Research, Practice, and Policy* 1, 101-113. doi:10.1037/1942-9681.S.1.101

- Bono, G., Emmons, R. A., & McCullough, M. E. (2004). Gratitude in practice and the practice of Gratitude. In P. A. Linely & S. Lopez (Eds.), *Positive psychology in practice* (pp. 464-484). Hoboken, NJ: John Wiley & Sons.
- Brennan, J. F. (2003). *History and systems of psychology*. Upper Saddle River, NJ: Prentice Hall.
- Brimes, P., Hatton, L., Brunet, A., & Schmitt, L. (2003). Early historical literature for posttraumatic symptomatology. *Stress and Health, 19*(1), 17-26.
doi:10.1002/smi.952
- Brissette, I., Scheier, M. F., & Carver, C. S. (2002). The role of Optimism in social network development, coping, and psychological adjustment during a life transition. *Journal of Personality and Social Psychology, 82*(1), 102-111.
doi:10.1037//0022-3514.82.1.102
- Britt, T. W., Sinclair, R. R., & McFadden A. C. (2013). Introduction: The meaning and importance of military resilience. In R. R. Sinclair & T. W. Britt (Eds.), *Building psychological resilience in military personnel: Theory and practice* (pp. 3-17). Washington, DC: American Psychological Association.
- Campise, R., Geller, S., & Campise, M. (2006). Combat stress. In C. Kennedy & E. Zillmer (Eds.), *Military psychology: Clinical and operational applications* (pp. 215-240). New York, NY: Guilford.
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine, 4*(1), 92-100. doi:10.1207/s15327558ijbm0401_6

- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, *56*(2), 267-283. doi:10.1037//0022-3514.56.2.267
- Casey, G. W. (2011). Comprehensive Soldier Fitness: A vision for psychological resilience in the U.S. Army. *American Psychologist*, *66*(1), 1-3.
doi:10.1037/a0021930
- Christian, J. R., Stivers, J. R., & Sammons, M. T. (2009). Training to the warrior ethos: Implications for clinicians treating military members and their families. In S. M. Freeman, B. A. Moore & A. Freeman (Eds.), *Living and surviving in harm's way: A psychological treatment handbook for pre and postdeployment of military personnel* (pp. 27-50). New York, NY: Routledge.
- Clausewitz, C. (1989), *On war*, translated and edited by Michael Howard and Peter Paret, Princeton, NJ: Princeton University.
- Cohen, R. (2005). *Exercises in psychological testing and assessment*. Boston, MA: McGraw Hill.
- Cohen, R., & Swerdlik, M. (2005). *Psychological testing and assessment*. Boston, MA: McGraw Hill.
- Cohen, S., Mermelstein, R., Karmack, T., & Hoberman, H. (1985). Measuring the functional components of social support. In I. G. Sarason & B. R. Sarason (Eds.), *Social support: Theory, research, and applications* (pp. 73-94). Dordrecht, Netherlands: Martinus Nijhoff.

- Collins, K., Onwuegbuzie, A., & Jiao, Q. (2006). Prevalence of mixed-methods sampling designs in social science research. *Evaluation and Research in Education, 19*(2), 93-101. doi:0950-0790/06/02 083-19
- Congressional Budget Office. (2010). *Potential costs of veterans' healthcare*. Retrieved from http://www.cbo.gov/ftpdocs/118xx/doc11811/2010_10_7_VAHealthcare.pdf
- Congressional Research Service. (2010). *American war and military operations casualties: Lists and statistics*. Retrieved from <http://www.fas.org/sgp/crs/natscl/rl32492.pdf>
- Cornum, R., Matthews, M. D., & Seligman, M. E. P. (2011). Comprehensive Soldier Fitness: Building resilience in a challenging institutional context. *American Psychologist, 66*(1), 4-9. doi:10.1037/a0021420
- Costa, P. T., Herbst, J. H., McCrae, R. R., Samuels, J., & Ozer, D. J. (2002). The replicability and utility of three personality types. *European Journal of Personality, 16*, S73-S87. doi:10.1002/per.448
- Costa, P., & McCrae, R. (1992). *Professional manual revised NEO personality inventory (NEO PI-R) and NEO Five-Factor Inventory (NEO-FFI)*. Lutz, FL: Psychological Assessment Resources.
- Cowen, E., & Kilmer, R. (2002). Positive psychology: Some plusses and some open issues. *Journal of Community Psychology, 30*, 449-460. doi:10.1002/jcop.10014
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: SAGE.

- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed). Thousand Oaks, CA: SAGE.
- Creswell, J. W., & Clark, V. L. P. (2011). *Designing and conducting mixed methods research* (2nd ed). Thousand Oaks, CA: SAGE.
- Creswell, J. W., Clark, V. L. P., Gutman, M. L., & Hanson, W. E. (2003). Advanced mixed methods research designs. In A. Taskakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209-240). Thousand Oaks, CA: SAGE.
- Crowson, J. J., Frueh, B. C., & Snyder, C. R. (2001). Hostility and Hope in combat related posttraumatic stress disorder: A look back at combat as compared to today. *Cognitive Therapy and Research*, 25(2), 149-165.
doi:10.1023/A:1026439102180
- Dahlsgaard, K., Christopher, P., & Seligman, M. (2005). Shared virtue: The convergence of valued human strengths across culture and history. *Review of General Psychology*, 9, 203-213. doi:10.1037/1089-2680.9.3.203
- Dempsey, M. E. (2010). White paper: America's military: A profession of arms. Author: Washington, DC. Retrieved from http://www.jcs.mil/content/files/2012-02/022312120752_Americas_Military_POA.pdf
- Department of Defense. (2013). *National research action plan: Responding to the executive order improving access to mental health services for veterans, service members, and military families*. Washington, DC: Author.
- Diener, E., Lucas, R. E., & Oishi, S. (2005). Subjective Well-being: The science of

- Happiness and life satisfaction. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 63-73). New York, NY: Oxford University.
- DoDI 3900.39D. (October 2011). Protection of human subjects and adherence to ethical standards in DoD-supported research. Washington, DC: Author.
- Drescher, K., Foy, D. Kelly, C., Leshner, A., Schutz, K., & Litz, B. (2011). An exploration of the viability and usefulness of the construct of moral injury in war veterans. *Traumatology*. doi:10.1177/1534765610395615
- Drolet, G., Dumont, E. C., Gosselin, I., Kinkead, R., LaForest, S., & Trottier, J. (2001). Role of endogenous opioid system in the regulation of the stress response. *Neuro-Psychopharmacol and Biological Psychiatry*, 25, 729-741.
doi:10.1016/S0278-5846(01)00161-0
- DuBois, J. (2004). Is compliance a professional virtue of researchers? Reflections on promoting the responsible conduct of research. *Ethics and Behavior*, 14(4), 383-395. doi:10.1207/s15327019eb1404_8
- Edwards, J. R., & Lambert, L. S. (2007). Methods for integrating moderation and mediation: A general analytical framework using moderated path analysis. *Psychological Methods*, 12(1), 1-22. doi:10.1037/1082-989X.12.1.1
- Ellis, J., & Earley, M. (2006). Reciprocity and constructions of informed consent: Researching with indigenous populations. *International Journal of Qualitative Methods*, 5(4), 1-9.

- Erzberger, C., & Kelle, U. (2003). Making inferences in mixed methods: The rules of integration. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 457-488). Thousand Oaks, CA: SAGE.
- Ethics Code. (2010). Retrieved from <http://www.apa.org/ethics/code/index.aspx>
- Evans, C. S. (1990). *Søren Kierkegaard's Christian psychology*. Vancouver, Canada: Regent College.
- Fields, A. (2005). *Discovering statistics using SPSS* (2nd ed.). London, England: SAGE.
- Fisher, C. (2003). *Decoding the ethics code: A practical guide for psychologists*. Thousand Oaks, CA: SAGE.
- Flannery, R. (1999). Psychological trauma and Posttraumatic Stress Disorder: A review. *International Journal of Emergency Health, 1*(2), 135-140.
- Florian, V., Mikulincer, M., & Taubman, O. (1995). Does Hardiness contribute to mental health during a stressful real-life situation? The roles of appraisal and coping. *Journal of Personality and Social Psychology, 68*(4), 687-695.
doi:10.1037/0022-3514.68.4.687
- Fredrickson, B. (2002). Positive emotions. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 120-134). New York, NY: Oxford University.
- Fredrickson, B., & Losada, M. (2005). Positive affect and the complex dynamic of human flourishing. *American Psychologist, 60*, 678-686.
doi:10.1037/0003-066X.60.7.678

- Freeman, A., & Freeman S. M. (2009). Vulnerability factors: Raising and lowering the threshold for response. In S. M. Freeman, B. A. Moore, & A. Freeman (Eds.), *Living and surviving in harm's way: A psychological treatment handbook for pre- and post-deployment of military personnel* (pp. 107-122). New York, NY: Routledge.
- Friedl, K. E., & Penetar, D. M. (2008). Resilience and survival in extreme environments. In B. J. Lukey & V. Tepe (Eds.), *Biobehavioral resilience to stress* (pp. 139-176). New York, NY: CRC.
- Friedman, M. (1994). Biological approaches to the diagnosis and treatment of post-traumatic stress disorder. In G. Everly & J. Lating (Eds.), *Psychotraumatology: Key papers and core concepts in post-traumatic stress* (pp. 171-194). New York, NY: Plenum.
- Funk, S. C. (1992). Hardiness: A review of theory and research. *Health Psychology, 11*(5), 335-345. doi:10.1037//0278-6133.11.5.335
- Funk, S. C., & Houston, B. K. (1987). A critical analysis of the Hardiness scale's validity and utility. *Journal of Personality and Social Psychology, 53*, 572-578. doi:10.1037/0022-3514.53.3.572
- Garb, H. N., & Cigrang, J. (2008). Psychological screening: Predicting resilience to stress. In B. J. Lukey & V. Tepe (Eds.), *Biobehavioral resilience to stress* (pp. 3-23). Boca Raton, FL: CRC.
- Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research, 14*(10), 1429-1452. doi:10.1177/104973204270394

- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University.
- Griffith, J. & West. C. (2013). Master resilience training and its relationship to individual well-being and stress buffering among Army National Guard soldiers. *Journal of Behavioral Health Services & Research*. 40(2), 140-155.
doi:10.1007/s11414-013-9320-8
- Grinker, R., & Spiegel, J. (1943). *War neuroses in North Africa*. New York, NY: Josiah Macy Jr..
- Grinker, R., & Spiegel, J. (1945). *Men under stress*. New York, NY: McGraw-Hill.
- Grzywacz, J. (2000). The social ecology of health: Leverage points and linkages. *Behavioral Medicine*, 26(3), 101-124. doi:10.1080/08964280009595758
- Guyker, W. M., Donnelly, K., Donnelly, J. P., Dunnam, M., Warner, G. C., Kittleson, J.,...Meier, S. T. (2013). Dimensionality, reliability, and validity of the Combat Experience Scale. *Military Medicine*, 178, 377-384.
doi: 10.7205/MILMED-D-12-00223
- Handel, M. (2001). *Masters of war: Classical strategic thought*. London, England: Frank Class.
- Hanton, S., Evans, L., & Neil, R. (2003). Hardiness and the competitive trait anxiety response. *Anxiety, Stress, and Coping*, (16)2, 167-184.
doi:10.1080/10651580021000069416

- Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress, 9*(1), 3-23. doi:10.1007/BF02116830
- Headquarters, Marine Corps. (2010). *USMC demographics update*. Personnel Family and Readiness Division: Washington, DC: Author.
- Held, B. S. (2004). The negative side of positive psychology. *Journal of Humanistic Psychology, 44*(9), 9-46. doi:10.1177/0022167803259645
- Heppner, P., & Lee, D. (2005). Problem-solving appraisal and psychological adjustment. In C. Snyder & S. Lopez (Eds.), *Handbook of positive psychology*, (pp. 288-298). New York, NY: Oxford.
- Herbert, J. (1997). Fortnightly review: Stress, the brain and mental illness. *British Medical Journal, 315*, 530-535. doi:10.1136/bmj.315.7107.530
- Hobfoll, S., Spielberger, C., Breznitz, S., Figley, C., Folkman, S., Lepper-Green, B., et al. (1991). War-related stress: Addressing the stress of war and other traumatic events. *American Psychologist, 46*(8), 848-855. doi:10.1037//0003-066X.46.8.848
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine, 351*(1), 13-22. doi:10.1056/NEJMoa040603
- Hourani, L., Bender, R., Weimer, B., Peeler, R., Bradshaw, M. Lane, M., & Larson, G. (2012). Longitudinal study of resilience and mental health in Marines leaving

military service. *Journal of Affective Disorders*, 139(2), 154-165.

doi:10.1016/j.jad.2012.01.008

Husserl, E. (1927). Phenomenology. In D. Welton (Ed.), *The essential Husserl:*

Basic writings in Transcendental Phenomenology, (pp. 322-326). Bloomington,

IN: Indiana University.

Husserl, E. (1970). Meaning-intuition and meaning-fulfillment. In D. Welton (Ed.),

The essential Husserl: Basic writings in Transcendental Phenomenology, (pp. 52-

59). Bloomington, IN: Indiana University.

Institute of Medicine. (2010). *Returning home from Iraq and Afghanistan: Preliminary*

assessment of readjustment needs of veterans, service members, and their

families. Washington, DC: Author.

Irving, L. M., Telfer, L., & Blake, D. D. (1997). Hope, coping, and social support in

combat-related Posttraumatic Stress Disorder. *Journal of Traumatic Stress*, 10(3),

465-479. doi:10.1002/jts.2490100311

Irving, L. M., Snyder, C. R., Cheavens, J., Gravel, L., Hanke, J., Hilberg, P. & Nelson, N.

(2004). The relationships between Hope and outcomes at the pretreatment,

beginning and later phases of psychotherapy. *Journal of Psychotherapy*

Integration, 14(4), 419-443. doi:10.1037/1053-0479.14.4.419

Jaccard, J., & Becker, M. A. (2002). *Statistics for the behavioral sciences*. Belmont, CA:

Wadsworth.

Jang, K., McCrae, R., Angleitner, A., Riemann, R., & Livesley, J. (1998). Heritability of

facet-level traits in a cross-cultural twin study: Support for a hierarchal model of

personality. *Journal of Personality and Social Psychology*, 74(6), 1556-1565.

doi:10.1037/0022-3514.74.6.1556

Jarymowicz, M., & Bar-Tal, D. (2006). The dominance of Fear over Hope in the life of individuals and collectives. *European Journal of Social Psychology*, 36, 367-392.

doi:10.1002/ejsp.302

J- MHAT 7. (2011). *Joint mental health advisory team 7 (J-MHAT 7) Operation Enduring Freedom 2010*. Retrieved

http://www.armymedicine.army.mil/reports/mhat/mhat_vii/J_MHAT_7.pdf

Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33(7), 14-26.

doi:10.3102/0013189X033007014

Joseph, S., Linely, P. A., & Harris, G. J. (2005). Understanding positive change following trauma and adversity: Structural clarification. *Journal of Loss and Trauma*, 10, 83-96. doi:10.1080/15325020490890741

Karlsen, B., & Bru, E. (2002). Coping styles among adults with type 1 and type 2 Diabetes. *Psychology, Health and Medicine*, 7(3), 245-259.

doi:10.1080/13548500220139403

Keane, T., Fairbank, J., Caddell, J., Zimering, R. Taylor, K., & Mora, C. (1989).

Clinical evaluation of a measure to assess combat exposure. *Psychological Assessment*, 1,(1), 53-55. doi:10.1037/1040-3590.1.1.53

- Keller, H., & Lee, S. (2003). Ethical issues surrounding human participants research using the internet. *Ethics and Behavior, 13*(3), 211-219.
doi:10.1207/S15327019EB1303_01
- Kemper, E., Stringfield, S., & Teddlie, C. (2003). In A Tashakkori & C. Teddlie (Eds.). *Handbook of mixed methods in social and behavioral research* (pp. 273-296). Thousand Oaks, CA: SAGE.
- Kendler, H. H. (2005). Psychology and phenomenology. *American Psychologist, 60*(4), 318-324. doi:10.1037/0003-066X.60.4.318
- Keyes, C. L. M., & Magyar-Moe, J. L. (2003). The measurement and utility of adult subjective well-being. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychology assessment: A handbook of models and measures* (pp. 411-425). New York, NY: Oxford University.
- Kim, J., Han, J. Y., Shaw, B., McTavish, F., & Gustafson, D. (2010). The roles of social support and coping strategies in predicting breast cancer patients' emotional well-being: Testing mediation and moderation models. *Journal of Health Psychology, 15*, 543. doi:10.1177/13591005309355338
- King, C. (2001). Ethical issues in writing and publishing. *Clinical Journal of Oncology Nursing, 5*(3), 19-23.
- King, D. W., King, L. A., & Vogt, D. S. (2003). *Manual for the Deployment Risk and Resilience Inventory (DRRI): A collection of measures for studying deployment-related experiences of military veterans*. Boston, MA: National Center for PTSD.

- King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. Thousand Oaks, CA: SAGE.
- Kittle, G. (1985). Eidos. In G. Kittle & G. Friedrich (Eds.). G. Bromiley (Trans.). *Theological Dictionary of the New Testament* (p. 202). Grand Rapids, MI: William B. Eerdmans.
- Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into Hardiness. *Journal of Personality and Social Psychology*, 37(1), 1-11.
doi:10.1037//0022-3514.37.1.1
- Kuhn, T. (1970). *The structure of scientific revolutions* (2nd ed.). Chicago, IL: University of Chicago.
- Lazarus, R. S. (1999). *Stress and emotion*. New York, NY: Springer.
- Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist*, 55(6), 665-673. doi:10.1037//0003-066X.55.6.665
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer .
- Lazarus, R. & Folkman, S. (1987). Transactional theory and research on emotions and coping. *European Journal of Personality*, 1, 141-169.
doi:10.1002/per.2410010304
- Lepore, S. T., & Revenson, T. A. (2006). Resilience and Posttraumatic Growth: Recovery, resistance, and reconfiguration. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 24-46). Mahwah, NJ: Lawrence Erlbaum.

- Levin, A. (2007, May). Combat stress should be considered preventable, manageable. *Psychiatric News*. Retrieved from <http://pn.psychiatryonline.org/cgi/content/full/42/9/2>
- Liddell, H. G., & Scott, R. (1935). *Epoche. Greek-English lexicon*. New York, NY: Oxford.
- Linley, P. A., & Joseph, S. (2004a). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17*(1), 11-21.
doi:0894-9867/04/0200-0011/1
- Linley, P. A., & Joseph, S. (2004b). Applied positive psychology: A new perspective for professional practice. In P. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 3-12). Hoboken, NJ: John Wiley.
- Lopez, S. J., Snyder, C. R., & Pedrotti, J. T. (2003). Hope: Many definitions, meaning and measures. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychology assessment: A handbook of models and measures* (pp. 91-107). New York, NY: Oxford.
- Lopez, S. J., Snyder, C. R., & Rasmussen, H. N. (2003). Striking a vital balance: Developing a complementary focus on human weakness and strength through positive psychological assessment. In S. J. Lopez and C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 3-20). Washington, DC: American Psychological Association.
- Lovullo, W. (2005). *Stress and health: Biological and psychological interactions*. Thousand Oaks, CA: SAGE.

- Lukey, B., & Tepe, V. (Eds.). (2008). *Biobehavioral resilience to stress*. Boca Raton, FL: CRC.
- MacQuarrie, J. (1972). *Existentialism*. New York, NY: Penguin.
- Maddi, S. (1998). Creating meaning through making decisions. In I. B. Weiner (Ed.), *Personality and Clinical Psychology Series*, (pp. 3-26). Mahwah, NJ: Lawrence Erlbaum.
- Maddi, S. R. (1999a). The personality construct of Hardiness: I. effects on experiencing, coping and strain. *Consulting Psychology Journal: Practice and Research*, 51(2), 83-94. doi:10.1037//1061-4087.51.2.83
- Maddi, S. R. (1999b). Comments on the trends in Hardiness research and theorizing. *Consulting Psychology Journal: Practice and Research*, 51(2), 67-71. doi:10.1037//1061-4087.51.2.67
- Maddi, S. R. (2004). Hardiness: An operationalization of Existential Courage. *Journal of Humanistic Psychology*, 44, 279-298. doi:10.1177/0022167804266101
- Maddi, S. R. (2006a). Hardiness: The Courage to grow from stress. *Journal of Positive Psychology*, 1(3), 160-168. doi:10.1080/17439760600619609
- Maddi, S. R. (2006b). Building an integrated positive psychology. *Journal of Positive Psychology*, 1(4), 226-229. doi:10.1080/17439760600885721
- Maddi, S. R. (2007). Relevance of Hardiness assessment and training to the military context. *Military Psychology*, 19(1), 61–70. doi:10.1080/08995600701323301

- Maddi, S. R., & Hightower, M. (1999). Hardiness and Optimism as expressed in coping patterns. *Consulting Psychology Journal: Practice and Research*, 51(2), 95-105. doi:10.1037//1061-4087.51.2.95
- Maddi, S. R., & Khoshaba, D. M. (2001). *Personal Views Survey-IIIR*. Newport Beach, CA: Hardiness Institute.
- Maddi, S. R., Harvey, R. H., Khoshaba, D. M., Fazel, M., & Resurreccion, N. (2009a). The personality construct of Hardiness: IV. Expressed in positive cognitions and emotions concerning oneself and developmentally relevant activities. *Journal of Humanistic Psychology*, 49(1), 292-305. doi:10.1177/0022167809331860
- Maddi, S. R., Khoshaba, D. M., Harvey, R. H., Fazel, M., & Resurreccion, N. (2009b). The personality construct of Hardiness, V: Relationships with the construction of existential meaning in life. *Journal of Humanistic Psychology*, 49(3), 292-305. doi:10.1177/0022167809331860
- Maguen, S., Lucenko, B., Reger, M. A., Gahm, G. A., Litz, B., Seal, K. H.,...Marmar, C. R. (2010). The impact of reported direct and indirect killing on mental health symptoms in Iraq War veterans. *Journal of Traumatic Stress*, 23 (1), 86-90. doi:10.1002/jts.20434
- Marines. (2013). *Our purpose is our promise*. Retrieved from <http://www.marines.com/history-heritage/our-purpose>.
- Marine Corps Manual. (1980). Washington, DC: Author.
- Marlowe, D. (2000). *Psychological and psychosocial consequences of combat and deployment*. Santa Monica, CA: RAND.

- Masten, A. S., & Reed, M. J. (2005). Resilience in development. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 74-88). New York, NY: Oxford .
- Matthews, M. D. (2008a). Positive psychology: Adaptation, leadership, and performance in exceptional circumstances. In P. A. Hancock & J. L. Szalma (Eds.), *Performance under stress* (pp. 163-180). Burlington, VT: Ashgate.
- Matthews, M. D. (2008b). Toward a positive military psychology. *Military Psychology*, 20(4), 289-298. doi:10.1080/089956008002345246
- Maxcy, S. J. (2003). Pragmatic threads in mixed methods research in the social sciences: The search for multiple modes of inquiry and the end of the philosophy of formalism. In A. Taskakori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 51-90). Thousand Oaks, CA: SAGE.
- McCrae, R. R., & Costa, P. T. (1997). Personality trait structure as a human universal. *American Psychologist*, 52(5), 509-516. doi:10.1037//0003-066X.52.5.509
- McCrae, R. R., & Costa, P. T. (2007). Brief versions of the NEO-PI-3. *Journal of Individual Differences*, 28(3), 116-128. doi:10.1027/1614-0001.28.3.116
- McCrae, R. R., & Costa, P. T. (2010). *NEO™ inventories for the NEO™ Personality Inventory-3 (NEO-PI-3), NEP™ Five-Factor Inventory-3 (NEO™-FFI-3), NEO™ Personality Inventory-Revised (NEO-PI-R™): Professional manual*. Lutz, FL: PAR.

- McCrae, R. R., & Terracciano, A. (2005). Personality profiles of cultures: Aggregate personality traits. *Journal of Personality and Social Psychology, 89*(3), 407-425. doi:10.1037/0022-3514.89.3.407
- McCrae, R. R., Costa, P. T., Ostendorf, F., Alois, A., Hřebíčková, M., Avia, M. D., Sanz, J., et al. (2000). Nature over nurture: Temperament, personality, and life space development. *Journal of Personality and Social Development, 78*(1), 173-186. doi:10.1037//0022-3514.78.1.173
- McCrae, R., Yik, M., Trapnell, P., Bond, M., & Paulhus, D. (1998). Interpreting personality profiles across cultures: Bilingual, acculturation, and peer rating studies of Chinese undergraduates. *Journal of Personality and Social Psychology, 74*(4), 1041-1065. doi:10.1037//0022-3514.74.4.1041
- MCDP 1. (1997). *Warfighting*. Quantico, VA: Marine Corps Doctrinal Publications.
- MCO 3900.18. (January 2011). *Human research protection program*. Washington, DC: Commandant of the Marine Corps.
- MCO 5351.1 (February 2013). *Combat operational stress control (COSC) program*. Washington, DC: Commandant of the Marine Corps.
- MCRP 6-11C. (2000). *Combat stress*. Quantico, VA: Marine Corps Doctrinal Publications.
- MCRP 6-11C. (2010). *Combat and operational stress control*. Quantico, VA: Marine Corps Doctrinal Publications.

- Menninger, K. (1959). The academic lecture: Hope. *The American Journal of Psychiatry*, *16*, 481-491.
- MHAT V. (2008). *Mental health advisory team (MHAT) V (Operation Iraqi Freedom 06-08: Iraq; Operation Enduring Freedom 8: Afghanistan)*. Retrieved from http://www.armymedicine.army.mil/reports/mhat/mhat_v/mhat-v.cfm
- Mitchell, M., & Jolley, J. (2004). *Research design explained* (5th ed.). Belmont, CA: Wadsworth and Thomson.
- Moerer-Urdahl, T., & Creswell, J. (2004). Using Transcendental Phenomenology to explore the "ripple effect" in leadership mentoring program. *International Journal of Qualitative Methods*, *3*(2), 1-28.
- Monroe, S., & Kelley, J. (1997). Measurement of stress appraisal. In S. Cohen and R. Kessler. (Eds.), *Measuring stress: A guide for health and social scientists* (pp. 122-147). New York, NY: Oxford University.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE.
- Muller, D., Judd, C. M., & Yzerbyt, V. Y. (2005). When moderation is mediated and mediation is moderated. *Journal of Personality and Social Psychology*, *89*(6), 852-863. doi:10.1037/0022-351489.89.6.852
- Nash, W. (2007). Combat operational stress adaptations and injuries. In C. Figley & W. Nash. *Combat stress injury: Theory, research, and management* (pp. 33-63). New York, NY: Routledge.
- Nash, W. P., Marino, T. L., Mills, M. A., Au, T., Goldsmith, A., & Litz, B. (2013).

- Psychometric evaluation of the Moral Injury Events Scale. *Military Medicine*, 178, 646-652. doi:10.7205/MILMED-D-13-00017
- Nathan, L. L., Oswald, F. L., & Nimon, K. (2012). Interpreting multiple linear regression: A guidebook of variable importance. *Practical Assessment Research & Evaluation*, 17(9), 1-19. Retrieved <http://pareonline.net/pdf/v17n9.pdf>
- National Institutes of Health. (2004). Guidelines for the conduct of research involving human subjects. Retrieved from <http://ohsr.od.nih.gov/guidelines/GrayBooklet82404.pdf>
- Newman, R. (2005). APA's resilience initiative. *Professional Psychology: Research and Practice*, (36)3, 227-229. doi:10.1037/0735-7028.36.3.227
- Nosek, B., Banaji, M., & Greenwald, A. (2002). E-research: Ethics, security, design, and control in psychological research on the internet. *Journal of Social Issues*, 58(1), 161-176. doi:10.1111/1540-4560.00254
- Office of Human Research Protection. (March, 2012). Guidance on reviewing and reporting unanticipated problems involving risks to subjects or others and adverse events. Retrieved <http://www.hhs.gov/ohrp/policy/advevntguid.html#Q1>
- Onwuegbuzie, A. J., & Leech, N. L. (2004). Enhancing the interpretation of "significant" findings: The role of mixed methods research. *The Qualitative Report*, 9(4), 770-792.
- Park, N., Peterson, C., & Seligman, M.E.P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23, 603-619. doi:10.1521/jscp.23.5.603.50748

- Pavot, W. G., Diener, E., Colvin, C. R., & Sandvik, E. (1991). Further validation of the Satisfaction With Life Scale: Evidence for the cross-method convergence of well-being measures. *Journal of Personality Assessment*, *57*, 149-161.
doi:10.1207/s15327752jpa5701_17
- Pengilly, J. W., & Dowd, E. T. (2000). Hardiness and Social Support as moderators of stress. *Journal of Clinical Psychology*, *56*(6), 813-820.
doi:10.1002/(SICI)1097-4679(200006)56:6<813::AID-JCLP10>3.0.CO;2-Q
- Peterson, C., Park, N., & Castro C. A. (2011). Assessment for the U.S. Army Comprehensive Soldier Fitness program: The Global Assessment Tool. *American Psychologist*, *66*(1), 10-18. doi:10.1037/a0021658
- Peterson, C., & Seligman, M. E. P. (2004a). Previous classifications of character strengths. In C. Peterson & M. Seligman (Eds.), *Character strengths and virtues: A handbook and classification* (pp. 53-89). New York, NY: Oxford University.
- Peterson, C., & Seligman, M.E.P. (2004b). Introduction to a “manual of the sanities.” In C. Peterson & M. Seligman (Eds.), *Character strengths and virtues: A handbook and classification* (pp. 3-32). New York, NY: Oxford University.
- Peterson, C., & Seligman, M.E.P. (2004c). Universal virtues? Lessons from history. In C. Peterson & M. Seligman (Eds.), *Character strengths and virtues: A handbook and classification* (pp. 33-52). New York, NY: Oxford University .
- Peterson, C., & Seligman, M.E.P. (2004d). Hope. In C. Peterson & M. Seligman (Eds.), *Character strengths and virtues: A handbook and classification* (pp. 569-582). New York, NY: Oxford University.

- Piedmont, R. (1998). *The Revised NEO Personality Inventory: Clinical and research applications*. New York, NY: Kluwer Academic/Plenum.
- Pietrzak, R. H., Goldstein, M. B., Malley, J. C., Rivers, A. J., Johnson, D. C., Morgan, C. A., III, & Southwick, S. M. (2010). Posttraumatic growth in veterans of Operations Enduring Freedom and Iraqi Freedom. *Journal of Affective Disorders, 126*(1), 230-235. doi:10.1016/j.jad.2010.03.021
- Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C., & Southwick, S. M. (2009). Psychological resilience and postdeployment social support protect against traumatic stress and depressive symptoms in soldiers returning from Operations Enduring Freedom and Iraqi Freedom. *Depression and Anxiety, 0*, 1-7. doi:10.1002/da.20558
- Pols, H. (1999). The repression of war trauma in American psychiatry after WWII. In R. Cooter, M. Harrison, & S. Sturdy (Eds.). *Medicine and modern warfare* (pp. 251-276). Amsterdam, NL: Rodopi.
- Pols, H. (2007). War neurosis, adjustment problems in veterans, and an ill nation: The disciplinary project of American psychiatry during and after WWII. *The History of Science Society, 22*, 72-92.
- Priest, H. (2004). Phenomenology. *Nurse Researcher, 11*, 4-6.
- RAND. (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Santa Monica, CA: Author.
- RAND. (2009). *Assessing combat stress exposure and Post-Traumatic Stress Disorder in*

troops and estimating the costs to society: Implications from the rand invisible wounds of study. Testimony presented before the house veterans' affairs committee, subcommittee on disability assistance and memorial affairs. Santa Monica, CA: Author.

- Reivich, K. J., Seligman, M. E. P., & McBride, S. (2011). Master resilience training in the U.S. Army. *American Psychologist*, 66(1), 25-34. doi:10.1037/a0021897.
- Rieck, M., Shakespeare-Finch, J., Morris, B., & Newberry, J. (2005). A mixed-method analysis of posttrauma outcomes: Trauma severity and social support from a psychotherapeutic perspective. *Canadian Journal of Counseling*, 39(2), 86-100.
- Riulli, L., Savicki, V. & Spain E. (2010). Positive emotions in traumatic conditions: Mediation of appraisal and mood for military personnel. *Military Psychology*, 22, 207-223. doi:10.1080/08995601003638975
- Riskind, J. H. (2006). Links between cognitive-behavioral hope and positive psychology: Applications to a psychotic patient. *Journal of Cognitive Psychotherapy: An International Quarterly*, 20(2), 171-182. doi:10.1891/088983906780639772
- Robbins, B. D. (2008). What is the good life? Positive psychology and the renaissance of humanistic psychology. *The Humanistic Psychologist*, 36, 96-112. doi:10.1080/08873260802110988
- Rosenau, W. (2006). U.S. Counterterrorism Policy. In D. Zimmerman & A. Wenger (Eds.). *How states fight terrorism: Policy dynamics in the west* (pp. 133-154). Boulder, CO: Lynne Rienner.

- Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69,(4) 719-727.
doi:10.1037/0022-3514.69.4.719
- Ryff, C. D., & Singer, B. (2005). From social structure to biology: Integrative science in pursuit of human health and well-being. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 541-555). New York, NY: Oxford University.
- Sandage, S. J., & Hill, P. C. (2001). The virtues of positive psychology: the rapprochement and challenges of an affirmative postmodern perspective. *Journal for the Theory of Social Behaviour*, 31(3), 241-260. doi:10.1111/1468-5914.00157
- Sandelowski, M. (2003). Tables or tableaux? The challenges of writing and reading mixed methods studies. In A. Tashakkori & C. Teddlie (Eds.). *Handbook of mixed methods in social and behavioral research* (pp. 321-350). Thousand Oaks, CA: SAGE.
- Scannell-Desch, E. (2004). Lessons learned and advice from Vietnam War nurses: A qualitative study. *Journal of Advanced Nursing*, 49(6), 600-607.
doi:10.1111/j.1365-2648.2004.03335.x
- Schwarzer, R., & Knoll, N. (2003). Positive coping: Mastering demands and searching for meaning. In S. J. Lopez & C. R. Snyder (Eds.). *Positive psychological assessment: A handbook of models and measures* (pp. 393-409). Washington, DC: American Psychological Association.

- Schwarzer, R., & Knoll, N. (2007). Functional roles of social support within stress and coping process: A theoretical and empirical overview. *International Journal of Psychology, 42*(4), 243-252. doi:10.1080/00207590701396641
- SECNAVINST 1650.1H. (August, 2006). *Navy and Marine Corps awards manual*. Washington, DC: Secretary of the Navy.
- SECNAVINST 3900.39D. (November 2006). *Human research protection program*. Washington, DC: Secretary of the Navy.
- Seidman, I. (2006). *Interviewing as qualitative research*. New York, NY: Teachers College, Columbia University.
- Seligman, M. E. P., (2011). *Flourish: A visionary new understanding of Happiness and Well-being*. New York, NY: Free Press.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-15. doi:10.1037//0003-066X.55.1.5
- Seligman, M. E. P., & Fowler, R. (2011). Comprehensive Soldier Fitness and the future of psychology. *American Psychologist, 66*(1), 82-86. doi:10.1037/a0021898
- Seligman, M. E. P., Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress. *American Psychologist, 60*, 410-421. doi:10.1037/0003-066X.60.5.410
- Selye, H. (1976). *The stress of life*. New York, NY: McGraw-Hill.
- Sharkansky, E., King, D., King, L., Wolfe, J., Erickson, D., & Stokes, L. (2000). Coping with Gulf War combat stress: Mediating and moderating effects. *Journal of Abnormal Psychology, 109*(2), 188-197. doi:10.1037//0021-843X.109.2.188

- Shaw, M. E., & Hector, M. A. (2010). Listening to military members returning from Iraq and/or Afghanistan: A phenomenological study. *Professional Psychology: Research and Practice, 41*(4), 128-134. doi:10.1037/a0018178
- Sheehan, T., & Palmer, R. E. (1997). *Transcendental Phenomenology and the confrontation with Heidegger (1927-1931)*. Dordrecht, The Netherlands: Kluwer Academic.
- Sherman, N. (2010). Soldiers' moral wounds. The chronicle of higher education. Retrieved from <http://chronicle.com/article/Soldiers-Moral-Wounds/64987/>
- Sieber, J. (2004a). Empirical research on research ethics. *Ethics and Behavior, 14*(4), 397-412.
- Sieber, J. (2004b). Using our best judgment in conducting human research. *Ethics and Behavior, 14*(4), 297-304.
- Sinclair, R. R., Waitsman, M. C., Oliver, C. M., & Deese, M. N. (2013). Personality and psychological resilience in military personnel. In R. R. Sinclair & T. W. Britt (Eds.). *Building psychological resilience in military personnel: Theory and practice* (pp. 21-46). Washington, DC: American Psychological Association.
- Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing Hope. *Journal of Counseling and Development, 73*, 355-360.
- Snyder, C. R. (Ed.). (1999). *Coping: The psychology of what works*. New York, NY: Oxford University.
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*(4), 249-275. doi:10.1207/S15327965PLI1304_01

- Snyder, C. R., Cheavens, J., & Michael, S. T. (1999). Hoping. In C. R. Snyder (Ed.), *Coping: The psychology of what works* (pp. 205-231). New York, NY: Oxford.
- Snyder, C., & Dinoff, B. (1999). Coping: Where have you been? In C. Snyder (Ed.), *Coping: The psychology of what works* (pp. 3-19). New York, NY: Oxford.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., ...Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*(4), 570-585. doi:10.1037//0022-3514.60.4.570
- Snyder, C. R., Hoza, B., Pelman, W. E., Rapoff, M., Ware, L., Danovsky, M. et al. (1997). The development and validation of the Children's Hope Scale. *Journal of Pediatric Psychology, 22*, 399-421. doi:10.1093/jpepsy/22.3.399
- Snyder, C. R., Ilardi, S. S., Cheavens, J., Michael, S. T., Yamhure, L., & Sympson, S. (2000). The role of hope in Cognitive-behavior Therapy. *Cognitive Therapy Research, 24*(6), 747-762. doi:10.1023/A:1005547730153
- Snyder, C. R., Rand, K. L., & Sigmon, D. R. (2005). Hope theory. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 257-276). New York, NY: Oxford University.
- Snyder, C. R., Sympson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology, 70*(2), 321-355. doi:10.1037/0022-3514.70.2.321
- Soetekouw, P. M., de Vries, M., van Bergen, L., Galama, J. M., Keyser, A.,

- G. Bleijenberg, & van der Meer, J. W. (2000). Somatic hypotheses of war syndromes. *European Journal of Clinical Investigation* 30, 630-641.
doi:10.1046/j.1365-2362.2000.00678.x
- Sokolowski, R. (2000). *Introduction to Phenomenology*. New York, NY: Cambridge University.
- Stallard, W. D. (2004). *Existential psychology in the 21st century*. Unpublished manuscript, College of Social and Behavioral Sciences, Walden University, Minneapolis, MN.
- Stanton, A., Parsa, A., & Austenfeld, J. (2005). In C. Snyder & S. Lopez (Eds.), *Handbook of positive psychology*, (pp. 148-158). New York, NY: Oxford.
- Suvak, M., Vogt, D. Saverese, V., King, L., & King, D. (2002). Relationship of war on coping strategies to long-term general life adjustment among Vietnam veterans: Combat exposure as a moderator variable. *Personality and Social Psychology Bulletin*, 28, 974-985. doi:10.1177/014616720202800710
- Talbott, J. (1996). Combat trauma in the American Civil War. *History Today*, 46, 41-46.
- Tashakkori, A., & Teddlie, C. (2010). Putting the human back in human research methodology. *Journal of Mixed Methods* 4(4), 271-277.
doi:10.1177/1558689810382532
- Taylor, S. E., Dickerson, S. S., & Klien, L. C. (2005). Toward a biology of social support. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 556-572). New York, NY: Oxford University.

- Teddlie, C., & Yu, F. (2007). Mixed methods sampling: A typology with examples. *Journal of Mixed Methods, 1*(1), 77-100. doi:10.1177/2345678906292430
- Thomas, S., & Marks, D. (1995). The measurement of coping in breast cancer patients. *Psycho-oncology, 4*, 231-237. doi:10.1002/pon.2960040309
- Trull, T., Useda, D., Costa, P., & McCrae, R. (1995). Comparison of the MMPI-2 Personality Psychopathology Five (PSY-5) the NEO-PI, and the NEO-PI-R. *Psychological Assessment, 7*(4), 508-516. doi:10.1037//1040-3590.7.4.508
- Turner, R., & Wheaton, B. (1997). Checklist measurement of Stressful Life Events. In S. Cohen & R. Kessler (Eds.), *Measuring stress: A guide for health and social scientists* (pp. 29-58). New York, NY: Oxford University.
- U.S. Marine Corps. (2009). Combat operational stress control. Retrieved from <http://www.usmc-mccs.org/cosc/index.cfm>
- Vaillant, G. E. (2000). Adaptive mental mechanisms: Their role in a positive psychology. *American Psychologist, 55*(1), 89-98. doi:10.1037//0003-066X.55.1.89
- van der Kolk, B. (1994). The body keeps the score: Memory and the evolving psychobiology of post-traumatic stress. Retrieved from <http://www.trauma-pages.com/vanderk4.htm>
- van der Kolk, B. (2001). The psychobiology and psychopharmacology of PTSD. *Human Psychopharmacology: Clinical & Experimental, 16*, 49-64. doi:10.1002/hup.270

- van Lieshout, C. F. M. (2000). Lifespan personality development: Self-organizing goal-oriented agents and developmental outcome. *International Journal of Behavioral Development, 24*, 276-288. doi:10.1080/01650250050118259
- VandenBos, G. R. (Ed.). (2007). *APA dictionary of psychology*. Washington, DC: American Psychological Association.
- Vogt, D. S., Rizvi, S. L., Shipherd, J. C., & Resick, P. A. (2008). Longitudinal of reciprocal relationship between stress reactions and Hardiness. *Personality and Social Psychology Bulletin, 34*(1), 61-73. doi:10.1177/0146167207309197
- Walsh, F. (2006). *Strengthening family resilience*. New York, NY: Guilford.
- Watson, D., & Hubbard, B. (1996). Adaptational style and dispositional structure: Coping in the context of the Five-Factor Model. *Journal of Personality, 64*(4), 737-774. doi:10.1111/j.1467-6494.1996.tb00943.x
- Watson, D., David, J. P., & Suls, J. (1999). Personality, affect, and coping. In C. R. Snyder (Ed.). *Coping: The psychology of what works* (pp. 119-140). New York, NY: Oxford University.
- Watson, C. G., Juba, M. P., & Anderson P. E. D. (1989). Validities of five combat scales. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1*(2), 98-102. doi:10.1037/1040-3590.1.2.98
- Waugh, C., Tugade, M., & Fredrickson, B. (2008). Psychophysiology of resilience to stress. In B. J. Lukey & V. Tepe (Eds.). *Biobehavioral resilience to stress* (pp. 117-138). Boca Raton, FL: CRC.

- Welton, D. (1999). *The essential Husserl: Basic writings in Transcendental Phenomenology*. Bloomington, IN: Indiana University.
- Wertz, F. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology, 52*(2), 167-177.
doi:10.1037/0022-0167.52.2.167
- Wertz, F.J. (2010). The method of eidetic analysis for psychology. In T.F. Cloonan & C. Thiboutot (Eds.), *The redirection of psychology: Essays in honor of Amedeo P. Giorgi*, pp.261-278. Montréal, Québec: Le Cercle Interdisciplinaire de Recherches Phénoménologiques (CIRP), l'Université du Québec à Montréal et Rimouski.
- Westphal, M., Bonanno, G. A. & Bartone, P. T. (2008). Resilience and personality. In B. J. Lukey & V. Tepe (Eds.). *Biobehavioral resilience to stress* (pp. 219-257). Boca Raton, FL: CRC.
- Wolf, L., & Zandecki, J. (2007). Conflicts of interest in research: How IRB's address their own conflicts. *IRB: Ethics and Human Research, 29*, 6-12.
- Woodward, C. (2004). Hardiness and the concept of Courage. *Consulting Psychology Journal: Practice and Research, 56*(3), 173-185.
doi:10.1037/1065-9293.56.3.173
- Wright, M. (2002). The essence of spiritual care: A phenomenological enquiry. *Palliative Medicine, 15*, 125-132. doi:10.1191/0269216302pm518oa
- Würthwein, E. (1985). Noéō. In G. Kittle & G. Friedrich (Eds.). G. Bromiley (Trans.). *Theological Dictionary of the New Testament* (p. 636). Grand Rapids, MI: William B. Eerdmans.

Yates, T. M., & Masten, A. S. (2004). Fostering the future: Resilience theory and the practice of positive psychology. In P. A. Linely & S. Joseph (Eds.), *Positive psychology in practice* (pp. 521-539). Hoboken, NJ: John Wiley & Sons.

Zimet, G.D., Dahlem, N.W., Zimet, S.G. & Farley, G.K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52, 30-41.
doi:10.1207/s15327752jpa5201_2

Appendix A: Outline of Phenomenological Research Process

(Moustakas, 1994, pp. 180-181)

Step One

Epoche: Setting aside prejudgments and opening the research with an unbiased, receptive presence.

Step Two

Phenomenological Reduction:

Bracketing the Topic or Question

Horizontalization: Every statement has equal value

Delimited Horizons or Meanings: Horizons that stand out as invariant qualities of the experience

Invariant Qualities and Themes: Nonrepetitive, nonoverlapping constituents clustered into themes

Individual Textual Descriptions: An integration, descriptively, of the invariant textual constituents and themes of each research participant

Composite Textual Description: An integration of all of the individual textual descriptions into a group or universal textual description

Step Three

Imaginative Variation

Vary Possible Meanings

Vary Perspectives of the Phenomenon: From different vantage points, such as opposite meanings and various roles

Free Fantasy Variations: Consider freely the possible structural qualities or dynamics that evoke the textual qualities

Construct a list of structural qualities of the experience

Develop Structural Themes: Cluster the structural qualities into themes

Employ Universal Structures and Themes: Time, space, relationship to self, to others; bodily concerns, causal or intentional structures

Individual Structural Descriptions: For each co-researcher, integrate the structural qualities and themes into an individual structural description

Composite Structural Description: integration of all of the individual structural descriptions into a group or universal structural description of the experience

Step Four

Synthesis of Composite Textural and Composite Structural Descriptions

Intuitively-reflectively integrate the composite textural and composite structural descriptions to develop a synthesis of the meanings and essences of the phenomenon or experience.

Appendix B: Informed Consent



Volunteer Participant Informed Consent

You are invited to participate in a research study examining and exploring the positive effects of combat stress exposure. The title of the study is “A Resilient Warrior: Coping Positively with Combat Stress Exposure.” Participant study criteria:

- ✓ Are you a combat veteran of OEF or OIF?
- ✓ Did you receive the Combat Action Ribbon?
- ✓ Have you been home from your last combat tour for at least 12 months?
- ✓ Are you coping positively with your combat experience?

If you meet the criteria then your **combat experience and warrior wisdom** is needed for this study. This form is part of the “informed consent” process to assist you in understanding this study before deciding to participate. This study is being conducted by Mr. Dan Stallard a student a PHD in Health Psychology student at Walden University. This is a non-experimental psycho-social study.

The Purpose of this study

Most studies on the effects of combat stress focus on the **negative** such as PTSD. The purpose of this study is to examine and explore the effect of combat stress exposure in a group of United States Marines who served in OIF/OEF and self-report they are coping **positively** with their combat experience.

What is Your Involvement?

If you volunteer to participate in this study, you will be asked to take the following assessments to measure:

- ✓ Combat Stress Exposure (Combat Exposure Scale)
- ✓ Positive Subjective Well-being (Subjective Well-Being Scale)
- ✓ Personality (NEO-Five Factor Inventory)
- ✓ Hardiness (Personal Views Survey)
- ✓ Social Support (Post-deployment Social Support Scale)
- ✓ Hope (goal setting) (Adult Dispositional Hope Scale)
- ✓ Coping (Brief Coping Inventory)

- The assessments will be administered in a large group session and will take no more than three hours most likely less than one hour and half.
- Also, ten random volunteer participants are needed to be interviewed. The interviews are not a requirement for you to participate in the assessment portion of the study. You can decline to participate to be interviewed at the end of this consent.
- The goal is to have at least 150 Marines take the assessments and 10 Marines participate in an individual one hour interview.
- The interviews will be audio recorded. The raw data will only be seen by the researcher. The audio files will be heard by a transcriptionist who has signed a confidentiality agreement.
- After the data is analyzed and findings written up for the study you will receive a personal email de-briefing you about the study. If requested the researcher will provide you personalized form of your assessments data.
- Also, the researcher will set up a time to have a large group session to explain the study's findings with the command.
- Additionally, the findings will be on the resilient-warrior.org website.

Voluntary Nature of the Study

This study is voluntary. Everyone will respect your decision of whether or not you choose to participate in the study. No one at your command is pressuring you to be in the study (**voluntold**). If you decide to join the study now, you can still change your mind later. You may withdraw from the study at any time. There are no repercussions from withdrawing.

Risks and Benefits of Being in the Study

Just like Marine training involves risk; good leaders apply operational risk management to mitigate the impact of risk. This study has possible risks, such as minor discomfort if you are interviewed about your combat experience; however, this study should not invoke any more stress than you encounter in a normal day—most likely it will be less stressful than work. Being in this study will not pose risk to your safety or health. The benefit of being in this study is to share your warrior wisdom with future combat Marines. **This study's findings will help train and equip Marines to be resilient like you. Marine Corps combat legacy is legendary and this study will help describe some of the psychological and social characteristics of a resilient warrior.**

Should you experience discomfort or distress as the result of your participation in this study, you should seek assistance from those resources available to you through your chain of command, military medical or mental health professionals and behavioral health services. The Marine Corps DSTRESS phone line is an anonymous counseling service 24/7 and is readily available to you at no charge: **1.877.476.7734** . The online **DSTRESS.COM** can provide you local resources and assistance.

Pay and Incentives

There is no pay or material incentives for participating in this study.

Privacy and Confidentiality

Any information you provide will be kept **confidential** and **anonymous**. Once you consent to participate you will be assigned a participant number. No Personally Identifiable Information will be disclosed—the researcher will only refer to demographic and statistical data in the findings and dissemination of the study. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure in a locked fire box and password protected computer. Data will be kept for a period of at least 5 years, as required by the university. The researcher cannot provide confidentiality to survey respondents for comments regarding criminal activity or for statements that pose a threat to the welfare or safety of yourself or others.

Questions and Contacts

If you have any questions you may ask them now. Or if you have questions later, you may contact the researcher by email: danstallard@resilient-warrior.org or phone: XXX-XXX-XXXX. If you want to talk privately about your rights as a participant, you can call Dr. XXXXXXXX. She is the Walden University representative who can discuss this with you. Her phone number is X-XXX-XXX-XXXX, extension XXXX. Walden University's approval number for this study is **IRB will enter approval number here** and it expires on **IRB will enter expiration date**.

Statement of Consent

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. I understand that I am agreeing to the terms described above.

I decline to be interviewed.

If requested the researcher will give me a copy of this form to keep.

I would like a copy of this informed consent.

Printed Name of Participant: _____

Date of Consent: _____

Participant's Signature: _____

Researcher's Signature: _____

Participant #: _____



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Appendix C: Promotional Card



THE PROJECT: RESILIENT WARRIORS NEEDED

- Are you a male combat veteran of OEF or OIF?
- Did you receive the Combat Action Ribbon?
- Have you been home from combat at least 12 months?
- Are you coping positively with your combat experience?
- Would you like to help future Marines be better prepared for combat?



TAKE THE NEXT STEP. JOIN THE PROJECT. RESILIENT-WARRIOR.ORG

The image shows a promotional card with a dark background featuring a military vehicle. The text 'THE PROJECT: RESILIENT WARRIORS NEEDED' is in a bold, orange font. Below it is a list of five criteria for participation. At the bottom, there is a graphic of the Combat Action Ribbon (purple, yellow, and red stripes) and the text 'TAKE THE NEXT STEP. JOIN THE PROJECT. RESILIENT-WARRIOR.ORG' in a bold, orange font.

Appendix D: Textural and Structural Descriptions of Combat and Coping With Combat Stress Exposure

P1's Description. P1 is a 31 year old white male, Marine Corps Captain, with nine years of active duty service as an infantry officer. He served in both OIF and OEF for a total of three deployments and received two combat action ribbons; at the time of the interview he was home from combat 16 months. P1 is married with children. He served in OEF/OIF in various leadership positions from platoon commander to company Executive Officer (XO) demonstrating normal career progression, with increased authority and responsibility. He described combat as often monotonous which could change “quickly with an explosion, gun fire, and something, you know incoming rounds whatever it is that accents the boredom at different times.”

For P1 combat action was fast and exhilarating at times and the range of emotions associated with losing Marines or seeing fellow Marines wounded and injured challenged him as a leader. He determined grief and anger could not cloud his judgment and decision making; thus staying focused on the mission and job helped him to cope with distressing emotions and combat experiences. Also, there was often a sense of frustration with the mission, he was always thinking about the ethics of war and eventually thoughts of disillusionment and disenfranchisement with the mission in Afghanistan penetrated his thoughts. However, even in the midst of this tension he led his Marines with integrity, pride, empathy for his men, enemy and the innocent people caught in between. Ultimately in combat it was about executing the mission, protecting each other and trying to come home alive that saw him through even when he had thoughts that he would not

return home alive. Thoughts of death and feelings of fear, anger and frustration in combat were tempered by duty.

Coming home for P1 from all three deployments was positive. P1 commented that he is a committed Christian and had no doubts about his relationship with his wife while knowing other Marines came home to relationships that were stressed and even broken or lost. P1's social support was positive and essential for his coping with CSE, even after his second deployment to Iraq where he experienced his most traumatic and dramatic time in combat. P1 commented with regard to social support:

I had some of the best support that I think somebody could have.

R: Who were your supporters?

P1: It was my wife. She is a Christian and she loves the country. Put those two together and she really...

R: Loves you, loves being a mom...

P1: I mean so...I didn't have a lot of the family stress coming home like others did because there was never a question of unfaithfulness, there was never a question of her care of the children or you know reckless finances or anything like that. I really had an easy homecoming compared to some of the others. Some of the other Marines. That made wanting to come home really, really good. There's a couple months transition time when we get back where we kind of have to figure out who each other is again. But by the grace of God we have worked through most of that and we work through that.

The interview with P1 was mostly intellectually based. He appeared to be coping positively with his combat experience primarily through family social support, continuing to do his job well as a Marine above all personal religious faith. During his third deployment he felt disenfranchised from the mission when he stated:

The third one...the third one there was some disenfranchisement with the mission and especially in Afghanistan. It was a lot harder to lead the Marines when they

didn't believe in what we were doing and you couldn't hide the fact of the seeming pointlessness of what we were doing.

After coming home from his third deployment P1 became an ardent student of the Constitution. Why? The oath of office every officer takes states that we will "Support and defend the Constitution of the United States from all enemies foreign and domestic." Thus being disenfranchised from the mission turned P1 back toward his oath and the Constitution. P1 commented

I am and some of that has to do with...I'll sum it up very shortly. So in questioning the reasonableness of being employed in a certain theater. Questioning national policy it took me back to studying the constitution. Studying the constitution takes you down the route of people's natural rights and liberties and at some point you have to examine what you are doing in light of the oath that you took. Sometimes there's conflict between the two but I am not sure that we had any reason to be there at all. Because they didn't...because at some point it stopped being the biblical view point of defensive posturing only or defensive reaction only and morphed into something else where it was no longer that. It became more implantable at that point. Diving down into some deeper questions is what I think has changed the most. But it has been a good journey though.

Finally, when P1 was asked what does your combat experience meant to you today, he stated

That's a good question. In preparing myself for raising a son I have had to consider a lot of these things. I've got two older nephews as well. Both want to join the military and I have had to have some frank conversation with them. What they're wanting...why their doing it? And most of us have a list of reasons but one of the top ones is an answer to ourselves if we have what it takes.

R: What it takes too?

P1: Too

R: Be a...

P1: Be a Marine to fight somebody.

R: Fight somebody.

P1: To kill somebody.

R: To kill somebody. Right.

P1: We don't...it's not very palatable to bring up those questions a lot of the times but I think they are real.

R1: Typically growing up, the average person doesn't sit around thinking through those kinds of relationships and dynamics.

P1: So what does it mean to you? That is a complex question because on the back side of it I can look back and say "Well I did it." But when I question did it change who I was or that I needed to prove who I was in the sight of God. Then it's not the same answer it would be now.

P2's Description. P2 is a 40 year old white male, Marine Corps Major, with 18 years of active duty service as a CH-46 pilot who received the Distinguished Flying Cross during OIF for aerial heroism. He served in OIF for a total of three deployments; at the time of the interview he was home from combat 24 months. During the first two tours in OIF he flew missions but during his third tour he was a Forward Air Controller with an infantry battalion. He is married with 2 children.

Overall his combat experience was a mixture of dynamics from being very "quiet" even boring which was contrasted with the combat stress of flying, and being shot at during casualty evacuations or other aerial missions. One big stressor he faced in combat was being absent during the birth of a child. Also, he worried about the stress he placed on his wife when his wife heard about the mission in which his aircraft was all shot up. P2 was not comfortable discussing his combat experience as much as he was comfortable talking about his current state of being. This is not unusual because most warriors do not brag about their war time experiences.

Coming home from war was very meaningful for P2 especially during his first deployment where his wife and first child waited for him in the hangar. This was the first time he got to see his first child in person. P2 had good social support from his unit and spouse but had personal tension with his mother-in-law. Also, he noted that most people do not understand what happens in the war and discussing combat experiences with family is complicated. Additionally, P2 noted after he came home people who have not experienced war just “don’t get it.” They don’t get the complexity of emotions, time lost, transitioning from chaos to being home with family.

During combat P2 coped with combat stress like many Marines:

R: Are there other things that you did to cope? What are they? Did you exercise...anything else?

P2: We did...we would just sit around and talk in some of the off time. Play some cards or what not. It was about trying to get the mind off it too. Because you have to have some down time to relax. You didn’t get your sleep and it was just more of a routine because it was such a...you’re on for 12 hours then that time you’re on it’s not like you’re sitting there waiting for the phone all the time. You still have your normal billet to that you have to do.

Once P2 was home he did what many Marines do “compartmentalize” their stress. Also, P2 like many Marines used studying and reading to understand their experience and cope with CSE. When asked about how he coped he commented:

P2: Well I tell you, whether I coped well or not. To go back to in the first deployment. I think there is some of it and I really more realized later on as I’m looking into it. Studying different things. I was just reading recently “Thoughts of a Philosophical Fighter Pilot.” In so many ways it’s how I kind of live my life. As a pilot we try to teach to compartmentalize...

Ultimately P2 coped positively with his combat experience through self-control and by being a Stoic Warrior. P2 like all the participants in this study are in process of coping

with their combat experience. They are still thinking about their experience and trying to make sense and meaning out of it. For P2 he still carries a substantial amount of grief about the decisions he made in combat and at home. He shared a long story that weighs heavily on him at this moment regarding making a decision of feeding his first child soy based products which appears to have caused some developmental problems. These problems now have both P2 and his spouse second guessing decisions they made while P2 was deployed which complicates the coping process. P2 feels guilt. But he gets up every day and puts his best foot forward.

Finally, when P2 was asked what his combat experience means to him today he stated

I don't know. I think its maybe being a pilot is a little bit different too because I look back at that and yeah I had a situation and you get a medal for what you did there. But I had plenty more times my life was in more danger back in CONUS than it ever was in Iraq. When you have engines fail on you, when you have a pilot get disoriented, then you grab the controller and you're pulling out of that when you don't even know how close the rudders may have been to the ground. I think at the same time depending on your job field you have just as much if not more situations back here in the rear that aren't necessarily looked upon. I'm thinking back after my I chose Forward Air Controller part of it was intended too. I was already in that route to go that path because I just wanted but after that I decided to go to recruiting and decided I had to come back to a flying tour. I think it really had to with and really it was probably a few months ago when I started thinking about it. Looking back why did I do that and I think really I said after all the different incidents outside of combat the last one where the pilot got disoriented I was like that was probably enough so I think I chose my path because of that consciously.

R: Yeah I understand. Flying is risky business on a good day. Right. As far as meaning...do you see your combat experiences something that you will look back on with pride and Spirit de corps and those kinds of things?

P2: Still I got a bunch of my friend's right up here. I don't if I look at really I think just any other period of time. Whether it be there or unit deployment

somewhere. I've seen people from all walks of life in the Marine Corps places. I was at embassy duty for a while. So I still see some of those people.

R: Where were you on embassy duty?

P2: Moscow and Bangkok.

R: Wow...when you were enlisted. That's impressive.

P2: So it was a good tour. I enjoyed it.

R: So all your 18 years have had a lot of different and meaning.

P2: It was probably I saw the whole world when I was enlisted in 6 years. When I became an officer I saw Wisconsin and Iraq.

R: I understand that one absolutely. Has your combat experience changed you? If so, how has it changed you?

P2: I'd say it has but I can't really say that it was combat experience per se. It was the stress of the various situations. It probably...everything from you know the first engine failure to barely making over the gorge back to the runway to combat and deal with that.

P3's Description. P3 is a 26 year old white male, Marine Corps Sergeant, with 7 years of active duty service as an infantryman. He served in OIF and OEF for a total of four deployments—receiving two combat action ribbons; at the time of the interview he was home from combat 22 months. He is divorced with a child.

P3 was one of the most enthusiastic of all my participants. He recruited several participants and was the first to volunteer to be interviewed. During his combat deployments he progressed in his basic infantry MOS (military occupation specialty) as an assaultman to that of squad leader. The scope of jobs increased the authority and responsibility of his MOS. Ultimately, he led and cared for 12 Marines on the battlefield. According to P3 this progress in his combat related job increased his stress over time.

His homecomings varied and improved each time, but his first homecoming was the most difficult. P3 stated

Um, I would say the first time I came home I was 19...from Afghanistan. It was pretty rough transition back home due to the fact that's the first time I had ever seen like a dead body as in like you know not like a morgue, a funeral dead body. It was like body parts. So the first time I'd say it was pretty tough. Second deployment was little bit smoother when it came to how to cope with everything. Third deployment was real smooth. You know now that I was married coming home to a spouse. Then fourth deployment was a lot more combat so it was...I thought I was good. My wife was pregnant but the...from what she says it was a lot of kind of doing my own thing. Just being an individual. Trying to deal with everything on my own.

Early on P3 coped with his combat experience through alcohol and stated he considered himself an alcoholic who self-medicated to numb his mind about his wartime experiences. However, over time and after subsequent deployments P3 turned to social support and positive relationships to cope with his stress. He readily admitted that his divorce was due to his immaturity and inability to express emotions which he stated is a current problem that he is seeking mental health treatment. P3 is an example of how negative events can have positive outcomes and that negative symptomology can co-exist with positive outcomes. The main source of his positive coping was hanging around positive people. P3 stated:

The biggest stressors now or...I'd say the biggest stressors friction point that I run into is that people just don't understand. Don't understand because they weren't there. A lot of people and then you also have a lot of people that weren't there that is all they want to do for some reason is want to be that war hero back home so they make up all these stories. It's the biggest friction point that I run into now. Surrounding myself with positive people has really been my key to success. I'm very goal driven life. This is what I want at 30...this is what I want at 40. So I found out that as a teenager you surround yourself with your best friends even though it's probably not in your best interest. You know now that I can surround myself with positive people but also people that have gone through the exact same experiences because you self-medicate through stories and them understanding

now without even realizing it...so a lot of people with the kind of discussion we just had in OSCAR training. You can do it over a couple of beers. I really decide not to use alcohol when talking about just because then it turns into a whole other problem. But really just talking to people there is a lot of people here that I was with there and a lot of people that have been in the same scenario so it's a continual fluid motion of just "hey this is what happened. What do you think about this? Haha!" It's joking getting it off your chest because then how it ties back into your everyday life. It's very easy for them to relate and understand and telling their problems because you went through the same thing. Just kind of like you're bouncing ideas off of each other.

P3 also used sarcasm and humor to cope with combat stress exposure. He is a future oriented thinker. Even though combat changed him and that he struggled with emotionality he is a better person and will overcome any obstacle. One observation P3 made similar to the other Marines in this study is that training leading up to combat helped sustain him in combat and coming home. The old adage, "train like you fight, fight like you train." Training enabled his instinct and intuition to provide supersensory ability during the fog and friction of war.

Finally when P3 was asked what his combat experience means to him today he answered in his witty way:

P3: It's a joke!

R: It's a joke?

P3: It's a running joke.

R: Oh a running joke.

P3: When I was in school...

R: Oh really what's the running joke?

P3: It's something I kind of made up. I'd say back in December...it was kind of like "Oh combat vet" You're like everybody here is a combat vet? So it's like the running joke that "hahaha like we're all combat vets."

R: Got it, got it!

P3: That really irks a lot of people because it's like oh you think you're better than me. It's like no...it's like we are all combat vets.

R: Got it!

P3: It's...I don't want anything from anybody. I really don't. I'm not one of those guys that I don't want you to owe me anything for what I've done. I signed up in 2004. We were already in war. But on the other hand and I don't expect you to understand what I have been through but I do want you to take my feelings into consideration. The way I feel about certain things. I enjoy being a combat veteran. I regret it at times. Due to the fact that it is...I have been told that I changed.

P4's Description. P4 is a 28 year old white male, Marine Corps Captain, with 6 years of active duty service as an infantry officer. He served in OEF—receiving one combat action ribbon; at the time of the interview he was home from combat 16 months. During OEF he was a weapons platoon commander and a JTAC (Joint Tactical Air Controller). He led upwards to 80 Marines in a remote location (Combat Out-Post/COP) with the nearest unit 45K away—which is very isolated. Since returning from combat he has gotten married.

P4 described combat as unpredictable, where direct and indirect fire was sporadic and the threat of IEDs (improvised explosive devices) the biggest threat particularly in and along the roads they traveled. He described his time in combat as “It was great and at the same time terrifying as a young 1st LT at this point.”

Coming home from combat was positive for P4. His social support from his family was critical but as he described awkward when he first saw them. He noted:

My family was there...my mom, dad, and my sister. I was dating a girl at the time and she ended up coming a couple days later. When I saw them it was just like I was happy to see them but it was very overwhelming. Not really it's kind of just

an awkward thing were a tremendous amount has changed and you've changed a lot based on what you have experienced and your family has as well. So you've gotten a tremendous amount of stress.

Religious faith, prayer and journaling were a means for how P4 coped with his combat experience. P4 faced one of the most horrific traumas of war in that he planned and executed a mission as the JTAC where an US airstrike intended for an enemy target hit and killed women and children. P4 stated

Yes, and the only way that takes place...the only way that takes place...is through mercy. In experiencing mercy because when...it's very easy for you to start to buy into the lie yourself. Like I had an episode where I dropped the bomb and it killed no bad guys but it killed 8 women and children. That was the worst day of my life. It devastated me like I was a psychological casualty when that happened. The lie that I bought into was "you've committed the unforgivable sin" like at that point I didn't even care if I went to jail...I was just concerned with like where I was going to be spending eternity quite frankly. As I've...the healing process took place immediately as soon as my CO was able to say "Matt, I understand why you made the call. You made the right call. It just didn't turn out the way you wanted it to." So I was experiencing God's mercy through my CO, through my chain of command and I had other people that helped out. My Marines also came and said "Hey, sir like we get it." So there's tremendous amount of healing through that. Had I never experienced that I would have had a much more I'd say near impossible time to come to the conclusion that that moment didn't define who I was. So I wasn't defined by my sin and that I hadn't really committed the unforgiveable sin.

This event along with the whole of his combat experience made P4 more self-aware especially spiritually. He commented that he had:

A greater awareness of my own mortality and I can only make sense of this through my Christian background. It's an awareness of...that God isn't a liar. He said that sin is going to cause death and that it does and at the same time that's where I take consolation in the Gospel and the redemption that we were created for something more than just to cope with our sin but actually to redeem the sin and transform who we are as well. Not how we transform but how God through grace transforms.

P4 coped with his traumatic experiences from war primarily through his religious faith. He has attended healing Masses and participated in special spiritual rituals which help him deal with the horror of his experiences. He noted “Combat is not...you don’t prove who you are in combat, you learn about who are.” Finally, when P4 was asked what his combat experience means to him today he stated:

I learned that it was through combat that I learned more about human dignity. In my personal dignity. Human dignity. Your personal dignity but human dignity for all of humanity? All humans. It’s...you...when you got in my case drop the bomb or somebody has to pull the trigger there’s always a sorrow in that. You may not experience it right at that moment but at some point I would argue that if you are being honest you do experience that sorrow and you realize that you’re...that action will certainly echo...echo in eternity.

R: So meaning making that is reflection on this your experience you have become more respectful of humanity? Or human dignity?

P4: Definitely, but at the same time much more aware of how many lives there are about humanity that people accept at the foundational level of their understanding about human dignity.

R: So say it one more time.

P4: There’s an awareness. The amount of...as I start to understand the truth of my dignity and then project that on other people as well. I am aware of how many people are not aware of that as well. Not just unaware of it but they also accepted a lie in place of it.

R: Oh, yeah, you start reading Nazi history you can get all kinds of...I was just reading some of that yesterday on the [NAME] of blood and soil the lie they bought into out of nationalism and they thought it was the right thing and then when they got done with all of it they realized they had lost their dignity and believed a lie.

P4: The amazing thing was that [NAME] Even with all that was still he still felt the objective affects. So despite the fact that you buy into lie you still feel the effects of it. He had all kinds of psychological issues that he just thought he was of inferior evolution at that point and that’s why he was experiencing those things.

P5's Description. P5 is a 40 year old white male, Marine Corps Gunnery Sergeant, with 16 years of active duty service. P5 has broken service which means that he served in the Marine Corps got out then came back. During his first period of service in the Corps he was an infantryman but is currently a communication specialist. P5 is unique in this study because he was in Desert Storm and Somalia before getting out of the Marine Corps then after he came back in he participated in OIF—he received two combat action ribbons; at the time of the interview he was home from combat 36 months.

The interview with P5 was slow and challenging in that he would answer the questions with short responses and was not very contemplative. He commented that Desert Storm and Somalia were like being in a movie, he was young and unaware; during his tour in Somalia he was involved in a friendly fire incident where he accidentally shot another Marine. The Marine was not killed; however, during his time in Somalia there were fellow Marines killed in action. Thus, when he went to OIF he stated “I mean in Iraq I had my head wired on. Wired on tight. Then it just driven me more to like check my gear, check my Marines gear. I was a SGT at the time but I was more afraid to die then. The roadside bombs scared us all.”

P5 described how pre-combat training and training during combat helped him cope with combat stress. He described his time in OIF as fast moving, often confusing and filled with a variety of emotions from anger, to fear to elation. Coming home from each of his war time experiences were different. When he returned home from Desert Storm he came home to a hero's welcome with people lining the roads welcoming them with a victory parade. Coming home from Somalia was the opposite as if no-one knew

they left or came home. However, coming home from Iraq was different, now he had a wife and children waiting and unit support programs were in place to make homecoming better. P5 liked to party heavy and through the years alcohol was a source of self-medication; however, in recent years he moderated his use of alcohol. P5 like many Marines has hobbies to help him alleviate the effects of combat stress—some of these hobbies can be problematic. P5 enjoys riding his motorcycle which is a common adrenaline related hobby many service members do; however, this hobby increases the risk of a mishap thus it is a hobby that can have adverse effects. He commented:

I drive a motorcycle a lot.

R: How long have you had a motorcycle?

P5: Well I just got a new one. I have had them off and on for 4 or 5 years.

R: Okay, so you enjoy that.

P5: Yeah.

R: So your stress reliever is being around your family and riding your motorcycle, those kinds of things.

One sad note about P5 is that he continues to have emotional numbing, less empathy for others and no-sympathy for the enemy and the innocent killed in war.

P6's Description. P6 is a 42 year old white male, Marine Corps Sergeant Major, with 24 years of active duty service as an infantryman. He served in OIF and received one combat action ribbon; at the time of the interview he was home from combat 36 months. He is married with children.

P6 served in OIF as a "First Sergeant" as a leader of Marines who had accountability of his troops as his top priority; thus he had somewhat of a parental role to

perform in combat. Additionally, P6 was the casualty evacuation coordinator for his unit which meant he was involved with every incident that involved injury or death. P6 was intimately involved in the process of moving the injured or dead from the location of the incident to medical.

P6 described combat as:

fear of the unknown for me. It was very scary because I didn't know what the bad guys were doing. I didn't know where they would be coming from. I didn't know what pile of trash was going to blow up behind me. It was...you're not scared of too many things. Like, I'm not scared of the dark anymore. But the only reason people are scared of the dark is they can't see the dark. Just like we all are scared of the ocean because they can't see the bottom of the ocean. It's fear of the unknown. That's what hit me the most and that's why I was most comfortable when I was either on one of the post somewhere where I knew or back at the house at the base. We had our own little base off from everybody else. So I knew every inch of that place. I was way more comfortable there. The only thing that was going to hit us there was rockets. And we could hear them coming.

Of all the interviewees P6 provided the most detail regarding the range of complicated emotions from fear to anger to sadness and joy. P6's main strategy for coping with combat stress was journaling. P6 stated:

I told this to Marines...when I think the biggest thing that helped me was the fact that I kept a journal. I have as of right now I have it on my computer upstairs. 72 pages of a daily journal that let me vent the pressure.

Even after P6 returned home from war he often read his journal and reflected on what it meant to him and noted:

And it was...I go back and read some of that stuff that I wrote in there and it's kind of funny now. But when I remember some of the stuff that was happening at the time and it's...I can see how if you don't release for things like that...how it would build up and it's just like pressure in a steam pipe. When it bottles up and up it's going to explode.

P6 has an excellent support system and was in charge of the family readiness element in his unit prior to deployment, return and reunion and post-deployment. He described coming home and seeing his “lovely bride and two daughters waiting” as “beautiful, absolutely beautiful.” When asked about coping with the loss of life in combat and being exposed to combat stress P6 stated that war helped him grow up and overall it was a positive experience for him. P6 said with regard to his combat experience it was:

Tremendously positive for me. We lost 4 Marines, 4 Marines got killed. Several more got Purple Hearts and had to be evacuated but those Marines I think and I tell people when I was a Company 1st SGT in that’s the only place I’ve been a 1st SGT. I got selected for SGT Major directly after that so that was my tour of duty where I actually grew up and figured it out. Because it’s not about what I can do for myself it’s about those guys.

Additionally, like many of the Marines in this study going to war and coming home made him more self-aware. P6 stated:

It made me realize that there are more important things than me. Like I said before I really didn’t get that until then and it seemed what happened to those Marines and the incredible job they did. Thinking about the Marines that weren’t able to come home alive and thinking about their families and just being unbelievably thankful for those guys that protected me. Because they protected me too. For my two daughters...like I said I grew up and I figured it out. It’s not about me it’s taking care of the Marines.

Finally when P6 was asked what his combat experience means to him today he stated:

I grew up. My experience in that unit in combat was keeping a hold of and making sure all my guys were taken care of. Taking care of people.

R: So at the time it was a very localized—take care of your people.

P6: Yes but that experience made me realize; made me understand the fact that just because you’re in combat, okay yeah, you need to take care of your guys and

have accountability and all that stuff, but when you are back in the garrison really still need to be taken care of our Marines.

P7's Description. P7 is a 32 year old Spanish decent male, Marine Corps Gunnery Sergeant, with 14 years of active duty service as an amphibious assault vehicle crewman and provisional infantryman. He served in OEF/OIF and received one combat action ribbon; at the time of the interview he was home from combat 60 months. He is married with children.

P7 stated that he wanted “to see combat and the stresses and how it is to be over there.” However, after arriving in the combat zone he commented that war was filled with uncertainty, not knowing what was coming the next moment or day. When asked how he dealt with uncertainty he stated:

I think as a leader I kept focusing on the positive outcome. I tried not to let my personal feelings come involved what I thought was going on. We are going to do what we were asked to do. I tried to keep my personal beliefs out of it and I tried to focus on the individual people. Just realizing that these are individuals going through a combat situation. I tried to focus on the individual person not so much what we were doing every day.

P7 like most participants in the study noted that 90% of the time being in combat was boring but when the 10% came it could be very unnerving. He stated that combat “was the worst and best times of my life.” Furthermore he commented:

Actually in the beginning it was very boring. It was very boring. There was 90% of the time nothing was really going on. What I mean by not going on is we drove around looking for a fight, trying to get in with the local populous per say at that time. Waiting for a fight to come that really never came and it was unfortunate that in a lot of times we were getting hit with IEDs, shot at and I didn't even know where it was coming from or who the perpetrator was? He was making this happen.

R: That could be probably unnerving, couldn't it?

P7: It was very unnerving and I don't think that I really felt that the strain of that until I got home and I understood the differences in how on edge I was realizing what was going to go on and how our days were occupied. I didn't realize how stressed out I was when I was there watching every little thing. Eighth or ninth senses is what I like to put them, there are so many different senses what was going on. I was so preoccupied during the day mentally not physically but mentally I was more drained. I just wanted to go to sleep at night and that was being in Iraq I was just so tired from watching all the time and seeing what was going on.

Coming home from OIF was very difficult for P7 because he was wounded in action and medically evacuated back to the US; thus he arrived home before his unit did which stimulated survivor guilt. He stated "I left my Marines over there." P7's injuries were complicated with TBI. When P7 was asked the emotions he experienced he stated:

There were all types of different emotions. I felt bad because the first thing I thought was these guys probably think I'm leaving them. I had blunt abdominal trauma, and I had a little bit of shrapnel but nothing...the kid next to me just lost a leg and half his arm and everything else. The first thing was...I'm getting Medevac'd and I'm still walking around and what are my Marines going to think...I need to stay, I need to stay. Then on the other hand I could barely walk and I was throwing up all over the place due to the concussion. Would I have been right to be out there at that point? No, none. Not really. There are a lot of emotions going through my head. A lot of things I had to deal with. I definitely wasn't right in the head for a while that's for sure. I felt weak and at the same time I felt empowered because I was able to make it through an experience like that. It was very...a push and pull type...mixed emotions.

R: So what did you do to cope with those kinds of emotions? First of all in combat what did you do to cope with your emotions or experience?

P7: I spent a lot of time working out and reading. Reading, history, a lot of history. I read a lot of reading and I spent a lot of time working out. Then I would...I spent a lot of time by myself and I don't mean by withdrawing...but if I wasn't working with my Marines or doing those two things, I just wanted to be left alone. Wanted to be left alone. I spent a lot of time by myself.

One of the consistent themes that emerged explicitly or implicitly in this study was the sense of becoming or being very self-aware. P7 commented with regard to self-awareness that:

I decided years ago that I wasn't going to let that situation be the end of my life. I didn't realize until today, I mean not till today, but in the last year or so that emotionally some of those situations that happened over there...one in particular wasn't going to change me forever. What I mean by that is you know that one day and I got pulled out of there...I mean one minute I was in a combat situation, five hours later I was in another country. It happened real fast. I didn't realize that years down the road I would still be fighting the same emotions that I fought 5 years ago. I thought that there was guys over there that were like you know "he got sent home, he couldn't hack it" there's guys that like no dude you got sent home because of this and you play in your mind over and over again even until today like "what am I a good enough leader?" "Am I, did I make the right decision, should I have fought harder to stay?" All these things continuously go through my mind and even until today I decided back then...it took 5,6, or 7 months...at the time I was going through...I did a little bit of therapy and I was also going through the brain injury clinic in San Diego at that time. I decided at a point that I wasn't going to let what anybody had to say or the situation bother me. I was going to do everything I could as far as work is concerned, success is the best revenge, despite...I'm going to do everything I can to focus my time on work and effort and everything else towards that just to become a better Marine. I don't care what else is going on. I know who I am as a person. I'm going to focus on it and that's what I did for the last 5 years.

P7 like most Marines in this study discovered that social support is one of the key factors for coping with combat stress. He stated his family was:

There with me, right along my side. I have a wife that is resilient I guess that's the word for that. She...I guess I could be crazy at times...I guess is the word...not physically just emotionally not there. She is definitely by my side all the time as far as that's concerned.

Finally, when P7 was asked what his combat experience meant to him today he stated:

It was the worst and best times of my life.

R: So the best...what made it best?

P7: The best times of my life. It made me realize...it broke things down to importance in my life. What's important, what's not important? What's important about Marines? What is the jargon and these slogans as Marines we say that we try to motivate ourselves? That I personally think a lot of it is bullshit. Sorry for my language. Is bullshit that "okay this is all good, but that was years of slogans that there was no combat." Let's put slogans with real Marines, real combat. It's changed me as a leader, as a person. Prioritizing things not trying to be so fake about fake leader about things and understanding people more emotionally as a person as a leader. It try to talk to my Marines and listen to them more than just "go field day go do that." I want to hear what you have to say.

R: So your appreciation and understanding of other people is more important now?

P7: I appreciate and understand other people and understanding Marines and being able to talk to them. I think before combat it was like I was a number...the word body...I would say it continuously. "I need more bodies." Now I say when I talk to Marines like I need to speak to the Marines the individual person. I think that has been one of the biggest things is to understand people more and listen to what they have to say. Understanding that Marines nowadays...they run off emotions and personality and things like that. They are going to do what you tell them to but what if you can actually talk to them and understand them more. They're not just another body.

P12's Description. P12 is a 29 year old white male, Marine Corps Captain, with 6 years of active duty service as an infantry officer. He served in OEF/OIF and received one combat action ribbon; at the time of the interview he was home from combat 30 months. He is married with two children.

P12 began his description of going to war by noting that he graduated from The Basic School as an infantry officer then a month and half later he was working up for his first combat deployment to Iraq. His first tour in Iraq did not consist of much action and he noted "For the most part, Iraq was the normal stresses of being on deployment. Not much combat stress." However, his experience in Afghanistan was filled with combat stress, drama and trauma.

He described his experience in OEF as starting off slow, boring, with the threat of IED's being the most prevalent stressor—then came July 4, 2010 when a bomb exploded in a local Afghan bizarre. He commented:

They had a bicycle where they put one...they had one which was a like they took a giant coffee mug that they just hacked it with and when I say 5 there were 5 incidences some with like multiple IED's. So they literally set off these IED's until July 4. Then the one on July 4 went off and that was the end of them. We successfully identified who it was basically kicked them out of town.

R: July 4th...do you think that was an intentional date?

P12: Oh yeah! They knew exactly what they were doing. They had all kinds of contacts inside of the Afghans and they knew what we were doing. They weren't attacking us they were settling a dispute. The new hospital was opened right before we got there and the people in the old hospital were a different tribe. All the IED's were around this hospital to try to get people to go away. The 5th one happened so you literally...you literally have air time as happening you know 20 bodies were flung on to us for help. The people would stop going to that hospital. Now that one went off and we went...they waited out for us...this hospital we think is doing this. We went and visited that hospital and made it very clear that "hey, your suspect" and another IED and we are coming back for you. They went away and nothing...no IED's inside of the bizarre for the remainder of our time there.

R: With that experience in mind...what kind of emotions did you experience during that period of time?

P12: Disgust! Every time it was normally disgust. They would...we were bringing in women and children, and men and it was indiscriminant. They did not care. At the same time their ANP's and ANA's getting killed. Blown up as well and you know it was...the BAS was there and Doc [NAME] was the Doc there and he was really good.

R: Was it a Corpsman?

P12: Yes he was LT...Navy LT. He was like a 16 year prior Navy Seals or something. A corpsman that worked with them also. He would do amazing work. They had a great ????. Dealing with all these mass casualties coming in kind of..."what's going on here" like humanity exists...civilization is just a thought. It really didn't, there they did not care.

R: Understand and one you are very articulate. I understand the story you are telling here very well. I like your word describing absurdity in Iraq and disgust in Afghanistan. Those are...

P12: Gut wrenching. I had one day this stupid guy got a picture of it and sent it around ???by the time my wife got it she still has it hanging on the wall but she loves it. There's a kid that got a puncture wound and kept trying to go to sleep. You know the Doc told me don't let him go to sleep. So I sat there for about 45 minutes and say to this kid and just shook him awake every time he tried to go to sleep. You know literally just disgust in your gut...like want to throw up it's so disgusting to me that you would do something to this poor helpless 6 year old child.

R: But you were doing something to care for the child.

P12: Yeah, I was! I was keeping him awake but you know the whole time I'm sitting there not doing anything but shaking him every couple of minutes. So I'm thinking through all this while it's going on.

R: I used to think the question like "why?"

P: Yeah, why?

R: Afghanistan, dramatically and traumatically, a different type of experience, now you are coming home and how was your homecoming then?

P12: Yeah, well if I was talk to homecoming I got to tell you there's Aug. 7 was the worst day and I was directly in combat. There is a guy 6 feet away from me that's trying to kill us.

P12 was very emotive when he spoke. His experiences in Afghanistan challenged his worldview in that how could humanity do to itself what he saw was senseless killing of Afghans by their own people. Then came the worst day of his life Aug 7, 2010. P12 commented after I asked:

Afghanistan, dramatically and traumatically, was a different type of experience for you, now you are coming home and how was your homecoming then?

P12: Yeah, well if I was talk to homecoming I got to tell you there's Aug. 7 was the worst day and I was directly in combat. There is a guy 6 feet away from me that's trying to kill us.

R: You are in Afghanistan?

P12: Yeah, in Afghanistan. That day was terrible. That's the day that stuck with me when I came home and after that.

R: How long after Aug 7 did you redeploy?

P12: After Aug. 7, 2010 I came back Oct. 2.

R: Okay so did you have more Troops in Contact...contacts between Aug. 7 and ...

P12: I had an IED blast...couple IED blasts. Maybe another A&P vehicle got blown up and that's really it.

R: Sounds like Afghanistan...the intensity from RIP to Redeployment is...

P12: Yes, it was nonstop. It was crazy. Yeah, that's...coming home was very hard for me. That one incidence on Aug. 7 changed the way that I saw the world.

R: Enemy combatant?

P12: Enemy combatant was an (A& P ANP) insider for the Taliban. Grabbed an RPG and tried to shoot down an Osprey on our base. Ended up holed up inside of a building. The way in which everybody conducted themselves is really what got to me. I saw people that I thought were heroes be cowards. People that I thought were cowards truly become hero's and you know I'd watched a Marine die in my hands and that was very, very traumatic because not because as much him dying because that happens but understanding the reasoning behind why it happened. Understanding the actions of some people that caused it. The very, very chaotic day that I processed for a couple years after that.

Thus coming home from Afghanistan was very difficult for P12 and if it were not for his social support his moral injuries that began on July 4, 2010 would have been compounded. He commented:

Yeah, first deployment was just getting back into the routine. Realizing that I can be at rest. I don't need to worry about waking up at 3 in the morning when the Afghans decided to fire a 50 caliber. Just stupid stuff like that. But coming back from Afghanistan was trying to wrap my mind around exactly how to exist in a

world where everything I believed in before religiously, philosophically, morally society wise was now destroyed. So that was a lot more difficult.

During the interview with P12 he was very self-aware when asked:

R: Was your combat experience meaningful in the way that...

P12: I learned more in...it's terrible because you can't change your past but I learned more about entire existents of the world and in the way that humans work.

R: That really captures important point about why I'm doing this research because we need to know that kind of phenomenon happens. That you have been...you've learned something about something no else will learn.

P12: It's so easy to sit back here and having never known...having never been tested to talk about religiously...God saves and God will do great things...you can theorize for this religion or philosophy, you can theorize to the inth degree about whatever you want because we are in a completely stress free environment here in America where nobody actually dies or suffers the way that they do in the rest of the world. Then put into those moments now your entire view point has changed.

R: We will come back to that. One point about meaning and meaningful...you are a Marine an O3O2, you have been tested...what does that mean to you that you have been tested and you have come through this, you are here now? What does that mean to you? Is it a sense of patriotism? Disappointment?

P12: Honestly, I wish I would have never gone through it. That's I don't know what other people think but I don't...there is a sense of pride in having gone to the worst places in the world and do the worst job in the world and to have some of the worst experiences in the world locked in your mind so that other people don't have to. But I don't know...what all my brothers here fight for but I fight for peace. I've got a picture on my wall with NY and early Sept 2001 where the World Trade Center Towers standing. That's what I want back is peace. So the way I see it is it's unfortunately something I had to experience as a duty to my country.

P12 was one of the most philosophical of the interviewees. He was not ambivalent but I could sense he was torn. His main strategy for coping was thinking about the morality of his experience and reconciling it with what he believed before going to war,

what he experienced in combat and what effect it is having on him now. It is obvious his spouse performs a critical role in helping him cope. He commented

P12: Yes, I have changed. Still continuing to adapt. I think I described it throughout pretty well but the last part changing. I'm still changing. I'm trying to make peace with religion and with God and get back to that. I go every week with my wife to church and I can't go inside. I can't do it. I can't listen to preachers preach yet.

Finally when asked what his combat experience means to him today P12 stated:

I don't really understand what does it mean to me per say.

R: Was your combat experience meaningful in the way that...

P12: I learned more in...it's terrible because you can't change your past but I learned more about entire existents of the world and in the way that humans work. In those very few short moments when focusing on those moments and thinking about them than I have I would the rest of my life.

R: That really captures important point about why I'm doing this research because we need to know that kind of phenomenon happens. That you have been...you've learned something about something no else will learn.

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World Trade Center Towers standing. That's what I want back is peace. So the way I see it is it's unfortunately something I had to experience as a duty to my country.

R: You are saying two things to me which I'm hearing which is very real. One you wish that you hadn't really experienced it in a way that you did yet you fight for peace.

P12: I wish it wasn't necessary. But since it was necessary I'm proud to have done it.

P16's Description. P16 is a 23 year old white male, Marine Corps Corporal, with 4 years of active duty service as an infantryman. He served in OEF and received one combat action ribbon; at the time of the interview he was home from combat 15 months. He is married.

P16 is the youngest of the interviews and one of the youngest participants in the study. When asked what combat was like he stated:

Well when it happens you don't really...it doesn't really go through your head like oh my God this is combat. You just kind of...it just kind of happens and you do it. You got people you have been working with for years and some of your best friends' right next to you. You just do what you already know what you are supposed to do.

R: So your training becomes very important to you.

P16: It just becomes second nature.

R: Second nature, yeah! So you just know what to do because you've trained for that. I guess the old adage train like you fight and fight like you train. Was that pretty much your experience with that experience?

P16: I mean you know there were some things that just like if it got really hectic it wasn't just a smooth ride. Like we always knew what to do but in the end it always turned out like how we trained.

P16 described combat as going from relaxed to hectic. When asked how he coped with combat stress he commented:

I guess over there a lot of guys...I know a lot like myself...know a lot of my friends what we coped with when we were over there is just a lot jokes. A lot of sarcasm. Just to give us something to laugh about. Even if it wasn't something that could or should be even really be laughed at. It was our way of coping with it. A lot of that really...I guess that's just my nature like me and my friends....people I hang out with and I get along with I'm not really an extremely serious guy.

P16 described coming home as a "good time." Family and friends came to see him. His unit received a big welcome at the base. He noted that the first couple of months after coming home involved getting used to the routine then he started having some problems such as intrusive dreams. P16 stated:

I probably give most of the credit to my wife. I know there would be a lot of nights for a while I would have pretty bad night terrors. She would be the one to wake me up or calm me down until I woke up.

R: She was very open and willing to help you?

P16: Oh yeah. My brother in law her brother, was a grunt also. So she kind of knew what to expect to a certain extent. He was over at Camp Pendleton.

R: Had he already deployed before?

P16: He did a MEU. Then he got out about 3 or 4 years ago.

R: So your wife was really supportive of you? She really helped you a lot?

P16: She still is.

When asked how he coped with his combat experience at the time of the interview he stated:

I just...I like to keep my mind busy really. I can't sit still for too long. On weekends and stuff if I don't have anything planned I still get out and try to do something.

R: Do you have hobbies?

P16: Yeah, I like to fish. Big into hunting so I put a lot of my passion into that... a lot of time and a lot of effort into which in turn keeps me busy. My wife does it also so she knows equipment. She actually just got into hunting. I just got her boat this year and her being support of me and then supporting the fact that I love to hunt... is great but when she does it with me it also gives us time to spend together and do the things we love.

Like others in this study P16 seemed to be very reflective in his comments, authentic and self-aware, for example when asked has combat changed you he stated:

I don't know if it was combat itself like the firefights or maybe an individual experience or what it was but I feel like it has mostly in good ways. I've noticed some bad things in temper control. Some things have changed and not for the better but like I said my wife she helps me out whatever I need. On a good note though learning to respect what you have and I don't know I get a lot of decision making skills just little stuff that didn't seem real important. I guess it made me realize how big of a deal some stuff was then I bring it back here and use it in everyday life.

Finally, when P16 was asked what his combat experience meant to him today he stated:

I'm really proud of the fact that of everything that I've done... it seems like a lot guys now especially like junior enlisted Marines or something... they... I feel like they are but they don't talk like they are and they don't admit that they are proud of what they did or what they are. I love it. My dad was a Marine so that's actually one of the deciding factors for me straight out of high school. I'm really proud of him.

R: So I imagine your dad couldn't be more proud can he?

P16: Oh yeah! He loves it.

R: I bet that was emotional for him coming to see you for the first time coming back. That's an awesome story. Just on a side note... I understand people don't go around bragging and talking about their experiences but you sense that your fellow Marines, your rank and your experience are proud that they served as combat Marines?

P16: Definitely!

R: But from your experience you don't go around talking a lot about it.

P16: Yeah!

P78's Description. P78 is a 36 year old Spanish decent male, Marine Corps Master Sergeant, with 17 years of active duty service as an infantryman. He served in OEF/OIF and received one combat action ribbon; at the time of the interview he was home from combat for 24 months. He is married with children.

P78 is the essence of a fit warrior: physically, mentally, morally, emotionally, relationally, and spiritually; thus his answers to the interview questions were rich with resilient warrior texture and structure. When asked what was combat like he responded:

Well it was actually just once something starts happening. Meaning like its quiet one moment and even then there is heightened sense when you just know where you're at. You know this is real. But that even gets turned up as soon as all hell breaks loose. Like say you are patrolling and then suddenly you hear shots and you realize hey they're after you. Everything does get heightened. Even the individual next to you there is something about experiencing what he's saying to you. The interaction with him where you are noticing more features about them. Even from the smell on their breath to the inflection in their voice to sweat trickling down his face. It's just a more heightened sense of what's going on. It's actually involuntary. It's not like something you're trying to do. It just kind of happens. So as soon as your heart's pumping and everything and something like that just starts to kick in. I found that really interesting.

R: Were you conscious of this hyper sensory perception?

P78: At first I didn't know what it was. Soon as it starts happening you're immediately you start to communicate what needs to happen next. So you look in their face and you notice something different where you are seeing...it's almost like a different person. You know it's him but he's just more 3D. You see him more ??? I mean down to the pores on the tip of his nose. You just see more about this person.

R: Everything is intensified.

P78: It's really intense. This sensory overload that you start to experience. At first you are not sure what it is. But in that moment you don't care because you are trying to focus on really what it is saying. What needs to happen whether it's security at a certain point or concentrating some crew served weapons on

wherever the fire is coming from. Something like that. I found that interesting and it wasn't until the end of the day that you start to think "wow, what was that."

R: You experienced that multiple times?

P78: Yeah!

R: Did you anticipate it or it was just automatic each and every time after that?

P78: Each time it just kind of as soon as something happens. It doesn't happen until really or you don't notice it until you're close to someone. If you are patrolling you are keeping your dispersion everything but as soon as you say let's say someone gets hit. You run over to them. That's when you realize its happening. Around you, you know, if you're in a patrol and you have your dispersion then something .

R: So you had casualties with your Marines?

P78: Yeah, yeah! So I mean that's another thing when we kind of walk up or run up and you see. I mean from whether it's colors, a look on their face, their voice. You definitely, it's not that you are hearing something different it's you're hearing it differently.

R: So you had wounded in action? Any KIAs?

P78: We did. Had some KIAs. I mean that's something that I think about pretty much every day. I think that is one of the things that actually do help to remember them does help day to day because you're here their not. It's one of those things you are kind of reminded, "don't waste what you got on your hands right now. For whatever reason don't waste it."

Even though P78 has a diverse expression of emotionality that was directly influenced by his combat experience. He shared that earlier in life and as a young Marine he only wanted to communicate toughness but after experiencing the drama and trauma of combat and coming home to a love of family he was able to express a range of authentic emotions. In combat the range of emotions can quickly go from feelings of boredom to anger to sheer sadness. P78 stated

So then you catch yourself. It's one of those snap you got to snap yourself out of it now. When you actually start getting shot at you initially, you're absolutely angry about it. It's almost a...I guess maybe the first time or second time that it happens. That goes away because you know we're here doing what we do. They're out there doing what they do. You do learn to kind of just detach yourself emotionally from that because hey you are walking out of the wire. They are going to shoot. Don't get angry about it. Do what it is we do about it. Which is you know through the use of combined arms. Shoot, move, communicate and get them before they get us. So you do you get absolutely angry at first. Almost to the point where...and it really is a senseless thing to do because when we're angry it almost like you feel like the high school kid where you even want to throw your rifle down, roll your sleeves up and go scuffle. When they don't want to do that they just want to shoot you. They'll be happy to do so. So you know you almost get this really wreckless feeling inside you where you'd rather subconsciously I guess, just throw down and go fight or just run off to them. Tactically that would obviously be a disaster.

R: Yeah, I understand what you are saying there. I mean that's just understandable. The range of emotions: sad, joy, grief, all kinds of...did you have a range of emotions? Or did this pretty much compartmentalize into few?

P78: Well, I mean there is definitely a range of them. I'd say for one the anger kind of does kind of dissipate. I mean even when someone gets hurt or shot I personally wasn't angry about it. I was absolutely sad about it. Anger only would come from if there was something in that moment we felt we could have done to prevent it or to do better with saving that individual or if we could have done something faster. But there's ways to deal with that with if it's a procedural thing or not but you definitely...I mean it obviously breaks your heart to see. Heck it breaks my heart to see them trip and fall. You know let alone a limb blown off or something like that. It's pretty deep sadness. I mean when the lows I mean they're really low because you just feel as though you are almost helpless. Where you feel like hey this is it. That may very well be me tomorrow or in a couple hours or whatever so there's like a despair of hopelessness that starts to kind of weave it's way in to your mindset.

P78 experienced several traumatic events that changed him. He is a great example of post-traumatic growth. When asked did combat change you he stated:

I'd say it absolutely has. I think it's whenever you're in a situation where death is imminent. You see it in front of you and you're not in a situation where I mean because it's the thing you're not going to escape the situation. You are there for a job. Just understanding all of that it changes your spirit. Throughout the course of that time it changes your spirit. Changes who you are. Like I said I mean I'd like

to think that before all this...you know before all that I mean I was appreciative of my life, my family. I can say with certainty that I believe after coming back from that I appreciate my family and everything around me way more than I did before. Which is sometimes I think "man it sounds awful of me because that means I appreciated them less." Like almost because I can't imagine now. I'm not really appreciating them. What you got on your hands. So it definitely I think it changes you. Another one of the things is just I've seen children die. That I tell you what seeing a child shot and killed I'd say it's probably if I had to put numbers on it...it's probably one of the top 3 events that are just if I have to categorize the most traumatizing that was because you know it was an Afghan child but it's a child.

When asked how he coped with his stress during combat he stated:

I mean coping with I know one of those you kind of look yourself in a mirror and realize "alright you've got a job and the reason you're there for and you know you go in your mind. You kind of mill about on the you know your job description basically what you are there for." Also, why those requirements are there is because they sent you and they need you. Basically they need you to do this. Sure, can someone else do it? Sure! But you're there and that's what you're there for. You focus on your job. Another part of it on some level. I think back and remember it's not every single day, not every single time but at one point or another you do decide. "I'm not leaving." It's kind of strange where you are kind of okay with that you know.

R: You come to a terms of acceptance? That you are there. You got a job to do and you are going to do it.

P78: Right! I mean when I say you know like not leaving as in at one point or another you think "man I'm not leaving alive"

R: Oh, got you! Okay.

P78: That's more particularly like on a really rough day. If you are in the middle of a rough day or if a rough day started.

R: How do you manage those feelings?

P78: You do go back to your job. You go back them needing you for whether it's any logistical needs, tactical needs especially. If there's just a level of expertise that you have that let's say me as a company operations chief you got big picture stuff on your mind. So you see a lot more than let's say a SSGT not that their because I mean I'll tell you what they're some incredible men in the thick of it too. But either way if there's something that you can add to add value to what it is

their doing and vice versa. You definitely focus on that. Probably a cliché thing but I'll tell you what I think about my wife and kids. Every day not every minute of every day because I've got a beautiful daughter, beautiful son and my wife's awesome. When I think about them especially in a place like that I am in la la land.

P78 is a family man; he passionately loves his wife and his children which was revealed in how he described his last homecoming. Additionally, continues to grow in his religious faith which is a family affair. When asked what coming home was like he stated:

Well coming home all the way up to the point where we're even landing; being greeted by the people at the airport I was kind of in disbelief. I mean even up to that point when you are leaving the country there's the transit control point where you are not even armed and everything is kind...

R: That's a weird feeling isn't it?

P78: That is very strange and even leaving there I still wasn't used to it. You are there for a couple days. I think 2 or 3 days. You are still in disbelief. At least I was and you're not even allowed to firearms. Your weapon is locked up under watch and everything. So you don't AMMO. You're not carrying your rifle and I was still...you are still kind of turned on. So which was very strange. I'm sure being in that environment did help to kind of tone it down some but when you leave you are still thinking. So all the way through there is anxiety. You want to hurry up and get there. You go back to the point where let's say you are on a plane, you are either sleeping, watching a movie, reading and you're okay with it taking a while. You are perfectly okay with a long plane ride or a layover or delay or you're sitting on the runway still. So you get through that and the anxiety kinds of peaks on the bus ride in...where coming into Lejeune. By then I've got because I have my phone I think my wife...they're incredible by the way because she had already turned it on back on like while we're traveling. Because when you leave they cut it off. Come back she cuts it back on. She handles all that stuff. Just like everything else at home. So I'm already calling her or texting her actually because I don't want to talk while there is bus full of people. They're doing the same thing too! It hilarious. Heart beating, fingers shaking because I know this is my wife communicating with me closer than we ever have in the past through the course of the deployment. You are just anxious, scared, and in the moment I wasn't sure what it was because just like with the sensory overload you experience when there's something crazy going on. When I'm experiencing this nervousness, this anxiety and kind of some fear. I didn't even know. Man what's going on. What's

wrong with me? I'm not supposed to do this. I'm not supposed to feel like this. It happens. I've known my wife since I was 13 years old. There's not a reason to be nervous. But I was. So once we get off the bus and everything and we are putting our weapons away in the armory that takes a while. That's another point where you really do have to kind of detach from the fact that my wife is maybe a couple hundred yards away. But we have a site count to get up and we got to get the weapons and everything. We have to get count. No one is going anywhere if the counts not up. So it's like you know, definitely an incentive to get it together. Once we are done with that and it took a little while. You are looking at maybe 45 minutes to an hour. Which actually wasn't bad because I mean you've got so many people. We had a little system we even had rehearsals to get it right.

R: I'm not laughing at you. I just love it. No one wants to screw that up.

P78: Once you're in I mean you're going in and your serial number and by serial number. It's pretty good. Then we are walking back over to where little holding area. You've got the FRO trying his hardest to keep everybody all the ladies engaged and entertained. There was kids out there and it's early in the morning and it is cold. I remember going from there I think I was just pretty overwhelmed just excited. Adrenalin I mean even listening to myself breathe. Huff and puff and walking over there. I even had a blue light because it was dark so I called her and she's like how am I going to know it's you. I was like I turned on my light...blue light...I'm going to be flashing it. As soon as I...walking through the quad to the barracks. I told her "hey I'm going to have blue light. I'll have it up." So as soon as she sees the blue light I'm having them...having her on speaker. I was like "alright you see the blue light?" I hear her shriek and I mean I hear it in the distance too. That brought tears to my eyes. That when I heard her. She's got this really loud shriek. I'll tell you what she probably could shatter glass. Of course that garnered a response from everybody because they were all like either covering their ears or they're laughing hysterically. She was definitely the loudest one. But that brought tears to my eyes. Then I can see her running. It's dark and then I see my kids running right next to her. Years ago I probably would have tried to fight back tears but I don't even bother anymore. At this point we'd been married 14 years or I mean 13. We just celebrated 15 years marriage. But either way that was a...you almost feel like the ??? weakness when you're PTing. I really felt that weakness throughout my body as soon as I just grabbed my kids and hugged them. So that was really something and I remember it like it was 5 minutes ago.

R: Its relief isn't it?

P78: It is. It's real.

When discussing how P78 coped with his combat stress experience he turned to extreme exercise, his family, and faith; however, there is one other means he focuses on to cope with his war time experience—he honored those who died in combat by being a better person. P78 stated:

Well I think definitely having been at a point where you always think back on more than one occasion you've decided that you're not coming back alive. Coming back for one you just appreciate life. The second and it's really the first but the first is I've always believed in God. Just like many people you know you kind of get distracted by a lot of things. Whether it's a career. The first few years of marriage you got spats with the spouse stuff like that. Getting to know each other and everything. But I think you kind of look in that direction for answers regarding for one while you're still here. On that one I mean anything that comes to you in the way of whether you are meditating or praying or you just learn not to question that because there have been times where we are in a fire fight and an individual that was next to you one moment; he's not next to you or a kid that I've taken into a rough situation and I say a kid, he's a Marine, I mean I say that endearingly because they are young and you love them. In my mind I say take this kid in a rough situation and we come out of that fine but then on another event or another occasion when you are not around. The one I'm thinking about in particular he's...an IED got his legs. So you just kind of have this guilt worrier. To figure that out more now than ever before definitely got a closer a relation with God and it's...because there is no one on earth that can really provide me with the answer or the feeling that "hey this is the way it is and I've got a plan for you." I think that has helped me too to look towards to being a better father to my family. Look at them and appreciate more.

R: You mentioned earlier about honoring those Marines that you were committed to that were wounded or killed. You equated that about impacting how you live daily and how you work now.

P78: Yeah, there's a...

R: You say you think about it daily.

P78: Every day. Every day several times a day.

R: What is it that you think about?

P78: Well there are several examples for one of them but one in particular that I'm thinking of right now is a SSGT. He got killed by an IED. He was an

incredible man to begin with. Great Marine. His entire platoon pretty much practically worshiped him. He had a beautiful family. I met him the first day that he came to the unit. We were friends. It was like I'm pretty senior to the guy but talked to him often, got to know what kind of man he is and he is a family guy. He had children. His wife was absolutely beside herself and inconsolable. Understandingly so when he was killed. Just knowing the type of man he was, the type of husband he was, type of father he was and he didn't make it back. I think to be anything else or to not try and even to like understand and look at your own flaws or not look at your own flaws and try to be better. It's so wasteful knowing that this guy was an incredible father and he risked his life and he lost it.

R: So do you have a sense of indebtedness to him in honoring him daily by your life?

P78: Yeah! I think that's probably a better an explanation than I can give about it. You owe it to these guys to just live well. As well as you can and take care of your family and cherish them because somebody could be crying over my grave tomorrow. You just don't know.

R: What are some other strategies that you employed to cope?

P78: I tell you what one of the things that as most people know me, I'm a bit of a fitness fanatic.

R: I was wondering when that was going to come out.

P78: I'll tell you what when I'm either planning a training session or reading about training or doing it or even cooling down from one. I feel like I'm in heaven. Likes it's what I really like to do. I like studying it; from actual movements to reading about human kinetics.

R: So some of this is a little bit of an art to you and a science.

P78: It is. Once you can actually understand some of the science behind it you can actually you know even someone who's trying to push better numbers and I give it lift. Like a dead for example. When you understand the science and what's that play with the movements of your body. You can actually employ the movement better. You can actually push the number that you want. If your goal ultimately is to dead lift a certain weight. If you understand how to do it and how to align your body and what's going on in tension and all that stuff. Once I realized like wow all I got to do is figure out what's going on in my body and why. Kind of train the neurological response. You can get pretty strong.

R: That's one of the things I really admire about you. Actually it's you're a role model. What does PT do for you? I know it gets you in shape. You look great. Military bearing and all those kinds of things. It's a product kind of thing. But what does it do for you in coping?

P78: Well I think when you intensely focus on something it kind of puts you...it doesn't necessarily detaches you from it...it just gives you a kind of like it's therapeutic. Kind of centers you. It absolutely teaches you humility and I think the humility is key in understanding that I don't have all the answers to why certain things happen. I mean I think that's where a lot of people that don't cope well or have a lot of issues coping. Not that I've never had issues coping because you know we have struggles. In trying to figure out something for yourself or thinking that we're or that we have answers or that we are even meant to have all the answers. I think that's it's kind of one of those things that it's just like banging your head against the wall. You are not going to have all the answers.

Finally, when P78 was asked what his combat experience meant to him today he stated:

I'll tell you what I think I'm sure you have probably heard this a lot is I don't...when I have a rough day I don't call it a bad day. Talked to my wife several times about this. If I have a bad day and we kind of crack a joke and we smile at each other and I tell her like "well it was less than fantastic or it was less than phenomenal." Something with its giving me a lot perspective that you are going to have things not go your way a certain day but it's not like you're in a middle of a fire fight or somebody's got hurt and you were denied air support for safety issues or something like that. You definitely hear whatever it is you're going through you can power through your day. You can figure something out and it's not that bad. So as far as you definitely handle stress in a different way.

R: So what does it mean to be a combat veteran?

P78: I feel some pride there that I've experienced it. What a lot of my brothers have talked about and growing up in the Marine Corps it's what you train for. Then knowing what that's like and knowing that the training that we do the purpose that we serve just brings it full circle and really illustrates like "hey you do you get up and you shave your mug every morning and put on that uniform for a reason." It just brings it back around to you that it's real and then there's a level of understanding that you have with others that have been in the same situation that you can relate.

P80's Description. P80 is a 40 year old white male, Marine Corps Lieutenant Colonel, with 22 years of active duty service as an infantry officer primarily in Light Armored Reconnaissance (LAR). He served in OEF/OIF and received one combat action ribbon—additionally, P80 was wounded in action and wears the Purple Heart and the Bronze Star; at the time of the interview he was home from combat for 21 months. He has been divorced but recently remarried with his first child.

When asked what was combat like he responded like most participants with “there are periods of significant intensity followed by and preceded and followed by long periods of not a lot of activity.” When asked about the emotions experienced in combat he stated:

So everything from elation. You know happy to be there, happy to serve, happy to have the opportunity to be a part of those operations and what we were doing, to sadness at the loss of some of my Marines. Obviously fear is experienced at different levels at different periods of time whether you are engaged or not engaged in combat actual fighting at the time.

When asked about coping with combat stress P80 clearly stated:

I think I went into it knowing that I had to just accept that stress was going to be there. I was physically fit. I did my best to continue to try and workout while I was there at varying levels of intensity. Just too sort of keep a healthy frame of mind. I set a routine as best I could. I had sort of routine nothing that was that regimented. Every Sunday I tried to go to service. Certainly my faith is something that I drew strength from throughout all of the deployments. I specifically can remember going into the invasion...that was the first time I was gone in to actual combat. Not the first time in danger. But the first time actually knowing I'm going across this line and somebody's trying to kill me. I remember I was really busy. That's one thing that you do that takes care of the stresses. You are just busy and you don't have a lot time to worry about things. I remember being just a little bit nervous. Realizing that I'm a leader and people are looking at me and they are going to gauge their actions based off of what I do. Our chaplain, the battalion chaplain, held a small service that I went to. They offered the opportunity even if it wasn't your faith to be anointed and I thought “yeah you know, I grew up Baptist, I've gone to Presbyterian churches as well. Not something that I'd never

seen before but you know” I remember the chaplain anointing me and I remember just his words asking God to keep me strong and to give me a clear thought of mind and clear presence of mind. I was okay. I walked away from that feeling a little more calm, a little more sure of myself. I remember sitting outside in Nasareah several days later with a big lump in my throat as I was getting ready to go through the city and thinking to myself “oh my gosh, please don’t let me screw this up. Don’t let me be the vehicle that blocks everybody in the middle of the road and gets a bunch of people killed or something.” Funny as it is after I sort of had that thought I realized that I need to go to the bathroom because I hadn’t been in a couple of days. I did that. I got back on the vehicle and I was fine. I rolled through and the rest of that time really I wasn’t worried at all. I wasn’t even really scared. Fear is there.

P80’s homecomings varied due to challenging family circumstances; he commented that he knew he came home to a nation that supported the military but P80 had dramatic and traumatic family experiences that influenced his post combat coping. For example before his last deployment to Afghanistan his wife of several years asked for a divorce. Then during the deployment he came home on emergency leave to help care for his father during surgery only to have his mother die in his arms leaving him to care for his father after surgery—this was complicated grief. Then he had to go back to war.

P80 commented about coming home:

I think in general every time I’ve come home I’ve come home to a nation of people that absolutely support the military. That’s one thing that has been really good. Even in theater the support of the American people sending packages and letters and cookies and socks and baby wipes. It’s just been overwhelming. Coming home to that and everybody’s thanks. You know it’s really felt. I came home each time for the most part, I came home and went and saw my family. I had all the support and love of my family and an understanding from them that they couldn’t understand what I had experienced but that they loved me and they supported me and they were glad that I was home. I just forgot what I was going to say something about.

With regard to coming home after his wife left him he commented that:

Well it was tough. I came home and my wife had left me so she wasn't there to pick me up. I had no place to live here. All my things were in storage. I had to have friends bring my car to me.

R: Did you have to arrange all that yourself before you got back?

P80: I did. I arranged that. My dad was a little upset because had he known that my wife was not going to be there he would have driven up. Because he really feels bad that I came home and I didn't have anyone there. But I needed that. I didn't want anybody else to be there if she wasn't going to be there. Then I wanted the time to sort of sort through those things. I had to check in to my new unit and get ready to check out. I went on leave and I went and saw my family just like I had done previously and my family was there and very supportive of everything.

When asked about how he coped with the range of dramatic and traumatic

stressors P80 stated:

Well yes it did. For my understanding and coming to terms with...especially in theater just sort of maintaining my bereavement was my faith. That's what we do. We live, we die. We go on to be with God, with Christ. It was what it was supposed to be. My faith was very important in that. My faith was something that I wrestled with my wife. What do I do, you know? My parents were married for 50 + years before my mom passed away. In all senses they still are. I mean my dad loved my mom like you just don't...their kind of love; their commitment to one another is uncommon. So I never grew up with an example of divorce is okay. So I have sort of wrestled with you know what does this mean? Am I now a bad person because I can't continue a life like this where we are just separated. I had to work through my faith. I had to talk about this with my family.

However, P80 recognized that the accumulation of stress was still straining his relationships and work when he commented:

Well, you know I think one thing that is important to realize here is that when I came home it was overwhelming. My faith couldn't hold me up. My family couldn't hold me up. My social support got where it couldn't hold me up. I was at a dead stop. I could not...very simple things I could not manage to make a decision.

R: This is the last deployment?

P80: Yeah, when I came home July 2011.

R: Okay.

P80: I could not make simple decisions. I realized I needed some help. I needed to talk to somebody. I went to the mental health unit here at Quantico. I had a bad experience there. At first I told some ladies that I needed some help and they said “ah, the doctors gone. Go on leave and have a good time and we’ll see you in a couple weeks.” So I complained about that and filed a complaint. But eventually got into see one of the therapists there and she was awesome. I just needed to talk. I didn’t really need any help. I just needed to sort of get everything off my chest.

R: So like venting and expressing yourself has been a good way to cope with your experience? At least your latest experience.

P80: It was! I think I had somebody who wasn’t invested in anyway. Who could say, “yeah that’s okay. It’s okay for you to be upset or its okay for you to be selfish here or there or whatever.” So I had somebody that could help me sort through all perfectly normal feelings. That was enough to let me catch my breath, get my feet back underneath me and start taking some small steps.

R: So are you taking big steps now? Normal steps I mean.

P80: Yeah, I mean...

R: Back in stride?

P80: I’m back in stride. Life has never been better. I think I’m a better person for having had that experience. In theater I always encouraged my Marines when I was CO CDR to seek help if they needed it. To go to the Chaplain, to go to mental health. I lost 8 guys. I had 26 wounded including myself. Those were some very tough and dark days. I mean one kid in particular for whatever reason, I mean, all 8 of those guys meant the world to me but one kid just like constantly haunts me,[NAME]. Who was a devout Christian. I had just seen him coming from the Chapel before he went on patrol. You know an hour later literally, I am picking up his brains off the road and I’m holding them in my hand. I just broke down. But I always encouraged the Marines because the things that we see and experience are so traumatic. I had one go and then I had like 2 then I had number 3, 4, 5, 6 go and then a few more. So my 1st SGT and I had a discussion and he was like “guy, are we opening Pandora’s box now everybody is just going to get out? Get out of the mission by going to see the wizard.” I’m like “nay, you know 1st SGT I think letting them treat their wounds as close to the battlefield as possible is probably the right answer.”

R: That’s the best practice.

P80: I don't want anybody to think that they're less of a being as they go ask for help. So I took that advice when I came home. I realized, "hey I'm in a point where I can't solve this on my own." No matter how much support I'm having from God or from my family. I don't know what to do with all of it. So going and talking to somebody was a way to figure things out, to cope and to move forward.

Finally when P80 was asked what his combat experience means to him today he stated:

So what does my experience in combat mean to me? It certainly changed me. Changed how I view some things. It certainly affected me positively and negatively at different stages. But it is who I am. It has become a part of me.

R: Now when you say it is who I am? Do you mean your combat experience is a part of your story?

P80: It is a part of me. It's a part of my story. I can't erase those memories. I can't erase the very tactile feeling that I have of that young man's brains in my hand.

R: So how do you cope with that?

P80: Those smells.

R: How do you cope with that?

P80: As far as coping with the Marines that I lost I take it as I owe it to them and to their families to do the very best that I can.

P95's Description. P95 is a 49 year old white male, Marine Corps Colonel, with 28 years of active duty service as an infantry officer. He was a prior enlisted Marine and as a commissioned officer he commanded at all levels during his career progression. He served in OIF during multiple combat tours and received two combat action ribbons; additionally, P95 was twice wounded in action and wears two Purple Hearts; along with the Silver Star for heroism and the Bronze Star with valor; at the time of the interview he was home from combat for 74 months. He is married with children.

P95 and P110 are unique to this study due to their education, experiences, achievements, and age (maturity). They represent how resiliency is strengthened over time. During one of P95's combat tours he received a Traumatic Brain Injury but does not have Post-traumatic Stress Disorder. TBI and PTSD often have comorbid and concomitant psycho-symptomology which confounds the diagnosis of PTSD. P95 insists that TBI and PTSD not be confused and because you have a TBI you do not have to be diagnosed with PTSD. Additionally, P95 refuses to be labeled or stigmatized.

When asked about what is combat like P95 stated:

Combat, actual combat, not just sitting around the FOB but actually fighting in combat is pretty thrilling. I mean it's high energy, it's very exhausting but you have Marines around you that you are expected to be responsible for and lead. The idea is that you kill the enemy and you bring your Marines back home safe. You accomplish the mission in the process. The art and science that goes into that makes it probably one of the...I would say definitely one of the most difficult challenges that I've faced as an individual person. Having to do things that you kind of have to live with for the rest of your life.

When asked about the range of emotions he experienced in war he stated:

One of things that I've thought about a lot is you can't lead from emotional base. So your leadership has to be from your intellect and your instinct. Not from emotion. What happens is emotions start to take over and you have to have a sort of strength of character to push those emotional responses aside and look at the facts of the situation and come up with an answer that's based on fact. If you start leading from emotion then it's going to cloud your decision making. You're likely to make a bad decision. Technically bad is one thing but doing something that is unethical or immoral that's another thing all together.

R: Yeah, I know in my experience in the literature it talks about numbing. Even denial. At least a psychological way of not allowing emotions to take hold and escalate.

P95: Right! Well you don't...emotions are real and I think that people need to be allowed to experience them. I think that if the leadership is focused on numbing emotions then you're really denying the emotion. I think that causes the Marines a lot of stress. So I always try to provide an avenue for the those emotions so the

Marines could express them appropriately. So one of the things that we would do after a fire fight is we would get those Marines together and start talking about what happened. Not as AAR but as an emotional things. As those Marines started discussing it then we would lead them to get that emotion out of their system. It's important. I think it's bonding to do that for the Marines. There are things that their emotional response is they want to have that they don't want to have around the officer. But they're not bad they're good emotions. I've always encouraged the emotional response. When my driver was killed everybody was...after we got him to the morgue...everybody was crying. I didn't have a problem with that. I mean I wasn't but the Marines were.

When P95 was ask how he coped in combat with his stress he stated:

Well we had a...I mean the role of an officer on the battlefield was to regulate violence. So the officers understood that that was their role. You can't allow violence to go unregulated in the battlefield because then it's not focused at what you want which is accomplishing the mission. We tried up front in the battalion I worked very closely with my chaplain. He's a CDR now. [Chaplain NAME], a good man. I think he's a LT CDR I'm not sure. But he's down at 2nd Marine Div. We did a lot of research...him and I together reading a lot of books and came up with one book and then there was this idea of virtue ethics. It was a book called *Morals on "Under the Gun"* by James???? wasn't his idea of virtue ethics is something that standard in Aristotle. So we took the 4 cardinal virtues; tied them to the constitution oath of office. Then had some definitions of those 4 virtues that we designed that were still true but based on some central themes that we wanted. Then we shaped them in a form of a compass and we put our logo in the center. The battalion logo. We handed them out and everybody had these cards. The cards were incorporated into patrol orders. So part of the patrol order was to talk about them in some way. It was very general. Just you had to pull a card out. The goal of that was to get to virtue the middle of those 4 virtues, prudence, courage, temperance and justice. To the front of their brain. If you're talking about now it's in the executive part of your brain and when you're on the battlefield it's going to be there. So you're going to think about it. My idea or our idea was that it would govern their behavior and then we could use restraint as a force on the battlefield.

R: So basically using virtue ethics and cognition to be restrained and being able to control the level of violence that's appropriate for the mission.

P95: So we took the rules of engagement and then I said "here are the rules for engagement. You have to look at these rules of engagement through this moral prism before you can apply them you need both. Here are the rules. Here's the conduct. Virtue ethics focuses on building character our leadership focused on building character. So it's really a character of the Marine the ability to make your

talent trusted that you want so it was really an enhancement of leadership that we were teaching.

R: So character and who you are as a Marine it also reinforces your ability to cope.

P95: Absolutely. I believe that.

R: It's like a foundation.

P95: Yes.

R: You stand on that foundation.

P95: Right. You fall back on that character, that habit, that your character is what you do. I mean you're what you do by habit. So you are going...in a combat situation you're going to fall back on your habits. So the idea was we would form good habits of character as well as good habits of technical skills. The two go hand in hand. When you are not thinking and often in combat it's not a thought at the moment but you are thinking. Your brain thinks so you are thinking. You are actually thinking and you're falling back on your habit or your instinct. That instinct is going to step you off in a direction. It wasn't important what direction you went off in. You're often not a 100% sure that you're right or not. But you need to step off in the direction of the right and the good as opposed to the bad and the wrong. Because if you step off in the direction that you think is right through your instinct through your intuition you're at least going to be close to that right part. If you step off in a direction that's wrong or bad then you've got to come back and get on the right path. In the momentum of your decision may carry you down a path but you initially started on. It was only important to me; not that they knew a 100% of what was right or wrong but they knew that this was kind of wrong and this was kind of right and we are going to go in the kind of right direction and we are all as a team going to figure it out. So everybody...When we were patrolling as a battalion commander I had my jump CP that was with me. They were all H&S Co Marines they weren't grunts. We trained as a team and everybody knew if somebody was stepping down the wrong path we had to stop them. It's a personal responsibility to the team to make sure that what we did was right. That was a team ethos.

R: Let me just follow up there before I move to the next questions. That's very noble. But when something didn't go right either went down the wrong path or got down almost the right path and things didn't go right. People felt bad about maybe decisions. How did you cope with those kinds of outcomes; if they were bad outcomes, the ones that weren't intended?

P95: Well you have to think about that ahead of time. So if you're on a right path you're going to have a good outcome. In the second and third order of effect as well. So if you have a second or third order effect that is bad maybe you're on the wrong path to start with. Things didn't always go the way we wanted. I'll give you an example of one. When my civil affairs officer was shot in the face, [NAME]. Who was a personal friend. He played rugby for me when he was younger. I knew him. He was our civil affairs officer and he was shot in the face by a sniper. It was a news reporter with us that day. While we were...and I ran out and applied first aid to him. Me and the corpsman were keeping him alive while we were being shot at while this happening. The reporter was kind of shocked to see that none of the Marines returned fire right away. In fact no one ever fired a shot back at the sniper. He asked me afterwards how do you do that? No one gave an order but nobody fired. We had a tank there that was part of another company there. There was my guys and I was actually talking to another CO CDR when this whole thing happened. I ran out to take care of [NAME]. Put vehicles around him so we wouldn't get shot and all that. So nobody said anything but there were no shot fired. It goes back to the virtue ethics. Restraint of the weapon. They were trained to do what's right. It wasn't right to shoot through the crowd of people that was there. A sniper that you can't see. It would have been simply an emotional response. You would have felt better about it which often happens but it doesn't produce anything. In fact, by showing restraint we gained and earned the respect of those people. Different culture, different language. But they saw us...takes courage to show restraint.

R: It's like Malantis talks about white, yellow and red anger. You've got to be able to know what's appropriate anger at the time.

P95: I've been in close combat where I've shot people in the face at arm's length away. Two marines get Navy Cross'. Fighting alongside...I wrote them. Cpl named [NAME] and SGT named [NAME] both got Navy Cross'. I actually dragged [NAME] out of the building by his helmet. Your anger is red when you're in close combat like that to the point where your vision narrows and your body is just...you have to control that. You just can't allow...if you're the leader...you can't allow yourself to be focused on the violence. You have to be focused on the fight.

R: That's a lot to think about too because there is a maturity level and a training level there that's...to use restraint as a weapon of violence and non-violence at the right time. It's discipline.

P95: Yes, and that goes back to discipline. Those are indicators of leadership. Moral proficiency spirit de corps, discipline. Then you as a leader you have to constantly monitor those four things and there is a variety of ways that you do it. You certainly have to be there with your Marines and patrol. Not patrol in patrols

with them but be out there with them on the battlefield. Battalion commander on down. We did that in 3/2. We did that in 3/5.

R: You can almost stretch it further...discipline can build resiliency.

P95: Absolutely! It is a foundational piece of resiliency. You fall back on your discipline. I'm not going to do that because I'm a United States Marine. It peels back all the way to your basic elements of your character which is you as an individual person. I'm unwilling to do a certain thing because I'm a human being and that's another human being that I'm possibly going to kill or injure.

R: Then you tie that to an esprit de corps...fighting with your fellow Marines on mission for the right reason and leadership and that can have a positive effect not only on the mission but future...on how people process their combat experience.

P95: And winning a war is what we are trying to do. So winning a war is not about killing people. Winning a war is about breaking the enemies will to fight. What are you doing to break the enemies will to fight?

When asked about coming home from war P95 stated:

I think it's tremendously important. The initial social element is that unit. Keeping Marines in that unit is important for them to socialize their experience. Because once you remove them from the Unit and put them somewhere else; they're in an environment where they weren't...they didn't share the same experiences like the other people. So if they start to struggle with it or not understand it. Especially the younger Marines and Sailors, then they don't really have anyone that they can talk to about it. ???? I think keeping them together is important.

Additionally he stated:

Well we set ourselves up for success up front because we had a very robust family readiness program. It was run by the unit and not by some program headquarters of the Marine Corps. It was something that we did at the unit with unit resources. We need to get back to that in the Marine Corps. As a unit CDR's running that program. The XO is the FRO. I was the family readiness officer for the battalion. XO and that was a very good program. Then we built rapport with the families. The marines that were married, their families were included, it was a newsletter. That whole social interaction...the battalion CDR wasn't married so my wife was the advisor for the battalion. She did a great job and a lot of work at making that happen.

R: Keeping people informed. Keeping people ready.

P95: Right! Encouraging participation as much as possible. Keeping that were away from the area informed. When I was a battalion commander, we started what was called the parent network. It wasn't very popular with the leadership at the time but we did it anyway. We encouraged...sent a letter out to everybody in the battalion and their families. On there I had my contact and people to contact organizing groups of parents and families. The parent network was huge because they were very well resourced individual people and they care about their children. Which were their sons which were in our battalions. So it's different sort of connection with a mom and dad and the son than it is with the wife and the husband. So it's two different dynamics that went on there. So in 3/2 we had a very robust program. We had a parent network, we had a parent in the battalion...a mother of one of the CPL's in the battalion, [NAME]. There was a page in our newsletter for parents. They organized themselves in groups wherever they were. So when we came back those parents were extremely, extremely connected to the unit.

R: That extended your welcome and made that transition for families more positive.

P95: So the families provided tents and food and BBQ. It was enormous! So that was extremely robust and I think it helped with the Marines.

R: So your post...

P95: Re-socializing back to the United States.

Furthermore P95 discussed having the need for an advocate; especially when you have been wounded whether physically or psychologically—someone other than the service member needs to help articulate the needs of the warrior when they are coping with trauma. P95's wife is his advocate along with mentors and a group of combat veteran peers that meet as a "Chowder Society." P95 is an ethics scholar and is a champion of Aristotelian virtue ethics; thus friendships of character are a significant part of how he coped positively with CSE and TBI. Even though P95 is receiving ongoing treatment for TBI he refused to succumb to his injuries, he is a Commanding Officer,

who leads by example. P95 is a living example of character, strengths and virtues. He is strong but quiet, introspective and intellectual, he is a resilient warrior.

Finally when P95 was asked what his combat experience meant to him today he stated:

What's it mean to me today? I mean there's not a single day that goes by where I don't think about something. I don't think about the men that were killed. I had 22 Marines killed under my command. I had more than 300 wounded. Their families...you think about all that stuff and you have to bring it together in a way that it's got to have some meaning. You got to provide meaning. My job is to ensure that provides meaning for the people. They still contact me. They rely on me to help them provide meaning for the experience to make the sacrifices that happened in Iraq be worth something.

R: When you think about your men; the ones you served with that came home, some who still struggle, some who didn't come home and their families. You say you think about that daily. Is that positive meaning or negative meaning? Does that weigh you down or encourage you? How do you interpret that?

P95: Well, I mean it's neither. It's just what it is. It's there. It's a part of my life now. It's a part of my experience. I don't deny it. I don't try to pretend that it didn't happen. I try to think of it in a way that enables me to make the experience worthwhile. So I try to use it to make me a better leader to help other people understand what is it about combat that you need to prepare for. Why it's important to have good character as a leader.

P110's Description. P110 is a 47 year old white male, Marine Corps Brigadier General, with 26 years of active duty service as an infantry officer. He commanded at all levels of his career progression. He served in first Gulf War in 1991 and both /OEFOIF during multiple combat tours and received two combat action ribbons—additionally, P110 was wounded in action and wears the Purple Heart, along with the Bronze Star with valor; at the time of the interview he was home from combat for 16 months. He is married with children. Like P110 he is very articulate and reflective about his combat experiences. When asked about what is combat like P110 stated:

First, well the Iraq. First Gulf War not much. I mean 100 hours ground war, picking up a lot of POWs, didn't see much. A lot of confusion we didn't have internet and all that kind of stuff. So it's just kind of go and a lot of waiting around to hear what was going on. The deployments in Iraq were busy. We were on patrol everyday especially in the Battalion. Took a lot of casualties in the Battalion. It was a grind, it was 2005 and [Iraq] and really it... violence was still kind of creeping up. So it was game on... day on stay on. The deployment to Afghanistan with the regiment saying we were still introducing forces and pushing out of places... there were two places that we had not yet been... [Location in Afghanistan]. So it was challenging. The difference in Iraq it was much more violent in that literally it was a completely urban environment. Three miles by three miles if that in [place in Iraq] and you can get shot from any window on any given day. But you always had reinforcements near. Whereas in Afghanistan we'd be out running a hundred and something miles just my five vehicles. So if you got in big trouble you were on your own. So kind of two different... one more action in Iraq one more thinking man's game in Afghanistan but with more potentially more deadly consequences I thought in Afghanistan. Because if you got caught unprepared you were not going to go home in Afghanistan.

Since P110 served in different military campaigns and environments I asked him to characterize what types of emotions he experienced in combat. He stated:

I guess little bit of fear, frustration probably be high on the list, because it depends on the seat you are sitting in I guess when you. While the man part of you wants to kind of lash out and take the fight to the enemy and end it by bringing him to his knees. The CDR part of you is constantly pulling back on the reigns because if you let the dogs of war off their leash you won't get them back on. So a lot of frustration, a lot of mental gymnastics to try to corral your own emotions especially in the death of your friends, personal friends and match that up with the need to execute the mission. I guess a lot of mental gymnastics to try to keep that fine line balanced and same at the Regiment but now you are dealing with a very, very wide area. It's a very, very strong willed and opinionated Battalion CDR's. I mean that in a good way. Trying to get the whole team working toward a goal even though each of those CDR's is in a completely different geographic environment and have their own challenges. Some sadness; we certainly had our fair share of people who were hurt. Some guilt; when you... the last guy I lost in Iraq was [NAME]. He was killed by pre-detonating an IED which we authorized him to do and a piece of fragmentation hit him in the stomach. Which is why that picture up on the wall I can tell you where all 16 guys were... I mean exactly where they were! By name. So that kind of has an effect on you obviously, because you are writing the letters home. So the sadness and then some degree of satisfaction when you've finished the mission and bring everybody home.

Hopefully with their honor clean although some disappointment some choose to act poorly when given an opportunity to do so.

When asked how he coped with his war time experiences he commented that:

For me personally, I have very, very strong home life. I've been married for 26 years. So I can vent to [NAME], although obviously you can't do some things via telephone or email. But I do get to vent and download some of my stress through [NAME] and then she just kind of channels it out. Then I had a great Sgt's Major. I had a really, really phenomenal SGT Maj in 15 named [NAME], he's retired down in FL now. Really, really just a great relationship. I was very fortunate. He's in Gainesville FL now in fact he was just up at the house a couple weeks ago. In 8th Marines I had a guy named [NAME] who's going to go take over 1st Marine Div this is SGT Maj, cut from the same cloth. You couldn't have picked two better SGT Maj. So I was able to kind of vent back and forth with them and had some great XO's, and great staff. I am not an outwardly, quote overly religious guy, I grew up Methodist and converted to Catholicism but I'm pretty comfortable in my own skin religiously. I am believer in the Divine Spirit so I can think of a couple incidences where it was like "okay, I just hit my tipping point" as Hackworth says, your glass is full and just this kind of way of calm comes over you when you hit the point when you can't go anymore and you just kind of get this, "Whoos, it's going to be alright." I've had that happen a couple times. Where it was just very, very one of them after my roommate was killed, a guy named [NAME], an RCT1 same explosion that blew [NAME] up and almost killed him, cut my roommate in half. So going to the office where this rocket come through was about maybe 10 seconds after it happened and I checked Kevin's pulse, he was dead and moved on to [NAME] we started shoving bandages I him and that night he was gone. The CO had been evacuated. He had just taken over that morning so I was the XO so I had the regiment for about 3 days while we were waiting for Col. [NAME] to come down. You know a little overwhelming and you know sleeping there and your roommates gone. Kind of hit my tip of my glass if you will and you just get this "phew" wave of calm. It's really weird I can distinctly remember that and it just stopped me, "okay, let's go." The same thing when I lost my 2nd Co CDR in Iraq, [NAME]. The same feeling and just wave of calm kind of comes over you.

When asked what was coming home from war like he stated:

Awesome every time. First deployment [NAME], our daughter, was born while I was on deployment. [NAME] got pregnant. Went on what was suppose a 6 month deployment turned into 9 and some change. So she was a couple months pregnant.

R: So the first time you saw your child was when you got home?

P110: Yeah, [NAME], she was 6 or 7 weeks old when I got off the plane in Hawaii from the first Gulf War and of course you know there was no internet or pictures. So you just get off and “poof” here’s your baby. So that was great. People were lining the streets in Honolulu. They put us on buses and drove us around Honolulu. People were yelling and screaming. Passing beer through the window. I mean it was you know probably wouldn’t fly today but it was great. Very, very pro America, pro you served us. Same thing at the end of both deployments to Iraq. Came back to San Mateo into Camp Pendleton and people were very, very proactive. Very positive. Thanks for your service. Some with family and the same thing from OEF. Both my children had gone off to college. In fact, I missed [NAME] graduation. He’d gone off to college. Came home and hadn’t seen the kids in a while and they both had come home for Christmas break. I got home and they left for school the next day. So we had a very quick reunion but very, very positive and very, very good. So no bad stuff.

Furthermore, P110 described coping by looking back at historical examples when he commented:

I’m a big believer that you pull on your big boy pants and just step out with your life. The fact that the greatest generation when they came home from Guadalcanal and we talk Kwajalein, Okinawa, Peleliu and of course all the battlefields in Europe, Sicily and along the Utah Beach. Wasn’t a lot of walking going on. These guys, they had problems but they just got on with their lives. Because they were all about what am I going to do? I’m going to use this GI Bill to go to college and they’re going to build something. So there is a little bit of a guilt hanging over you that you really can’t complain too much. Because look at what these guys on the Shore of Tarawa. I mean you got 1113 dead Marines at Tarawa from 2nd MarDiv. There is a plaque inside the Div CP that is dedicated to 1113. You never forget the number. It took us years to lose that many in Iraq.

R: 6000 on Iwo.

P110: 6000 on Iwo. So it’s really hard to complain too much. I mean everybody carries their own challenges I guess. I try to be just positive about it. You had a job and we are professionals and this is what we do. We do the nations bidding. They said go do this and we did that. Really just trying very hard just to “okay this is the chapter in your life” and you kind of move on. It’s not something...what I’ve found is those that speak a lot about killing; they’ve done very little of it. It’s usually some guy talks about, “yeah I killed all these people.” Usually he was like a mechanic and he didn’t do that. I don’t understand why people do that.

R: So you've seen a cadre of your colleagues, warriors, that are Col and LT Col, General Officers now, that have really experienced battle but you don't really talk about it now.

P110: No, I think those that talk about it a lot I have a personal problem with that just because it's a little bit self-promoting. I have a big problem with that and again I think people that talk about the actual act of killing as if it's a good thing. I'm not saying that you know when they...when you go into a fight and you kill some...pick the enemy...Taliban, Fedayeen whatever that I'm going to feel guilty about that. But it's not something you should celebrate. People should revel in death. Again this goes back to this mess of gymnastics of trying to keep the dogs of war on the leash. You shouldn't revel in the death of anybody. I don't really have a moral conflict that killing is wrong. Hey these are bad evil people and the nation sends you out and you do your thing. But I think there is a little bit of a struggle with how much do you motivate Marines; this is what we do and when do you cross the line and begin to revel? That's a challenge for me.

R: No, I understand you completely sir!

P110: But there are some coping things that you drive down the road and driving just by yourself and you'll get...you'll think of something and you'll kind of get a little teary eyed and stuff and you wonder what the heck just happened there? I guess that's just normal. I think it's just people are more willing to talk about it now than they were in... Well I think the WW2 crowd they did talk about it but they did it at the "Mickey Finn Detachment of the Marine Corps League and they did it at the VFW or the Moose Lodge and where everybody was a Veteran. The fact is at the end of WW2 the last really horrific thing we had as far as really savage combat; you couldn't swing a cat without hitting a Veteran. That is not true today so I think that causes people to seek out opportunities to express what they are going through.

R: I understand. Looking back on what we have been talking about and your experience. What does it mean to you today to be a combat veteran? What does that mean to you today?

P110: I'm proud of having done my mission, done my duty for the country. I always tell my son I'd like to think that I'm kind of a reluctant warrior. Not real thrilled about having to do that but proud that when called I did it. But that's it. I just leave it at the doorstep. I don't want to relive the battle of [NAME] or the taking of [place in Afghanistan]. It's a job you do it, you move on. I'd rather think about what I'm going to do in 10 yrs from now. Be a professional bass fisherman or teach school down in Texas. So I don't spend a lot of time laying out maps and having battle studies and picking through lessons learned. I probably should but I'm not interested.

Finally when P110 was asked what his combat experience meant to him today he stated:

I'm proud of having done my mission, done my duty for the country. I always tell my son I'd like to think that I'm kind of a reluctant warrior. Not real thrilled about having to do that but proud that when called I did it. But that's it. I just leave it at the doorstep. I don't want to relive the Battle of [city in Iraq] or the taking of [place in Afghanistan]. It's a job you do it, you move on. I'd rather think about what I'm going to do in 10 yrs from now. Be a professional bass fisherman or teach school down in Texas. So I don't spend a lot of time laying out maps and having battle studies and picking through lessons learned. I probably should but I'm not interested.

Appendix E: Permission from Copyright Clearance Center to Use Concurrent triangulation strategy model. Adapted from *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (p. 214), by J. W. Creswell, 2011, Thousand Oaks, CA: Sage.

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1 Principal Investigator/Supervisor Information

Please provide the name of the principal investigator and any other investigators involved in the study:

William D. Stallard

Supervisor's name: Brent Robbins, PhD

Supervisor's title: Chair of Dissertation Committee

School name and address: Walden University

Expected duration of the study: CX 2012

2 Important Information About Your Research Study

Title of research: A Resilient Warrior: Coping Positively With Combat Stress Exposure

Purpose of study: PHD Dissertation

Brief description, including methodology (attach additional documentation if necessary):

Mixed method, concurrent triangulation strategy. The study will explore and explain why most U.S. Marines cope positively with combat stress exposure. The NEO-FFI-3 will be utilized to measure personality as a moderating variable.

3 Required Signatures to Verify Supervision

I certify that the information supplied above, including information regarding my supervision of this research project, is correct.

W.D. Stallard
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Appendix G: Permission from Dr. Salvatore Maddi to Use

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Page 1 of 1

Subject : Re: PVS IIIR Inquiry**Date :** Thu, Mar 29, 2012 10:32 AM CDT**From :** "Salvatore R. Maddi" <srmaddi@uci.edu>**To :** "William Stallard" <wstal002@waldenu.edu>

Dear William,
 I'm glad about your progress, and your continuing interest in hardiness. If you are using the PVS III-R, the simplest way to proceed is for you to send us the item scores of your subjects in an excel format. We will score them, and return to you scale scores for commitment, control, challenge, and total hardiness, along with relevant reliabilities. Our research fee for this is \$0.50 per subject, payable when you send us their item scores. You can pay either by check or money order (made out to the Hardiness Institute, and sent to the address below), or by credit card (identify the card and the name of the person on it, give the card's ID and expiration date, and give the street address where your bills are sent).

Cheers, and good luck,
 Salvatore R. Maddi, Ph.D.
 Hardiness Institute
 4199 Campus Drive, Suite 550
 Irvine, CA 92612
 USA

> Greetings Dr. Maddi, I contacted you in 2008 and while I was deployed on
 > the USS NASSAU in 2010 about utilizing the PVS IIIR for my PHD in Health
 > Psychology study entitled "A Resilient Warrior: Coping Positively with
 > Combat Stress Exposure." At the time I purchased the professional manual.
 > You shared that I can use the survey and that for a nominal fee your
 > institute will process the surveys and provide me data for my study. I
 > hope that is still agreeable. To that end I remember that you shared I
 > needed to open an Hardiness Institute account. Could you provide me
 > further guidance.

>
 > My proposal is complete, I passed my oral defense with my committee (Dr.
 > Brent Robbins at Point Park Univeristy is my chair), my University
 > Research Reviewer gave me the green light, my IRB application is complete
 > and I am getting ready to submit my IRB package later this week.

>
 > Also, I am working on my CV but attached is my brief BIO.

>
 > Thank you for your support. VR Dan Stallard

Curriculum Vitae

William D. Stallard

Education:

Doctor of Philosophy – Health Psychology Walden University, Minneapolis, MN A Resilient Warrior: Coping Positively with Combat Stress Exposure	2014
Post-Graduate Diploma – National Security and Strategic Studies Naval War College, College of Naval Warfare, Newport, RI	2011
Master of Arts – National Security and Strategic Studies Naval War College, College of Naval Command and Staff, College of Distant Education, Newport, RI	2004
Master of Divinity – Pastoral Care and Counseling The Southern Baptist Theological Seminary, Louisville, KY	1994
Bachelor of Arts – Ministry Clear Creek Baptist Bible College, Pineville, KY	1991

Professional Experience:

Religious Ministry/Military Doctrine Integrator and Capabilities Analyst Marine Corps Combat Development Command, Quantico, VA	2011-Present
Command/Amphibious Readiness Group Chaplain USS Nassau (LHA 4), Norfolk, VA	2009-2010
Deputy Command Chaplain National Naval Medical Center, Bethesda, MD	2007-2009
Joint Operations Center Chaplain Multi-National Corps, Baghdad, Iraq	2006-2007
Deputy Executive Assistant Chief of Chaplains, Washington, DC	2004-2006
Instructor (Graduate Level) Naval Chaplains School, Newport, RI	2001-2004

Command Chaplain USS Vicksburg (CG69), Mayport, FL	1998-2001
Staff Chaplain Chapel of Hope, Yokosuka, Japan	1995-1998
Pastor Pleasant Memorial Baptist Church, Owensboro, KY	1993-1995
Youth Pastor Calvary Baptist Church, Danville, KY	1988-1991
Associate Pastor Westend Baptist Church, Galveston, TX	1986-1988

Other Military Experience:

Navy Chaplain Candidate	1992-1995
Prior Service Enlisted Marine	1980-1988

Community Service:

As a Navy Chaplain organized and participated in community relations projects around the globe. To include the countries of Japan, Germany, Poland, Denmark, Holland, Ireland, Italy, Iraq, Djibouti, Seychelles, Haiti; along with community relations projects in KY, FL, RI, VA, NC, TX.

As Marine, Sgt Stallard coordinated "Toys for Tots" in Galveston, TX from 1984-1988. While stationed in Iraq he developed, organized and executed the humanitarian outreach "Hearts for Baghdad." During the 2010 deployment as the Amphibious Readiness Group Chaplain on the USS NASSAU Chaplain Stallard responded to the crisis in Haiti and the Operation Restore Hope.

Certifications and Military Special Qualifications:

Joint Professional Military Education (Level 1)
 Joint Professional Military Education (Level 2)
 Professionally-Coded for Ethics (1405S)
 Professionally-Coded for National Security Studies (2000P)
 Master Training Specialist (Certified in Task Based Curriculum Development)
 Military Training and Education Instructor (3745)
 Prevention Relationship Enhancement Program Facilitator

Myers-Briggs Type Indicator Facilitator
 Applied Suicide Intervention Skills Training Facilitator

Publications:

Stallard, D. (1993). Under fire: Repentance and faith, *Search*, 22(2). 31-37.

Stallard, W. D. (1997). Unpublished study that compared the data from the University of Denver's longitudinal study associated with the Prevention Relationship Enhancement Program (PREP) as employed in the US Navy with locally collected data in Yokosuka, Japan using a translation into Japanese of the PREP national and international survey. The findings indicated that U.S. service members who marry foreign national in Yokosuka, Japan are prone to domestic violence. After PREP was institutionalized in the Navy and used in Yokosuka there was a 50% reduction in domestic violence in the military population on Yokosuka Naval base in 1998.

Stallard, W. D. (2013). Strategic military leadership: The protection and promotion of positive morals and morale. *Marine Corps Gazette: Professional Journal of the U.S. Marines*, 97(1), 2-24.

Stallard, W. D. (2014). Nathan solution to the Bathsheba Syndrome: The failure of success revisited. *Marine Corps Gazette: Professional Journal of the U.S. Marines*, 98(4), 40-44.

Professional Presentations:

Lecturer: USHS Deployment Psychology, Washington, DC	2008-2009
Presenter: The Role of Chaplains in Preventing Suicide, Washington, DC	2004

Military Awards:

Defense Meritorious Service Medal, Meritorious Service Medal, Navy-Marine Corps Accommodation Medal (5), Joint Meritorious Achievement Medal, Navy-Marine Corps Achievement Medal (2), Outstanding Volunteer Service Medal, Marine Corps Good Conduct Medal (2), Iraq Campaign Medal (2), Global War on Terrorism Medal, Global War on Terrorism Expeditionary Medal, various joint and unit citations.

Professional Affiliations:

APA Student Affiliate
 Professionally Endorsed Navy Chaplain by the North American Mission Board
 2004 Distinguished Alumni for Clear Creek Baptist Bible College, Pineville, KY
 Member of Delta Epsilon Chi
 2008 Distinguished Alumni Danville, High School, Danville KY