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The Psychological Impact of Distal Combat on Veterans

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Abstract

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MSM, Colorado Technical University, 2009

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Researchers and military organizations have defined military conflicts as being fought in two principal combat environments, namely, close proximity, or the proximal combat environment, and distant proximity, or the distal combat environment. This study used Gal and Jones's psychological model of combat stress as the theoretical framework. The study also used Merriam's generic interpretative qualitative research method, including open-ended interviewing and document review, to obtain data. The study used inductive thematic analysis to analyze the narratives of 10 distal combat veterans who were recruited for the study. The research questions were designed to identify the characteristics of distal combat and the personal narratives of distal combat veterans. The study also was an exploration of the emotional, psychological, behavioral, and physical reactions of distal combat veterans to the onset of combat stress and the type of coping strategies that they used in the face of such challenges. Potential social change implications of the study are that it elucidated current understanding of the psychological consequences of distal combat and identified factors that can help combat soldiers and veterans to develop resiliency to distal combat stress. Given the gap in the combat literature regarding distal combat stress, conducting this study adds to knowledge of the ways in which combat stress affects distal combat veterans during operations.

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Dedication

This study is dedicated to my biological mother Tumu K. Giddens for giving me life, and for always believing in me her only child, that I would become somebody despite great odds. This study is primarily dedicated to my genius daughter Dalida Liberty Clarke DarkaShade, my genius son Shawn Ritchie Clarke DarkaShade and their beautiful mother T. Ruth Williams Paye for supporting me throughout this journey.

This study is also dedicated to the memory of my stepmother Mrs. Lucinda Rollack-Clark, for raising me through Kindergarten and Middle School. She dedicated her time, energy and showed unconditional love and compassion to us, her husband's children…

In loving memory of my dear father Mr. Moses James Clark, for being the rock of our family while standing as a giant for all to see. This study is in memory of my dear departed Uncle Raymond Clark, who died too young to behold these wonderful events; and to my dear departed oldest brother Ernest E.L.B. Clarke who passed away twelve years ago in 2004.

This study is also dedicated to my brother Mr. James Frederick Clarke and my dear sister Mrs. Rosetta Clarke-Brooks for always being there for me from day one through all the good and bad times. I celebrate you, as you have celebrated me….Ovation! We are on parallel tracks; Occam Razor!

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Chapter 1: Introduction to the Study

Introduction

The U.S. Army (2012) defined the perimeter of war as being fought in two distinct combat environments, close proximity, or the proximal combat environment, and distant proximity, or the distal combat environment. Proximal combat is fought in close quarters, such as hand-to-hand combat on city streets and rural areas; distal combat is executed from remote areas by warships, warplanes, unmanned aerial vehicles (UAVs), and drone units. The aim of the study was to examine the stress-related effects of the distal combat environment.

Researchers have examined the psychological impact of combat experienced in proximal combat environments. Researchers such as Jones et al. (2013); Solomon, Shklar, and Mikulincer (2005); and the U.S. Army (2012) have advocated for the treatment of combat stress injuries that occur in proximal combat environments. Solomon et al. found that moving soldiers to receive treatment outside of the combat environment made their return to that environment difficult. Linley and Joseph (2004); Jennings, Aldwin, Levenson, Spiro, and Mroczek (2006); Schnurr, Rosenberg, and Friedman (1993) sought to learn about the emotional, psychological, and behavioral responses of soldiers after the initial onset of combat stress.

Researchers such as Noy (2001); Pavlina, Komar, and Filjak, (2000); and Spoont et al. (2009) sought to learn how combat stress can be mitigated in the proximal combat environment. To address these concerns, Jones et al. (2013) and Solomon et al. (2005) reported that the U.S. Army began using the principles of proximity, immediacy, and

expectancy (PIE) as an effective strategy to treat soldiers who exhibited symptoms of combat stress while in the active proximal combat environment. Detailed information regarding their research can be found in Chapter 2.

Despite many studies on the emotional, psychological, and behavioral impact of combat stress during proximal combat, there have been limited empirical data on the effect of combat stress among veterans and soldiers in the distal combat environment. Wall and Monahan (2011) discussed the potential implications of distal combat and asserted that victims, including veterans, often become psychologically invisible because "soldiers appear to achieve a moral dissociation" (p. 246). Through moral dissociation, Wall and Monahan found that veterans were able to rationalize or disconnect from the negative impact of combat.

Despite current knowledge about the psychological implications of proximal combat, Lindlaw (2008) argued that no data have shown how combat stress manifests or is mitigated in the distal combat environment. This lack of empirical evidence has limited the current understanding of the potential emotional, psychological, and behavioral effects of combat stress on distal combat soldiers and veterans. Reviews of studies on the proximal combat environment, including studies by Jennings et al. (2006), Jones et al. (2013), Schnurr et al. (1993), and Solomon et al. (2005), have found that when soldiers are treated immediately following combat engagement using the principles of evidence-based PIE, they are better able to manage the onset of combat stress. Results of Solomon et al.'s 20-year longitudinal study found that when some soldiers were treated with PIE

immediately following exposure to combat stress, the onset of posttraumatic stress disorder (PTSD) was prevented.

However, the lack of data on distal combat stress has limited determination whether an evidence-based model like PIE can be effective in mitigating the symptoms of combat stress. For more than 100 years, the U.S. military has fought wars either in proximal or distal combat environments. Moore and Reger (2013) stated that in every war, the headlines often have focused on the number of physical casualties. Moore and Reger argued that that psychological symptoms (i.e., fear of dying, combat stress, and PTSD) can exert an even greater negative impact on soldiers' lives than physical symptoms can. What has been unclear in the literature is the extent to which the implications of psychological damage might be relevant to military personnel engaged in the distal combat environment.

Background

The lack of empirical data on the impact of distal combat stress extends as far back as the two World Wars (Cleveland et al., 1983). Wall and Monahan (2011) found that empirical data on the psychological implications of combat stress on pilots who dropped bombs from thousands of feet on enemy targets or artillery launchers who targeted enemy combatants from a distance during conflicts in Korea, Vietnam, and Iraq have been limited. Results of quantitative studies by Fitzsimmons and Sangha (2012); Hoge et al. (2004); Jennings et al. (2006); Jones et al. (2013); and Van Wingen et al. (2012) have found that soldiers who fought in foreign wars were exposed to combat stress as the possibility of death loomed daily. Their active engagement in combat often

left them exposed, vulnerable, and traumatized by the experience. Grier (2012) and Hoge et al. (2004) found that after completing tours of duty in Iraq and Afghanistan, some veterans experienced mental health problems that made it difficult for them to function mentally and physically once they returned home from active duty. Fitzsimmons and Sangha, Hoge et al., Jennings et al., Jones et al., and Van Wingen et al. found that for these veterans, the use of modern weapon systems and their constant exposure to the proximal combat environment often resulted in long-term psychological implications.

Van Wingen et al. (2012) studied the impact of combat stress on the brains of veterans and found that long-term exposure to proximal combat had psychological implications for soldiers and veterans alike. Results from similar proximal combat studies (Mitchell, Gallaway, Milikan, & Bell, 2011; Noy, 2001; Owens et al., 2009; Pavlina et al., 2000; Schnurr et al. 1993; Spoont et al., 2009) have indicated that diagnoses of combat operational stress, social phobia, and PTSD have increased significantly among veterans from recent military conflicts in Iraq and Afghanistan.

Jennings et al. (2006), Linley and Joseph (2004), and Schnurr et al. (1993) studied combat stress and PTSD, and all of these researchers found strong correlations between stress experienced during combat and the subsequent onset or diagnosis of PTSD. Jennings et al. found that combat stress and PTSD had significant negative consequences for veterans who had served in Iraq and Afghanistan. Pavlina et al. (2000) found that the very nature of combat and the associated stressors of anxiety, flight-or-fight response, battlefield trauma, battlefield fatigue, shame, and guilt can affect veterans and soldiers to the point of deserting or going absent without leave (AWOL).

For a significant number of veterans who have retired and are no longer active in the military, MacGregor et al. (2009) found that the fear of reliving their combat experiences, including peritraumatic experience, combat stress, and generalized anxiety, might have led some veterans to use or abuse substances to escape instances of vulnerability. Pavlina et al. (2000) found that for some soldiers, the constant fear of death during combat can lead to the potentiality of exposing family members to emotional and physical abuse or similar symptoms of stress manifested by veterans during combat operations.

The fear of reliving combat experience or exhibiting psychological symptoms of combat can pose significant risk to the families of veterans and their local communities, including physical confrontations and short- to long-term financial risks. Pavlina et al. (2000) found that some veterans in their study reported becoming violent toward family members as well as strangers. Veterans who participated in the current distal combat study reported experiencing emotional, psychological, behavioral, and physical symptoms of distal combat similar to those exhibited by soldiers in the Pavlina et al. study. These symptoms are discussed further in Chapters 4 and 5.

The possibility of posing a threat to family members or their communities often leads some veterans to withdraw from their families and most social gatherings. Pavlina et al. (2000) found that some veterans in their study self-isolated in an effort to avoid being exposed to familial or public scrutiny. Self-isolation by some veterans has often led to homelessness and the deterioration of self-care and executive functions. Pavlina et al.

also found that although some veterans expressed suicide ideation, others attempted or had even committed suicide.

Problem Statement

As noted, many studies on military combat reviewed for the current study found that veterans and soldiers who engaged in proximal combat suffered short- to long-term emotional, psychological, and behavioral symptoms immediately following participation in combat or after returning to the home environment. Researchers such as Campbell and Morrison (2007); Hoge et al. (2004); Jones et al. (2013); Mitchell et al. (2011); Owens et al. (2009); Solomon et al. (2005); and Spoont et al. (2009) have found that upon reintegrating into their local communities, some veterans experience difficulty adjusting to civilian life. The lack of research on the potential psychological and behavioral implications of fighting in a distal combat environment made it difficult to assess the pervasive negative impact of distal combat among veterans. The results gleaned from the current study add important empirical data to the distal combat literature.

Purpose of the Study

The purpose of this study was to address the gap in the literature on distal combat stress and its short- to long-term emotional, psychological, and behavioral implications for distal combat veterans. The study used nonpurposive sampling to recruit 10 distal combat veterans with distal combat experience from conflicts in Iraq and Afghanistan. The study focused on how these distal combat veterans reacted emotionally, psychologically, and behaviorally to distal combat operations. Through the study, I also

sought to explore the extent of any lingering psychological effects of their distal combat experiences on the participants.

The decision to study the distal combat experiences of veterans instead of active duty soldiers was based on studies by Cruz (2010) and Spoont et al. (2009) on symptomatic relationships between trauma experienced during combat and the later onset of PTSD and other mental illness. Results from both studies found direct correlations between combat trauma and later onset of PTSD and other mental illness. Also germane to the purpose of the study was that Cruz and Spoont et al. found that veterans, in comparison to active duty soldiers, can be more reflective about their combat experiences after being discharged from active duty.

The study used Caelli, Ray, and Mill's (2003) basic qualitative research method and Merriam's (2002) open-ended interviewing method to investigate the impact of distal combat on veterans while serving in active duty and after returning to their families and local communities. An important area of distal combat that also was examined was the impact of distal combat on veterans' experience while serving in distal combat roles as artillery ground and air support and missile launchers. Some veterans who participated in this study also were experienced in proximal combat operations.

During data collection, participants with dual experience in distal and proximal combat operations were informed that the focus of the study was to elicit information only about their distal combat experiences. After the data were collected, the responses were manually transcribed and analyzed. During data analysis, the principles of thematic

analysis outlined by Riessman (2002) were used to analyze the qualitative data. Nine categories of themes with discrepant cases (DCs) emerged.

Research Questions

The research questions (RQs) were designed to learn about specific concerns that the combat veterans had while engaged in distal combat operations; the veterans' descriptions of their unique experiences in the simulated-combat environment or the designated distal combat environment; their emotional, psychological, behavioral, and physical reactions and peritraumatic experiences during combat operations; and to what extent the participants attributed their current psychological symptoms, such as anxiety, depression, guilt, withdrawal, and self-isolation, to their distal combat experiences.

Four RQs guided the study:

RQ1: What are the primary concerns of distal combat veterans when engaging enemy combatants from a distance?
RQ2: To what extent do veterans characterize their experiences during simulated combat training and actual distal combat operations as psychologically or physically stressful?
RQ3: If distal combat veterans experienced the onset of emotional, psychological, behavioral, or physical symptoms during combat, how do they describe such experiences?
RQ4: If distal combat veterans experienced specific symptoms of combat stress, such as guilt, anxiety, depression, social phobia, and withdrawal or self-isolation, to what extent do they attribute their emotional reactions, peritraumatic stress, and other psychological consequences to distal combat engagements?

Miller and Daly (2013) stated that given the nature of qualitative research, data collected during a qualitative study cannot be expected to resolve problems or find causal connections to what participants report about their lived-experiences. However, because very little is known about how combat stress affects soldiers during distal combat

operations and empirical data on distal combat veterans are limited in scope, a basic interpretative qualitative method was used in this study.

Conceptual Framework

This study used Gal and Jones's (1993) psychological model of combat stress as the theoretical framework. Their model proposed that combat stress comprises antecedent variables (AVs) and mediating variables (MVs; e.g., types of conditions that can trigger maladaptive responses from combat soldiers or veterans). AVs include prior exposure to military conflicts; changing battlefield outcomes; and the types of emotional, psychological, and behavioral impact that family crises can have on soldiers on the battlefield. During data collection and analysis, it was found that triggered emotional response, prior exposure to military conflicts, and changing battlefield conditions that resulted in the loss of comrades greatly impacted the veterans' thinking and behavior during distal combat operations. These thinking and behavioral patterns became more pervasive after they returned home.

MVs include the ability of soldiers or veterans to appraise, respond, or cope with family crises in the midst of military combat. Similarly, based on the narratives of the distal combat veterans who participated in this study, they experienced, appraised, and coped with distal combat operations differently.

For data analysis, I used Riessman's (2002) thematic analysis method and manual data transcription and coding before analyzing the data. Riessman's thematic analysis method has been used by other researchers, including Merriam (2002), who found that thematic or qualitative data analyses can enable researchers with small samples to put

greater emphasis on the narrative of each participant by analyzing how each experience is related or different. The use of qualitative research strategies and the use of manual data transcribing, coding, and analysis presented an important gateway to learn how the participants appraised, reacted to, and coped with the changing dynamics of distal combat operations. The U.S. Army (2012) defined changing dynamics in combat as a shift in strategy, tactical adjustment, or adaptation to movements of the enemy.

Nature of the Study

In the current study, I used a generic, interpretative method to elicit the participants' narratives and to analyze their collective experiences of distal combat operations and the associated psychological symptoms and behavioral attributes. I analyzed interview responses using the thematic analysis method suggested by Braun and Clarke (2006).

The primary objective of the study was to recruit and interview veterans of distal combat operations. Other objectives included understanding the impact of peritraumatic experience once combat veterans left the immediacy of active combat operations and returned to more neutral environments such as family settings and local communities. The study also focused on the personal narratives of distal combat veterans in the context of decision making when faced with crises while in distal combat or familial environments. The decision to have distal combat veterans compose the sample was important because Cleveland et al. (1983) noted that U.S. soldiers have been engaging in distal combat since World War I. Distal combat operations have since expanded to recent conflicts in Iraq and Afghanistan using UAVs or drones from remote combat

environments thousands of miles away. Hoge et al. (2004) and Jennings et al. (2006) reported that this type of combat has not been the focus of previous research.

Participants were recruited through an unregulated veterans' organization. After Walden University's Institutional Review Board (IRB) gave permission to collect data, the 10 participants were selected from among retired veterans who were current members of an unregulated veterans' organization and had fought in distal combat operations in recent wars in Iraq and Afghanistan. Participants read and signed the informed consent form and filled out the demographics survey. Veteran participants of this study did not meet the criteria specified in the U.S. Department of Defense's (DoD; 2012) Instructions 3216.01 and 3216.02, both of which are discussed in other areas of this study.

Other factors considered by the study were the quality or depth of the experiences shared by the participants during data collection. These are elements of research that Golafshani (2003) and Smith (2013) considered important when addressing the objectivity of the researcher and the credibility of the participants in reporting their experiences of distal combat. The study recruited veterans with recent distal combat experience in Iraq and Afghanistan. Participation was based on each participant meeting the inclusion criteria communicated to them during the recruitment process.

Maintaining adherence to the inclusion criteria and selecting participants from an unregulated distal combat veterans' organization enhanced the credibility of the study. In addition, the credibility of the study was manifested in how distal combat veterans' cogently provided experiential narratives of their distal combat stress experiences. Golafshani (2003) and Smith (2013) found that this type of cogent reporting by the

participants of qualitative studies can enhance the reliability of their reporting. They also noted that similar and disparate reporting of experiences can facilitate the emergence of rich themes during data analysis. In this study, I sought to explore the richness of themes that developed from the experiences of distal combat veterans based on their ability to meet the inclusion criteria.

The qualitative research method and strategies provided the opportunity to examine the narratives shared by 10 distal combat veterans. The study was able to learn how they appraised combat situations, how they adapted, and what types of response and coping strategies they used during combat operations, even while dealing with family crises.

Definitions

Distal combat: Combat fought from a distance using helicopter gunners, smart bombs, missiles, and artilleries. Also termed aerial combat or distant combat; combat fought from a distance up to several thousand miles from enemy combatants (O'Connell, 2009).

Distal combat environment: A battle staging point several thousand feet or several thousand miles removed from the actual military combat environment; also termed remote combat environment (O'Connell, 2009); a distant combat staging point for engaging in a military conflict.

Peritraumatic experience: The secondary experience of individuals immediately following initial experience of a traumatic event. Peritraumatic experience can happen at different times after the initial experience of trauma. Miller and Daly (2013) reported that

peritraumatic experience is also known as secondary traumatic experience or dissociative stress experience.

Proximal combat: Combat fought in close proximity of enemy combatants; also termed face-to-face combat and proximity combat (DoD, 2012).

Proximal combat environment: Combat staging point for direct confrontation with enemy combatants; also referred to as proximity combat, immediacy of combat; the immediate area where active military combat is fought (DoD, 2012).

Assumptions

The distal combat veterans from Iraq and Afghanistan selected to participate in the study did so based on personal experience, not on the combat experiences of other distal combat veterans with whom they served. I assumed that the participants would be honest in self-reporting their distal combat experiences. The use of inclusion criteria, follow-up questions, and membership in an unregulated veterans' organization ensured that the narratives were based on the participants' personal experience of distal combat. Participants were encouraged on the record before and during the interview to report actual events only as they experienced them (i.e., not overreport their distal combat roles and experiences). The assumptions were based in part on a review of research by Spoont et al. (2009) indicating that some soldiers overreported their combat stress experience in order to receive a desired classification or an honorable discharge.

The emotional or behavioral reactions to distal combat stress by veterans from Vietnam and Operation Desert Storm were in some instances comparable to the combat stress experienced by veterans from recent conflicts in Afghanistan and Iraq, regardless

of the passage of time or advancements in military hardware and technology. This seemed reasonable, given that the findings from current distal combat research correlate with combat symptoms from research indicating that combat veterans who fought in proximal combat environments in World War II, Korea, Vietnam, Operation Desert Storm, Iraq and Afghanistan experienced similar psychological injuries.

Given the need to maintain the privacy or anonymity of the veterans, the assumption was that some veterans might choose to respond to interview questions via e-mail. However, the current study was conducted over the telephone using the same open-ended questions. All personal distal combat narrative sessions were digitally recorded.

Scope and Delimitations

The intent of the study was to investigate the psychological impact of distal combat veterans who had served multiple tours of duty in Iraq and Afghanistan. A concept map developed in 2012 for the study reviewed more than 300 articles from social science and military science journals and databases including the Interuniversity Consortium for Political and Social Research (ICPSR). Articles were reviewed from the American Military Library, the National Archives, and the Library of Congress. Subsequently, the Veterans Administration (VA), veterans' centers, and the local military bases were contacted for information on conducting research with active duty distal combat soldiers. After an exhaustive search of the combat literature, no current quantitative or qualitative dataset on distal combat soldiers or veterans was found.

The lack of distal combat research was the motivation to narrow the focus of the study from an archival dataset to concentrate on research regarding the impact of distal

combat stress on combat veterans of recent military conflicts in Iraq and Afghanistan. Review of the combat literature found multiple results on combat stress and its negative impacts on veterans and soldiers in proximal combat operations. Despite numerous news articles on distal combat operations, no research data on distal combat soldiers were found. After consulting with deputy commanders at local military bases, I received advice to consider changing the focus of the study from regulated active duty distal combat soldiers to unregulated combat veterans who were registered members of an independent veterans' organization or support group. Changing the focus eliminated the need to work with the DoD regulated and restricted active duty soldiers, as established in Instruction 3216.01.

After careful consideration, the decision was made not to observe distal combat soldiers engaged in simulated training and active combat environments, because doing so would have require DoD approval. The decision against using active duty soldiers was based on the DoD's (2012) Instruction 3216.01, which ensures the protection of vulnerable populations, and Instruction 3216.02, which defines risks to service personnel and civilian DoD employees as minimal, ordinary, or inherent. The instructions categorize active duty and reserve duty service members as adults who can participate only in DoD-conducted or supported research.

The DoD's (2012) Instruction 3216.01, Part 7, was established to protect vulnerable populations. In addition, IRBs are required to request protection for the following human subjects: in Subpart B (pregnant woman and children), Subpart C (prisoners), and Subpart D (children). In the instructions, IRB approval is required to

obtain special protection for individuals with cognitive impairment, mental illness, and physical disability. For active duty soldiers, the DoD requires approval before they can participate in research as a precautionary measure, especially because some research can impact soldiers' readiness to participate in field operations.

The DoD's (2012) Instruction 3216.02 defines risk to research participants as ordinary risk and inherent risk, both of which are applicable to recruits or participants who are service personnel or current soldiers, pregnant women, and those who have cognitive impairment or are mentally or physically disabled. Ordinary risks are risks encountered in daily living, including manual physical duties and physiological testing. Inherent risks are encountered during the performance of professional duties under the DoD's classification as emergency responders, pilots, and soldiers in combat zones. As such, distal combat veterans who were members of an unregulated and independent veterans' organization, but were not active duty soldiers, pilots, or emergency responders, did meet the criteria to participate in the study.

The study narrowly focused on recruiting distal combat veterans who were not active duty soldiers in current combat environments and who were not excluded based on the DoD's (2012) Instruction 3216.01, Part 7, under the vulnerable population instruction, and Instruction 3216.02 definitions of risk. For male or female distal combat veterans to participate in the study, they had to be registered members of an independent and unregulated veterans' organization who had seen recent distal combat experience in Iraq or Afghanistan.

Limitations

This qualitative study was limited in scope and did not have the capacity to measure the type of quantitative impact fighting from distant geographical locations had on distal combat veterans during recent conflicts in Iraq and Afghanistan. The use of thematic analysis, unlike other qualitative analysis methods, was not restrictive in accurately discerning from the experiential narratives and psychological impact of distal combat on the participants of the study. Despite the limitations of working with a multicultural group, the recent combat experience in Iraq and Afghanistan, and the disparity in the age range of the participants from 35 to 55 years, these limitations did not impact the quality of their memories of distal combat operations. Before the study was approved by Walden University's IRB, the focus of the study was narrowed from veterans of the Vietnam and Operation Desert Storm conflicts to veterans who had fought in recent military conflicts in Iraq and Afghanistan.

A study by CQ Researcher (2012) found that traumatic brain injuries (TBI) due to explosions from improvised explosive devices (IEDs) and other ordinance have caused mild to severe concussion or internal injuries to the brains of veterans who have returned from Iraq and Afghanistan. The study found that TBI can lead to encephalopathy, which causes dementia, and can lead to episodic and/or semantic memory loss in its more severe or profound stages. CQ Researcher found TBI occurred in 20% of veterans returning from Iraq and Afghanistan. Memory loss is difficult to discern without the use of diagnostic testing, and the current qualitative study, which narrowly focused on the psychological impact of distal combat on 10 veteran participants, could not determine the

extent or type of impact that distal combat operations had on the memories of the veterans.

On the other hand, the quality and accuracy of the study participants' narrative were not impacted because there were no reported cases of organic or acquired memory loss. Before the individual research interviews were conducted, participants were asked to respond to their ability to remember distal combat events, and they all reported that the quality of their memories had not been compromised by their combat experiences. This study was limited in scope regarding the impact of multiple deployments because there were no existing opportunities to observe participants during distal combat operations. The participants reported that technological advancements in modern warfare enabled them to accurately target enemy combatants, which helped to minimize casualty counts among civilians, women, and children. Participants also reported on the extent to which combat stress affected their thinking, emotions, and behavior during distal combat operations. Excerpts of the interviews about their experience of distal combat are presented in Chapter 4.

Baker et al. (2009), Boyle (2013), Cleveland et al. (1983), Cruz (2010), Dekel and Goldblatt (2008), Fitzsimmons and Sangha (2012), Hoge et al. (2004), Jennings et al. (2006), Jones et al. (2013), Kalns et al. (2011), and Macgregor et al. (2009) conducted research with female participants who had engaged in proximal combat. It would have been important for equal numbers of female and male distal combat veterans to have volunteered to participate in this study. However the female combat veterans who had been recruited to participate in the study did not meet the inclusion criteria and were

excluded. Every effort was made to recruit available female veterans for the study by disclosing a need to recruit male and female veterans with distal combat experience in the recruitment flyer.

Significance

O'Connell (2009) noted that despite unquantifiable numbers of enemy combatants and civilians injured or killed through the use of UAVs or drone attacks, very little was known about the psychological impact of distal combat warfare on soldiers in the U.S. Army. Also unknown was the emotional toll that unintended human casualties from drone strikes and smart bombs might have had on the soldiers. Results showed that aggravating events between soldiers and enemy combatants often led to civilians being injured or killed during distal combat operations. Details of the results are presented and discussed in Chapters 4 and 5. Stein et al. (2012) found that neither the U.S. military nor other previous researchers have published any research on distal combat warfare and that there has been limited information about the psychological effects of this form of combat on soldiers. The thematic analysis of the experiential narratives of veterans led to the following outcomes:

1. The study results enhanced and broadened understanding about distal combat and the psychological and physical implications for veterans who served in the U.S. military (Anderson, 2010; Boyle, 2013; Cleveland et al., 1983; Fitzsimmons & Sangha, 2012; Lindlaw, 2008; Wall & Monahan, 2011).
2. The findings enhanced knowledge of the ways in which combat stress affects veterans and soldiers during and following distal combat operations to support

future research in this unique area of combat, including psychological, physical, and socioeconomic implications for the families of soldiers, as well as potential political implications for policymakers.

3. Data from the study enabled distal combat veterans who fought in Vietnam to learn the extent to which their manifestation of emotional, behavioral, and physical symptoms of combat stress are similar or relevant to the combat stress experienced by distal combat veterans of recent conflicts in Iraq and Afghanistan.
4. Cannon (as cited in Hagen, 1993); Cleveland et al. (1983); and Dekel and Goldblatt (2008) found that all veterans and soldiers, no matter how close or how far they are from actual combat, can experience vulnerability in the face of relentless attacks and counterattacks, and that some might choose to fight or take flight. Conducting this study led to the production of qualitative data showing that the participants experienced emotional, psychological, and existential vulnerabilities during distal combat operations. Their narratives might enable new generations of soldiers and future veterans to develop more emotional and psychological tolerance and resiliency to physical and environmental vulnerabilities during distal combat operations.
5. Empirical research on distal combat stress or a discussion of distal combat operations and their short- to long-term psychological and physical impact on distal combat veterans should raise the awareness and consciousness of those who initiate wars.

Summary

Proximal and distal combat operations are two distinct combat environments defined by the U.S. military. The characteristics and relevance of both combat environments to active duty soldiers and veterans were presented in this chapter. The short- to long-term psychological impact of combat stress on soldiers and veterans in proximal combat environments was presented in this chapter. Also presented was the lack of research on the emotional, psychological, behavioral, and physical implications of distal combat operations. The current study provides empirical data on the emotional, psychological, and behavioral manifestations of distal combat operations.

The focus of the study and the types of qualitative methods and strategies that were used to recruit participants as well as collect and analyze the data were intended to minimize or eliminate any ambiguity about the elements of the study. I presented the phenomenon of distal combat stress, along with its emotional, psychological, behavioral, and physical impact on veterans during operations and their aftermath. I also introduced and discussed proximal and distal combat, immediacy, and peritraumatic experience in the context of traumatic events. In addition, I explained how the purpose of the study aligned with its focus and methodology.

Results of the comprehensive search of the combat literature, a discussion of the gap in the distal combat literature regarding what is currently known about the psychological implications of combat stress and PTSD for active duty soldiers in war zones, and future implications for distal combat veterans will be expanded on in Chapter 2. Expansion of the theoretical framework of this study and its contribution to current

understanding of combat stress research are discussed in the next chapter. In conclusion, major sections of the combat stress literature, including the etiology and onset of combat stress in the proximal combat environment, as well as the lack of data on distal combat stress in the literature, were reviewed and are discussed further in Chapter 2.

Chapter 2: The Literature Review

Introduction

This chapter presents a detailed overview of research that examined the psychological impact of proximal and distal combat on soldiers and veterans. With a focus on the mental, emotional, and behavioral consequences associated with combat experience, the review includes findings on the physiological and biochemical effects of exposure to combat stress.

The U.S. Army (2012) reported that soldiers often are vulnerable to combat stress in any military environment. Active military combat engagement occurs in two principal environments: proximal combat and distal combat. Proximal combat is fought in close quarters, such as hand-to-hand combat in city streets and rural areas; distal combat is executed from remote locations, including warships, warplanes, UAVs, or drone units. Before the current distal combat study was completed, combat stress research had focused almost exclusively on soldiers engaged in proximal combat. Most previous research had paid little attention to the potential mental health effects of distal combat, despite ongoing remote combat engagements during the recent conflicts in Iraq and Afghanistan.

Figley and Nash (2006) explained that even though much has been learned about the long-term effect of combat exposure, the direct observation of soldiers in combat roles, when and if possible, can yield important information about their emotional and behavioral responses to combat stress and PTSD 15 to 30 years after leaving military service. However, given U.S. military restrictions on civilians in simulated and active

combat environments (U.S. Army, 2008), observing soldiers in combat has been difficult for civilian researchers. This study sought to obtain the retrospective accounts of soldiers' experiences and personal narratives regarding the psychological impact of distal combat (e.g., mood, emotional, and behavioral reactions) and its direct impact on soldiers and veterans. Results of this study provide future researchers with data that they can use to conduct their own examinations of distal combat and its psychological impact on combat soldiers.

Limited information on combat stress in distal combat environments prompted the need for this study. As Solomon et al. (2005) did in their 20-year longitudinal study of proximal combat stress treatment outcomes in the Lebanon war, the use of a qualitative research approach in this study facilitated the collection of information from distal combat veterans regarding their experiences. This study captured and analyzed firsthand narratives of soldiers' emotional, psychological, and behavioral experiences regarding the onset of combat stress in the distal combat environment.

Literature Search Strategy

The following search terms were used to conduct a thorough review of the literature on combat stress: *combat stress, combat stress in manifestation, posttraumatic stress disorder, PTSD, U.S. Army in combat, U.S. soldier in Iraq, US Army in Afghanistan, proximity combat, distant combat, UAVs in combat, drone warfare, drone pilots, face-to-face combat, recent combat veterans, physiological response to combat stress, correlation studies of combat stress, depression and PTSD, psychological response to combat stress, behavioral response to combat stress, etiology of combat*

stress, combat stress during World War I, combat stress during World War II, combat stress and families of soldier, combat stress studies, combat stress research, the manifestation of combat stress, flight-or-fight response during combat, individual differences among soldiers, U.S. Air Force during recent combat, military invasion in the Persian Gulf, Operation Desert Storm, Operation Iraqi Freedom, Operation Enduring Freedom, traumatic brain injuries and *blast-induced injuries in combat.*

Databases used during literature review included Walden Dissertations, EBSCOhost, PsycINFO, PsycARTICLES, SAGE Full Text Collection, Military & Government Collection, MEDLINE with Full Text, ProQuest, ISTSS Online, Research Foundation for Mental Hygiene, Gartner, U.S. Department of Veterans Affair, Ovid Journals, Pnas, ICPSR and ETS Research.

Combat Stress: A Historical Perspective

The effect of combat stress on soldiers first came to the attention of the U.S. military during World War I; prior to that conflict, very little was known about its physical, psychological, and behavioral manifestations, as well as its etiology and neurophysiological pathways. Nash (2013), himself a veteran, researcher, and psychiatrist at the DoD, asserted that prolonged exposure to combat in Iraq and Afghanistan would have long-term physical and psychological implications for soldiers and veterans of both wars.

Also prominently featured in combat stress research has been the work of Cannon (as cited in Hagen, 1993), who learned about the physical and psychological manifestation of combat injuries while working on the combat shock ward in Belgium

during World War I. Cannon witnessed the traumatic effect of combat as soldiers were brought in from the battlefield to be treated for their injuries. Cannon noted that soldiers who suffered "physiological shock" (as cited in Hagen, 1993, p. 4) during combat often died of their injuries because of the precipitous drop in their blood pressure.

Some of the scientific questions that influenced Cannon's research (as cited in Hagen, 1993) were the following: (a) "How do animals survive in an often dangerous world?" (b) "Why doesn't every injury lead to the fatal disruption of vital processes?" and (c) "How is the normal balance of life maintained in a constantly changing environment?" (p. 95). Hagen (1993) reported that Cannon wanted to learn about the human body's physiological response to combat stress and understand whether the body has the biological capability to develop resiliency to shock or trauma. During the many experiments that he conducted with animals in a structured laboratory environment, Cannon learned how the adrenal gland and the hormone epinephrine play major roles in the body's response to stressful events. Cannon also learned that during severe traumatic events, if the body's autonomic nervous system (ANS) and sympathetic nervous system (SNS) are interrupted, or if the brain is unable to trigger a biochemical response to perceived external threats, the body's ability to respond appropriately is immobilized.

Cannon (1932) credited Greek philosopher Hippocrates for his work on homeostasis, described by Hippocrates as the *vis medicatrix naturae*, or the body's natural ability to pool its cells' physiological processes when an organ of the body is threatened or upset (para. 5). Regarding self-regulation, Cannon credited German physiologist Pfluger for recognizing the natural adjustments of the body's processes

toward a steady state of organism. Cannon also found that all living things, including humans, are driven by the need to survive and can be driven to any length to fulfill or satisfy that need. He noted that the body has the ability to resist changes induced by external causes and is capable of resisting internal disturbances. He found that although mammals often are confronted by dangerous internal and external disturbances, most of them continue to survive. When Cannon conducted his initial research on combat stress, he did not have access to such modern equipment as positron emission imagining to observe the body's response to trauma or extreme stress at the neural or cellular level.

In a similar study of the brain's biochemical activities during combat stress responses, Van Wingen et al. (2012) examined whether long-term exposure to combat stress could shrink or reduce neuronal activities in the brain, subsequently causing deficits in cognitive functioning. Van Wingen et al. studied the mesofrontal, or dopaminergic, circuit region located in the midbrain. Van Wingen et al. conducted pre- and posttests with combat soldiers before and after deployment to Afghanistan. They used functional and diffusion tensor imaging to determine whether prolonged combat stress exposure lasting 18 months or more can reduce "neuronal activities in the substantia nigra and ventral tegmental areas due to reduction in dopamine turnover in the terminal region of the prefrontal cortex" (para. 3). This area of the brain is critical to the decision-making process. Their results suggested that severe combat stress can lead to the development of psychiatric symptoms, including those associated with PTSD and impaired neurocognitive functioning.

Physiological Factors in Combat Stress Studies

Cannon (as cited in Hagen, 1993) researched the ways in which the body reacts to stress; in particular, he wanted to study the body's ability to self-regulate during the onset of stress during combat. In his study on self-regulation, Cannon found that once an animal is removed from a controlled environment, it cannot "respond adaptively to stress," a situation that can cause its body to go into shock when exposed to trauma (as cited in Hagen, 1993, p. 99). Cannon hypothesized that soldiers' poor physiological processes or their biochemical response to events, including fear, anxiety, heart palpitations or a rise in blood pressure, were causing them to experience severe levels of combat stress for which neither ANS nor SNS could compensate. He recommended that researchers focus on combat stress responses. Hagen (1993) also cited Cannon's influence on neurophysiologists Wiener and Selye, noting how they have continued to conduct research that has contributed to the current understanding of stress.

Selye (as cited in Sandor, Tache, & Somogyi, 2012) sought to understand the physiological implications of stress, for which he used animals in his initial study of thymicolymophatic, involution gastric ulcers, lipid discharge from the adrenal, and loss of chrimafinnity in the medulla. Of particular interest was Selye's study of alarm reactions. According to Sandor et al. (2012), Selye's working title for his research was the "general alarm reaction of organisms" (p. 474). He preceded Canon in noting that all living things have the internal biological capacity to self-monitor against impending danger. This self-monitoring capacity enables simple and complex living organisms to take the necessary precautions to protect themselves from any perceived existential threat.

After learning about the physiological implications of stress, Selye later described it as a "non-specific adaptive response to various kinds of agents" (as cited in Sandor et al., 2012, p. 474). Selye found that these adaptive responses enable various organisms,

including humans, to develop survival strategies during stressful situations. Selye coined the term *stress* in 1950 when he published his findings on the body's stress response mechanism (as cited in Sandor et al., 2012). Selye and Cannon made important contributions to research on stress and paved the way for future research on combat stress.

Initial Onset of Combat Stress

In a normative aging study of early life combat exposure, Jennings et al. (2006) found that men who reported significant combat stress also had some level of PTSD. The initial longitudinal study was conducted between 1961 and 1970 with 2,280 veterans who showed no serious physical or mental illness from combat stress or combat exposure. In their study in 2006, Jennings et al. used a sample of 1,742 men from the original study. Of the 83% or 1,445 participants who responded, 1,389 were veterans.

A second longitudinal study with 615 veterans was completed in 2001. Like the initial study, the study by Jennings et al. in 2006 measured combat exposure and the positive and negative effect of combat stress using the Adult Self-Transcendence Inventory. Jennings et al. found that a "quadrilinear relationship between combat stress, combat exposure and wisdom" existed among the 615 men, thus indicating "how one appraises and copes with problems may be more important in the prediction of positive adaptation than the simple occurrence of stress" (p. 115).

Jennings' et al. (2006) found that when soldiers are exposed to combat stress, over time, they gradually become more resilient, to a point where some soldiers and veterans begin to develop new perspectives on how to adapt psychologically and

physically. With subsequent onset of combat stress during combat and the eventual onset of PTSD in the aftermath of war, Jennings et al. found that with the passing of time, some soldiers and veterans go through an adaptive process of accepting the reality of war. This is especially true for veterans who come out of retirement to reenlist in the army. Linley and Joseph (2004) found that a moderate level of combat experience was associated with wisdom, suggesting that when some soldiers are faced with the reality of combat, they develop positive adaptation coping skills to deal with traumatic events due to combat stress. Linley and Joseph suggested that individuals who experience traumatic events such as military combat often achieve a level of functioning that is higher than that which they experienced prior to such combat.

Another longitudinal study on combat exposure was conducted by Schnurr et al. (1993), who compared the combat stress experiences of 540 civilians and veterans. Schnurr et al. found that combat exposure had a positive effect on select populations. Despite the positive effect that combat stress or direct combat exposure can have on some veterans, the results of the Schnurr et al. study found that combat stress experience can have significant negative psychological and physical consequences for soldiers and veterans.

Combat Stress and PTSD Outcome

Information gleaned from previous researchers (e.g., Jennings et al., 2006; Linley & Joseph, 2004; Schnurr et al., 1993) on the effect of combat stress and PTSD continues to be used to treat the negative combat experiences of soldiers. Past findings are being used to provide positive short- to long-term psychological benefits, including mental

stability, for veterans after they conclude combat duties. The review of the literature found connections between combat stress and implications for the onset of PTSD among soldiers and veterans of the wars in Iraq and Afghanistan. Symptomatic implications for PTSD include disorientation, fear of public places, irregular or disparate sleep patterns, suspicious behaviors, and anxiety about being in crowed places. What emerged from the review of the studies by Jennings et al. (2006), Linley and Joseph (2004), and Schnurr et al. (1993) were that (a) the environment of combat or type of combat engagement often is not clearly defined, which seems to suggest a lack of interest in categorizing the specific type of combat as either proximal or distal, and that (b) most researchers have focused on the proximal combat engagements that occurred in the streets of major Iraqi and Afghani cities. On the other hand, even where limited in scope or the classification of the types of combat environment, research by Jennings et al., Linley and Joseph, and Schnurr et al. has provided valuable data on the types of symptoms and stressors associated with the manifestation of combat stress and PTSD.

Combat-related stress is another element of combat that has been the focus of past research. Pavlina et al. (2000) suggested that combat-related stressors such as anxiety and guilt can trigger internal and external combat stress reactions (CRSs) such as "physiological, or psychological and physical stressors" (p. 195). Pavlina et al. remarked that when soldiers on the battlefield experience physiological sensory overload, or the emotional reaction of fear, shame, and guilt, such experiences can trigger psychological responses that can include resentment, self-isolation, deprivation, anxiety, or depression to resolve internal conflict over "survival instinct" and "commitment" toward the

performance of duty (p. 195). Pavlina et al. found that when soldiers are faced with life-or-death struggles during combat, they might react positively and make the effort to maintain the loyalty and honor of their comrades, unit, army, and family.

Mitigation of Combat Stress in Proximal Combat

The U.S. Army (2012) advocated for the treatment of combat stress injuries in the proximal combat environment, where combat soldiers are concentrated, so that they can return to combat duty if their overall health allows them to do so. U.S. Army protocol requires the continuous presence of soldiers in the immediacy of combat so that they are able to accomplish mission objectives. Treatment of combat stress or combat operational stress immediately following combat engagement using the PIE principles in research conducted by Jones et al. (2013) and Solomon et al. (2005) seemed effective and suggested that soldiers were confident, loyal, and committed, given that most of them returned to active combat immediately following treatment.

Even though most researchers of combat stress and PTSD have suggested that both factors can have short- to long-term impacts on soldiers' performance, interpersonal relationships, and quality of life, other studies, including Spoont et al.'s (2009) mixed methods investigation of proximal combat stress, along with the work of Jones et al. (2013), Noy (2001), and Solomon et al. (2005), have suggested that only a limited number of soldiers who experience combat stress or trauma develop PTSD. The purpose of Spoont et al.'s study was to explore the factors that led the veterans in their sample to seek mental health treatment for PTSD. Spoont et al. used a stratified purposeful sampling strategy to select 118 participants from veterans' centers. Only the 44 eligible

participants were interviewed. Semistructured interviews were employed to assess (a) veterans who were already in treatment for PTSD resulting from combat stress or exposure to other traumatic events, and (b) veterans who did not receive any treatment at all, even after reporting exposure to combat stress or other traumatic event. Spoont et al. reported that veterans who participated in treatment while in the immediacy of combat did not feel the impact of combat stress exposure or the onset of PTSD while on active duty. However, after some soldiers returned to the familial environment, they began to experience PTSD or related symptoms. Spoont et al. attributed this delayed onset to being surrounded by other soldiers at all times during combat operations, but not after combat.

According to Spoont et al. (2009), one soldier found that during moments of combat, some soldiers did not feel the direct emotional, psychological, behavioral, or long-term physical implications of combat (e.g., attempted suicide, physical pain, jobless, and homelessness) until they were back home in more secured environments. He described his experience with PTSD by commenting that “because of the setting, you really don’t notice it… but when I got back home here, that’s when things started changing and there were no army people around anymore…. So that’s where I started to struggle” (Spoont et al., 2009, p. 1459). Another veteran from the war in Iraq described his experience with the onset of PTSD by noting that “every time you pass by a car, you’re looking at it and making sure you are analyzing the vehicle… If you do that constantly, I think then you have an issue” (Spoont et al., 2009, p. 1459).

A third soldier described his delayed experience of PTSD in this way:

> This has been very difficult, because I for one haven't recognized that there's a problem over all these years. I've just lived with it and blocked it out. I didn't know I had a problem until 6 or 7 years ago. (Spoont et al., 2009, p. 1460)

Spoont et al. (2009) asserted that the presence of other soldiers often inhibited soldiers from acknowledging or disclosing their experiences or combat stress exposure or PTSD. They also noted that fear of being stigmatized prevented some soldiers from disclosing their experiences. Soldiers who reported on their experiences often only spoke of their physical injuries, not the psychological impact of what they had experienced. Spoont et al. mentioned that some veterans who met the diagnostic criteria for PTSD were concerned "about possible accusations of malingering for personal gain" (p. 1463) because they did not want to appear to be emotionally or mentally weak for being diagnosed with combat-related psychological disorders, including PTSD. Spoont et al. found that veterans and soldiers felt more comfortable discussing their physical wounds, which carried more of a sense of valor and honor, because they felt that the invisible wounds of combat stress and PTSD were more stigmatizing.

Spoont et al. (2009) recommended that future researchers assess the impact of being diagnosed with PTSD on soldiers. The review of the literature found other instances where soldiers and veterans were concerned about the stigma of being diagnosed with combat stress or PTSD, especially if their comrades became aware of the diagnosis. As such, some veterans and soldiers risked prolonging their suffering from combat stress or PTSD by underreporting their experience of combat-related symptoms.

A 20-year longitudinal study on the treatment of combat stress exposure in a proximal combat environment was conducted by Solomon et al. (2005), who sought to assess the efficacy of frontline treatment principles, known as "proximity to battle,

immediacy of treatment and expectancy of recovery (PIE)" (p. 4). Solomon et al. found that some soldiers exposed to proximal combat stress can be successfully treated using the principles of PIE. The primary objective of such treatment, as reported by Solomon et al., during the Lebanon war of 1982, and the U.S. Army (2012) during recent military conflicts in Iraq and Afghanistan, was to assess whether soldiers exposed to combat stress who were treated immediately using the principles of PIE could return to active duty combat.

Solomon et al. (2005) studied 79 combat soldiers who were being treated on the front line for combat stress exposure during the conflict between Lebanon and Israel. The researchers used 156 combat soldiers as a control group who did not receive treatment. For the placebo group, Solomon et al. used 194 soldiers who had not been exposed to combat. Findings from the initial study found that 70% of combat soldiers treated on the front line returned to battle more invigorated and more resilient to combat stress, 20% required long-term care, and the remaining 10% developed PTSD. The retest of veterans occurred 20 years after the initial study to determine whether there were lingering effects of PTSD among the veterans who received PIE treatment during the initial conflict. The researchers concluded that when soldiers are treated for combat stress exposure in the immediate combat environment, they often evidence greater resiliency and are less likely to develop PTSD. However, given that treatment was conducted in a single proximal combat environment, Solomon et al. felt that it limited their ability to generalize the findings. They recommended more research on other combat environments.

Preferred Methods to Evaluate and Assess Soldiers for Combat Stress

Since the conclusion of Solomon et al.'s (2005) longitudinal study, researchers have continued to study the efficacy of treatment for combat stress and PTSD. To date, most combat stress studies have focused on the proximal combat environment. Between 2009 and 2010, Jones et al. (2013) studied the effect of combat stress on 1,500 soldiers from the Afghani conflict. The results showed that when psychologists, psychiatrists, and other mental health professionals were placed in the proximity of combat to assess and treat soldiers for the onset of combat stress or PTSD, it minimized the stigma that the soldiers felt while requesting mental health evaluations for combat stress and PTSD. Jones et al. addressed a key concern of stigma by using anonymous reporting, and they found that more soldiers were willing to participate in the survey once they knew that their identities would be protected. Results suggested that anonymous reporting via e-mail allowed the soldiers to report incidents of combat stress without the fear of being stigmatized or identified as being weak for putting in AWOL requests.

To protect the identities of research participants, the U.S. military and private research organizations have begun to use e-mail with soldiers who want to report combat stress or PTSD anonymously (Hoge et al., 2004; U.S. Army, 2012). The U.S. military believes that it is providing anonymity to soldiers concerned about being stigmatized. Hoge et al. (2004) contended that incidents of combat stress and PTSD experienced by soldiers often are underreported out of fear that they might be stigmatized for coming forward about their combat stress or PTSD experience, which some soldiers and commanders consider an implied sense of betrayal.

To test this hypothesis, Hoge et al. (2004) conducted a pre-and postdeployment study with 2,530 U.S. soldiers from the conflict in Iraq and 3,671 U.S. soldiers from the conflict in Afghanistan. During the study, soldiers from both combat environments completed an anonymous, self-administered survey that screened for major depression, generalized anxiety, and PTSD. Results showed that combat stress exposure during combat engagement was significantly higher among soldiers deployed to Iraq, who met the criteria for major depression, generalized anxiety, and PTSD at 16% to 17%, respectively, percentages that were greater than the 11% aggregate among soldiers deployed to Afghanistan. Given the anonymous nature of the survey, Hoge et al. reported that the soldiers were more confident about their anonymity being maintained and less concerned about being stigmatized within their peer group for reporting psychological symptoms. Hoge et al. did not establish or categorize soldiers from the U.S. Army and Marine Corps as fighting in proximal or distal combat environments, information that was noted by Jones et al. (2013) and Solomon et al. (2005). Conducting the current study established clear distinctions regarding the nature of distal combat and its environment, and provided important data and direction for future distal combat studies.

Combat Stress and Physical Injuries as Antecedents of PTSD

Like most psychological presentations, combat stress can trigger other mental health problems. Combat stress and physical injuries resulting from traumatic events are antecedents of PTSD. Noy (2001) suggested that traumatic events in any environment usually occur in three stages of reactions. Noy defined the initial stage as “the stage of warning,” which is when the individual or soldier “perceives a specific threat” (p. 1). The

warning stage is characterized by disbelief or denial as the body experiences shock. The second stage is “the stage of impact” (p. 1), which is characterized by rapid changes in emotions, followed by the psychological, physical, and behavioral manifestations of combat stress that can cause individuals or soldiers to experience a sense of helplessness. Noy suggested that this stage is influenced by the use of coping mechanisms. The third stage is the “posttraumatic stage” (Noy, 2001, p. 2), which can be triggered “if a traumatic reaction ensues” (p. 1). Noy’s hypothesis suggested that even though individuals and soldiers have the potential to recover from PTSD, lingering effects remain.

Concerning the link between the traumatic experience, combat stress and PTSD onset, many studies, including those by Baker et al. (2009), Hoge et al. (2004), Noy (2001), and Solomon et al. (2005), continue to find a correlation between trauma experienced during recent conflicts in Iraq and Afghanistan and the onset of combat stress and PTSD. Other researchers have sought to establish relationships among mental illnesses such as depression, substance abuse, and PTSD.

Baker et al. (2009) studied 339 veterans and reservists from Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF). Baker et al. used a self-report questionnaire to assess for combat exposure, depression, substance abuse, and PTSD symptomatology frequency and severity. Using a hierarchical logistic regression model, Baker et al. found that 64% of the participants met the criteria for PTSD, depression, and/or substance abuse. The remaining 36% did not test positive for symptoms of any psychological disorders. In a retest analysis, Baker et al. found that the

history of exposure to trauma and combat stress varied among members from different branches of the military (though they failed to identify the branches of the military from which participants were drawn).

Researchers such as Baker et al. (2009) and Hoge et al. (2004) have suggested that correlations exist among trauma, combat stress, physical injuries, and PTSD. Regarding physical injuries and PTSD, MacGregor et al. (2009) conducted a study to determine whether a correlation existed between physical injuries and PTSD. They wanted to measure the correlation between PTSD onset among soldiers with battle injuries and those without injuries. Their sample comprised 831 soldiers with injuries and 1,137 soldiers without injuries from the 2004-2005 Iraqi conflict. The soldiers were from the U.S. Marine Corps, but no proximal or distal combat environment classification was given for the soldiers who had sustained physical injuries. This lack of classification was contrary to studies by Jones et al. (2013) and Solomon et al. (2005), in which combat environment classification was assigned to soldiers. Classifications such as face-to-face, direct, proximal, or distal combat environments provide clarity about the type of psychological or physical injuries that soldiers sustain in specific combat environments. The results indicated that soldiers with battle injuries were more susceptible than those without injuries or PTSD. The potential of being diagnosed with a psychological disorder also increased with the severity of the injury sustained.

Comorbidity of Combat Stress With Other Psychological Presentations

Comorbidity of combat stress and other psychological symptoms such as phobia and depression has been suggested by Campbell and Morrison (2007) as occurring among

soldiers during combat. In their survey study, Campbell and Morrison found that sporadic or sustained combat engagement could lead to co-occurring morbid conditions such as combat stress, panic attacks, phobias, depression, and sleep disorders. In extreme instances, Campbell and Morrison asserted that surprise attacks or prolonged combat engagements caused soldiers to become paranoid or delusional after the onset of combat stress. To find co-occurring conditions such as combat stress exposure, delusion, and paranoia, Campbell and Morrison surveyed 41 soldiers and asked them to report their experience of any "delusional ideations and or paranoia symptoms" (p. 187) that were correlated with combat exposure and posttraumatic experience that could cause soldiers and veterans to exhibit paranoid ideations and delusional beliefs. Campbell and Morrison also found that soldiers who were exposed to combat were more susceptible to "hallucinations and bizarre delusions" (p. 188).

Combat is a precursor to the onset of other psychological disorders and a predictor of stressful events among soldiers and veterans previously deployed in Iraq and Afghanistan. Mitchell et al. (2011) conducted a "rapid epidemiologic investigation" (p. 575) of the onset and cause of disease immediately after soldiers were triaged from the battle front using a Likert multi-item scale survey method to measure core military principles, the impact of combat, the severity of stress, cohesion, and the ability to report the misconduct of comrades. The Mitchell et al. study was conducted with 1,592 male soldiers to assess military characteristics, combat experience, perceived stress, cohesion among units, and willingness to report misconduct of comrades. Mitchell et al. completed their study 6 months following soldiers' deployment to Iraq. Using the Combat Exposure

Scale (CES), soldiers were asked to rate the stressfulness of each combat experience using a 5-point Likert scale of responses: 1 (*strongly disagree*), 2 (*disagree*), 3 (*somewhat disagree*), 4 (*agree*), and 5 (*strongly agree*). Mitchell et al. used confirmatory factor analyses (CFAs) to measure combat exposure and willingness to report misconduct by soldiers during battle. They then assigned elements of cohesion to separate latent factors.

Mitchell et al. (2011) then used CFAs and latent profile analysis to test the possibility of consolidating individual items into latent factors that might have been suitable for structural equation modeling. Results showed that 92% of the soldiers experienced moderate stress and severe trauma during combat engagement and that 88% of the soldiers knew someone who had been injured or killed during combat. Mitchell et al. also found that during combat, the soldiers experienced stress at levels based on the "consistency of exposure, severity of trauma, and the individual's ability to processes the uniqueness of their combat experience" (p. 580). As a result, Mitchell et al. found that individual differences played a significant role in each person's experience and that some soldiers experienced the emotional, psychological, behavioral, and physical impact of combat differently depending on the roles that they played.

Combat Stress Experience and Childhood Memory of Trauma

Researchers such as Dekel and Goldblatt (2008) and Owens et al. (2009) have investigated co-occurring psychological conditions such as childhood experience of trauma, later exposure to combat stress, and exposure to the combat environment to learn the extent to which such early experiences led to depression and or PTSD. Owens et al.

studied the comorbidity of combat stress, depression, combat exposure, and PTSD. They used the Childhood Trauma Questionnaire (CTQ), the CES, the Hamilton Depression Rating Scale, the Mississippi Scale for PTSD, and the Clinician-Administered PTSD Scale to assess combat stress and PTSD acquisition on veterans who had fought in recent conflicts. Owens et al. studied 299 male veterans from Operation Desert Storm as well as the conflicts in Iraq and Afghanistan. Participants were 74% European American, 23% African American, and 3% Other. The results showed that veterans of Operation Desert Storm who reported higher levels of combat stress on the CES and increasing levels on the CTQ experienced lower PTSD severity. However, reports of lower levels of combat stress on the CES and increasing levels on the CTQ for veterans resulted in higher PTSD severity. Owens et al. found that early childhood trauma influenced the manifestation of PTSD, even for veterans with lower levels of combat exposure. Owens et al. recommended that future researchers concentrate on identifying soldiers who will develop psychological disruptions such as combat stress or PTSD after being exposed to combat.

Transgenerational Effect of Combat Stress and PTSD

Another important area of combat stress research has focused on the psychological impact of traumatic experiences on the children of soldiers and combat veterans. Dekel and Goldblatt (2008) assessed the transmission of traumatic stress or PTSD from the veteran fathers of war to their sons to gain insight into how and why combat stress or PTSD was transferred to the children of veterans, some of whom (i.e.,

the children) never experienced military combat. Dekel and Goldblatt asked the following questions:

1. Which father had greater tendency to transmit their distress to their offspring?
2. What is transmitted from father to son?
3. How is distress transmitted and through which means?
4. Which children are among the most vulnerable to the transmission of PTSD distress in the family? (p. 281)

Dekel and Goldblatt (2008) studied 155 sons of veterans of various conflicts to determine the extent to which traumatic stress might have been transmitted to them by their veteran fathers. There was no explanation for the exclusion of females from the sample. The results showed that some of the sons of combat veterans scored significantly higher in PTSD symptoms, psychiatric symptoms, suicidality, guilt, and loss of religious faith. The onset of combat stress, PTSD, and other symptoms among the sons of soldiers who did not participate in active combat were significantly lower. Dekel and Goldblatt suggested that to fill the gap in the research into secondary trauma among children of veterans, a longitudinal qualitative study needs to be conducted using a more diverse sample. Dekel and Goldblatt proposed that a longitudinal study be conducted because their study had focused exclusively on the male children of veterans. Without knowing the effect of combat stress or PTSD on the daughters of veterans, generalizability of the results remains limited.

Distal Combat Stress Experience

Pilots in the U.S. Air Force have flown countless combat missions over enemy targets. Cleveland et al. (1983) studied the history of the U.S. Air Force and suggested that from

a historical perspective, pilots flew the most combat missions during World War II. Cleveland et al. found that in order to support air warfare, also referred to in this study as distal warfare, during World War II, 2.4 million pilots, navigators, bombardiers, gunners, radio operators, clerks, artist, flautists, teachers, mechanic, statisticians, and engineers were required to execute that war successfully. Members of these tactical fighting forces formed a vertical hierarchy known as squadrons, groups, wings, and commands. Cleveland et al. (1983) found that the U.S. Army Aeronautical Division became a signal corps on August 1, 1907, and acquired its first plane in 1909. Subsequently, the 1st Aero Squadron was formed in Texas in March 1913. Cleveland et al. wrote that during World War I, in 1919, the American Expeditionary Force deployed between 202 and 260 aircraft squadrons to provide night bombardments on enemy positions and territories. Despite these humble beginnings, Cleveland et al. noted that by 1944, the U.S. Air Force had activated its Commando Group, comprising sophisticated combat units that attacked bridges, railroads, barges, troop positions, oil wells, and airfields.

Following World War II, the United States advanced its distal combat capabilities while expanding the various departments and divisions under which they operated, including the U.S. Navy, the U.S. Air Force, pilots, smart bombs, and missile technologies. Wall and Monahan (2011) reported that the United States has an advanced distal combat capability that is becoming heavily reliant on UAVs and drones to fly combat missions in remote corners of the world. Wall and Monahan reported that the development and use of UAVs increased dramatically following the September 11, 2001, terrorist attacks in the United States. Members of the U.S. Congress, other politicians, and military leaders began to advocate for new surveillance and aerial weapon systems capable of detecting and destroying enemy combatants from a distance. This capability and lethality seemed to have found an audience among some decision makers in government and segments of the public (Anderson, 2010; Boyle, 2013; Fitxsimmons & Sangha, 2012; Lindlaw, 2008; Wall & Monahan, 2011).

McDonnell (2012) argued that drones have helped the United States to fight the war on terrorism from a distance. Lindlaw (2008) asserted that pilots who fly UAVs from

thousands of miles away also experience some of the same psychological stresses experienced by their comrades in the proximal battlefield environment. Lindlaw and McDonnell both made compelling arguments about drone warfare and the similarity of combat stress experience among soldiers in proximal and distal combat environments. However, Lindlaw's argument lacked clear empirical evidence to support it.

Cruz (2010) asserted that the use of UAVs gives unprecedented advantage to the U.S. military because they "do not have humans onboard UAV flights…; that UAV missions provide a level of endurance that exceeds the capabilities of manned aircrafts due to physical limitations" (pp. 8-9). Cruz proposed that the use of UAVs is cost effective, will cut back on deployment time, and might reduce the stress on families. Technological advances and the use of UAVs are important milestones for the U.S. military, but Cruz's assertion that the use of UAVs might reduce the stress on families has yet to be supported by empirical research.

Wall and Monahan (2011) argued that when Lindlaw (2008) reported on drone operations, he implied that killing from a distance is "clean, precise and noble without the shock of confrontation" (p. 246) than one would encounter in proximal combat. Wall and Monahan asserted that in distal warfare, the victims often become psychologically invisible because "soldiers appear to achieve a moral dissociation" (p. 246). This dissociation might occur through soldiers rationalizing that missiles, smart bombs, and artillery launched from a distance only impact preselected targets and that there might be no significant impact if most preselected targets are nestled away from civilian populations, including women and children. By developing this rationalization, soldiers

are able to emotionally, psychologically, and morally disconnect from events in and around the immediate combat environment. Lindlaw reported that previous psychological analyses have suggested that killing enemy combatants is easier from a distance but can become difficult once the soldiers come within close proximity of their targets. As indicated by Lindlaw, there were no data on how combat stress is manifested in a distal combat environment before the current study was conducted. The results are presented in Chapters 4 and 5.

Gal and Jones's Psychological Model of Combat Stress Theory

Despite current knowledge and use of combat stress models, including Eriksen, Murison, Pensgaard, and Ursin's (2005) cognitive activation theory of stress (CATS) to study and learn about the impact of combats stress on soldiers and veterans, Gal and Jones (1993) preceded Eriksen et al.'s CATS framework by hypothesizing that elements of stress, including combat stress, often are based on fear and limited exposure to combat stressors. When Gal and Jones developed their psychological model of combat stress theory, they relied on work by Eriksen et al. with professional skydivers or military parachutists in 1978 to assess the human fear response after exposure to skydiving. Eriksen et al. learned that this exposure or conditioning can be replicated in different scenarios of human learning and experience. Eriksen et al. found that mental stress formed the basis of their investigation on the pervasive nature of psychological challenges among cross-cultural military personnel and civilian population. They reported that despite personality and emotional differences, when people mastered particular tasks, they developed acceptable levels of tolerance or psychological

expectancy. Eriksen et al. asserted that such psychological expectancy can reduce stress levels when individuals are faced with similar situations.

Although Eriksen et al. (2005) used test-retest measures to study the responses of parachutists or skydivers to stress during controlled jumps from an airplane outside the real combat environment, it seemed relevant to the current study in that it also sought to learn about or analyze the outcome of direct exposure to fear as a combat stressor. The same can be said for the research conducted by Gal and Jones (1993), who sought to develop a specific combat stress model based on empirical evidence from war environment over several decades including World War II, the Korean and Vietnam wars, and the Yom Kippur war.

Gal and Jones (1993) sought to define combat stress within the context of its presentation using AVs, such as prior exposure to conflicts; changing battlefield outcomes; and family crises and their impact on how individual soldiers react or response to their comrades, units, and combat environments. In developing a combat stress model, Gal and Jones also sought to learn whether the interaction of AVs with MVs such as "appraisal process, modes of response, and modes of coping" (p. 133) can affect soldiers' ability to appraise changing situations during combat. The use of Gal and Jones' combat stress model seemed relevant during their study of appraisal method used by combat soldiers in response to changing situations during proximal combat. Their model could also be relevant in qualitatively studying how distal combat soldiers appraise variables that are consistently changing within the distant combat environment.

During development of their combat stress model, Gal and Jones (1993) defined human attributes, including personality traits, disposition, personal well-being, previous combat experience, and unique roles and placement in proximal or distal combat roles, that can influence decisions that individual soldiers make. They also noted that some research, including the results of their own study, found that soldiers who were

categorized as high performers and poor performers often were given combat assignments based on their previous performance and that repetitive exposure to fear stimulus, similar to the exposure strategy used in Eriksen et al.'s (2009) parachutist study, can mediate negative combat stress response in all combat environments. Gal and Jones found that the types of roles that soldiers play during combat can alter how they appraise and respond to combat stress based on combat situations. Other factors Gal and Jones identified as enhancing or degrading soldiers' abilities were performance, stress tolerance, and self-confidence during combat.

In their hypothesis, Gal and Jones (1993) noted that "offensive and defensive operations differ in how each generates stress reaction" (p. 138). In regard to modern offensive combat operations, Gal and Jones found that soldiers did not experience the same level of stress found in defensive military operations in which landmasses such as Iraq and Afghanistan were being defended. Offensive combat operations are fundamental to distal combat operations. In their combat stress theory, which was based on findings from previous conflicts, Gal and Jones proposed that in defensive combat, soldiers often feel a sense of helplessness, given that they might feel a minimum sense of control while under direct fire. They also asserted that during offensive combat engagement, soldiers who feel in control often are distracted from any concerns about their personal safety.

Gal and Jones's (1993) theoretical model was relevant to the current study in that it defined symptoms of combat stress, described soldiers' personality traits, and explained how the soldiers responded when faced with dynamic combat situations. Gal and Jones spent decades developing elements of combat stress based on how soldiers appraised

physiological and physical response to combat situations during war. Gal and Jones used qualitative research strategies with soldiers from the Yom Kippur, Vietnam, and Korean Wars to test their test the validity of their combat stress theory.

Combat Stress in Other Research

Grier's (2012) review of soldiers' cognitive readiness to engage in military combat found that the transactional model of stress among soldiers could increase or decrease their ability to response to threats based on how the individual soldiers perceived their combat role. In many military combat studies, the issue of stress or PTSD has been featured prominently. Social science and combat stress research by Cannon (as cited in Hagen, 1993); Eriksen et al. (2005); and Lazarus (1993) has provided some theoretical foundation for combat stress-related studies during the past several decades.

Creswell (2009) purported that for research to be empirical, it must closely align with a particular theory and the framework that underpins the theory. Such alignment adds continuity to the social science literature. This structural approach, Creswell argued, creates an opportunity for researchers to observe phenomena and then collect and record data derived from those phenomena. The current study used an open-ended interview strategy to understand the negative psychological implications of distal combat on veterans who had fought in recent conflicts in Iraq and Afghanistan. Creswell also stated that in choosing a theoretical framework, researchers must ensure that the theory aligns with the purpose and objective of the original study being conducted. Another key objective of the current study was to learn what role individual differences played in the veterans' development of combat stress or their resilience to it. The study also sought to

learn about the types of cognitive changes that the distal combat soldiers went through during simulated combat training and actual engagement in combat.

Summary

Themes developed from the review of the combat stress literature were fight-or-flight response, mental and physical fatigue, fear, anger, pessimism, and emotional outbursts. All of the themes held symptoms that were reflective of the manifestation of combat stress in the proximal combat environment. The researcher also found that some veterans and soldiers underreported their psychological symptoms because they feared that their comrades and commanders would perceive them as vulnerabilities that would make them appear weak and susceptible to the onset of combat stress during proximal combat engagements. Other results of research (e.g., Campbell & Morrison, 2007; Figley & Nash, 2006; Jennings et al., 2006; Linley & Joseph, 2004; Schurr et al., 1993) have indicated that veterans who reported their combat stress experience also stated that some of their comrades seemed to develop negative perceptions of them, including perceived inability to develop resiliency to combat stress. Such negative perceptions from peer group led some veterans to develop poor self-concepts and negative self-appraisals that affected their ability to function outside of the military environment, particularly with families and communities.

Dekel and Goldblatt (2008) reported that in some instances, some Korean and Vietnam wars veterans who experienced short- to long-term psychological consequences of combat stress and PTSD also witnessed the negative impact of combat stress on their children decades after their participation in combat. They began to experience pervasive

symptoms associated with combat stress and PTSD such as numbness, sense of emptiness, social anxiety, paranoia, self-isolation, nightmares, sleep disorders, poor interpersonal relationships, and suicidal attempts and completions. The children of veterans who later became soldiers, as well as some children who remained civilians, experienced similar combat stress and PTSD symptoms attributable to combat service of their fathers or grandfathers.

As indicated by results mentioned in the combat stress literature, the majority of combat stress investigations by researchers such as Hoge et al. (2004), Jones et al. (2013), and Noy (2001) involving traumatic experiences were completed with soldiers or veterans who had fought in proximal combat environments. The fact that most combat stress and PTSD studies completed in proximal combat environments have been quantitative in nature supported the need for an original qualitative study. The use of a basic qualitative research method, including the use of generic interpretive methods and open-ended interviews, enabled this study to explore the participants' narratives of their distal combat experiences. The use of the generic interpretive method, as proposed by Braun and Clarke (2006) and Merriam (2002), facilitated the corroboration of the participants' individual experiences and their collective narratives as distal combat veterans. Despite being an important qualitative research method, the use of multiple sources, as suggested by Merriam, was not part of the data collection process.

As discussed in Chapter 3, the study used nonprobability, purposive sampling to select 10 veterans with distal combat experience from recent conflicts in Iraq and Afghanistan to participate in the study. This study used a qualitative lens to investigate

combat stress and the psychological impact of distal combat. This study used a generic interpretive methodology (i.e., open-ended interviewing) to collect the data from the 10 participants. The study also used thematic analysis method to manually code and transcribe the interview data. The data collection and analysis protocols are explained in Chapter 3.

The purpose of the study was to investigate the possible implications of combat stress on distal combat veterans, their families, and their communities, and how they reacted emotionally and behaviorally to this stress. Results of the study not only enhance current understanding of the implications of combat stress for soldiers and veterans of distal combat operations but also provide new directions in understanding the short- to long-term psychological impact of distal combat on veterans, their families, and communities. The information gleaned from the study has the potential to engender social change.

Chapter 3: Research Methodology

Introduction

The mechanics and theoretical lens of this study were guided by the principles and frameworks of theorists and researchers who have conducted similar qualitative studies. The rationale for using a qualitative framework for conducting an original study that looks at the emotional, psychological, behavioral, and physical implications for distal combat veterans is presented throughout this chapter. Selection of the research site, strategies to recruit participants, and data collection process are discussed.

Chapter 3 focuses on the use of a generic interpretative method and a data collection process that honored the paradigm of qualitative research and the sanctity of military service while protecting the confidentiality of the distal combat veterans.

In this study, I sought to understand the short- to long-term psychological implications of distal combat stress on veterans who participated in recent conflicts in Iraq and Afghanistan, and how their services in artillery combat support units or in battalions as remote drone pilots informed their narratives. The study explored antecedent events that triggered anxiety, fear, depression, survival instinct, self-isolation, and suicidal ideations among distal combat veterans during active duty or after they returned to their local communities.

In referencing the impact of combat stress, Cruz (2010) asserted that it is important to learn about the long-term psychological implications of engaging enemy combatants in distal combat environments. Using a qualitative research method helped to elicit the long-term psychological implications of distal combat. The most preferable approach was meant to capture the narratives of distal combat veterans using an open-ended interview strategy. Spoont et al. (2009) found that veterans can be more reflective about their combat experiences after discharge from active duty.

Creswell (2003) suggested that in qualitative research, it is the researcher's responsibility to identify the "essence of human experiences" (p. 15). By using qualitative research, the study explored how combat stress manifested among distal combat veterans and what coping strategies the veterans used to mitigate its impact. After selecting to work with an unregulated veterans' organization, recruitment flyers were distributed among members of the organization who had distal combat experience from recent conflicts in Iraq and Afghanistan. A copy of the cooperation agreement can be found in Appendix A. It should be noted that only male distal combat veterans participated in the study, something that did not allow for the emergence of diverse combat experiences.

Despite the letter of agreement signed by the director of the unregulated veterans' organization, there was an understanding that no participants could be recruited or selected without authorization from Walden University's IRB to proceed with the study. The director of the organization also was made aware that participation in the study of distal combat veteran members belonging to the organization depended on their ability to meet the inclusion criteria. Ten participants met the inclusion criteria to join the study. Details are provided later in the chapter.

Research Design and Rationale

Review of the literature found that most research on combat stress (Baker et al., 2009; Boyle, 2013; Campbell & Morrison, 2007; Cleveland et al., 1983; Cruz, 2010; Dekel & Goldblatt, 2008; Fitzsimmons & Sangha, 2012; Hoge et al., 2004; Jennings et al., 2006; Jones et al., 2013; Kalns et al., 2011; MacGregor et al., 2009; Mitchell et al., 2011; Noy, 2001; Owens et al., 2009; Pavlina et al., 2000; Schnurr et al., 1993; Solomon

et al., 2005; Spoont et al., 2009; Stein et al., 2012; U.S. Army, 2012; Wall & Monahan, 2011) has been quantitative and has focused on combat soldiers who have fought in proximal combat environments. Researchers who have examined distal combat operations and its impact (e.g., Boyle, 2013; Cleveland et al., 1983; Cruz 2010; Fitzsimmons & Sangha, 2012; Kalns et al., 2011; Lindlaw, 2008; McDonnell, 2012; Wall & Monahan, 2011) have suggested that (a) distal combat veterans can provide valuable insight into the current capabilities of the U.S. military and how it conducts or directs asymmetrical distal combat warfare, and (b) such distal combat minimizes the exposure of U.S. soldiers to combat stress and other psychological symptoms. The current distal combat study found that the veterans who had participated in recent distal combat operations in Iraq and Afghanistan were exposed to the same onset of combat stress as soldiers and veterans mentioned in the studies reviewed in Chapter 2. Exposure to distal combat stress is discussed further in Chapter 4.

Boyle (2013) and Cruz (2010) focused on the various elements of distal combat, including the use of UAVs, drones, remote pilots, and manned aerial vehicles as early as World War I. However, they did not explore the potential distal combat stress experienced by soldiers during Vietnam, Desert Storm, or recent conflicts in Iraq and Afghanistan, nor did they explore the experiences of remote pilots recently engaged in surveillance and distal combats using predator drones and UAVs over Iraq, Afghanistan, Pakistan, Syria, and other parts of the world.

Cruz (2010) suggested that there could be significant psychological implications for remote drone pilots and artillery launchers who have fought in recent distal combat

environments. However, access to remote predator drone and UAV pilots remains heavily restricted by the U.S. military, so this study did not recruit active duty soldiers serving as remote drone pilots. The study instead focused on exploring ways in which distal combat veterans dealt with the symptoms or onset of combat stress during distal combat operations. The qualitative nature of the study limited it ability to quantitatively correlate the combat stress experienced by proximal combat soldiers in the reviewed studies and the stress experienced by the distal combat veterans who participated in this study.

Research Questions

Four RQs were the foundation upon which the open-ended interview questions were developed. The four RQs were characterized to learn about the emotional, psychological, and behavioral experiences of distal combat veterans during the immediacy and aftermath of distal combat operations and upon return to civilian life.

> RQ1: What are the primary concerns of distal combat veterans when engaging enemy combatants from a distance?
> RQ2: To what extent do veterans characterize their experiences during simulated combat training and actual distal combat operations as psychologically or physically stressful?
> RQ3: If distal combat veterans experienced the onset of emotional, psychological, behavioral, or physical symptoms during combat, how do they describe such experiences?
> RQ4: If distal combat veterans experienced specific symptoms of combat stress, such as guilt, anxiety, depression, social phobia, and withdrawal or self-isolation, to what extent do they attribute their emotional reactions, peritraumatic stress, and other psychological consequences to distal combat engagements?

Given that very little was known about the impact of combat stress on soldiers involved in distal combat, and because the data on distal combat veterans were limited in scope, the use of a qualitative approach was appropriate for this study. Miller and Daly

(2013) stated, “Although qualitative data cannot solve problems or causal connections, it is particularly relevant where there is ambiguity about terms and variables” (p. 6). They further noted that qualitative research allows the participants to contribute to the study and that their responses can help to promote the interest of a culture, a group, or society as a whole.

Role of the Researcher

Dickson-Swift, James, Kippen, and Liamputtong (2007) suggested that qualitative researchers be reflexive and assess the impact of their role on the participants or the findings. The purpose of using an open-ended interview protocol was to allow the participants’ narratives to be distinct, unrestricted, and unvarnished. To gain access to veterans who were members of the unrestricted veterans’ organization from which they were recruited, developing rapport and trust with participants was sought during the initial stages of recruitment leading up to data collection. This process of developing rapport and trust with the participants was explained in the recruitment flyer (see Appendix B. The study’s expectations were outlined in the demographics survey and the informed consent. Establishing clear expectations ensured that the participants were aware of the parameters of the study and why it was being conducted. It also ensured that the privacy of the participants was protected throughout the study.

It was the responsibility of the researcher to assure Walden University’s IRB that the study would be conducted ethically. Relevant information included details regarding participants’ protection during data collection and the general storage of the data. A list containing 30 names, locations, and access numbers for national and local veterans’ crisis

centers and mental health organizations was included in the IRB application. Research forms provided to Walden University's IRB were the informed consent, research ethics planning worksheet, signed letter of cooperation agreement, demographics survey, and debriefing form (see Appendix C). As mentioned earlier, veterans who were members of an unregulated veterans' organization that did not fall under the DoD's Instruction 3216.02, Part 7, and Instruction 3216.02 were recruited. This chapter further discusses the measures to safeguard the well-being of the veterans who participated in the study.

Dickson-Swift et al. (2007) asserted that during research, it is important for researchers to adhere to rules regarding professional conduct that do not breach ethical boundaries. As such, the inclusion and exclusion criteria were clearly stated in the informed consent form to ensure that interested individuals understood the guidelines for participation. The study informed distal combat veterans about the DoD's (2012) Instruction 3216.01, Part 7, and Subparts B, C and D that research participants who are service members cannot have cognitive impairment, mental illness, and physical disability issues when agreeing to participate in studies. They were informed that having cognitive impairment or mental illness issues could impact their ability to accurate remember or narrate distal combat events, both of which were fundamental to the study.

Given the concern about the veterans' mental health, participants were asked during the interviews if they were agreeable to continuing with data collection. Veterans were informed that they would be periodically asked this question to ensure their safety. No participants stopped their private interviews or reported feeling overwhelmed or having shortness of breath or increased heart palpitation, defined by the U.S. Army

(2008) as symptoms of PTSD. As such, there was no need to discontinue any of the interviews.

For an added level of assurance and security, the participants were provided with the names, addresses, and phone numbers of 30 national and local veterans' crisis centers, mental health facilities, and suicidal prevention and intervention hotlines. No confidential information about the veterans was requested on the demographic survey form or any other documentation. The participants' interview responses were kept confidential and will continue to be safeguarded until the study has been completed and published.

Veterans did not knowingly or unknowingly disclose any confidential information, and no identifiable data were included in the final study. Identifiable information such as their names was coded; dates or birth, social security numbers, and places of residence were not disclosed. As a protective measure, all personal information was secured, as established in the IRB application form. Participants were informed about the established protective measures described in the study, such as their right to stop the interview and the availability of contact information for local veterans' crisis centers, to ensure that they felt safe during data collection.

Conducting this qualitative study required following an etic perspective about the participants' distal combat stress experience by remaining an objective and unbiased listener and communicator during the interviews. Great care was taken to recruit veterans who had no professional clinical relationship with the researcher, including during clinical assessments and psychotherapeutic lectures during practicum and internship training, to avoid any sense of obligation or loyalty that any of the participants might

have felt. To ensure that this situation did not happen, 21 veterans living in various states who belonged to an unregulated veterans' organization and who had no personal or professional affiliation with the researcher were recruited; 10 were selected to participate in the study.

The 10 participants were instructed and encouraged not to minimize or underreport their distal combat experiences because doing so could have undermined the study's validity and reliability. The results of Spoont et al.'s (2009) study indicated that some soldiers do underreport their combat stress experience because they fear being maligned or stigmatized as weak soldiers by comrades. At the end of data collection, the participants were debriefed to ensure that they were knowledgeable about the resources they could contact if they began to experience emotional, psychological, or behavioral difficulties.

Participants were informed of follow-up plan to discuss the debriefing form to ensure that they returned to preresearch functioning in daily living. Eight participants were contacted directly, and they reported no maladaptive functions attributable to their being in the study. Two participants could not be contacted, despite repeated efforts. Participants were informed that the results of the study might be published in social science journals, and presented at professional conferences so that others can be informed about the findings.

Methodology: Generic Interpretative Qualitative Research

Basic or generic interpretative research was used as an inductive process to ensure that more attention was focused on the phenomenon or experience being studied. This

process included focusing on the narratives of the participants without being driven or restricted by the sequential procedure of traditional qualitative research. Caelli et al. (2003) explained that generic or basic qualitative research has become a common approach to conduct qualitative studies, especially for researchers who prefer to avoid stricter adherence to traditional qualitative research procedures. Cooper and Endacott (2007) suggested that a traditional qualitative method can become complicated when different disciplines use terms or protocols that confuse the intended audience. Cooper and Endacott argued that the characteristics of traditional qualitative methods often tend to limit their applicability to studies that might only seek to conduct basic research outside the paradigm of a more traditional qualitative framework such as phenomenological or narrative research.

Given that the study explored four areas of inquiry outlined in the RQs, the primary method of data collection proposed by Merriam (2002) was interviewing. Merriam suggested that researchers use more than one source of data collection such as the combination of interviewing and observation to conduct a "field study" (p. 14). However, the U.S. military has inherent limitations that restrict the observation of soldiers in the natural setting of combat by civilian researchers. As such, Merriam suggested that researchers use other data collection methods, such as reviewing documents like "photographs, audio recordings, public records, and personal documents" (p. 13). He suggested that documents can be a "strong source of data…that do not intrude upon, or alter the settings in ways the presence of an investigator might" (p. 13). Merriam further suggested that "interviews can be conducted by email" and that electronic media

such as “web pages, online publications” (p. 14) can be used to corroborate interview accounts of participants, and increase the validity of the study.

Merriam (2002) reported that there are many advantages to using more than one data collection method. The study used an integrative approach that included open-ended telephone interviews and follow-up questions, evaluation of the collected data, review of transcriptions, and identification of codes and merging of themes to ensure the integrity of the reported and corroborated individual accounts of distal combat experience. Merriam further suggested that the use of an integrative approach can increase the validity of the study. The careful reviews of individual narratives, along with the corroboration of themes and data collected from the participants, ensured the use of Merriam’s three-point data triangulation method to increase the validity and reliability of the study.

Merriam (2002) proposed that fundamental in generic interpretive studies are key characteristics that require researchers to “strive to understand the meaning people construct about their world and their experiences” (p. 5) and to become the “primary instrument” (p. 5) for data collection and analysis. He stated that researchers as human instruments can be immediate, responsive, and adaptive to all aspects of data collection and analysis. The use of characteristics of generic interpretive qualitative method such as becoming a human instrument of the study and striving to understand the meanings that the participants assigned to their experiences aligned with the study’s overall objectives of (a) learning about the onset or manifestation of combat stress in distal combat, and

(b) obtaining firsthand accounts of distal combat stress from the veterans' perspectives, along with their narratives about their relationships with comrades, friends and fallen soldiers.

Merriam (2002) suggested that the development of consistent themes from the participants' narratives, including themes developed from the review of documents such as letters from friends and family, as well as official documents from government agencies or professional organizations, can corroborate and validate findings of the study. The signed letter of cooperation ensured that the participants were members of a combat veterans' organization, and it served as an official document of record. As such, the solicitation and review of extra corroborating documents such as personal and official letters suggested by Merriam was not necessary. Merriam also found that using multiple sources for data collection, such as in the current study, can increase the validity of the study. He suggested that data collection methods and strategies such as the review of individual narratives, themes, and data collected from the participants are appropriate in generic interpretive research, especially given that traditional qualitative methods might be too restrictive (Cooper & Endacott, 2007; Hornsten, Sandstrom, & Lundman, 2004; Manias, Aitkins, & Dunning, 2004). The review of individual narratives, themes, and data collected from the participants was intended to corroborate the narratives of the distal combat veterans and increase the validity and reliability of the study.

Participant Recruitment and Selection

As already mentioned, the participants were recruited through an unregulated and independent veterans' organization, whose director signed a letter of cooperation agreement that facilitated the recruitment of participants from among its male and female members. Recruitment flyers were distributed through the director, who was authorized

to represent the organization. The background of the organization through its website, videos, and contributions to the community was reviewed to validate the integrity of the process. The members were contacted after Walden University IRB reviewed and granted approval to conduct the study.

According to the U.S. 2nd Marine Division (2014), most distant combat soldiers served in the 1st and 2nd 10th Marine artillery battalion of the U.S. Marine Corps. They provided surface-to-surface and surface-to-air fire support during distal combat in both OIF and OEF situations. The U.S. 2nd Marine Division, defined as the 10th Marine division, has a major role on the battlefront of a fast-acting mobile fighting force that can set up artillery battery, engage enemy targets from a distance, and transition to other locations.

The 10th Marine artillery battalion is based at Cherry Station Point Champ Lejeune, North Carolina. Distal combat soldiers form in the Low Altitude Air Defense battalion, whose duty as defined by the U.S. 2nd Marine Division, is to provide ground based air defense and are part of the Marines' Aircraft Wing also in Cherry Station Point, North Carolina. The combat veterans recruited to participate in this study trained with soldiers from many parts of the United States in simulated combat and subsequently participated in recent military conflicts in Iraq and Afghanistan.

Inclusion and Exclusion Criteria

Inclusion criteria. The study recruited 10 participants who were the veterans of distal combat experiences in Iraq and Afghanistan. Recruitment was narrowed to focus only on veterans from recent conflicts in Iraq and Afghanistan by distributing flyers to

members of an unregulated veterans' organization. The director of the organization disclosed that some of its members had served multiple tours of duty in Iraq and Afghanistan.

The distal combat veterans who were recruited from the organization had to meet the following inclusion criteria:

1. They had to disclose that they had served as active duty distal combat soldiers in Iraq and or Afghanistan in the demographic survey and consent form. Such disclosure, coupled with being recruited by the director of the organization, validated their distal combat service.
2. During recruitment, they had to read and sign the consent form and complete the demographics survey to be considered for participation in the study.
3. Participants had to be distal combat veterans and former members of a branch of the U.S. military that conducts distal combat operations.
4. They had to be registered members of the unregulated veterans' organization in the study. The members had to have distal combat experience in the U.S. Air Force, Army, or Navy.
5. They had to be available and willing to articulate their distal combat experiences.
6. They had to agree to participate in the data collection process via face-to-face interviews, teleconferences, or Skype. If any participants wanted to remain completely anonymous, they were allowed to respond to the same set of interview questions via e-mail.

7. Participants had to consent to be interviewed and recorded using a digital recording device.
8. Participants had to agree to participate in interviews of between 45 and 90 minutes. They had to agree to participate in follow-up interviews if necessary. They also had to agree to be debriefed and followed up with 2 weeks after the initial interviews.
9. Participants were informed that their role in the study was voluntary and that they would not be compensated. However, they were informed that at the end of data collection that they would receive a $50.00 gift card, the maximum financial gift giving allowed by the DoD. This gesture was applicable to all participants who stayed in the study, declined, or opted out.

Exclusion criteria. Participants were informed they could be excluded or could opt out if they met any of the following exclusion criteria:

1. Participants were excluded from the study if information on the demographic survey form indicated that they met the DoD's (2012) Instruction 3216.01, Part 7, for vulnerable population or Instruction 3216.02 under the definition of disproportionate unduly stress in daily living. This instruction was especially important for female combat veterans who were pregnant or veterans who were facing potential incarceration or awaiting sentencing. Such vulnerability had to be disclosed in the demographics survey.

2. Any participant who disclosed experiencing difficulty remembering past and current events on the demographics survey was excluded, especially if participating in the study meant undue stress for them.
3. If any participants were jailed before data were collected was excluded.
4. If any participants experienced flashbacks or decompensated during data collection, immediate help would have been sought for them from the nearest national or local veterans' crisis centers. However, such an event would have met the criterion for exclusion.
5. If any veterans were recruited and then subsequently admitted or confined to an in-patient psychiatric hospital, they were excluded.
6. Distal combat veterans reenlisting for active duty service in the U.S. military were excluded.
7. After data collection, if any participants later disclosed that they had fabricated their combat experiences, their data were not used in the analysis.
8. Any narratives that were proximal combat oriented were excluded and not used in the data analysis.

Given there were no data on distal combat experiences, precautions were taken to develop interview questions that did not ask the participants about specific combat events in an effort to avoid or minimize triggered peritraumatic experiences or flashbacks, as described by Spoont et al. (2009). As mentioned previously, participants also were asked during the interviews if they were agreeable to continuing with data collection. This questioning was meant to create a breakaway point where they could reassess their

participation. All participants chose to continue the interviews, and all were given assurances about predefined safety measures.

Sample Size

The study used a small sample of 10 distal combat veterans. To develop a better understanding of the nature of distal combat engagements, nonprobability, purposive sampling was used to select participants for the study. Palinkas et al. (2015) defined nonprobability purposive sampling in qualitative research as one way to identify and select participants who had experienced a specific phenomenon and could provide rich narratives. Palinkas et al. explained that nonprobability, purposive sampling is based on the principle that the knowledge and understanding that researchers have about the unique characteristic of groups or populations enable them to develop criteria for the selection or exclusion of participants.

Creswell (2007) and Daiute and Lightfoot (2004) recommended that researchers conducting qualitative studies recruit small numbers of participants whose lived experiences meet the objectives of their studies and that the participants must reflect the beliefs or experiences of the target population. The recruitment of 10 participants and the use of nonprobability, purposive sampling aligned with the recommendations of Creswell as well as Daiute and Lightfoot.

Creswell (2007) and Patton (1990) proposed that for qualitative studies that use purposive sampling, if the collected data are rich in terms of describing the experiences, data saturation can be achieved with eight to 10 participants. Data saturation means that redundant data begin to emerge and that no new data are being generated to add to the

phenomenon being studied. As such, recruiting 10 participants for this study was prudent. In the event that combat veterans were excluded and participation fell below the minimum level of eight participants, having up to 10 participants provided flexibility for the study to elicit a robust distal combat narrative from participants to ensure data saturation. In any event, if the level of participation had fallen below eight participants, the unregulated veterans' organization discussed in this study agreed to allow the study to recruit additional distal combat veterans from among its registered members.

Data Collection

For interpretive qualitative research, Merriam (2002) proposed that the data be collected using an interview protocol and a review of documents such as letters, memos, journals, and photographs as an integrated method. Open-ended interviewing and the review of data, as suggested by Merriam, facilitated obtaining the distal combat veterans' narratives relevant to the emotional, psychological, and physical impact of their distal combat stress experiences. Creswell, Hanson, Plano, and Morales (2007), as well as Merriam, suggested that during the data collection process, researchers collect artifacts like family memos and official correspondence to analyze the individual and collective meanings that combat veterans hold about the combat or cultural experience. As such, obtaining a signed letter of cooperation from unregulated veterans' organization validated the participants' membership and status as combat veterans from recent conflicts in Iraq and Afghanistan. The letter also added significant credibility to the participants' experiential narratives and individual accounts of distal combat events.

Jones et al. (2013) emphasized that given their collective experience, soldiers who have fought in direct combat seem to form strong emotional and psychological bonds with their comrades. Part of this bond includes connecting to past experiences through the review of documents such as photographs and letters from their comrades and families. E-mail has become an important source of written communication in a contemporary society. Connelly and Clandinin (2011) suggested that using e-mail as a data collection tool can increase the validity of the data. Based on their and Merriam's (2002) suggestions, the study used e-mail as an important data collection tool that ensured the anonymity of the distal combat veterans while their consent was being elicited during the recruitment and selection of participants.

Data Collection and Analysis

Interview Questions

The interview protocol was based on the four RQs outlined in Chapter 1. Creswell (2007) suggested that when designing a qualitative study, it is important to focus on learning the meaning of the experience that each participant brings to the process. The interview questions were designed to explore ways in which distal combat stress was experienced by 10 combat veterans.

1. Can you describe a typical day in the life of a distal combat veteran or soldier during active distal combat?
2. Did you ever experience your time involved in distal combat as stressful? If so, would you please elaborate?

3. What aspects of your distal combat experiences did you find particularly challenging?
4. Can you describe some of the emotions you experienced during distal combat operations?
5. How would you describe your experience during simulated distal combat training?
6. Can you describe the type of relationship that existed between you and your fellow soldiers?
7. Can you explain or describe some of the primary concerns that you had when engaging enemy targets from a distance?
8. Do you feel there have been any long-term mental or physical health consequences for you as a result of engaging in distal combat?
9. How would you describe the types of strategies that you used to cope with any mental stress you may have experienced during distal combat?

Follow-up interview questions were based on how each participant responded to the initial and all subsequent questions. Creswell (2009) advised qualitative researchers to closely evaluate various research approaches before selecting the strategy that best aligns with the purpose of the study. Careful consideration was given to other qualitative research methods before selecting nonpurposive, probability sampling. Kawulick (2008) suggested that the main tool for collecting qualitative data can be a “structured in person or telephone interview with carefully worded questionnaire” or an “in-depth interview in which a rigid form of questioning is not followed” (p. 96). In-depth, open-ended

interviewing was used to obtain the participants' narratives without interference, meaning that the narratives were articulated within the context of the participants' individual and collective distal combat experiences.

Thematic Analysis

Riessman (2002) proposed that a thematic narrative analysis can be used in most qualitative studies, including traditional research and basic interpretive research, especially given that the main objective of thematic analysis is to place "exclusive focus" (p. 53) on the content of the narratives, not on why and how the narratives were constructed. Riessman found that based on the types of interview questions or the types of interview relationships (i.e., congenial, adversarial, or guarded) that develop, study participants often are willing to narrate sequences of events that led to their symptoms and illnesses; in the current study, the narrations focused on the psychological and physical symptoms of combat stress among combat veterans.

For this study, an inductive thematic analysis fit with the purpose of understanding the context of combat stress manifestation in distal combat. Braun and Clarke (2006) defined inductive analysis as a process by which qualitative research data are coded using keywords that are developed into themes that encapsulate the narratives of how the phenomenon under investigation was experienced individually and collectively by the participants. Braun and Clarke explained that inductive thematic analysis is "a process of coding the data without trying to fit it into a pre-existing coding frame" (p. 12). Braun and Clarke proposed six nonsequential phases in thematic analysis:

1. The researcher must become immersed in the data analysis process by engaging in multiple reviews of the data through reading and listening, and to take notes about each analytical observation.
2. Coding of the data requires labeling keywords that are relevant to the RQs because codes are used to capture semantic and conceptual readings of the data.
3. Searching for themes requires the researcher to look for consistencies in the data that requires an active search process to construct themes.
4. When reviewing themes, the researcher must ensure that each theme works in relationship to the phenomenon being studied. In this study, the short- to long-term psychological implications for distal combat veterans was investigated. During the review of the data, multiple themes were collapsed, merged, or separated into two or more themes. As such, the use of manual coding enabled the study to create multiple instances of codes that conformed to the various themes found in the analysis of the narratives.
5. Defining and naming the themes required the researcher to use a hands-on approach to ensure uniform understanding of the relevance of each experience or meaning of each theme extracted from the data. Each theme was assigned a unique name.
6. Writing up keywords ensured collective or direct individual connections to the phenomenon. This process required the researcher to integrate or weave together a coherent and persuasive narrative about the collective experience of participants in the study.

Using thematic analysis, as proposed by Braun and Clarke (2006), and manual data coding facilitated the exploration and analysis of various themes and their relevance to the veterans' combat stress experience.

Issues of Trustworthiness

Validity and Reliability of Data

Golafshani (2003) stated that for the reliability of qualitative research to be accepted as trustworthy, the participants' narratives must be based on their lived experiences. For the current study, having combat veterans who had fought in recent conflicts in Iraq and Afghanistan participate was important. In particular, the use of distal combat veterans' narratives was intended to add validity and reliability to the study and the results. Only veterans who had experienced combat stress while participating in active distal combat environments could provide accurate accounts of their combat experiences.

Smith (2013) suggested that the use of multiple sources in qualitative research during data collection can add credibility to what is being found and reported, especially if the narrative from different sources seems to be moving in the same direction. For the current study, an open-ended interviewing approach, e-mail communication, telephone data collection, and the subsequent review of converging data and merging themes engendered greater confidence that the distal combat experiences that were reported were credible and reliable. Meijer, Verloop, and Beijaard (2002) purported that interviewing participants, reviewing documents, and corroborating each narrative for consistency in collective reporting, as was done in the current study, is a "triangulation by method" (p. 146) strategy for increasing the validity and reliability of qualitative research. Using the aforementioned approach not only enhanced each veteran's credibility, as indicated by Meijer et al., but also increased the validity and reliability of the distal combat experiences narrated by the participants. Employing attending skills provided a pathway to distal combat veterans in a one-on-one telephone interview environment that

engendered the robust and free-flowing reporting of their distal combat experience. Providing such unbridle open-ended platform allowed the veterans to willingly self-report their distal combat experiences, which gave meaning to their physical, emotional, and psychological experiences of distal combat**.**

Ethical Considerations

Creswell et al. (2007) reminded researchers that ethical considerations are critical to protecting the rights of study participants and preserving the integrity of their studies. Josselson (2007) identified key ethical issues in narrative research: ownership and intellectual property rights, confidentiality, deception, exploitation, informed consent, and avoidance of "hurt and harm" (p. 538) to the participants or their communities. The study began after meeting all of the requirements of Walden University's IRB.

In studies involving human subjects, the National Institute of Health (NIH, 2013) recommended that researchers address potential risks and benefits to the participants, make clear the steps taken to protect the participants from any potential risks, and obtain written informed consent from the potential participants. From an ethical viewpoint, and given that soldiers and veterans fall under the NIH's definition of human subjects, the study ensured that the veterans were informed about the potential psychological risks of being in the study and plans for professional intervention if necessary. Participants were informed of their right to withdraw from the study at any time without repercussions if

Confidentiality

In addressing confidentiality, Wiles, Crow, Heath, and Charles (2006) state that researchers are obligated to be the guardians of all confidential information provided by

study participants. The safeguarding of such sensitive information as participants' names, dates of birth, places of birth, schools attended, familial histories or records, places of residence, social security numbers, and enlistment records was paramount. The coding of data using inductive thematic analysis ensured the integrity and privacy of each narrative. Maintaining the confidentiality of information and the anonymity of the participants is morally and ethically required in research.

Confidential information disclosed by the participants during data collection was not disclosed to other participants during data collection or any other time in the study. Wiles et al. (2006) advised that confidentiality can be broken only if a participant discloses that he or she has committed a crime. Wiles et al. also suggested that researchers are morally obligated to report a participant's disclosed intent to do harm or information about a participant being at "risk of harm" or "reports of being a victim of a crime" (p. 5). With this being a distal combat study that involved the use of combat veterans, and with the DoD's Instruction 3201.01 regarding vulnerable populations, had any participant disclosed an intent to do self-harm or harm to others, this information would have been reported to a crisis center for crisis intervention and behavior monitoring to be implemented. Participants were informed that any disclosure during the interview process to do self-harm or harm to others would be documented and reported to a crisis team, a crisis center, or an attending mental health practitioner during crisis intervention. This requirement was discussed further in the informed consent. These requirements were confirmed verbally with the participants to ensure that they had read and understood the informed consent.

Informed Consent

An important criterion for conducting this original study was to ensure that informed consent was documented by, discussed with, and signed by each participant. Wiles et al. (2006) defined informed consent as "one of the most important tools for ensuring respect for persons participating in research" (p. 9). As such, the study ensured that all participants understood that participating in the study posed psychological, behavioral, and physical risks, including stress manifestation, anxiety, sleeplessness, suicidal ideation, and the possibility of reliving past experiences. Participants were advised to recess, stop, discontinue, or withdraw from the study at any point when they deemed it in their best interests to do so. Potential participants were informed that they had to meet specific inclusion criteria to be in the study. Participants were informed that if they began to manifest symptoms of stress PTSD or experience flashbacks during the interviews, the nearest crisis center would be contacted to provide them with immediate help. Participants were provided with the e-mail address and phone number of the researcher, the e-mail address and phone number of the study's chair, and contact information for Walden representative from the research department if they chose to withdraw from the study.

Summary

The RQ and the interview questions were restated in this chapter. The study used a generic interpretive qualitative research method, as suggested by Merriam (2002), to capture the meanings of the distal combat veterans' narratives about their unique individual or collective combat experience and any possible psychological impact during

their participation in distal combat operations. The study used a thematic analysis to assess the quality of the narratives and to identify themes based on each combat veteran's narrative with the goal of contributing to the literature on distal combat stress and to enhance current understanding of the psychological impact of distal combat. The study used nonprobability purposive sampling to recruit and select the 10 participants based on their meeting the inclusion criteria. The study used manual data coding and transcriptions to develop themes in clusters or groups relevant to their distal combat experiences.

The study recruited the 10 participants from the unregulated veterans' organization discussed earlier in the chapter. To qualify to participate in this study, the veterans had to be registered members of the organization and who did not meet the DoD's (2012) Instruction 3216.01, Part 7, Subpart B (pregnant woman and children) and Subpart C (prisons), and Instruction 3216.02. The study recruited 10 distal combat veterans who served in various roles in recent conflicts in Iraq and Afghanistan. Data were collected using an open-ended interview process. Chapter 4 presents the results.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to obtain the personal narratives of distal combat veterans who had participated in recent conflicts in Iraq and Afghanistan. Data were collected regarding the short- to long-term psychological, behavioral, and physical implications of distal combat stress derived from multiyear participation in conflicts in Iraq and Afghanistan. Astalin (2013) described qualitative research as a systematic scientific inquiry strategy that seeks to explain a social phenomenon. Merriam (2002) described the same method as "basic interpretive study" (p. 4), which integrates principles and elements from different qualitative approaches. The integration of qualitative strategies for recruiting and selecting participants as well as collecting data facilitated the use of nine open-ended interview questions to collect the personal narratives of the participants.

Creswell (2003) suggested that in qualitative research, it is the researcher's responsibility to identify the "essence of human experiences" (p. 15). The use of a qualitative lens facilitated the development of the four RQs and the nine interview questions. The data collection, transcription, coding, and thematic analysis captured the human experiences expressed in the participants' narratives.

Setting

Walden University's IRB granted permission to the conduct the study (IRB approval #11-20-15-00063309). Subsequently, 10 distal combat veterans went through a thorough recruitment and selection process to participate in this study. Veterans from an

unregulated veterans' organization discussed earlier were drawn from across the United States. The use of e-mail to recruit and select participants made their participation in the study and data collection from a distance possible. The interviews were conducted over the telephone. The average interview lasted 30 to 40 minutes. During the interview process, participants were informed about the voluntary nature of the study and their right to stop or discontinue the interview at any time if they experienced flashbacks or became overwhelmed by the questions or by events reported in their personal narratives. No one made a request to stop early.

As mentioned previously, potential participants were first identified through a letter of cooperation signed by an authorized representative of the veterans' organization that granted permission to access, recruit, and work with members who had engaged in distal combat operations in Iraq and Afghanistan. The letter of cooperation established the terms and conditions used by the study to gain access to the 21 veterans who were recruited to first complete the demographic survey to determine whether they met the inclusion criteria and then complete the informed consent once the criteria were met.

Demographics

After receiving IRB approval, recruitment began with the e-mailing of flyers to the 21 potential participants, three female and 18 male African American veterans. The majority of veterans recruited for the study were born outside of the United States. These initial participants were five commissioned officers of the U.S. Army, two majors and three captains. Of the 16 other participants who were noncommissioned officers, 13 were staff sergeants, master sergeants, and a sergeant first class, with two chief warrant officers and an army specialist. The potential participants were provided with five interview options: (a) direct interview, (b) two-way telephone interview, (c) teleconference, (d) Skype, or (e) e-mail interview. Informed consent and demographic survey forms were e-mailed to the 21 veterans; 15 completed and returned both forms.

The three female veterans were excluded because one had issues with memory; another declined, citing participation in previous combat research; and the third was an active duty soldier, which automatically excluded her from participating. Ten of the 12 male veterans met the inclusion criteria; one was excluded for being a chaplain in the army and another for not completing and returning the demographic survey, which sought specific information about distal combat service and experience without requesting personal medical or psychological information (see Table D1 in Appendix D).

To ensure their privacy and the anonymity of their information, the participants were given instructions on completing the distal combat stress research demographic survey form (DCSR2015). A code was assigned to each participant, along with military rank, initials, age range, gender, ethnic group, education, combat roles, years of service and number of deployments. Participants' levels of education were reported as follows: three had some college education, one had a college degree, four had some graduate education, and two had master's degrees. Participants ranged in age from 30 to 55 years. Most participants reported having served multiple tours of duties in Iraq and Afghanistan. The demographic information for each participant is presented in descriptive text.

1. DCSR2015Maj. S. B. was a male African American between 40 and 45 years of age who had completed some graduate education and had served three deployments over 20 to 24 years of military service as a distal combat commander or command supervisor in Iraq and Afghanistan.
2. DCSR2015Capt. L. W. was a male African American between 35 and 40years of age who had completed some graduate education and had served four

deployments over 16 to 20 years of military service as a proximal and distal combat commander in Iraq and Afghanistan.

3. DCSR2015CW2. C. C. was a male African American between 30 and 35 years of age who had completed some graduate education and had served two deployments over 8 to 12 years of military service as a proximal and distal combat battalion commander technical support leader for ground and air support missions in Iraq and Afghanistan.
4. DCSR2015SFC. J. Z. was a male African American between 45 and 50 years of age who had completed some graduate education and had served two deployments over 16 to 20 years of military service as a distal combat company and platoon leader for technical air support missions in Iraq and Afghanistan.
5. DCSR2015SFC. C. A. was a male African American between 50 and 55 years of age who had earned a master's degree and had served five deployments over 16 to 20 years of military service as a proximal and distal combat company and platoon leader for technical ground support missions in Iraq and Afghanistan.
6. DCSR2015SFC. A. G. was a male African American between 45 and 50 years of age who had completed some college education and had served six deployments over 16 to 20 years of military service as a proximal and distal combat company and platoon leader for technical artillery ground support missions in Iraq and Afghanistan.

7. DCSR2015SSGT. J. T. was a male African American between 40 and 45 years of age who had completed some college education, and had served four deployments over 16 to 20 years of military service as a distal combat and proximal combat squad and platoon leader for air support missions in Iraq and Afghanistan.
8. DCSR2015SSGT. M. S. was a male African American between 40 and 45 years of age who had completed some college education and had served three deployments over 16 to 20 years of military service as a distal combat squad and platoon leader for air support missions in Iraq.
9. DCSR2015SSGT. W. B. was a male African American between 40 and 45 years of age who had completed some college education and served four deployments over 16 to 20 years of military service as a distal combat squad and platoon leader for technical artillery battery support in Iraq and Afghanistan.
10. DCSR2015SPC. E. T. was a male African American between 40 and 45 years of age who had completed some college education and served four deployments over 16 to 20 years of military service as a distal combat squad and platoon leader for technical artillery battery support in Iraq and Afghanistan.

Data Collection

E-mail Data Collection

Merriam (2002) suggested that researchers conducting qualitative studies "strive to understand the meaning people construct about their world and their experiences" (p. 5) and become the "primary instrument" (p. 5) to collect and analyze the data. The veterans in the sample were given four interview options: telephone interview, teleconferencing, Skype, or e-mail. Each participant chose to be interviewed over the telephone.

Despite the letter of cooperation from the unregulated veterans' organization, no potential participants were contacted either through e-mail or over the telephone until approval from Walden University's IRB was received. A secure e-mail address was created for the study and used to forward forms relevant to the data collection procedure, including the recruitment flyer, informed consent, and demographic survey. The e-mail address will be decommissioned after the study has been completed and approved by Walden University. All e-mail addresses created and used for the study will be stored on a secure hard drive and safeguarded for up to 7 years, as detailed in the informed consent form. The participants were given a minimum of 7 days to complete and the return the informed consent and the demographic survey forms via e-mail. Of the 21 veterans who received both forms, 15 completed and returned them to the researcher.

Problems experienced during the recruitment protocol were attributed to a few veterans who reported that they did not read the research forms carefully. Some demographic surveys were returned with missing information; some veterans had problems signing and returning the informed consent form, despite explicit instructions to do so using an electronic signature or by simply typing in their first and last names. Four

participants reported having problems scanning the informed consent, even after being instructed that an electronic signature would suffice. The participants were assured that typing their names and date on the signature line would be acceptable.

After I reviewed the informed consent and demographic survey for completeness, veterans who were selected to participate in the study were notified through e-mail that they had met the inclusion criteria and would be contacted by telephone to arrange times for the interviews. Veterans who were excluded were notified why and were thanked for their interest.

Interview Data Collection

A proprietary digital recording device was used to collect audio data from the participants during the telephone interviews. To enhance or secure the integrity of each digitally recorded audio, the participants were advised to select quiet environments for the interviews. Considerable accommodations were made to ensure that the participants were comfortable with the data collection process. Only one participant requested that the interview be conducted while he was driving. His request was denied.

At the beginning of each telephone interview, participants were orientated toward the interview using an introductory statement similar to the one presented here:

Good afternoon Sergeant how're you doing? Thank you for confirming. Are you ready for us to begin this task? Basically to begin I will instruct or inform you that this is a qualitative interview, meaning that you are expected to respond to questions based on your personal experience of distal combat. Distal combat is fighting combat from a distance; artillery launching, missile firing from a ship, incoming, a combat where you don't actually see the enemy. That's what this research is about. I'm going to post nine questions to you; I want you to do your best using the quality of your memory to respond to these questions. And if at any point during the interview you begin to feel some type of flashback or anxiety, please let me know so we can stop the interview. And if you need help, I can get some help for you, okay? Very well! So here we go!

Toward the end of the interviews, participants were again thanked for agreeing to participate in the data collection process. At the end of each interview session, audio recordings were played back to ensure data availability and integrity. Participants were assured that their narratives would be transcribed verbatim. As such, great care was taken during the transcription process, which resulted in multiple audio playbacks, to ensure that the audio data were transcribed accurately.

On average, each telephone interview was 45 minutes long. The longest interview was 1 hour and 27 minutes; the shortest interview was 30 minutes. At the end of the data collection and transcription procedures, each participant was e-mailed a debriefing form and a copy of the individual transcription. Debriefing forms were signed and returned with no negative comments about the transcriptions.

Data Analysis

Thematic Analysis

Riessman (2002) suggested that a thematic analysis method can be used to analyze most qualitative research, including basic interpretive research. The main objective of thematic analysis is to place "exclusive focus" (Riessman, 2002, p. 53) on the content of the narrative, not on why and how the narrative was constructed. An inductive thematic analysis was selected because it was appropriate to understand the thick descriptions and contextual meanings that the participants associated with their distal combat experience in Iraq and Afghanistan.

Inductive Data Analysis: Textual Meaning of Distal Combat Experience

To place an exclusive focus on developing collective meaning from the experiential narratives, Braun and Clarke's (2006) "inductive analysis process" (p. 12) was used to code the keywords in the transcriptions that encapsulated the meanings that the participants associated with their combat experience. The use of predefined codes was prohibited because it might have been inappropriate for constructing themes from the actual distal combat experiences of the participants, such as the following subcategories found in Master Theme Category (MTC) 1: (a) existential threats from enemy combatants; (b) primary concerns avoiding friendly fires and collateral damage among women and children; (c) anxiety and concerns over uncertainties experienced by distal combat soldiers; (d) existential concerns over follow-up attacks following initial attacks; (e) suicidal ideations, attempts; and completion among distal combat soldiers; and (f) existential concerns over least experienced soldiers. During Phase 1 of data analysis, Braun and Clarke's thematic analysis method was used by the researcher to become immersed in the data analysis process through "multiple reviews" (p. 12) of each section of transcript before assigning distinct keywords relative to any of the four RQs.

Follow-up Interview Questions

Two follow-up questions were added to Interview Questions 2 and 5 to enable the participants to provide additional experience or residual information about their distal combat narratives. The follow-up questions also facilitated the extrapolation of information that helped to differentiate between simulated combat training and actual combat experience.

The audio recordings and transcriptions were replete with multiple follow-up questions to clarify the initial interview responses and questions. For this original distal combat study, follow-up questions were necessary to initiate and explore any residual

psychological stressors experienced during simulated combat training and actual combat events not disclosed after the initial interview questions were posed to the participants.

Research Questions Identified With Master Theme Categories

The nine MTCs were logically paired with each of the four RQs in sequential order.

> RQ1: What are the primary concerns of distal combat veterans when engaging enemy combatants from a distance?
> RQ1 aligned with MTC1, Concerns Over Existential Threats During Distal Combat Operations, and MTC4, Physical Adaptation to Distal Combat Operations.

> RQ2: To what extent do veterans characterize their experiences during simulated combat training and actual distal combat operations as psychologically or physically stressful?
> RQ2 aligned with MTC2, Trust Minimizes Vulnerability Among Distal Combat Soldiers, and MTC5, Adapting to Emotional and Psychological Stressors During Distal Combat.

> RQ3: If distal combat veterans experienced the onset of emotional, psychological, behavioral, or physical symptoms during combat, how do they describe such experiences?
> RQ3 aligned with MTC3, Psychological Stressors During Distal Combat Operations; MTC7, Psychological and Behavioral Triggers During Distal Combat; and MTC8, Distal Combat Soldiers' Family Stressors.

> RQ4: If distal combat veterans experienced specific symptoms of combat stress, such as guilt, anxiety, depression, social phobia, and withdrawal or self-isolation, to what extent do they attribute their emotional reactions, peritraumatic stress, and other psychological consequences to distal combat engagements?
> RQ4 aligned with MTC6, Distal Combat Soldiers' Difficulties Dealing with Grief and Loss, and MTC9, Distal Combat Soldiers' Coping Strategies.

Preset and Emergent Codes

All preset and emergent codes and the nine MTCs were developed using Microsoft Word documents to ensure easy transition and readability. The latest 3.1 version of Transana transcription software was purchased from the software developer's website to transcribe and analyze the data. The interrater reliability of the Transana software was evaluated against Dedoose transcription software, and both software packages were found to present the same problem of low-capability voice recognition and audio data transcription. Transcribed text data could be inputted into each software application for analysis; however, digital audio recording could not be directly transcribed using either software package.

The data were manually transcribed, analyzed, and coded to ensure an unbroken chain of data custody that produced results that were valid, consistent, and reliable. All transcriptions, emergent codes, and themes were scrubbed of any inadvertent inclusion of personal information. Having the names and personal information of participants in the study excluded from all interviews, audio recordings, transcriptions, and write-ups further illustrated the efforts to safeguard the anonymity of participants.

Defining and Naming Themes

Braun and Clarke (2006) proposed that when coding and analyzing qualitative data, researchers should consider using a hands-on approach to ensure a uniform and consistent understanding of the relevance of each theme to the meanings of the participants' experience. Given the narrow focus of the study on the distal combat stress experienced by veterans of recent conflicts in Iraq and Afghanistan, six categories of themes were developed initially that aligned with data collection, analysis, and coding.

The narratives were distinct yet similar in how the participants experienced distal combat operations.

Subsequently, nine distinct but converging narratives were digitally recorded and transcribed. To control or minimize the potential for chaos during coding, a color scheme was developed to distinguish categories of codes. After transcribing the data and reviewing the distal combat codes, it became difficult to simply converge or collapse 200 codes into the initial six categories. It then became necessary to separate and assign codes into more distinct categories based on the participants' distal combat experience. This distinction increased the number of categorical themes from six to nine, one of which was a DC category.

Collapsing 200 codes down to 75 and increasing the number of MTCs from six to nine provided a seamless convergence of narratives with clear distinctions in context and content. MTCs were assigned in no particular order of significance. Verbatim use of quotes is presented in full context in the Results section of this chapter. The thematic scheme being presented here was developed and color coded for easy recognition and readability. The nine themes and subthemes are as follow:

MTC1: Concerns Over Existential Threats During Distal Combat Operations. This theme had six subcategories: (a) existential threats from enemy combatants; (b) primary concerns avoiding friendly fire and collateral damage among women and children; (c) anxiety and concerns over uncertainties experienced by distal combat soldiers; (d) existential concerns over follow-up attacks following initial attacks;

(e) suicidal ideations, attempts, and completion among distal combat soldiers; and (f) existential concerns over least experienced soldiers.

MTC2: Trust Minimizes Vulnerability Among Distal Combat Soldiers. This category had five subthemes: (a) cultivate financial trust between soldiers and families, (b) develop trust relationship between soldiers and their commanders, (c) distal combat soldiers make decisions based on trust, (d) trust between soldiers diminishes stress and sense of vulnerability, and (e) soldiers share emotional and psychological bond based on trust.

MTC3: Psychological Stressors During Distal Combat Operations. This theme had eight subthemes: (a) extreme desert weather stressors; (b) death of comrades stressors; (c) distal combat survival stressors; (d) family separation and communication stressors; (e) distal combat mission completion and performance stressors; (f) mental, physical, and combat fatigue stressors; (g) self-blame, shame, and guilt stressors; and (h) element of surprise stressors.

MTC4: Physical Adaptation to Distal Combat Operations. This theme had eight subthemes: (a) accurate targeting to avoid friendly fire incidents, (b) adapting to follow-up attacks from enemy combatants, (c) distal combat soldiers must adapt to proximity living, (d) distal combat soldiers must adapt to insider threats, (e) adapting to asymmetrical enemy tactics, (f) adapting to simulated and actual combat improves success rate, (g) adapting to changing demands is mission critical, and (h) adapting to multiyear deployments increase physical vulnerabilities.

MTC5: Adapting to Emotional and Psychological Challenges During Distal Combat Operations. This theme had eight subthemes: (a) adapting mentally to distal combat operations, (b) more difficult to adapt to overwhelming emotional stress than physical stress, (c) established combat end date enable soldiers to adapt emotionally and psychologically, (d) distal combat soldiers adapt poorly after comrades are killed, (e) expressed empathy and proper grief response help soldiers adapt, (f) when distal combat soldiers adapt emotionally and psychologically they develop greater resiliency, and (g) distal combat veterans adapt poorly to psychological diagnoses.

MTC6: Distal Combat Soldiers' Difficulties Dealing with Grief and Loss. This theme had six subthemes: (a) unceremonious farewell to fallen comrades; (b) death of comrade soldiers creates anxiety, anger, and a sense of indelible loss; (c) difficult sending comrades' death notifications to family members; (d) packing the remains and belongings of fallen comrades to be shipped to families; (e) dealing with sleep apnea, grief, and shared empathy with families; and (f) delayed grief response to social media commemorations of dead soldiers.

MTC7: Psychological and Behavioral Triggers During Distal Combat Operations. This theme had six subthemes: (a) ethnic cleansing triggered long-term psychological and behavioral response; (b) sudden traumatic experience triggered freeze response and shellshock among some soldiers; (c) beheading training videos triggered alertness, fear, and survival instincts among distal combat soldiers; (d) longer tours of duty in distal combat zone triggered emotional breakdowns; (e) helicopter sounds

triggered memories of wounded and dead soldiers; and (f) tragic death of comrades triggered emotional, psychological, and behavioral responses.

MTC8: Distal Combat Soldiers' Family Stressors. This theme had six subthemes: (a) lapse in distant communication with families creates sense of longing; (b) effect of psychological breakdowns among soldiers and families; (c) physical distance from families creates loneliness, anxiety, withdrawal; and self-isolation; (d) family holidays, births, and anniversaries stressors; (e) physical and psychological inhibitions in familial environment; and (f) losing a family soldier and dealing with the memories.

MTC9: Distal Combat Soldiers' Coping Strategies. This theme had 15 subthemes: (a) letting go of the memories of combat requires professional help for coping; (b) mentoring inexperienced soldiers to develop emotional resilience and mindfulness; (c) develop emotional self-regulation and resilience through stress exposure; (d) staying positive while thinking about the future; (e) compartmentalizing to deal with combat stress and depression; (f) self-validation and traumatic stress avoidance helped inexperienced soldiers to cope; (g) expressed empathy helped soldiers to deal with combat stress and personal loss; (h) engaging in physical activities and momentary self-isolation helped soldiers to cope; (i) positive, happy thoughts of family alleviated stress; (j) close relationships with biological and military families helped soldiers to cope with military stress; (k) negative coping strategy, self-isolation, triggered mental instability; (l) engaging in physical activities helped soldiers to cope with psychological triggers; (m) watching movies and working out helped soldiers to decompress or calm down; (n) direct exposure desensitized and minimized cognitive and behavioral triggers; and (o) helping

inexperienced soldiers to develop emotional resiliency and mindfulness was an effective coping strategy.

DC: Discrepant cases in distal combat. This category had seven discrepant distal combat themes: (a) fanatical nature of enemy combatants in Iraq was mentally hard to overcome; (b) soldiers must remain cognizant of their surroundings to preserve life; (c) some people engaged in dissociative self-dialoguing; (d) Murphy's law applies in the military, that when things go wrong, they go wrong; (e) some military forward operating bases (FOB) are challenged by the lack of modern conveniences; (f) a psychological challenge to watch four soldiers die by fire; and (g) negative coping strategy, substance use, and becoming intermittently explosive as stress response.

Evidence of Trustworthiness

Credibility

Smith (2013) suggested that the use of multiple sources in qualitative research during data collection can add credibility to the results, especially if the narratives from different sources are moving in the same direction. E-mail and telephone communication were used during recruitment and audio recording, respectively, of the data.

To increase the credibility of the study, the following protocols ensured that the participants were distal combat veterans from recent conflicts in Iraq and Afghanistan, and that they were aware of the voluntary nature of the study as well as the recruitment and selection processes.

1. As discussed in Chapters 1 and Chapter 2, authorization was granted from an unregulated and independent veterans' organization to recruit and select

participants from among its members who were distal combat veterans of the recent Iraq and Afghan conflicts.

2. Distal combat veterans read and completed the informed consent and the demographic survey forms via e-mail.
3. Of the 21 veterans recruited to participate in the study, 10 met the inclusion criteria and were selected as participants.
4. Participants were given 7 days to decide whether to participate in the study before returning the signed informed consent and demographic survey forms.
5. By default, some distal combat veterans could not participate in the study after failing to complete and return the forms.
6. While soliciting the participation of the veterans, the researcher avoided verbally communicating with them either in person or over the telephone to avoid any inference of coercion.
7. The decision not to have active duty soldiers in the sample was based on DoD (2012) Instruction 3216.01, which protects vulnerable populations, and Instruction 3216.02, which defines risks to service personnel and civilian DoD employees as either minimal or inherent risks.
8. While digitally audio recording the interviews, participants were informed that they could stop the interviews at any time and could discontinue further participation in the study.

All of these steps were meant to assure the credibility of the study.

Transferability

Morse (2015) suggested that for qualitative research to ensure transferability from one person to another, a thick description of individual experiences is necessary in order for such experiences to be transferred or applied to other individuals' experiences or situations. The issue of transferability was natural for the participants, given that the study was designed around the long-term psychological implication of distal combat stress among veterans of recent conflicts in Iraq and Afghanistan.

For the participants, the nature of simulated combat training underscored similarities and dissimilarities in how they experienced actual distal combat in Iraq and Afghanistan. This made reporting and describing their combat experiences transferable from one combat veteran to another across combat units, divisions, and military departments. The thick descriptions of combat experience during data collection, transcription, and analysis exhibited the extent to which similar and dissimilar distal combat experiences were shared by combat veterans of recent conflicts in Iraq and Afghanistan. From one unit to another, including platoons, battalions and brigades, the issue of transferability among distal combat soldiers was organically manifested in their common shared experiences of combat in Iraq and Afghanistan.

Dependability

Morse (2015) suggested that dependability in qualitative research enhances the reliability of the study by using overlapping or triangulation methods. Shenton (2004) stated that "in order to address the dependability issue more directly" (p. 71), the mechanics of a study must be reported in enough detail to guide future researchers. To address the issue of dependability, the following processes were developed and used in

the study: (a) gained authorization from an unregulated and independent veterans' organization for its registered members to be solicited to join the study, (b) developed the inclusion criteria, (c) developed a demographic survey, (d) collected data using e-mail and an open-ended telephone interview, and then debriefed the participants, and (e) conducted research that used well-developed sequential processes.

The essence of dependability relevant to the current study allows future researchers who are interested in working with soldiers and veterans with proximal and distal combat experience to replicate this qualitative study using the same methods. Proximal combat experience is mentioned in this context because some participants had served multiple tours of duty in both proximal and distal combat operations in Iraq and Afghanistan.

Confirmability

Shenton (2004) suggested that confirmability is a concept demonstrating that the qualitative findings are based on the objectivity of the researcher and the lived experiences of the participants. As such, confirmability in the current study was evident throughout the data collection, coding, and analysis processes. Confirmability culminated with multiple reviews and verification that ensured that the experiences reported during the interviews were based on the personal combat experiences of the participants. This researcher engaged in objectivity during the data collection process by ensuring that the interview questions adhered to the tenets of the research design and data collection protocols.

Interview questions and all follow-up questions were presented to the participants using the unbiased lens of qualitative inquiry. Multiple playbacks of audio recordings ensured deeper insight into the converging and diverging experiences of the participants. All aspects of data collection, transcription, and verification previously discussed used multiple playbacks of audio recordings to ensure that the transcribed data mirrored the audio recordings and that categories of themes represented segments of the individual narratives captured through data coding. Finally, confirmability of this study ensured that the interpretations of codes and themes were accurate representations of what was reported during data collection.

Results

The four RQs developed for this study served as the foundation for developing the interview questions. The study also used the nine MTCs to address the RQs:

> RQ1: What are the primary concerns of distal combat veterans when engaging enemy combatants from a distance?
> RQ2: To what extent do veterans characterize their experiences during simulated combat training and actual distal combat operations as psychologically or physically stressful?
> RQ3: If distal combat veterans experienced the onset of emotional, psychological, behavioral, or physical symptoms during combat, how do they describe such experiences?
> RQ4: If distal combat veterans experienced specific symptoms of combat stress, such as guilt, anxiety, depression, social phobia, and withdrawal or self-isolation, to what extent do they attribute their emotional reactions, peritraumatic stress, and other psychological consequences to distal combat engagements?

RQ1 and Relevant Themes (MTC1 & MTC4)

Excerpts that aligned with MTC1 and MTC4 were carefully selected from the narrative of the 10 participants to address RQ1: What are the primary concerns of distal combat veterans when engaging enemy combatants from a distance?

MTC1: **Concerns Over Existential Threats During Distal Combat Operations.** During the interviews, the participants expressed concerns about threats from enemy combatants, whom they reported as being fanatics. They expressed concerns about innocent women and children becoming collateral damage and the types of strategies that were necessary to safeguard innocent civilians' safety, such as dropping flyers that warned civilians to stay away from combat environments. They reported that it was a difficult mission to accomplish, given the propensity of enemy combatants to hide among women and children.

The participants reported constantly feeling anxious over the uncertainty of distal combat and finding it difficult to pinpoint the exact locations of follow-up attacks. This uncertainty made it difficult for new distal combat soldiers to emotionally, psychologically, and physically adapt to the environment, and some attempted or even completed suicide during combat and back home in the United States. The examples of excerpts highlight concerns about the types of existential threats:

> A significant event could be a firefight that happened, or a death of a soldier; or incoming mortar rounds that landed on the crowd; or IED that went off in certain area. So you go to the TOC and get update of what happened. And once you get an update, depending on your rank or position, you are forced to make some decisions, to see if you could have prevented what happened. (DCSR2015Maj. S. B.)
>
> You hope there will be nothing bad. You hope everyday there will be nothing like death. That's what you hope every day. At the same time you are subconscious, you know that, in that situation those things can occur. (DCSR2015SFC. J. Z.)
>
> So we would go down to the gate and stage our vehicles. Go into the DCP and wait until the drivers have been searched and vehicles have been searched thoroughly. And then we will line those vehicles up, and we will start the convoy back to our facility which is about two to three miles. (DCSR2015SSGT. W. B.)
>
> We were heading back to our post, and then an IED went off. It could be heard for miles. So we were sent, to go back there in securing the area. Make sure

> everything was… and picking up the pieces. I would say significant because that was the most life, I have seen lost at one time. We got back, a vehicle bourn IED had run one of our checkpoints. (DCSR2015Capt. L. W.)

MTC4: Adapting to Physical Challenges in Distal Combat Operations. The participants reported on the difficulty adapting to distal combat, noting that they had to adhere to the rules of engagement, despite being in the middle of asymmetrical campaigns by enemy combatants in Iraq and Afghanistan. They reported experiencing difficulties launching down-range counterattacks with artilleries. Their biggest fear was the potential for friendly fire incidents involving comrades. Another physical challenge encountered during distal combat operations was living in close quarters on the FOB, which resulted in privacy issues. Some veterans reported that despite rigorous simulated military combat training, they could never prepare to conform to the asymmetrical tactic of the enemy, such as IED attacks and the use of mobile rocket launchers. The changing demands critical in combat missions and the constant physical wear and tear resulting from multiyear deployments became mentally and physically exhausting for some participants. Most of the veterans found Iraq and Afghanistan extreme terrain to fight in. The days were extremely hot, and the nights extremely frigid and uncompromising. The following excerpts highlight the strategies used to physically adapt to distal combat environments in Iraq and Afghanistan.

> I think what was really challenging for me was, how can I get my entire team to work together? That was challenging . . . Just before you deploy, I'm like wow, we gotta a truck load of soldiers. So you've got these soldiers who are not used to being soldiers, straight out or of basic, thousands of miles away from home. The combat becomes a way of life. So all they know is training in peace time to prepare for war. (DCSR2015SSGT. J. T.)

> Before we go to combat, we go through training exercises. Sometimes for like six months or so, you get put through a lot of situations where your mental state is tested; your physical state is tested. So your soldiers, your subordinates

> and your superior are looking at you like what type of soldier are you and how do you react under pressure, or how do you make decisions under pressure. . . . Being a soldier, the one thing is uncertainty. Cause like I said, you never know if the next step you take could be your last step. (DCSR2015Maj. S. B.)
>
> The one challenge was giving information on people who get wounded, in time. That was my challenge; that was my stress… You had 20 hours to get information forwarded for the family to be informed properly. Making sure when somebody dies, you have to get the information to the States so they can process it through the system, and then inform the family within 20 fours. (DCSR2015SFC. J. Z.)
>
> So you had to be ready at all times, yeah. That means you had to be on your toes whenever you are on shift; because for any reason if a mission came down to you and you are not able to deliver, it would be some serious consequences. Yes it could be loss of lives down the line. (DCSR2015SSGT: M. S.)

RQ2 and Relevant Themes (MTC2 & MTC5)

The following excerpts aligned with MTC2 and MTC5. They were carefully selected from the distal combat narrative of participants to address RQ2: To what extent do veterans characterize their experiences during simulated combat training and actual distal combat operations as psychologically or physically stressful?

MTC2: Trust Minimizes Vulnerability Among Distal Combat Soldiers. The participants had been fighting in an open desert environment, so they reported feeling vulnerable during distal combat operations because of the sheer danger of fighting in such an environment. The participants relied on the trust between them on the FOB, on the battlefront, and during reconnaissance and recovery missions. Combat codependency involved making life-and-death decisions to safeguard other soldiers during critical missions. Trust was defined by the participants as diminution of skepticism and weariness among their comrades, commanders and family members for a safe return home.

Veterans reported feeling exposed because they were surrounded by enemy combatants and prying eyes in local communities and on the FOB. They had diminished trust in members of the local population who served as civilian contractors. Trust became an important attribute of integrity that they relied on. The following excerpts identify the types of relationships and trust that existed during distal combat operations in Iraq and Afghanistan.

> The type of relationship that existed between us is one of brotherly that has been forged in trust. At the end of the day the soldier has to trust you as a person. Let me explain to you what I mean about that…The military is a hierarchy organization… Because those soldiers are human beings! They would like to know who they can trust as a leader, to make the kind of decision where they can say this guy will make decisions that make sure I come home alive. So at the end of the day, in combat you can go home. They get to see how you behave, how you react in a stressful environment. I see you every day, we eat together, take showers together; you are going to get tested. So you become a family. (DCSR2015Maj. S. B.)
>
> You expect your friend to always be there and by your side; that if anything happens, that they will treat you right. So the relationship was very close and personal with all of us that were together wearing the uniform. It was close that you wanted to do the right thing. We have a model in the military, a leader always has to lead from the front and that's what a commander will do. They're not just gonna tell you go run three miles, and they can't run three miles. They wouldn't tell you go take that hill, and they are not going there with you; or show you the way to get there. (DCSR2015SFC: J. Z.)
>
> Well, the type of relationship, I always had my soldiers close. I tried to make them understand that uh, I was there for them, regardless of any bad situations. I always made sure that mentoring was part of my daily activity with soldiers. I pretty much had a good rapport with a lot of my soldiers. I made sure that we went to town together on more than one occasion. At least every week or every month at the bare minimum depending on what was going on. We had that kind of togetherness, that bond. It made them to trust me. It makes them trust you. (DCSR2015SSGT: W. B.)

MTC5: Adapting to Emotional and Psychological Challenges During Distal Combat Operations. The participants were not comfortable discussing their emotions during the interviews. When asked how they adapted emotionally and psychologically to

distal combat events, they reported that some events were more difficult to adapt to than others, such as the combat death of a comrade, including the place and time to express empathy and grief when they did not have the opportunity and time to say proper goodbyes to fallen buddies. Some veterans found it more difficult to adapt emotionally to distal combat events than physically. Other veterans found it difficult to adapt emotionally or psychologically to combat, and not knowing their tour of duty end dates complicated their responses. The majority of the participants found it difficult thinking that they might be diagnosed with a psychological disorder. For them, being diagnosed with a psychological disorder such as PTSD would be considered mental weakness and vulnerability. The following excerpts show the strategies that the participants used to overcome emotional and psychological challenges during distal combat operations in Iraq and Afghanistan.

> Like I said during training, the military try to mimic the same type of experiences you have in combat during training. You have all the same stressors. The military try to ensure that the rounds that are used are not real. So that may lessen some of your experiences. You go through the same types of anxiety. The only differentiation is that, you know that in training and in combat you know that folks are going to get hurt; or there is a possibility that folks are going to get killed. One thing in training is that, the amounts of people that could get hurt or could get killed are far lesser than the amount of people that could get hurt or killed in actual combat. (DCSR2015Maj. S. B.)
>
> Well, we have a doctrine in the army that we train as we fight. So when you go out to conduct certification and lane training starts prior to deployment, that's where the focus begins. That is where the transition of your mindset takes place. Because the one person who's sleeping when everybody else is training; or the one person who's joking around when everybody else is focused, is that one person that will carry that behavior back to combat. (DCSR2015SSGT. W. B.)
>
> Yes you go through the emotions that you are doing it, that's fine. But the actual experience. But the actual deployment, jeez, you can't; it has something that there is no guideline for it. So the differences, there is a guideline for simulated training portion of it. Here is what we are gonna do. We're gonna stop, we're gonna look to the left, we're gonna look to the right. You are given talking

> points that you can refer to. As compared to the actual, is whatever happens, be faced with the reaction. So this is straight forward. (DCSR2015SFC. A. G.)

RQ3 and Relevant Themes (MTC3, MTC7, & MTC8)

Excerpts that aligned with MTC3, MTC7, and MTC8 were carefully selected to address RQ3: If distal combat veterans experienced the onset of emotional, psychological, behavioral, or physical symptoms during combat, how do they describe such experiences?

MTC3: Psychological Stressors During Distal Combat Operations. The participants considered psychological stressors fundamental in their combat stress response. When asked to describe specific issues of stress, participants described Iraq as an extreme environment during day and night distal combat operations. Extreme heat during the day and cold during night operations put soldiers under enormous mental and physical duress. Other constant emotional and psychological stressors were the deaths of comrades, survival stressors, family stressors, combat mission completion and performance stressors, combat fatigue stressors, self-blame, shame and guilt stressors, and element of surprise stressors. The following excerpts highlight the types of stress that the participants endured during distal combat operations in Iraq and Afghanistan.

> But the stress to that was the typical stress that everyone was in; hoping that they survive, hoping that everything will be okay back home. The other stress for me is that I am a high, high guy. Everybody who knows me they know I am always high, I am always joking. So that stress about accomplishing something, that stress about winning the war, that stress about my soldiers doing the best thing, that positive stress where you want to accomplish something but you don't know if your guys are of accomplishing it. (DCSR2015SSGT. J. T.)
>
> Me personally, most of my stress was emotional. Physically, I was in good shape; working out and all of that. Sometimes you're sitting there and these mortar rounds come in, these rockets come in, you can see them go off in the distance. What's going on inside your head is, okay these guys are trying to get us. But you still have to be where you're supposed to be and do what you are

> supposed to do. So yeah, you have to do it every day. You are away from your family for that long. So after a while, the stress builds up. (DCSR2015SSGT. M. S.)
>
> Yes! Again frustrations at times the fear; because when we got call as a mortuary team after the fight, you go ahead and you had to pick it up. But there were always secondary attacks. So in that support role, you know that you are headed in a fight, because a secondary attack could happen. So I would just say anxiety, frustrations and fatigue, along hours all hours. (DCSR2015Capt. L. W.)
>
> So in the morning I got up to a call. It was an emergency call going out on the radio. We had somebody took a hit. So they had to go and react to that. So in the process both of them go hit, so we lost both of them. So the next day or that evening, we had to go out to do intelligence, because some guy was making some stuff. So that particular day the stress level was high, because you are going on that same road on a mission, so that is kinda stressful. So that stress level is very high. Not only that stressful, but they will try to seek revenge in that instance. (DCSR2015CW2. C. C.)
>
> You can't go out there to go help him because the rounds in the vehicles are going off. And the vehicle that is on fire, you are there but you cannot render any kinda help to the individual. And I am telling you, it's one of those things that, I will not wish on anybody… I mean like I said, that's one of the thing now where the PTSD more than likely kicks in. Cause you're sitting there, and you try to push that stuff away from your memory but you can't. Every time you see that vehicle, you're reminded of that situation. So it messes you up, I give you that much. (DCSR2015SFC. A. G.)

MTC7: Psychological and Behavioral Triggers During Distal Combat Operations. When asked about psychological and behavioral triggers during combat operations, the participants reported that their emotional, psychological, and behavioral triggers were often reenforced by battlefield events during distal combat operations and situations at home in the United States. It was difficult to be the target of rocket and artillery fire, and not be able to retaliate against enemy combatants, given U.S. adherence to international rules of engagements and ethical concerns for innocent civilians, including women and children. Reenforced behavior by warring factions in Kosovo, Iraq, and Afghanistan were witnessed and discussed by distal combat soldiers who had multiple tours of duty in Bosnia and Kosovo, and during recent military conflict in Iraq

and Afghanistan. One participant reported that ethnic Albanians sought revenge on ethnic Bosnians after the Kosovo civil war ended. This need to become revengeful affected his perception of reinforced behaviors during military conflict. Other psychological and behavioral triggers occurring during traumatic events on the battlefield were freeze response, the watching of beheading videos, fear and survival instincts, and longer tours of duty. Participants also reported that sounds from helicopters often triggered memories of the wounded and dead soldiers. The following excerpts are from transcriptions of discussions about the concerns and ways in which they avoided or reacted to various psychological and behavioral triggers.

> You want to make sure that one, the bad guy, is the guy you're going after. Two, he's in an environment where you are not going to have multiple collateral damages. Three because you know you and your guys have to go back into that neighborhood today or tomorrow to assess the damages… The worst thing to do as a soldier, as a human being is to see a child blown up, or a woman blown up. As a soldier, you know that could be someone's child or mom. It makes you think about your own kid back in the States or your mom. (DCSR2015Maj. S. B.)
>
> My primary concerns engaging enemy targets at all times were, innocent civilians getting hit; or there is collateral damage. People who are not involved! Those that are not involved, materials that were not involved getting hit. It was also, if you got hurt or if anybody on the side, anybody who's not involved in the conflict got hurt and you are present, you wanna give them assistant as much as possible. Not only the enemy, but if the enemy gets hurt of course. If innocent civilian or other people get hurt, you assist them whether you were directly involved or not. (DCSR2015SFC. J. Z.)
>
> Ummm, I believe there are some issues. And you know, we're working through it. Because at the end of the day, as an artillery man, there are times when we don't see the impact of what we do. We're kind of away from the action itself. If we were to see videos and pictures of the after action of what we do, a lot of that plays on your mind. (DCSR2015SSGT. M. S.)
>
> You can even caveat of the collateral damage piece. They told us to win hearts and minds. If you kinda increase collateral damage, you're damaging your reputation you know. So you would probably create more enemies that way. So if you kill a couple good guys. Good guys will be like, okay we're staying clean and we're getting hurt. So, how about we do something to try to stop it? The whole

> point is, you gotta win the hearts and minds of people, to kinda encourage them to show us the bad guys. (DCSR2015CW2. C. C.).

MTC8: Distal Combat Soldiers' Family Stressors. Throughout data collection, family connections and relationships were very important to the participants. Some participants reported that family stressors significantly impacted their performance and that they could not imagine what would happen to their families if they were to die in combat. Other soldiers often longed to return home immediately following long-distance conversations with members of their families. Family stressors also were reported as having the most negative impact on them.

Most of the veterans could not bridge the physical distance between the battlefield and the family home environment; neither could they ignore the stigma associated with psychological breakdowns. One commissioned officer revealed his chronic and debilitating abuse of alcohol as his way of coping. Other common family stressors that the participants reported included not being home for the births or children and missing birthdays and anniversaries. For most of the veterans, the difficulty of dealing with the memories of fallen comrades often was exacerbated by Memorial Day postings on YouTube of the pictures of fallen soldiers by other soldiers. The following excerpts highlight the types of family stressors that the participants experienced:

> Our mission started on March 20th, my daughter was born on March 16th. Because of no phone contact or nothing, we had to push out. . . . So on the 25th, while stuck in combat literally, in a dust storm that day, my guys woke-up that morning, let off couple of guns and started calling me, saying happy birthday to Joy, cause they already knew my daughter's name… That day was one of the funniest. Everybody knew she would be born on the 25th because the cloud changed and everything; and we laughed about it. (DCSR2015SSGT. J. T.)
>
> Put yourself in a situation where you are not in; where a buddy of yours gets hurt. You imagine if you are the one who gets hurt or died. Your family has to deal with it. So that stress, that emotional stress was in me. How will my

> people or how will my wife, how will my children, how will my father or daddy deal with it. Once that rings through my head, I get very emotional. I put myself in the shoes of the family; of who ever have gotten hurt or killed; then I share tears. (DCSR2015SFC. J. Z.)
>
> Oh yeah many days it was stressful. One it's just being away from family. Even though you develop kind of bound with the other soldiers, but for the most part you are way from family. You are stressed out that somebody's trying to kill you and you're trying to defend yourself. So that is a lot of stress. So sometimes you get mad. I realized after I got back that I was getting mad a lot. You tell people to do sometime and they're not doing it. That kind-off makes you mad. So I would say being away from family, and in that situation, I think that was stressful. (DCSR2015CW2. C. C.)
>
> You experience a little bit of everything, like the whole thing of away from home; that loneliness is there. You're constantly thinking about your family, you're sad, you're moping, and then when it comes time to go out there to do your job your adrenaline is low. You are constantly thinking about different situations; you're like this is the time for us to do what we gotta do. Everything else you forget about, even home. Accomplish the mission and get out there and do what I gotta do. (DCSR2015SFC. A. G.)

RQ4 and Relevant Themes (MTC6 & MTC9)

Excerpts that aligned MTC6, Distal Combat Soldiers' Difficulties Dealing with Grief and Loss, and MTC9, Distal Combat Soldiers' Coping Strategies, were carefully selected to address RQ4: If distal combat veterans experienced specific symptoms of combat stress, such as guilt, anxiety, depression, social phobia, and withdrawal or self-isolation, to what extent do they attribute their emotional reactions, peritraumatic stress, and other psychological consequences to distal combat engagements?

MTC6: Distal Combat Soldiers' Difficulties Dealing with Grief and Loss.

During the interviews, the participants felt aggrieved by the loss of comrades during combat. Some participants reported that the most difficult emotional impact they experienced was not being allowed to grieve properly because combat mission objectives took priority over their grief. They were required to continue fighting while fallen comrades were flown back home to their families and love ones. The following excerpts

are examples of the difficulties that the participants experienced dealing with grief and loss:

> So mentally, some soldiers are not able to handle their stress during daily combat. Because some soldiers cannot deal with their relationship issues with the wife or girlfriend, they will attempt to take their own life or; you also have to worry about your high risk soldiers who have the propensity to take their own life. They have said that they were going to do it or are going to do it. Soldiers in combat, when they decide to commit suicide, they will first begin to give away their personal items. They say do you want my X-Box…. You can have my video games, or basketball. Those are signs that the soldier is about to, because they are giving away things that matter to them. (DCSR2015Maj. S. B.)
>
> You expect your friends to always be there and by your side; that if anything happens, that they will treat you right. So the relationship was very close and personal with all of us that were together wearing the uniform. It was close that you wanted to do the right thing. That if anything happens, if they are incapacitated in any way shape or form, they want you to be able to tell their story. (DCSR2015SFC. J. Z.)
>
> In the event that there is a loss, you also have to fill that void with somebody else. And people who have not experienced deployment, it's hard to get fitted into that shoes. How do you tell that person that you have to replace your buddy we just lost on the convoy? We need one more body on the con truck. We need two bodies on a con truck. And there is a memorial; that is the only time you have to say your farewell to that comrade. There is no leaving deployment soon to come back to the rear, to go to a funeral, to go to a grave site. And that's just it; it stops right there. The tragedy of the whole event is the morale killer. (DCSR2015SSGT. W. B.)
>
> We were heading back to our post, and then an IED went off. It could be heard for miles. So we were sent, to go back there in securing the area. Make sure everything was… and picking up the pieces. I would say significant because that was the most life I have seen lost at one time… This little base was center in across from a market. So these guys in order to kill just one or two of our people, they sacrificed the lives of many civilians… I remember thinking that this as crazy, because they want to get one of us killed, and sacrifice numerous civilians in order to get one killed. It was very significant because we had to pick-up the pieces, because we had to clean up the marketplace, collect bodies, and rebuild. (DCSR2015Capt. L. W.)

MTC9. Distal Combat Soldiers' Coping Strategies. Coping strategies were not self-initiated or discussed during the interviews, primarily because of external cultural influences on the participants, that is, being born outside of the United States and a

military culture not wanting soldiers to appear weak. However once prompted, most of the participants reported using strategies to cope with combat stress; enemy attacks; emotional, psychological, physical stress; and family issues during and after distal combat operations. When asked about the types of strategies that they used to cope with distal combat operational stress, most reported using exercise to stay mentally focused. Other veterans engaged in visualization by momentarily removing themselves from the dangerous environment of combat to a more genial family environment. This activity helped them to stay focused and safe in anticipation of completing their tours of duty and returning home to their families. The following excerpts explain the coping strategies that they used during distal combat operations in Iraq and Afghanistan.

> So for me and lots of soldiers, well soldiers cope with stress differently. But for me, you go to the gym. I do my best and go to the gym when I start to get stressed out. Or I seclude myself from people. You go in a room, lock the door and keep myself away from people. Some people do alcohol and drugs or do different things. At one point I think I was turning to alcohol a little bit, where I started to drink and passed out. I would not remember my circumstances or I would not remember what happened. And then I caught myself. So I started going to the gym when I start getting stress out, or angry. (DCSR2015Maj. S. B.)
>
> To deal with my stress, I thought of my family. That when I get back home it will be a happy moment and that is how I dealt with my stress level and the different combat stress. I had a family back home waiting to see me and when they see me, it will be a joy. That kept me going. And every opportunity that I had to talk to them through phone, through any electronic communication, I did. And we shared that moment. That's how I dealt with my stress. (DCSR2015SFC. J. Z.)
>
> Well, I bonded with other people, because if you find yourself in self isolation, your mind will play tricks on you. I spent a lot of time in the gym with my soldiers, running; pretty much I had a complete schedule until I went to bed. So by the time I woke up in the morning to my bed time, I had something to occupy my mind, so I wouldn't get to that place where my mind is idle. I tried to talk to family as much as possible I tried to call home, to take my mind sometimes from outta that place, and talk about something normal. (DCSR2015SSGT. W. B.)
>
> Most of what I used was, I watched movies, and would go to the gym. I tried to keep my mind away from what was going on around us. So I worked out a

> lot. And I tried to involve most of my soldiers into that too. It kept your mind away from what was going on. At the end of the day, you're watching the news and what going on. You're like damn, we're here. But they're making it seem worse than it is. So I take my guys we all go to the gym, we workout. We go to the rec center we watch movies, you know. Do some stuff to decompress. (DCSR2015SSGT. M. S.)
>
> Yeah; I would say whenever things gets heavy, I'll listen to music and do something that I like. Before I hurt my knee and stuff, I used to play soccer a lot. I just go out there and go for a run and reflect on different things to keep my mind off the whole stressful stuff. So that helps a lot. Just being able to get up and do stuff. Go out with family; remove yourself from the military aspects of things. (DCSR2015SFC. A. G.)

Discrepant Cases

Lewis (2009) purported that discrepant cases (DCs) in qualitative research do not fit into any of the established thematic categories. After careful analysis, seven DCs, all of which were mentioned earlier, did not align with any of the nine MTCs or the four RQs.

Summary

This chapter presented the experiential narratives of 10 distal combat veterans who participated in multiple tours of duty as combat soldiers in recent conflicts in Iraq and Afghanistan. The excerpts supported the nine MTCs, which were carefully aligned with each of the four RQs. Demographic information about the participants and an explanation of the recruitment process were presented in this chapter. Data collection methods included email, open-ended telephone interviews, and digital audio recording of narratives were presented. Information about the data transcription, coding, and analysis, along with the ways in which the various themes were developed, was presented. Chapter 5 provides interpretation and discussion of the results, explains the limitations of the

study, discusses current and future implications, offers recommendations, and ends with a conclusion.

Chapter 5: Discussion

Introduction

The purpose of this study was to explore the personal narratives of 10 distal combat veterans who participated in recent military conflicts in Iraq and Afghanistan to identify the short- to long-term psychological impact of multiyear participation in the two conflicts. The use of a qualitative research methodology, described by Astalin (2013) as a systematic scientific inquiry strategy that seeks to explain a social phenomenon, was meant to collect unfiltered data from the participants. The study was conducted as a "basic interpretive study" (Merriam, 2002, p. 4) to facilitate the use of open-ended interviewing to collect the personal narratives of distal combat veteran using nine interview questions that supported the four RQs:

> RQ2: To what extent do veterans characterize their experiences during simulated combat training and actual distal combat operations as psychologically or physically stressful?
> RQ3: If distal combat veterans experienced the onset of emotional, psychological, behavioral, or physical symptoms during combat, how do they describe such experiences?
> RO4: If distal combat veterans experienced specific symptoms of combat stress, such as guilt, anxiety, depression, social phobia, and withdrawal or self-isolation, to what extent do they attribute their emotional reactions, peritraumatic stress, and other psychological consequences to distal combat engagements?

Current and Previous Combat Experience

Spoont et al. (2009) found that veterans can become more reflective about their combat experiences after being discharged from active duty. The decision to recruit only distal combat veterans for this study was made to obtain information about their specific experiences as distal combat soldiers who had served multiyear tours of duty that had not been explored in any previous studies. The study found that distal combat veterans who

had served three to four tours of duty in Iraq and/or Afghanistan have broader knowledge and experience than distal combat veterans who had served one to two tours of duty. The distal combat knowledge of the participants was evident in the detailed combat stress narratives that they shared during the interviews. Participants who did not provide initial thick responses to the interview questions provided more details in the follow-up questions. The one consistent reported connection that bonded the participants was their military kinship, or the sense of brotherhood that each veteran felt for those with whom they had fought and those who had died during combat.

Asymmetrical Warfare

In regard to asymmetrical warfare in distal combat operations, researchers who have examined the topic and its impact (e.g., Boyle, 2013; Cleveland et al., 1983; Cruz 2010; Fitzsimmons & Sangha, 2012; Kalns et al., 2011; Lindlaw, 2008; McDonnell, 2012; Wall & Monahan, 2011) have suggested that (a) distal combat veterans can provide valuable insight into the current capabilities of the U.S. military and how it conducts or directs asymmetrical distal combat warfare, and (b) strategies employed during distal combat operations can significantly minimize combat stress exposure and other psychological symptoms faced by U.S. combat soldiers.

The distal combat veterans who participated in this study provided valuable insight into enemy combatants' use of asymmetrical warfare. Their responses to the interview questions suggested that enemy combatants' use of asymmetrical tactics such as conducting suicide bombings and IED attacks and hiding among woman and children deviated from military ethics and the international rules of engagement in modern

conventional warfare. In some instances, enemy combatants resorted to bombing marketplaces crowded with women and children in order to immobilize or kill one or few American soldiers.

The study found that the participants experienced the most difficulty when launching counterattacks on enemy positions that were difficult to pinpoint and sometimes led to high collateral damage among women and children. The use of pickup trucks by enemy combatants was another effective asymmetrical tactic that allowed them to spread out and remain highly mobile. The use of asymmetrical tactics such as these increased the anxiety, uncertainty, and overall stress of the participants during combat operations.

Security Protocols

The study found that in an effort to protect its soldiers, the U.S. Army developed and instituted security protocols that required strict adherence during combat in Iraq and Afghanistan. The following security protocols were used on all U.S. military FOB: (a) All delivery trucks driven by native-born Iraqi or Afghan drivers had to go through multiple security checkpoints, and the drivers had to go through rigorous body searches; and (b) all native-born truck drivers who entered U.S. military installations were secluded in holding rooms while U.S. soldiers with truck driving experience took delivery of their trucks and drove them to their final destinations. Both of these protocols were meant to foil any attempts by the enemy to gather intelligence on base topography, personnel, and operating capacity. The FOB are strategically important in allowing the U.S. military to be mobile, flexible, and highly scalable, and operate deep within the enemy territory.

Onset of Combat Stress

Jennings et al.'s (2006) normative aging study discussed earlier in this study found that men who reported significant combat stress also reported some level of PTSD. The researchers found that "how one appraises and copes with problems may be more important in predicting positive adaptation than the simple occurrence of stress" (p. 115). Jennings et al. suggested that when some soldiers were faced with the reality of combat, they were able to develop positive coping skills in order to deal with traumatic events that otherwise could have resulted in the onset of combat stress. Even though Jennings et al. conducted their study with veterans of proximal combat, the results confirmed what this current distal combat study found, namely, that combat soldiers have the ability to adopt positive coping strategies when experiencing the onset of psychological distress.

Adapting to Stress

Despite the results from Jennings et al. (2006) and the current study indicating that soldiers and veterans from both studies adopted positive coping strategies to deal with combat stress or traumatic events during combat, the current study found that despite the small sample of 10 distal combat veterans, no participants went on to develop PTSD; however, 615 proximal combat veterans in Jennings et al.'s longitudinal study developed PTSD. Both results suggested that lived experience, early exposure to the carnage of war, and individuality can lead some soldiers to develop resiliency. Individuality and participation in proximal combat, as noted by Jennings et al., can lead to combat stress and the later onset of PTSD.

Most of the participants in the current study also reported being born in countries where they were exposed to 10 to 15 years of civil war during the early stages of their lives. The early and sustained exposure to the trauma of civil war enabled some of distal combat veterans to develop resilience to the onset of PTSD. They also had a higher threshold to deal with combat trauma and the onset of PTSD.

Treating Veterans for Combat Stress

Jones et al. (2013) studied the effect of combat stress on 1,500 soldiers from the Afghan conflict and found that when psychologists, psychiatrists, and other mental health professionals treated soldiers for combat stress immediately following onset, it minimized the stigma that some soldiers felt was associated with requesting or seeking mental health evaluations for combat stress and PTSD. The current study did not conduct quantitative repeated-measure tests because there were no data against which to measure dichotomous (yes/no) responses. In addition, because qualitative and quantitative research use different research methods, it was difficult to quantify or measure stigma correlations between distal and proximal combat veterans. The use of an open-ended interview protocol helped to explore the impact of cultural upbringing and early exposure to combat on the ways in which the participants conceptualized the psychological impact of combat stress. As described earlier in the chapter, although no participants reported being treated for combat stress on the battlefield, a few reported receiving psychological counseling to deal with the aftermath of distal combat operations.

Interpretation of Findings

Results from this study could not be compared with previous distal combat research because none existed. Therefore, the results were compared against findings from previous proximal combat studies. While studying the psychological impact of war on combat soldiers and veterans, including the mitigating impact of combat stress, researchers (e.g., Jennings et al., 2006; Jones et al., 2013; Spoont et al., 2009) have found that soldiers and veterans have been impacted differently by the negative emotional symptoms of combat stress. Jennings et al. (2006), Jones et al. (2013), and Spoont et al. (2009) suggested that the onset of such negative emotional symptoms such as anger, anxiety, hopelessness, and sadness can lead to disparate psychological experiences and behavioral responses. To correlate the results gleaned from this study with those of studies reviewed in Chapter 2, the personal narratives of 10 distal combat veterans were carefully analyzed and developed into nine themes that are discussed in the following segment.

MTC1: Concerns Over Existential Threats During Distal Combat Operations

Hagen (1993) reported that in Cannon's study of soldiers, their physiological capability to respond to combat stress and the ability to develop resiliency to shock or trauma had a profound impact on how the soldiers reacted under psychological and physical duress. Cannon (as cited in Hagen, 1993) found that if the brain is unable to trigger a biochemical response to perceived existential threats, the body's ability to respond appropriately can become immobilized. As reported in Chapter 4, of the 10 participants asked to address the types of existential concerns, they experienced during

distal combat operation, all of them reported that getting killed in combat or on the FOB presented a major challenge for them.

Cannon's study (as cited in Hagen, 1993) of combat stress response found that during combat, some soldiers often became immobilized by fear resulting from the degradation of biochemical response to heighten their physiological alertness. The freeze response phenomenon coined by Canon was found in the current study to affect three of the 10 participants. The three veterans who experienced shock after witnessing the deadly impact of rocket attacks also disclosed that such attacks were immediately followed by personal frustration, anger, and resiliency, along with resolute intent to complete the mission.

MTC2: Trust Minimizes Vulnerability Among Distal Combat Soldiers

The specific issue of trust between soldiers and their military commanders and members of their families was not reviewed or discussed in Chapter 2. However, the participants did provide significant information about the premium value that they placed on these trusting relationships. The issue of trust became a focal point for the soldiers during and after combat operations, but in some instances, not being able to trust civilian employees from the local communities in which they fought made them to feel apathetic. The participants' personal vulnerability and the fear of not surviving combat missions correlated highly with results from proximal combat stress studies reviewed in Chapter 2. Dekel and Goldblatt (2008), while studying the impact of secondary trauma, found that combat stress and PTSD had lasting secondary traumatic affects on the sons and daughters of soldiers who fought in the Vietnam War. Despite not participating in the

Vietnam war, the offspring of soldiers who did fight in that war continued to experience shame and guilt as manifestations of their veteran parents' combat experience and the aftermath of the war. Some children of Vietnam veterans attempted or even completed suicide.

Campbell and Morrison (2007), Dekel and Goldblatt (2008), Hoge et al. (2004), Jones et al. (2013), Mitchell et al. (2011), Owens et al. (2009), Solomon et al. (2005), and Spoont et al. (2009) all conducted proximal combat studies that elucidated our understanding of the types of vulnerabilities that soldiers can experience in the hand-to-hand combat environment. However, the gap in the combat stress literature highlighted the lack of empirical data correlating existential vulnerabilities and psychological symptoms of proximal combat soldiers to those experienced by distal combat soldiers.

Conducting this study helped to identify a correlation between how soldiers continue to experience and react to psychological vulnerabilities during proximal and distal combat operations. During distal combat operations, the possibility of death can weigh heavily on the minds of soldiers, perhaps even to the point that they become more accepting of the real chance they might get killed during combat. Despite the correlation in psychological vulnerabilities between proximal and distal combat soldiers, there are differences in how individual soldiers continue to appraise the outcome of such vulnerabilities. For example, the participants in this study found that building trust with comrades, commanders, and members of their families enabled them to feel less vulnerable to asymmetrical combat stressors

MTC3: Psychological Stressors During Distal Combat Operations

The participants, all of whom fought in Iraq and Afghanistan, experienced psychological stressors that were comparable to the psychological stressors experienced by proximal combat soldiers. Sandor et al. (2012) and Van Wingen et al. (2012) studied proximal combat soldiers and found that psychological stressors had significant short- to long-term impacts on them once they became veterans. Sandor et al. and Van Wingen et al. found that psychological symptoms such as sadness, withdrawal, irritability, and combat anxiety experienced over 18 months caused a reduction in neuronal activities and the flow of dopamine in the regulation of emotions, thinking, behavior, and physical activities. Both groups of researchers concluded that severe combat exposure can lead to psychological symptoms, PTSD, and reduced neurocognitive functioning.

As previously discussed in the Results section of this study, the anxiety and anger experienced by the distal combat soldiers were partly the result of their extended tours of duty in Iraq and Afghanistan based on the need of the U.S. Army to retain very experienced distal combat soldiers in the combat zones. The 10 participants reported that their primary concern had to do with the threats brought on by the asymmetrical tactics used by enemy combatants. Participants who were distal combat commanders reported that the rationale to keep highly trained and experienced soldiers in the fight was to increase combat efficacy. This was especially true for soldiers just out of basic training who were not as experienced or disciplined in dealing with the dynamic environment of actual combat once confronted with the asymmetrical tactics of the enemy.

MTC4: Physical Adaptation to Distal Combat Operations

Only two of the participants in the current study served single deployments. The other eight participants reported multiple tours over their years in the military. The soldiers who had served multiple deployments were able to adapt to the harsh physical terrain and weather in the Middle Eastern, including heat, desert sandstorms, and sand dunes.

Schnurr et al. (1993) studied 540 veterans and found that the majority of soldiers and veterans who participated in direct combat successfully adapted to the aftermath of combat without experiencing negative psychological and physical symptoms, such as depression, PTSD, and suicide attempts or completions. This finding correlates with the results of the current study indicating that over time, the participants who served multiple tours of duty adapted to the rigid and difficult physical environment of combat. The phenomenon of adapting to asymmetrical warfare was discussed by the distal combat veterans and focused on the dynamic combat environments of Iraq and Afghanistan, where they faced entrenched enemy combatants. Pavlina et al. (2000) found that when soldiers are faced with life-or-death struggles during combat, they react positively in an effort to maintain the loyalty and honor of their comrades, units, the army, and family members.

MTC5: Adapting to Emotional and Psychological Challenges During Distal Combat Operations

The one physical challenge that morphed into emotional and psychological challenges for the distal combat soldiers was how to respond effectively to the

asymmetrical warfare of enemy combatants. As previously discussed in the Results section, enemy combatants were highly mobile, along with increased low visibility. Enemy combatants used the successful tactic of hiding among the civilian population, including women and children, after launching rockets at distal combat soldiers' positions, and they did not know how to respond to this tactic. Veterans reported that this was one of the most difficult and overwhelming situations to deal with emotionally and psychologically. They could not knowingly launch artillery at targets that they knew were occupied by women and children, and they often were frustrated by their inability to arbitrarily launch counterattacks in response to rocket attacks.

Wall and Monahan (2011) reported that the United States has drone capabilities that can pinpoint the locations of enemy targets to successfully launch counterattacks that can reduce close combat engagement anxiety. However, McDonnell (2012) argued that soldiers who engage in drone warfare experience the onset of psychological symptoms comparable to those experienced by proximal combat soldiers. The CATS postulated by Eriksen et al. (2005) found that soldiers who were defined as either high performers and poor performers often were given combat assignments based on their performances. Eriksen et al. found that this continuous exposure to fear stimulus can mediate negative combat stress response in all combat environments. Sentiments on mediating combat stress response were reported by the participants throughout the study. For participants of the study, mediating combat stress comprised of disconnecting from the combat environment by listening to music, participating in group shopping events, playing soccer matches and spending downtime reading books.

MTC6: Distal Combat Soldiers' Difficulties Dealing With Grief and Loss

As noted in Chapter 4, the participants reported being emotionally and psychologically overwhelmed or drained by the loss of comrades during combat that resulted in tears, sorrow, emotional outbursts, and an overwhelming military response. Most participants complained that strict adherence to military protocols made it difficult for them to interrupt their combat missions and set aside time to grieve for fallen comrades.

Noy (2001) postulated that reactions to traumatic events in a combat environment occur in three distinct stages: (a) warning, where soldiers instinctively understand that there is an existential threat characterized by disbelief and shock; (b) impact, which is characterized by the rapid manifestation of combat stress, such as changes in emotions, thinking, and behaviors brought on by a general feeling of helplessness; and (c) onset of PTSD. Most of the participants in the current study reported experiencing the first two stages, but not the third. It was surmised from the narratives that the participants had the ability to avoid the onset of combat stress, primarily because of their lived experiences or cultural upbringing.

MTC7: Psychological and Behavioral Triggers During Distal Combat Operations

Campbell and Morrison (2007) found that soldiers' negative emotional reactions to combat can lead to the onset of combat stress, panic attacks, sleep disorders, and depression. The participants in this study reported experiencing one or more symptoms of

combat. Campbell and Morrison found that some soldiers who engaged in prolonged fights and surprise attacks often became paranoid and delusional and others experienced visual and auditory hallucinations. A participant in this study reported that when some new noncommissioned soldiers were introduced to the actual combat environment, they became distraught or disillusioned. Their sense of disillusionment became more profound immediately following rocket attacks. It became the responsibility of commissioned officers to constantly monitor the performance and behavior of inexperienced distal combat soldiers during active combat.

MTC8: Distal Combat Soldiers' Family Stressors

During the interviews, the participants reported on their emotional connections to military comrades and biological families. Some soldiers reported that their bond with other soldiers was stronger than their bond with biological members of their families. Participants attributed this strong connection to how they instinctively understood the level of existential threats that they faced during distal combat operations. One participant reported that communication barriers between soldiers and their family members became an important stressor for most soldiers during battle. The participant felt distraught and disillusioned about not being home to witness the birth of his daughter. He reported feeling guilty for not being there to hold his daughter for the first time.

Pavlina et al. (2000) found that when soldiers are engaged in active combat, they tend to experience sensory overload that is the result of the fear, shame, and guilt that impel them to develop more positive feelings or relationships toward comrades and

family members. One way that the soldiers in the current study dealt with or resolved this internal conflict was to call home as often as they had the opportunity to do so.

MTC9: Distal Combat Soldiers' Coping Strategies

During the discussion of coping strategies, most of the 10 participants reported similar and dissimilar coping strategies to control, reduce, or minimize the severity of the negative experiences that they encountered during combat. One positive coping strategy was to reflect on their knowledge of the rules of engagement in an effort to avoid inadvertently attacking homes with women and children in retaliation for the constant asymmetrical tactics used by enemy combatants. Other coping strategies used by the participants during distal combat operation was mindfulness which helped them remain constant in their focus to control, reduce or minimize the severity of distal combat experience during combat operations.

Noy (2001) asserted that even though the responses to traumatic events during combat occur in three stages, it is how individuals learn to effectively deal with them that can mitigate any long-term impact. Solomon et al. (2005) asserted that when soldiers are treated psychologically immediately following combat exposure, they can develop long-term coping strategies, such as dealing with problems early before they become permanent negative thinking and behavioral patterns. Some of the participants in the current study expressed similar sentiments about their ability to develop long-term coping strategies to deal with the residual impact of distal combat.

Limitations of the Study

While proposing to conduct this study, the initial limitation was the lack of empirical data from previous distal combat research that could have been used as a guide. As a result, data collected from proximal combat soldiers and veterans served as a point of reference for the current study. Analysis of the data found some other important limitations that correlated with proximal combat and the current distal combat study, including enemy combatants' disregard for international military rules of engagement and the lives of innocent women and children, as well as their indiscriminate and pervasive use of asymmetrical warfare, including car bombs on crowded city streets and marketplaces in Iraq and Afghanistan. The results of this qualitative study could not be compared with the results from a quantitative study by Schnurr et al. (1993) that used a dichotomous (yes/no) questionnaire to elicit information from 540 soldiers and veterans.

Another limitation was that the study could not accurately correlate or compare the results to results from quantitative research without using a mixed methods approach, which was beyond the scope of the study. Future distal combat studies that use a mixed methods framework might have more latitude for reviewing qualitative and quantitative results from the same studies. Yet another limitation of the study was the lack of diversity among the participants. The 10 participants had homogeneous cultural backgrounds, and most were born outside of the United States, making it difficult to compare or correlate their lived experiences and distal combat narratives accurately against the lived experiences and distal combat narratives of soldiers and veterans born in the United States.

A choice made early in the research was to have the sample comprise distal combat veterans only, a decision that restricted the recruitment of participants from a more diverse pool of combat soldiers. The choice was even made more difficult because the U.S. military does not distinguish between proximal and distal combat soldiers. The scope of the study was narrowly focused in an effort to meet the current dissertation research requirement. This eliminated the rationale to elicit a diverse group; as such, it limited recruiting from an amalgam of multicultural participants. After trying for 2 years to recruit distal combat veterans, when the opportunity came along to work with this group of veterans, the researcher pursued it.

Another limitation was the DoD's restrictions on active duty soldiers' participation in unsanctioned research, including studies not sponsored or approved by the DoD. This made recruiting active duty service personnel impossible because doing so would have required DoD approval, which would have prolonged the data collection process. This experience led to the decision to recruit retired veterans who had participated in recent conflicts in Iraq and Afghanistan. This strategy increased recruiting among distal combat veterans from the unregulated veterans' organization. Another limitation of this study was recruiting and retaining female combat veterans. The three female service personnel who were eligible to participate were excluded for reasons mentioned earlier.

Recommendations

Although this study adds to the current understanding of the ways in which combat stress affects soldiers during training and in the combat environment, cultural nuances regarding the types of relationships that combat soldiers and veterans develop with other soldiers need further exploration. When soldiers die in combat and are not given what their comrades consider proper farewells, their comrades can become distraught to the point of losing focus of mission objectives. This loss of focus can put missions and the lives of other soldiers at risk. Participants in the current study reported not being given adequate time to grieve or attend funeral services for deceased soldiers. This limited time, along with combat restrictions, to grieve caused some soldiers to exhibit suicidal ideations; others actually attempted or completed suicides.

The researcher recommends that grieving protocols be developed by the U.S. Army either for use on FOBs or during combat operations. One example involves setting up designated areas where combat soldiers can congregate or meet in initial grief counseling sessions to discuss the emotional impact and physical loss of their comrades. The sessions will allow mental health professionals to conduct initial assessments of soldiers who exhibit severe to profound emotional, psychological, and physical vulnerabilities. Initial evaluations or assessments of grief and loss responses will establish baseline data for mental health professionals and the U.S. military to integrate into combat operational strategies. Commanders could provide options to soldiers experiencing heightened emotional alertness and vulnerability to momentarily rotate out and away from active combat zones without feeling stigmatized for leaving their comrades short of personnel.

Developing grieving protocols in combat environments will give soldiers adequate space to grieve for lost comrades. This recommendation should be considered by the U.S. Army as a new and integral part of military combat training manuals. It could take some pressure off soldiers during distal combat operations, and it also could enable new recruits to acclimate to the stages of grief, including accepting the loss of comrades during active combat operations. This protocol could open channels of communication that would help soldiers to learn how to express grief thinking and behavior properly without resulting to suicidal attempts or completions.

This study also recommends mandatory counseling sessions for combat soldiers entering and leaving active duty combat operations. The sessions will require combat soldiers to attend group counseling sessions on their FOBs before their combat missions begin and at the end of each tour of duty. Counseling sessions that involve full cognitive therapy must continue after soldiers or veterans return home. It is recommended that distal combat soldiers attend self-awareness counseling session(s) before reenlisting, before deployment, and before returning to their home environments in the United States.

By establishing a protocol for grief and loss counseling, soldiers can go through debriefing sessions before redeployment or before returning to their active home environments. While in their specific home environments, soldiers can participate in individual or couples counseling sessions so that they and their spouses can discuss new and residual feelings in an effort to mitigate tensions before they escalate. Using such proactive interventions could help to eliminate or reduce the stress on soldiers.

Another area of concern expressed by the participants was that while they were serving in distal combat operations, their discharge orders to return home often were delayed because of low numbers in deployment, distal combat operation injuries, and changing combat operational conditions that required combat soldiers with the most experience to remain in the combat zones. This study found that most of the participants expressed concern about not being rotated out of active combat operations in a timely manner after their tours of duty had ended. Mitigating such concerns will require rotating combat soldiers successfully out of active combat zones so that they can return home on time. A seamless rotation would require an act by the U.S. Army to deploy experienced soldiers as mentors to inexperienced soldiers to help to minimize or extinguish the rigid emotional behaviors that some soldiers exhibit during redeployment and active combat operations.

The use of a culturally homogeneous group of retired distal combat veterans created limitations in the current study. The study recommends that the scope of future distal combat research be broadened to include the use of culturally diverse participants. To further enhance qualitative data collection during distal combat research, it is recommended that future researchers use open-ended interviews to collect their data. Doing so could enhance the quality of reporting and increase the quality and richness of the responses.

To address the issue of no female participation, as was the case in the current study, researchers of distal combat must be encouraged to recruit culturally diverse combat soldiers, including female veterans. Researchers must ensure that active duty

male and female distal combat soldiers or veterans are recruited to increase the credibility, integrity, and reliability of the results. Having a diverse sample of active duty combat soldiers or veterans will enable future researchers to assess the negative impact of distal combat stress experience on them. Using a diverse participant pool could make the results more generalizable to disparate groups of combat soldiers and veterans.

Implications

The results of this study served as a platform for researchers wanting to conduct additional qualitative studies with active duty soldiers during distal combat operations. These additional studies will not only add empirical knowledge to the combat stress literature but also elucidate how active duty soldiers and veterans will need to adapt to deal with the psychological, behavioral, and physical attributions of distal combat.

Another social change implication is that the study can guide future researchers to recruit active duty soldiers and veterans. The qualitative research methods used by this study will enable future distal combat researchers to develop original studies more efficiently. They can use the strategies, forms, and processes developed by this study to conduct their own distal combat research. The RQs, interview format, interview questions, and follow-up interview questions will enable researchers to collect meaningful data from the distal combat narratives of diverse groups of active duty soldiers and veterans.

When soldiers are allowed to exit active combat operation zones without having to serve additional tours of duty, the results could be increased confidence, higher morale, and more effectiveness in active combat operations. It could improve the relationships of

soldiers with their commanders, their units, and their families. It also could improve their psychological resiliency and result in a decline of the onset of PTSD and other psychological symptoms of distal combat operations. Families could look forward to more meaningful reunions with their love ones, especially during holidays and special occasions. Another positive social change implication is that establishing a consistent protocol to end deployments or to ensure home visits for active duty soldiers could give soldiers and their families more predictability and stability. For the U.S. military, becoming proactive in honoring home schedules and mandatory counseling sessions could reduce the high costs associated with reactive responses to combat operational events.

Conclusion

The premise of this study on distal combat stress was to gather qualitative data from the narratives of 10 distal combat veterans of recent conflicts in Iraq and Afghanistan. The U.S. Army (2012) reported that soldiers often are vulnerable to combat stress in any military environment. Even though combat soldiers and veterans from recent conflicts have fought in proximal and distal combat environments, a review of the combat literature identified a gap in the area of distal combat stress. The main purpose of this study was to learn about the psychological implications of participating in distal combat operations during recent conflicts in Iraq and Afghanistan.

With U.S. Army (2008) restrictions on active duty soldiers and veterans participating in unsanctioned studies by students and civilian researchers, the participants were recruited from an independent and unrestricted veterans' organization. A letter of

cooperation between the organization and this study facilitated this participation. The study's success in collecting data required what Creswell (2007) suggested was a focus on learning about the specific experience of participants through the use of a qualitative design. The study used what Merriam (2002) and Caelli et al. (2003) described as a generic interpretive research method to avoid the requirements that come with traditional qualitative research.

By adhering to the aforementioned qualitative approach, the researcher was able to design a well-defined qualitative study. The study captured the essence of the participants' negative distal combat experiences during active combat operations. The narratives of the 10 male combat veterans who participated in this study added to the current understanding of the extreme conflict environments that these and other distal combat soldiers faced in Iraq and Afghanistan.

The study reached a critical milestone for conducting original research with distal combat veterans without seeking authorization from the U.S. military. This process of conducting qualitative research with soldiers and veterans provides clear direction showing how future research can use the framework in this study effectively to address critical RQs using a simplified qualitative approach. With this method, future researchers will have the tools and the ability to conduct distal combat studies using soldiers and veterans from a variety of backgrounds.

References

Anderson, K. (2010). *Rise of the drone: Unmanned systems and the future of war.* Washington, DC: American University.

Astalin, P. K. (2013). Qualitative research designs: A conceptual framework. *International Journal of Social Science & Interdisciplinary Research*, *2*(1), 118-124. Retrieved from http://indianresearchjournals.com/pdf/IJSSIR/2013/January/13.pdf

Baker, D. G., Heppner, P., Afari, N., Nunnink, S., Kilmer, M., Simmons, A., … Bosse, B. (2009). Trauma exposure, branch of service, and physical injury in relation to mental health among U.S. veterans returning from Iraq and Afghanistan. *Journal of Military Medicine, 174*(8), 773-778.

Boyle, M. J. (2013). *The cost and consequence of drone warfare.* Oxford, United Kingdom: Blackwell.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi.org/10.1191/1478088706qp063oa

Caelli, K., Ray, L., & Mill, J. (2003). Clear as mud: Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods, 2*(2), 1-20.

Campbell, M. L. C., & Morrison, A. P. (2007). The psychological consequences of combat exposure: The importance of appraisals and post-traumatic stress disorder symptomatology in the occurrence of delusional-like ideas. *British Journal of Clinical Psychology, 46,* 187-201.

Cannon, W. B. (1932). Homeostasis: The wisdom of the body. Retrieved from *www.panarchy.org/cannon/**homeostasis**.1932.html/*

Cleveland, C. G., Hurley, A. F., Copp, D. S., Place, D. E., Crowl, P. A., Poe, B, II, . . . Shannon, D. A. (1983). *Air Force combat unit of World War II.* Washington, DC: Office of Air Force History.

Connelly, F. M., & Clandinin, D. J. (2011). Stories of experience and narrative inquiry. *Journal of the American Educational Research Association, 19*(5), 2-14.

Cooper, S., & Endacott, R. (2007). Generic qualitative research: A design for qualitative research in emergency care. *Journal of Emergency Medicine, 24*(12), 816-819.

CQ Researcher. (2012). Traumatic brain injury: Is an effective cure possible? Retrieved from http://library.cqpress.com/cqresearcher/document.php?id=cqresrre2012060100

Creswell, J. W. (2003). *Research designs: Qualitative, quantitative, and mixed method approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2007). *Qualitative inquiry and research design. Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative and mixed method approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Creswell, J. W., Hanson, W. E., Plano, V. L. C., & Morales, A. (2007). Qualitative research design: Selection and Implementation. *Journal of Counseling Psychologist, 35*(2), 236-264. doi:10.1177/0011000006287390

Cruz, H. L. (2010). *Role of DOD unmanned aerial vehicles for homeland security.* Carlisle Barracks, PA: U.S. Army War College.

Daiute, C., & Lightfoot, C. (2004). *Narrative analysis: Studying the development of individuals in society.* Thousand Oaks, CA: Sage Publications.

Dekel, R., & Goldblatt, H. (2008). Is there intergenerational transmission of trauma? The case of combat veterans' children. *American Journal of Orthopsychiatry, 78*(3), 281-289. doi:10.1037/a0013955

Dickson-Swift, V., James, E. L., Kippen S., & Liamputtong, P. (2007). Doing sensitive research: What challenges do qualitative researchers face? *Journal of Qualitative Research, 7*(3), 327-352. doi:10.1177/1468794107078515

Eriksen, H. R., Murison, R., Pensgaard, A. M., & Ursin, H. (2005). Cognitive activation theory of stress (CATS): From fish brains to the Olympics. *Journal of Psychoneuroendocrinology, 30,* 933-938. doi:10.1016/j.psyneuen.2005.04.013

Figley, R., & Nash, W. P. (Eds.). (2006). *Combat stress injury theory, research and management.* New York, NY: Taylor & Francis.

Fitzsimmons, S., & Sangha, K. (2012). *Killing in high definition: Combat stress among operators of remotely piloted aircraft*. Retrieved from http://www.cpsa-acsp.ca/papers-2013/fitzsimmons.pdf

Gal, R., & Jones, F. D. (1993). A psychological model of combat stress. *Journal of War Psychiatry,* 133-145.

Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *Journal of the Qualitative Report, 8*(4), 597-607.

Grier, R. A. (2012). Military cognitive readiness at the operational strategic levels: A theoretical model for measurement development. *Journal of Cognitive Engineering and Decision Making, 6*(4), 359-389. doi:10.1177/155534341244606.

Hagen, J. B. (1996). *Walter Cannon and self-regulation in animals.* In J. hagen, D. Allchin, & F. Singer (Eds.), *Doing Biology* (pp. 95-103). Glenview, IL: HarperCollins. Retrieved from http://shipseducation.net/db/cannon.pdf

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. *New England Journal of Medicine, 351,* 13-22.

Hornsten, A., Sandstrom, H., & Lundman, B. (2004). Personal understandings of illness among people with type 2 diabetes. *Journal of Advance Nursing, 47,* 174-182.

Jennings, P., Aldwin, C. M., Levenson, M. R., Spiro, A., & Mroczek, D. K. (2006). Combat exposure, perceived benefits of military service and wisdom in later life: Findings from the Normative Aging Study. *Research on Aging, 28*(1), 115-134. doi:10.1177/0164027505281549

Jones, D. E., Jones, F., Suttinger, L., Toler, A., Hammond, P., & Medina, S. (2013). Placement of combat stress teams in Afghanistan: Reducing barriers to care. *Journal of Military Medicine, 178*(2), 121-127.

Josselson, R. (2007). *The ethical attitude in narrative research: Principles and practicalities.* Thousand Oaks, CA: Sage Publications.

Kalns, J., Baskin, J., Reinert, A., Michael, D., Santos, A., Daugherty, S., & Wright, J. K. (2011). Predicting success in the tactical air combat party training pipeline. *Journal of Military Medicine, 176*(4), 431-437.

Kawulich, B. B. (2008). Data analysis technique in qualitative research. *Journal of Research in Education, 14*(1), 96-112.

Lazarus, R. S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Journal Annual Psychology Review, 44*(1), 3-18. doi:10.1146/annurev.ps.44.020193.000245

Lewis, J. (2009). Redefining qualitative methods: Believability in the fifth moment. *International Journal of Qualitative Method, 8*(2), 3-13.

Lindlaw, S. (2008). UAV operators suffer war stress. Retrieved from ttp://www.airforce times.com/

Linley, P. A., & Joseph, P. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17*(1), 11-21.

MacGregor, A., Shaffer, R. A., Dougherty, A. L., Galarneau, M. R., Raman, R., Baker, D., . . . Corson, K. S. (2009). Psychological correlates of battle and non-battle injury among operation Iraqi freedom veterans. *Journal of Military Medicine, 174*(3), 224-229.

Manias, E., Aitken, R., & Dunning T. (2004). Decision-making models used by graduate nurses managing patients medications. *Journal of Advance Nursing, 47,* 270-278.

McDonnell, M. T. (2012). *Sow what you reap: Using predator and reaper drones to carry out assassinations of targeted killings of suspected Islamic terrorists.*

Retrieved from http://docs.law.gwu.edu/stdg/gwilr/PDFs/44-2/2-%20McDonnell.pdf

Meijer, P. C., Verloop, N., & Beijaard, D. (2002). Multi-method triangulation in a qualitative study on teachers' practical knowledge: An attempt to increase internal validity. *Journal of Quality & Quantity, 36,* 145-167.

Merriam, S. B. (2002). *Introduction to qualitative research.* San Francisco, CA: Wiley & Sons.

Miller, E., & Daly, E. (2013). *Understanding and measuring outcomes: The role of qualitative data* [Guide]. Glasgow, Scotland: Institute of Research and Innovation in Social Services.

Mitchell, M. M., Gallaway, M. S., Milikan, A., & Bell, M. R. (2011). Combat stressors predicting perceived stress among previously deployed soldiers. *Journal of Military Psychology, 23,* 573-586.

Moore, B. A., & Reger, G. (2013). *Historical and contemporary perspectives of combat stress and the army combat stress control team.* Retrieved from http://stress.org/wp-content/uploads/2011/08/Historical-and-Contemporary-Perspectives-of-Combat-and-Operational-Stress.pdf

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Journal of Qualitative Health Research, 25*(9), 1212-1222.

Nash, W. (2013). Combat stress injuries. *National Center for Traumatic Stress Disorder.* Retrieved from http://www.ptsd.va.gov/

National Institute of Health. (2013). Guidelines for the review of human subjects section: Office of Extramural Research. Retrieved from https://thevalueofaveteran. wordpress.com/

Noy, S. (2001). Gradations of stress as determinants of the clinical picture immediately after traumatic events. *Journal of Traumatology, 6*(3), 1-7. doi:10.1177/15347 6560100700301

O'Connell, M. E. (2009). *Unlawful killing with combat drones: A case study of Pakistan 2004-2009*. (Legal Studies Research Paper No. 09-43). South Bend, IN: University of Notre Dame School of Law. Retrieved from https://www.law.upenn.edu/institutes/cerl/conferences/targetedkilling/papers/OConnellDrones.pdf

Owens, G. P., Dashevsky, B., Chard, K. M., Mohamed, S., Haji, U., Heppner, P. S., & Baker, D. G. (2009). The relationship between childhood, trauma, combat exposure, and posttraumatic stress disorder in male veterans. *Journal of Military Psychology, 21,* 114-125. doi:10.1080/0899500802574530

Pavlina, Z., Komar, Z., & Filjak, T. (2000). Psychological model of combat stress. *Journal of International Applied Military Psychology Symposium, 36,* 190-197.

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). *Purposeful sampling for qualitative data collection and analysis in mixed method implementation research.* Retrieved from http://www.ncbi.nlm.nih.gov/ pmc/ rticles/PMC4012002/pdf/nihms-538401.pdf

Patton, M. (1990). *Qualitative evaluation and research methods.* Retrieved from http://legacy.oise.utoronto.ca/research/field-centres/ross/ctl1014/Patton1990.pdf

Riessman, C. K. (2002). Doing justice: Positioning the interpreter in narrative work. In W. Patterson (Ed.), *Strategic narrative: New perspectives on the power of personal and cultural storytelling* (pp. 195-216). Lanham, MA: Lexington Books.

Sandor, S., Tache, Y., & Somogyi, A. (2012). The legacy of Hans Selye and the origins of stress research: A retrospective 75 years after his landmark brief letter to the editor of nature. *Stress, 15*(5), 472-478. doi:10.3109/10253890.2012.710919

Schnurr, P. P., Rosenberg, S. D., & Friedman, M. J. (1993). Change in MMPI scores from college to adulthood as a function of military service. *Journal of Abnormal Psychology, 102*(2), 288-296.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Journal of Education for Information, 22,* 63-75.

Smith, J. K. (2013). Reliability and validity in qualitative research. *Journal of Social Science Research Method,* 958-598. doi.org/10.4135/9781412950589.n846

Solomon, Z., Shklar, R., & Mikulincer, M. (2005). Frontline treatment of combat stress reaction: A 20-year longitudinal evaluation study. *American Journal of Psychiatry, 162,* 2309-2314.

Spoont, M. R., Sayer, N., Friedemann-Sanchez, G., Parker, L. E., Murdoch, M., & Chiros, C. (2009). From trauma to PTSD: Beliefs about sensations, symptoms, and mental illness. *Journal of Qualitative Health Research, 19*(10), 1456-1465. doi:10.1177/1049732309348370

Stein, N. R., Mills, M. A., Arditte, K., Mendoza, C., Borah, A. M., Resick, P. A., & Litz B. T. (2012). A scheme for categorizing traumatic military events. *Journal of Behavior Modification, 36*(6), 787-807. doi:10.1177/0145445512446945

U.S. Army. (2008). *Guide to dealing with combat and deployment stress.* Retrieved from http://phc.amedd.army.mil/PHC%20Resource%20Library/TG%20320%20(Guide%20to%20Coping%20with%20Deployment%20Combat%20Stress.pdf

U.S. Army. (2012). *Close quarters combat techniques.* Retrieved from http://pdf.textfiles.com/manuals/MILITARY/united_states_army_fm_90-10x1%20-%2012_may_1993%20-%20part09.pdf

U.S. Department of Defense. (2012). *Close quarters combat techniques.* Retrieved from http://pdf.textfiles.com/manuals/MILITARY/united_states_army_fm_90-10x1%20-%2012_may_1993%20-%20part09.pdf

U.S. 2nd Marine Division. (2014). 10th Marine Regiment 2nd Marine Division. Retrieved from http://www.10thmarines.marines.mil/

Van Wingen, G. A., Geuze, E., Caan, W. A. W., Kozicz, T., Olabarriaga, S. D., Denys, D., . . . Fernandez, G. (2012). Persistent and reversible consequences of combat stress on the mesofrontal circuit and cognition. *Proceedings of the National Academy of Sciences 2012, 109*(38), 15508-15513. doi:10.1073pnas.1206330109

Wall, T., & Monahan, T. (2011). Surveillance and violence from afar: The politics of drones and lininal security-scapes. *Journal of Theoretical Criminology, 15*(3), 239-254. doi:10.1177/1362480610396650

Wiles, R., Crow, G., Heath, S., & Charles, V. (2006, July). *Anonymity and confidentiality* [Working paper series]. Paper presented at the ESRC Research Methods Festival, University of Oxford.

Appendix A: Letter of Cooperation

Letter of Cooperation From a Research Partner

Name of your Organization: **LAVA**

Your Contact Information goes here: **Major S.B.**

Date: August, 6 2015

Dear Mr. Candrick C. DarkaShade;

Based on my review of your research proposal, I give permission for you to conduct the study entitled "Psychological Impact of Distal Combat on Veterans: A qualitative Study" with the Liberian American Veterans Association. As a retired Major in the United States Army/Air force, and as a combat veteran of the Iraq and Afghanistan conflict, I will assist you in your recruitment process by (a): distributing fliers to current veteran members of our organization, most of whom are combat veterans who fought from a distant in the Iraq and or Afghan wars; (b) I will assist by explaining the reason or purpose of the study, and (c) I will help explain the risk and potential benefit of the study.

As such, I authorize you to: (a) recruit and or contact potential participants from a list of 15-20 current combat veteran members of our independent veteran organization who saw actions as distant combat soldiers. It is herein understood that at any point during this study, if the need arises to recruit additional distal combat veterans, access will be grant to the researcher Mr. DarkaShade to do so. (b) I will provide you with a list of combat veterans whose service has been verified and validated by our organization. (c) I also understand that they will be required to participate in either a direct face to face interview, teleconference interview, Skype interview, or can response to the same set of research questions through email if they need to remain anonymous for the purpose of data collection for the study. (d): Each member will be informed that as a volunteer participant, he/she can ask to be removed from the study at any point in time without any direct or indirect pressure, resistance or coercion from you as a researcher, or from me as an authority figure and authorized member of our veteran organization. (e) I am aware, and will inform volunteer member who choose to participate in your study that results from the study will be published as a dissertation research; and might be published in other social science journals in order to expand greater understanding regarding distal combat. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: (a) providing a list of potential participants who are combat veterans. It is the responsibility of the researcher to contact each participant to conduct the study interview either via teleconference, skype, or email. There might not be an in person observation as veterans of our organization are

not current active duty soldiers, and our veteran organization does not have the ability to provide such access to actual combat environment. However if members would like to be interview at our facility, such arrangement will be made where an interview room will be assigned to the researcher, with direct cost incurred by the researcher Mr. Candrick DarkaShade. The researcher can also make other arrangements to meet at a convenient location with participants or veterans who might prefer a face to face interview, as compared interview by teleconference or Skype. Our organization reserves the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to grant access to veteran members of our independent veteran organization, and can approve research with our members and that this plan complies with our organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely

S.B._____
Major S.B.
Email: phone number: XXX-XXX-XXXX

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staffs verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Appendix B: Research Recruitment Flyer

COMBAT STRESS RESEARCH PARTICIPANTS RECRUITMENT FLYER!!!!

The director of your veteran organization has accepted to distribute this recruitment flier in order to inform males and females combat veterans who served as artillery ground or are support, sailors, remote drone pilots, helicopter pilots, helicopter gunners, sailors, and missile launchers and who have experience in distant combat warfare from the Iraq and or Afghanistan conflicts are here by invited and encouraged to sign-up to participate in this combat stress study by send signing up with your director, or by sending an email of intend with you contact information to candrick.combatstress.study@inbox.com. **You will be contacted once the study has been approved my university's IRB.**

(1) This original study is recruiting male and female combat veteran with experience fighting enemy combatants from a distant as: **Helicopter gunners**, **Artillery ground** or **Air Support**, **Missile Launchers**, **Helicopter Pilots, Remote Drone Pilots, and Sailors.**

(2) The purpose of the study is to learn about how combat stress might have affected distal combat veterans **during active combat engagements from a distant** or during distal combat operations and after **becoming distal combat veterans**.

(3) The study is qualitative in nature, meaning it uses unrestricted interviewing method to collect data using **face to face interviewing, teleconference interviewing, Skype interviewing**, and possibility data collect using **email response**.

(4) Interview session will last between **45:00 minutes to 1:30 minutes**, and will be recorded using a digital recording device, so that the interview can later be **transcribe**d or type written for **analysis** and **reporting, and publishing of results**

(5) Research participants must volunteer to participant and cannot be paid for doing so. However it is allowed for participants to be presented with a **$50.00 Gift Card** at the **end of data collection** as a "THANK YOU" which you will be provided by this study.

(6) All confidential information including first name and last name will be removed from the transcript and the final reports. You will not be asked to disclose or provide any sensitive personal information; this will ensure your confidential or personal information is safeguarded.

Candrick DarkaShade at: candrick.combatstress.study@inbox.com

Appendix C: Debriefing Form

Participant Coding:DCSR2015M/F-AA-CC-HS-AS: 18-25: 25-30: 30-35: 35-40: 40-45: 45-50: 50-55: 55-60: 60-65: 65-70: 70-75:75-80: 80-85: Initial-FName___: 1st-3 Letters L.Name:_____
Participants Code: **DCSR2015**_____-_____-_____-____-_____Date: ___/___/_____

DISTAL COMBAT STRESS RESEARCH PARTICIPANTS DEBRIEFING

Acknowledgement

I **Candrick DarkaShade as the researcher of this combat stress study** would like to take this time to say thank you for your services as veterans who fought in military conflicts; and also to thank you for accepting the invitation from this researcher and your independent veterans' organization to participate in this unique Distal Combat Stress research. Distal combat as have been defined in the **consent form** which you were encouraged to read and review for seven (7) days before signing and returning, is a combat environment in which veterans like yourself or combat soldiers use to engage enemy combatants from a distant. From a distant can including several thousand feet, or several thousand miles away from direct combat engagements.

Purpose of This Distal Combat Stress

The purpose of this combat stress study is to investigate possible emotional, psychological, behavioral and physical impact of distal combat on recent veterans of the Iraq and Afghanistan wars in the aftermath when veterans returned home to their families, friends, co-workers and local communities. The study use of open ended interviewing method is meant to collect free flowing data or information from you as participant. All data collected will be analyzed or evaluated in order to assess how each experience relates to emotional, psychological, behavioral and physical response of veterans during and after distal combat engagements. As such, it is the researcher's hope that the study provided you with an appropriate platform, which enabled you to respond to the 9 interview questions which sought to learn from your distal combat experience, and any other psychological impact you might have experienced during combat.

Short and Long Term Psychological Issues

Many research including some reviewed for conducting this study found that veterans and soldiers like most people, when exposed to abnormal situations such as war, explosions, disasters, death, or the constant possibility of dying can have short to long time emotional, psychological, and behavioral implications. Some veterans more than others are often affected by the short to long term psychological impact of war. As such, this researcher sought to find ways that would provide you with the necessary information or immediate help if one had been needed from veterans' crisis centers within your local area. To facilitate such demand as previously explained in the informed consent form, the researcher compiled a list containing the addresses and telephone numbers to 30 veterans' centers crisis interventions; or emergency psychological or psychiatric service hotlines, and mental health services within your immediate area of residence.

Access to Immediate and Long Term Services

As is detailed in the informed consent form for which you had the opportunity to read and signed, it states that "in the event of a psychological or mental health emergency, the researcher will contact emergency psychological or mental health services located in your immediate area so that you can be provided the necessary help you need if there is psychological, psychiatric, or mental health emergency. The names, addresses and telephone numbers for local mental health service or crisis centers in your immediate area will also be provided to you to for future use if you need to contact them directly. You are encourage to contact these services for help, at any point in time here moving forward if you begin to experience any psychological issues.

Dealing with the Psychological Impact of Combat

Review of many research the researcher while preparing to conduct this study found that some veterans after experiencing the initial onset of psychological symptoms attributable to combat, and after they received treatment, some combat veteran go on to develop resiliency the onset psychological symptoms of combat. Others develop appropriate coping strategies to manage symptoms. As such, these veterans are able to function adequately in their daily activities. Yet for some veterans, review of some studies found that it can take longer periods to recover from psychological symptoms that might be associated with combat or traumatic experience. Long term recovery or adjustment can take some time even after psychological interventions. **This is why it was necessary for the researcher to develop a list containing names, addresses, locations, contact information for 30 national and local veterans' mental health crisis centers, national and local suicide prevention hotlines. These centers have trained staff that can help you to control or manage any negative reaction or experience you might have during the course of participating in this combat stress study.**

Again you are encouraged to contact any of the local crisis centers, and mental health services using the direct access telephone numbers that will be provided to you individually so that your confidentiality continued to be respected beyond study. The numbers you are provided will also be provided to Walden University Internal Review Board (IRB), which helps to ensure that you are provided with the necessary and appropriate information to get help even after data collection if one is needed

Researcher Contact Information

The following is the name and long term contact information for the researcher conducting this study Mr. Candrick DarkaShade. Phone Number: 848-467-1409. Email address: candrick.onlinefaculty2014@inbox.com. Please feel free to call or send an email if you have any questions about the progress of the study. If you do not get an immediate response, you will get a call back, or email response within 24 hours. It has been a great pleasure and experience working with an exception group of veterans that you are. A copy of the result of the study will be made available to you upon completion of the study.

Thank you again for accepting to participate in this study, and good luck with everything.

Participants Code: DCSR2015_____-_____-_____-____-_____ Date: ___/___/_____

Researcher's Name:

_____

Researcher's Signature:_____ Date: ____/_____/_____

Appendix D: Participant Demographics

Table D1
Participant Demographics

DCRS2015 identifier rank and initials	Age	Ethnicity	Gender	Education	No. of deployments	Yr of military service	Distal Combat Zone 1: Iraq	Distal Combat Zone 2: Afghanistan
DCSR2015Maj. S. B.	40-45	AA	Male	Some grad	3	20-24	Distal Iraq proximal&distal	Afghanistan proximal&distal
DCSR2015Capt. L. W.	35-40	AA	Male	Some grad	4	16-20	Distal Iraq Proximal&distal	Afghanistan proximal&distal
DCSR2015CW2. C. C.	30-35	AA	Male	Some grad	2	8-12	Distal Iraq proximal&distal	Afghanistan proximal&distal
DCSR2015SFC. J. Z.	45-50	AA	Male	Some grad	2	16-20	Distal Iraq proximal&distal	Afghanistan proximal&distal
DCSR2015SFC. C. A.	50-55	AA	Male	Master's	5	16-20	Distal Iraq proximal&distal	Afghanistan proximal&distal
DCSR2015SFC. A. G.	45-50	AA	Male	Some college	6	16-20	Distal Iraq proximal&distal	Afghanistan proximal&distal
DCSR2015SSGT. J. T.	40-45	AA	Male	Some college	4	16-20	Distal Iraq proximal&distal	Afghanistan proximal&distal
DCSR2015SSGT. M. S.	40-45	AA	Male	Some college	3	16-20	Distal Iraq proximal&distal	Afghanistan proximal&distal
DCSR2015SSGT. W. B.	40-45	AA	Male	Some college	4	16-20	Distal Iraq proximal&distal	Afghanistan proximal&distal
DCSR2015SPC. E. T.	40-45	AA	Male	Some college	4	16-20	Distal Iraq proximal&distal	Afghanistan proximal&distal