2017

Exploring Personal and Societal Expectations of Blind Veterans

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Walden University
2017

Abstract

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Dissertation Submitted in Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Human Services

Walden University
May 2017

Abstract

More U.S. men and women are returning from military service obligations with physical and mental disabilities which complicate their transition to civilian life. Few researchers, however, have examined the post service experiences of blind veterans and whether they are affected by societal expectations of people living with disabilities. The purpose of this qualitative study was to gain knowledge about the experiences of U.S. veterans who suffered vision loss, and the influence of societal expectations on their lives. Hermeneutic phenomenological methodology was used to explore the personal meanings 8 veterans, who lost their vision during active service, attached to their experiences as they transition into daily routines. Using a 4 stage hermeneutic analysis and an interpretive lens resulted in the emergence of 6 major themes: (1) Never give up, (2) Mantras and declarations, (3) Previous beliefs and helping, (4) Struggles after vision loss (5) Current thought about disabilities and (6) Independence. Key findings suggested the veterans' previous thoughts about disabilities hindered their initial adjustments to losing their vision. All of them experienced a time of distress that aligned with their previous thoughts concerning people living with obvious disabilities requiring help, and independent skills training programs greatly contributed to their increased confidence to live independently. Blind veterans' personal descriptions of becoming blind may provide social workers, vocational rehabilitation counselors, and other human service professionals with information they can use to enhance programming and services for these individuals. Other implications for positive social change include the possible development of social change initiatives to change public perceptions of blind veterans.

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Table of Contents

Table of Contents i

Chapter 1: Introduction to the Study 1

- Introduction 1
- Background 2
- Problem Statement 4
- Research Questions 5
- Purpose of the Study 6
- Conceptual Framework 6
- Nature of the Study 7
- Definitions 8
- Assumptions, Limitations, Scope, and Delimitations 8
- Significance 9
- Summary 10

Chapter 2: Literature Review 12

- Introduction 12
- Literature Search Strategy 14
  - Literature Review Related to Key Variables and/or Concepts 15
  - Experiences of Disabled Veterans 15
  - Societal Perceptions of Disabilities 21
  - Eugenics 22

Evolution of Societal Perceptions 23

Education 26

Leadership Roles.. 27

International Focus.. 28

Military Culture, Core Values, and Coping 29

Moral Development 31

The Role of Religion... 31

Interpretivism..33

Summary...36

Chapter 3: Research Method...37

Introduction...37

Research Design and Rationale 37

Methodology...41

Issues of Trustworthiness..44

Procedures..44

Data Collection 46

Data Analysis..48

Summary...51

Chapter 4: Results...52

Introduction...52

Evidence of Trustworthiness...61

Summary 87

Chapter 5: Discussion, Conclusions, and Recommendations 89

Introduction 89

Interpretation of the Findings 92

Findings Related to Theoretical Framework 112

Limitations of the Study 113

Recommendations 114

Implications 117

Conclusion 121

References 124

Appendix A: Recruitment Letter Sent to Manager of Community Center 139

Appendix B: Letter of Invitation 141

Appendix C: Interview Protocol 143

Chapter 1: Introduction to the Study

Introduction

An increasing number of men and women are returning from active duty with various physical and mental disabilities (Frueh, & Acierno, 2010; Jones, Young, & Leppma, 2010). Researchers have discussed the importance of addressing the hardships of disabled veterans (Jones et al., 2010; Kim, Ford, Howard, & Bradford, 2010). However, according to Huang and Kashubeck-West (2015), few researchers have addressed how societal attitudes regarding disability affects the lives of disabled veterans. An extensive review of the literature revealed few studies addressing how self-perceptions and the perceptions of others influence blind veterans' motivation to set and achieve meaningful goals. Society tends to project low expectations of people with obvious disabilities such as blindness (Wang, Barron, & Hebl, 2010), and these automatic thoughts about blindness influence these individuals' paths to achieve their goals.

Bent-Goodley (2015) discussed the need for social workers and health professionals to focus on serving populations needing attention; these professionals should also prioritize advocacy as part of their work. The emphasis included the initial objectives of social work regarding social justice and equality, as the most frequent need is to overcome inequality. Ethical tenets of social work include empowering oppressed populations.

Many people define veterans' issues as a social issue rather than as a physical problem. As these veterans work to gain their independence, they often face barriers and negative mindsets of others (Urbatsch & Fuller, 2013). Opportunities are expanding for disabled veterans (Kukla, Rattray, & Salyers, 2015). Programs which offer disabled veterans techniques for accomplishing daily tasks promote high levels of independence and greater possibilities for achieving goals (Kukla et al., 2015). These programs also assist veterans in developing skills so that they may reenter the workforce (Kukla et al., 2015). Also, disabled veterans gain experience in responding appropriately to low expectations projected by society while working through their own negative thoughts about being disabled (Frain, Bethel, & Bishop, 2010).

Background

The U.S. military holds service personnel to high standards of discipline and achievement (Kuehner, 2013). Kuehner (2013) discussed the pressure veterans experience to maintain standards, which can hinder their progress in rehabilitating and readjusting after their injury. The author described how coping with these expectations is stressful and requires support, understanding, and acceptance of disabilities such as blindness (Kuehner, 2013). The experiences of individuals born without vision and individuals who become blind as a result of an injury differ. Brain injury is the cause of most veterans' blindness whereas malformations of the eyes is the cause of blindness for the majority of individuals who are born with this disabling condition (Goodrich & Lueck, 2010).

Pogoda et al. (2012) studied the effects of vision loss on the lives of veterans, including their daily routines and functioning in society. Head and neck injuries were more prevalent than in previous battles, and 70% were due to explosions (Pogoda et al., 2012). Ostermeier (2010) described the initial attention brought to blinded veterans with the declaration of an executive order by President Roosevelt on January 8, 1944. The statement included provisions offering adequate care and assistance to World War II veterans suffering from vision loss before returning to their homes and communities (Ostermeier, 2010). The Veterans Affairs (VA) administration took responsibility for social adjustment training (Ostermeier, 2010). Veterans needing additional support to gain their independence and learn new skills leading to productive lives received guide dogs when available (Ostermeier, 2010). Within the past 10 years, the VA established blind centers across the United States, which incorporated independent living skills training (Ostermeier, 2010).

For many years, people living with low vision received traditional measures of eye function assessment. But, as Kuyk et al. (2008) noted, accurately determining individuals' full functioning after a disability requires studying other aspects in addition to functionality of the eyes. Kuyk et al. conducted a study on the degree to which a newer approach, health-related quality of life (HRQOL), is a significant component of treatment for those with vision loss resulting from an injury. Kuyk et al. determined the importance of focusing on psychological and mental health functions as well as addressing skills and rehabilitation for physically disabled veterans. The VA distributed pre and post rehabilitation questionnaires to participants to measure outcomes as well as the emotional aspects of living with a disability (Kuyk et al., 2008). The researchers explored the effects of long term rehabilitation and found higher levels of self-esteem among participants (Kuyk et al., 2008). The information is necessary for determining the levels of motivation of veterans before, during, and after rehabilitation and for documenting effective treatment protocols.

Nejati (2011) conducted a cross-sectional comparative case-control study in which they matched 116 sighted individuals with 93 blind people having the same educational and age characteristics. The researcher sought to explore brain functions of blind and sighted individuals. Memory, awareness, and restlessness levels were not significant. However, inhibition and intentionality were significantly different between the two groups. When compared to sighted participants, blind participants did not have problems with executive functioning and performed better on tasks related to determination and levels of motivation. This research provides evidence that blind people are capable of the same levels of intelligence as sighted people and that they use various techniques to compensate for their vision loss (Nejati, 2011). I present the problem, purpose, and significance of the study during the remainder of the chapter. In addition, I will suggest definitions for technical or little known words to provide clarity concerning the content of the study.

Problem Statement

The VA has requested research to identify methods which support veterans as they return to civilian life and work (Rubin, 2015). The agency is seeking to develop and provide services to veterans that focus on current as well as historical wartime issues (Rubin, 2015). To meet a growing demand, the VA has established new facilities to retrain veterans with disabilities (Rubin, 2015). The blind centers it has established also offer rehabilitation programs, which teach life skills for regaining independence and actively participating in community life (Frain et al., 2010). State agencies involved in reintegrating veterans have also initiated additional training for agency staff (Frain et al., 2010).

In my current search, however, I could not find research that thoroughly explored blind veterans’ experiences as they transitioned into civilian life. I also could not find research on the impact of personal and societal expectations of disability on this transition. Further studies might demonstrate the significance of negative societal views of disabilities, which may hinder the veterans thinking or draw attention to the need for additional supports (Patterson, 2012; Wang et al., 2010). The problem is that many individuals tend to view people living with disabilities as weak and not whole or complete (Wang et al., 2010). These attitudes hinder the efforts of veterans to live productive, independent lives (Patterson, 2012; Wang et al., 2010). Due to the relative dearth of information on blinded veterans, social workers are often ill-equipped to meet the needs of veterans who have experienced a significant loss of vision while deployed (Wang et al., 2010). The lack of empirical data presents a challenge for social workers, vocational rehabilitation counselors, and other human service professionals in meeting the needs of blind veterans (Wang et al., 2010).

Research Questions

In my effort to understand the experiences of blind veterans better, I sought to answer two primary research questions:

RQ1. What are the lived experiences of veterans who have become blind?

RQ2. How do blind veterans describe their views of blindness now that they are blind?

A sub question, related to RQ1, was, what does it mean to be a blind veteran?

Purpose of the Study

The purpose of this hermeneutic phenomenological study was to bridge the gap in the literature concerning the experiences of blind veterans as they transition to life post service. I queried veterans concerning their personal experiences and views. Through a series of interview questions, I generated discussion about participants' previous and current views on the abilities of blind individuals. I then connected their current levels of motivation to their prior thoughts regarding blindness and infused the content into my findings.

Conceptual Framework

In my exploration of the experiences of blind veterans, I used an interpretive framework and drew from Hussain and Sanders's (2012) theorization of individual perceptions of reality. Participants described their experiences, which included describing similarities and differences among individuals who had experienced vision loss during active duty or from injuries leading to blindness. These personal summaries revealed how society influenced the realities of the veterans and generated insight regarding the depth of this impact. Scholars using interpretivism evaluate the actions and patterns of societal behavior, associated with social work definitions (Hussain & Sanders, 2012).

Symbolic interactionism and interpretivism have common central tenets regarding social behavior and action (Hussain & Sanders, 2012). Interactionists recognize the ability of humans to create communication and understand how the interaction is constantly evolving (Hussain & Sanders, 2012). Interactionists do not focus exclusively on society or on individuals as their interests lie in the interaction of society and individuals, and the results of this exchange (Welford, Murphy, & Casey, 2011). Symbolic interactionism stems from a focus on the values and beliefs of individuals (Welford et al., 2011). However, I use the theory to expand on the assumptions of pragmatism and the effects of communication with others in the context of a person's environment (Welford et al., 2011). Cersosimo (2010) studied the work of Mead (1890) regarding self-awareness and the development of social self. Cooley (1902) later emphasized judgments by others and how individuals' reactions to people mirror personal perceptions (Cersosimo, 2010).

Nature of the Study

Current views of veterans' ability to achieve personal goals have evolved from knowledge about veterans' experiences and interactions with others. Essential themes related to this phenomenon emerged from the exploration of the lived and shared experiences of blind veterans. Using an interpretive lens created a foundation for my study of how societal expectations influence blind veterans' thoughts about disabilities. These experiences have an underlying essence, which when unmasked and interpreted, reveals its meaning (Hussain & Sanders, 2012). Findings from my study may assist counselor educators and supervisors in their efforts to train social workers, vocational rehabilitation counselors, and other human service professionals who work with blind veterans.

I used Seidman's (2012) three-part strategy to describe veteran participants' past, present, and future experiences. Phenomenological researchers use this strategy to focus on participants' previous thoughts, current experiences, and meanings drawn from these experiences (Fox, Bell, Jacobson, & Hundley, 2013). A hermeneutic analysis created a link to understand meaning from a phenomenological life world mindset (Rytterstrom, Arman, & Unosson, 2013).

Definitions

I have defined the following terms to clarify their intended meaning for the purpose of this research study.

Active duty service member: Military men and women who perform duties within a training or wartime capacity (Jones et al., 2010).

Automatic thoughts: An individual's immediate response to specific events and experiences (Pasarelu & Dobrean, 2015).

Blind veterans: Veterans who have experienced substantial vision loss resulting in their inability to drive (Goodrich & Lueck, 2010).

Obvious disabilities: Disabilities (usually a physical impairment) that are easily recognized by others (Kattari, 2015).

Assumptions, Limitations, Scope, and Delimitations

A potential barrier was finding blind veterans who had experienced vision loss while serving active duty or as the result of an injury within a constrained span of time. I identified a pool of eight voluntary participants from local canvassing and continued recruitment efforts until I reached saturation of the data (Marshall, Cardon, Poddar, &

Fontenot, 2013). I describe additional details of this process in chapter three. Following my recruitment efforts, I conducted interviews with veterans who experienced vision loss during active duty or as the result of an event or injury, focusing on their experiences of becoming blind. I composed questions to initiate thoughts regarding their personal expectations and capabilities based on living with a disabling condition. In addition, I inquired about their views on vision loss, prior to becoming blind. I assumed participants answered openly and honestly to the questions presented. Researchers achieved this goal by building rapport with participants before asking personal questions, and possibly answering any questions they have concerning my views and experiences of blindness (Rubin & Rubin, 2005). Discovering the truth of a phenomenon requires accurate interpretation, and researchers have the task of constructing meanings from the participant's perceptions (Corbally & O'Neill, 2014). Veterans who experienced significant vision loss, at least 1 year before the study, limited the scope of the research to their experiences within a specific timeframe of becoming blind.

Hermeneutical phenomenologist inquiry does not focus specifically on measuring levels of functioning and motivation as in previous quantitative studies (Frels & Onwuegbuzie, 2013). Instead, the findings from the study focus on the meaning people place on their experiences, as essential themes in their lives (Frels & Onwuegbuzie, 2013). Using qualitative research allowed the participants to be open and allow common patterns to emerge (Frels & Onwuegbuzie, 2013).

Significance

In 2010, according to the United States Census Bureau (2012), approximately 56.7 million people lived in the United States. The United States Census Bureau suggested 19% or 1 in 5 people experienced mental, physical, or sensory disabilities. Children living with these disabilities experience discrimination at an early age, especially within the education system (Crowson & Brandes, 2013). The researchers discussed the attitudes among pre-service teachers regarding students with disabilities (Crowson & Brandes, 2013). Based upon the influence of teacher's attitudes on students, a need exists to increase internal motives to view these individuals more positively and decrease external motives including responding to prejudice. Qi and Sau Ching Ha (2012) described how teachers strive to follow policies established for including students living with disabilities, although their motivation to comply did not influence their negative thoughts and attitudes regarding this inclusion. Education is one of the primary reasons for individuals joining the military, and negative attitudes generate barriers for disabled veterans seeking academic degrees (Norman et al., 2015). These studies demonstrated a need to increase positive mindsets regarding people living with disabilities and explore the current thoughts of blind veterans to reveal the origins of any nonproductive thinking hindering their success.

Summary

Combat related accidents and explosions contribute to disabling increasing numbers of active military service men and women. Age-related vision loss among veterans is a common event, yet the increase of blindness due to injury prompted the need to focus on the veterans experiencing vision loss within or after active duty service. My study sought to uncover the experiences of blind veterans once they returned to their communities and society in general. In Chapter 2, I provide a review of the pertinent literature on the major foci in this dissertation.

Chapter 2: Literature Review

Introduction

Exploring the experiences of blind veterans requires recognition of barriers faced by disabled veterans. As societal ideas about disabilities evolve, it is essential to acknowledge the struggles of people living with disabilities when attempting to achieve personal goals. Examining societal perceptions of disability and the experiences of wounded veterans provided me with a foundation for my study as well as underscored its importance.

Increased use of explosive devices in Operation Enduring Freedom and Operation Iraqi Freedom resulted in significant changes in the types of injuries among service men and women (Oleksiak, Smith, Andre, Caughlan, & Steiner, 2012). Mild traumatic brain injury (MTBI) is the signature injury of these battles (Jones et al., 2010). With so many service members affected by these injuries, researchers consider how this diagnosis influences the lives of veterans (Barlow-Ogden & Poynter, 2012). Johnson (2013) reported traumatic brain injury affects individuals differently. Women tend to have more severe symptoms from combat blast trauma than do men (Johnson, 2013). However, both men and women struggle to transition back into their former lives (Kuehner, 2013). Disabilities associated with these injuries such as blindness have been found to be major causes for maladaptive lifestyles including homelessness, substance abuse, and a wide variety of physical and mental problems (Oleksiak et al., 2012; Romesser, Booth, Benge, Pastorek, & Helmer, 2012). In my review of the literature, I describe obstacles that many disabled veterans face as they transition into life as individuals with obvious and unseen disabilities.

Goodrich and Lueck (2010) compared recent causes of blindness to those documented several decades ago, furthering knowledge on vision loss due to injury. It is essential to acknowledge the differences associated with blindness issues between nonmilitary and disabled veterans to exploring the experiences of blinded veterans (Goodrich & Lueck, 2010). Health care and human service practitioners require additional training to address the conditions of soldiers returning from active duty (Goodrich & Lueck, 2010). They also need to understand how different injuries influence the achievements of disabled veterans (Goodrich & Lueck, 2010). Because military service members try to achieve high standards generating a sense of pride, they have an ingrained attitude to reject defeat (Kuehner, 2013). They possess a strong determination to work toward their goals, especially as they relate to regaining their independence (Kuehner, 2013).

Previous researchers documented basic information on the struggles experienced by disabled individuals as well as insight on societal views on disability and the evolution of rights for people living with disabilities (Frain et al., 2010; Pogoda et al., 2012). Many veterans desire to be proactive in their efforts to transition back into society after active duty; according to researchers, these veterans benefit from programs requiring their involvement and action (Frain et al., 2010; Pogoda et al., 2012).

My extensive review of the literature revealed very few studies addressing how self-perceptions and the perceptions of others influence blind veterans' motivation to set and achieve meaningful goals. Researchers have documented the effects of motivating veterans receiving prosthetic limbs, life after physical therapy, and independent skills training (Frain et al., 2010; Pogoda et al., 2012). However, according to my review of the literature, minimal research exists, which provides an understanding of the experiences of blinded veterans due to injury or events leading to vision loss once they have returned to their daily routines.

I begin this chapter by describing the research strategies I used to locate useful articles for this study. In the rest of the literature review, I highlight research on the effects of physical and mental disabilities and on how disabled veterans adjust back into society following becoming disabled. I provide an overview of research on the psychological effects of transitioning into daily routines. Finally, I review the paradigm of interpretivism to provide insight into how disabled veterans experience adjustments and transitions through their perceptions of daily routines as blind individuals.

Literature Search Strategy

I conducted a review of literature related to my topics of study using several sources of information and the general search terms *veterans and disabled* in all of my searches. Additionally, I used search words such as *motivation*, *societal expectations*, *blindness*, *attitudes*, *social perceptions*, *interpretivism*, *adjustments*, and *transition* to narrow my search. Using these terms, I searched the following databases: EBSCO, Psych Info, and Academic Search Complete/Premier. The Walden University Library provided many of the needed articles for this review. I located additional resources within the San Diego State University Library System.

The general search did not reveal articles regarding blinded veterans due to injury, how they cope with their transitions, and specifically, discuss, or describe their lived experiences as a blind individual. The lack of information surrounding the experiences of blinded veterans limits the attention and investigations required to help them transition back into their communities and everyday lives.

Literature Review Related to Key Variables and/or Concepts

Exploring the experiences of blind veterans generated the need to understand characteristics of injuries and the psychological effects of returning to civilian life. Injuries causing physical and mental disabilities affect different aspects of the lives of military service members and their families. The following literature review provides insight into the experiences of disabled veterans and their families as these veterans work to transition into daily routines. I review societal assumptions to comprehend how these ideas evolved and continue to influence the lives of people living with disabilities. To provide a glimpse into the mindsets of the veterans, I included information regarding core U.S. military values and cultural and religious beliefs.

Experiences of Disabled Veterans

Approximately 20% of the soldiers deployed to Iraq and Afghanistan witnessed explosions (Oleksiak et al., 2012). Mental health screening is necessary to determine the extent of the trauma and distinguish the difference between MTBI and PTSD (Jones et al., 2010). Many women held different beliefs than men regarding disabilities (Gutierrez et al., 2013). Specifically, one in every five women reported that they had experienced sexual offenses while serving in active duty which added to the stress of living with physical injuries post service (Gutierrez et al., 2013). Frain, Bethel, and Bishop (2010) reported for each member killed, at least 16 service members received wounds. Physical health problems which are not as obvious as blindness or loss of limbs include hearing loss, sleep disorders, and interruptions in executive thinking (Oleksiak et al., 2012; Waldron-Perrine et al., 2012). An estimated 87% of veterans reported hearing problems based on experiencing explosive events, which is higher than hearing loss associated with other injuries (Oleksiak et al., 2012). Significant hearing loss can result in problems in personal relationships, decreased social functions, and depression and anxiety (Oleksiak et al., 2012).

Following the experiences of MTBI, soldiers reported cognitive, sensory, and behavioral/emotional changed including headaches, vision loss, sleep disturbance, irritability, and memory issues (Pogoda et al., 2012; Romesser et al., 2012). Disabled veterans often experienced chronic pain, exacerbated from stress, anxiety, and depression (Pogoda et al., 2012). Pain interference related to functional limitations correlated to cases of depression rather than pain severity (Pogoda et al., 2012). Veterans with MTBI history reported higher rates of pain (Romesser et al., 2012) and PTSD (Pogoda et al., 2012). Self-reported PTSD might not be accurate due to the similarities to MTBI symptoms (Capehart & Bass, 2012).

Goodrich and Lueck (2010) described the initiation of services for blinded veterans from combat duty after World War II, in an attempt to help them return to the workforce. Soon after this, awareness of an epidemic of premature babies, blinded by increased oxygen levels at birth, resulted in redirecting attention to focus on blind children and the development of rehabilitation services and programs to care for them. The parents did not want to send their children away from home, which forced the education system to implement appropriate training within the local schools. The authors studied differences in the premature babies, blind World War II veterans, and present-day children now facing neurological vision loss. The researchers concluded veterans presented a higher risk of becoming blind due to brain trauma. The authors reported recent issues related to blindness in veteran populations, as more challenging to the profession than 60 years. Treatment for premature babies has improved significantly. However, the phenomena of veterans losing vision from explosions remain significant, creating different problems for healthcare professionals. The biggest distinction is blinded veteran's vision loss is due to the injury of the brain, rather than the eyes.

Researchers included blindness as one of the side effects of the increased number of injuries primarily due to explosions. For those veterans experiencing life changing disabilities, special programs are a solution to transitioning wounded veterans and their families into better quality of life routines (Geiling, Rosen, & Edwards, 2012; Vander Goes & Snyder, 2012). Long-term health and psychological issues evolve from the various injuries, and the prevalence of polytraumatic injuries generated new thought on how to treat symptoms of disabilities before an advanced decline in mental and physical health (Cook et al., 2013). PTSD was part of this focus, along with recognizing common maladies such as alcohol abuse and tobacco use. Treating these behaviors before the onset of lung cancer, emphysema, liver damage, or heart disease is a part of the new lifestyle interventions intended to reduce long-term costs, as well as promote mental and physical health awareness (Cook et al., 2013).

The increased numbers of military members requiring services caused staffing problems at medical facilities (Ostovary & Dapprich, 2011). Many of these men and women experienced significant psychological trauma with postponed reactions, and concurrent episodes of depression and anxiety (Ostovary & Dapprich, 2011). Regardless of specific injuries, combat exposure alone affected memory and reduced attention skills, initiating problems in learning and work environments (Ostovary & Dapprich, 2011). It is necessary for health professionals to understand the relationships between mood, sleep, and cognition to provide appropriate treatment services (Waldron-Perrine et al., 2012). Although cognitive performance influences sleep disturbance, it is frequently associated with cognitive perception (Waldron-Perrine et al., 2012).

Physical problems add to the pressures of returning to daily routines as a civilian. The veterans' transitions back to their families and communities often create relationship strain resulting in increased reports of domestic violence (Ostovary & Dapprich, 2011). Children of military families also require additional help, as they experience issues with adjusting to living with a wounded parent (Ostovary & Dapprich, 2011). The survival rate for Iraq and Afghanistan veterans is higher than any other war. However, these soldiers return with severe injuries and permanent mental and physical disabilities (Ostovary & Dapprich, 2011).

Tucker et al. (2014) explained the World Health Organization developed the International Classification of Functioning (ICF), which focused on health, functioning, and disability. The international classification of disabilities, health, and functioning records health status assesses an individual's capability, regarding body and structural functions, interactions, and significant life roles (Tucker et al., 2014). The ICF is an international standard for determining health functioning and is a foundation for many measures of health (Tucker et al., 2014). Bendixen, Senesac, Lott, and Vandenborne (2014) described how the ICF Disability and Health, Children, and Youth Version (ICF-CY) viewed participation as a significant outcome of health. They defined participation as, “direct engagement in a life situation, including activities of personal care, mobility, social relationships, education, recreation, leisure, spirituality, and community life” (Bendixen et al., 2014, p. 2). For example, investigators exploring the quality of life throughout the course of Duchenne muscular dystrophy in young males, using the ICF-CY, documented children with physical disabilities participate less in rehabilitative activities (Bendixen et al., 2014).

Resnick et al. (2012) used the ICF classification system to explore how veterans integrate into their communities once returning from active duty. Key components of community reintegration sought to determine the most effective method to measure the extent of their functioning. The recent battles in Iraq and Afghanistan resulted in veterans becoming dependent on the Veterans Affairs (VA) Healthcare System. The VA anticipates more than 790,000 of the two million deployed from 2001 to 2010 will seek benefits for disabilities. Their physical and mental challenges hinder their transitions back into their families and communities. The authors believed measuring community integration is essential for developing interventions for the various dimensions of reintegration and social functioning (Ostovary & Dapprich, 2011). Unfortunately, veterans discharged with mental health diagnoses such as PTSD and anger issues, find it difficult to regain respect and overcome barriers to employment, healthcare, and housing (Ostovary & Dapprich, 2011). Many of them had accidents and events leading to discharges prior to appropriate treatment (Seamone et al., 2014). Once they return to their communities, they do not meet eligibility requirements for VA services due to their previous behavior problems (Seamone et al., 2014). There is a need for additional training for social workers regarding the growing demands for veterans returning from military service (Rubin, 2015). Multiple deployments cause service members to confront new situations (Rubin, 2015). Thought processes required for combat duty create difficulties upon returning to civilian life (Bennett, Elliott, & Golub, 2013; Johnson, 2013). Women who lost limbs face psychological problems associated with feelings of safety and personal ability (Cater, 2012). Staggering numbers of veterans become homeless and available programs for veterans focus on issues related to mental health and substance abuse (Kim et al., 2010; Tsai, Doren, & Rosenheck, 2013).

Tsai et al. (2013) explained homeless adults visit emergency departments four times more than sheltered individuals. Homeless populations normally experience more psychiatric issues, infectious diseases, and substance abuse. Homeless environment’s lack of appropriate shelter and food, as well as safety, also contributes to higher rates of visits to hospitals (Tsai et al., 2013). These social vulnerabilities directly correlate to veterans abusing prescription medicines, increasing the prevalence of maladaptive behaviors, which hinder their adjustments to living as a civilian (Bennett et al., 2013).

Hsu (2015) discussed the reductions in funding for the Community Development Block Grant (CDBG), and its effects on homeless populations across the nation. Constant cutbacks hamper efforts to end homelessness among veterans, including their families and children (Hsu, 2015). Mental health problems also contribute to rates of homelessness among disabled veterans (Ostovary & Dapprich, 2011). In a study of 435 veteran participants, 12 % experienced homelessness within the past month, and 55 % disclosed a lifetime history of homelessness (Tsai et al., 2013).

The limited programs available to veterans attempt to minimize or eliminate homelessness once they leave active duty service (Cook et al., 2013; Kim et al., 2010). These programs initiated at different intervals require continued research to uncover additional information to achieve appropriate results (Kim et al., 2010; Tsai et al., 2013). Availability of these services is not always the initial problem, because once soldiers return to civilian life, they require information on the consequences of untreated mental health issues, which often reduces periods of long-term instability (Ostovary & Dapprich, 2011). In the next section, I highlight studies which provide additional information on some of the barriers faced by disabled veterans. I begin with a discussion of the evolution of societal views with respect to individuals with obvious disabilities, including personal stories of individuals who have overcome some of these barriers.

Societal Perceptions of Disabilities

Stuntzner and Hartley (2015) discussed various aspects of the expectations of people with disabilities. The United States enforced laws limiting public appearances of people with disabilities in the 19th and 20th centuries (Stuntzner & Hartley, 2015). Perceived as frightening and offensive, a fear of disabled people contributed to negative views, which without advocacy and compassion to support their cause, excluded people living with disabilities from achieving success (Stuntzner & Hartley, 2015). O'Brien and Bundy (2009) explained American eugenicists, who believed humans could shift in a positive evolutionary course by paying attention to breeding. Positive eugenics refers to expanding childbirth of the more suitable classes of people, and negative eugenics refers to the extinction of reproduction among the less fit classes (O'Brien & Bundy, 2009). Based upon the writings of England's Sir Francis Galton (1870), investigators continuously researched this following Mendel's Laws in 1900, referring to heredity (O'Brien & Bundy, 2009).

Eugenics

The United States backed the eugenics movement using contemporary science and popular opinion between the years 1910 and 1930 and generated negative ideas concerning individuals living with mental, sensory, or physical disabilities (O'Brien & Bundy, 2009). They also included poor and criminal populations (O'Brien & Bundy, 2009). Patterson (2012) explained the system focused on the importance of isolating these individuals or even eliminating specific symptoms by the use of lobotomy procedures for the mentally ill. Considered within the lowest societal status, they began to sterilize people with obvious disabilities, to protect the genetic health of humans (Patterson, 2012).

O’Brien (2011) explained the social force of eugenics pertained to bloodlines and the gene pools of various groups of people. There was fear the undesired classes would grow faster than the more fit classes (O’Brien, 2011). Kornbluh (2011) discussed the discrimination against blind people. In the late 1930s, states, including New York, discontinued monetary funding to any blind person marrying another blind or visually impaired person (Kornbluh, 2011). O’Brien described how genetic testing evolved from these assumptions, and parents made decisions stemming from the fear of giving birth to a disabled or imperfect child (O’Brien, 2011).

The United States culture tends to possess two thoughts regarding disabilities making this debate controversial. The majority of people feel individuals living with disabilities should have full rights as citizens and condemn discrimination against them (O’Brien, 2011). At the same time, many parents believe they have the right to determine the fate of fetuses with disabilities (O’Brien, 2011). The acceptance of abortions following the determination of a disability contributed to a controversy in France (Hashiloni-Dolev & Raz 2010; Urbatsch & Fuller, 2013; Vaicekauskaiteq, Algenaite, & Vaiciuliene, 2010). The country allowed the procedure at any stage of pregnancy, similar to those in the 21st century’s mindset of eugenics (Hashiloni-Dolev & Raz 2010; Urbatsch & Fuller, 2013; Vaicekauskaiteq et al., 2010).

Evolution of Societal Perceptions

Kornbluh (2011) discussed how people born with disabilities and others who acquired these challenges after birth, fought for their rights, determined to find their place in society. They struggled with having similar opportunities as people who did not have significant limitations. My focus will now turn to disclosing the relationship between historical figures in the United States and events surrounding the evolution of societal perceptions regarding disabled citizens.

Yarrow (2011) discussed President Theodore Roosevelt's initiation of the Children's Bureau in 1913. Presidents who followed also continued efforts to protect children and increase their quality of life (Yarrow, 2011). For example, President F. D. Roosevelt advocated for the passing of the Social Security Act of 1935, which included funding for programs serving disabled children and adults (Patterson, 2012). President F. D. Roosevelt later established the Warm Springs Institute, in 1927 (Patterson, 2012). The facility provided polio and spinal cord injury rehabilitation, in the absence of a sterile hospital environment. President Roosevelt wanted the individuals to meet other people with disabilities, although primarily white men, women, and children accessed the institution. Patterson (2012) also described a chain of events stemming from the segregation argument against discrimination, and while racial advocacy was on the rise, leaders emerged, promoting rights for the disabled, as well.

Patterson (2012) reported the story of Fred Fay, who injured his spinal cord in a backyard accident in 1961. For seven months, he attended the Warm Springs Institute in Georgia. During his stay, the seventeen-year-old experienced many opportunities associated with mobility and interactions with others, yet once returning home he realized his limitations were not due to inaccessibility, but the continuing low societal expectations for people with disabilities. He strove to achieve access to the same opportunities as nondisabled individuals. The author detailed how Mr. Fay attended the University of Illinois after high school where he associated with other people with disabilities. They began sharing their experiences and developing a language of how they wanted society to perceive them. Patterson described how groups and organizations formed, openly expressing their experiences, hoping to connect with nondisabled people. In 1964, Fay and 60 other students began voicing the need for ramps and other changes, which allowed students with disabilities to access all areas of the campus. They demonstrated by riding together across the campus in their wheelchairs and speaking to other groups regarding their views. Upon gaining national attention, various local businesses and public venues added ramps to their entrances.

Cameron (2014) described how Ed Roberts, a quadriplegic polio survivor, needed an iron lung, at least, twelve hours a day. He faced many barriers to living independently and attaining personal goals. His vocational rehabilitation counselor determined he had no potential for employment (Urbatsch & Fuller, 2013). He sued the University of California in 1962 after they denied his application (Cameron, 2014; Urbatsch & Fuller, 2013). An administrator publicly referenced previous admissions, and stated, “they tried cripples before, and it don’t work” (Patterson, 2012, p. 478). Stuntzner and Hartley (2015) explained Roberts won this battle and went on to advocate for various groups on campus. Patterson (2012) described how Roberts sought out other minority activist leaders, explaining their similar barriers of discrimination, and to his dismay, the very groups for which he protested did not share this belief, and each described their challenges as different from disabled individuals. Cameron documented Robert’s continued to fight with other organizations to create more accessible public environments, as other leaders and advocates supporting the civil rights of the disabled also created paths of awareness (Cameron, 2014).

Literature documented continued low societal expectations of people living with disabilities, and explained over 650 million people worldwide experience some form of disability (Disable World, 2015). Russia recognized the growing numbers of people with disabilities, along with the lack of opportunities for them (Khudorenko, 2011). Public perceptions were low concerning disabled people participating in job markets, along with receiving higher education degrees (Khudorenko, 2011). In Russia, only 15 % of disabled people worked, and their positions were not necessarily permanent, and normally considered less prestigious than the jobs of most nondisabled workers (Khudorenko, 2011). Educational inclusion eliminated some of the barriers experienced by the disabled individuals in their efforts to achieve higher education and created opportunities for them to prepare for labor markets (Khudorenko, 2011).

Education

Norman et al. (2015) discussed the success of veterans seeking higher education once returning to civilian life, and growing possibilities available to the population. Younger veterans returning with a physical or mental health diagnosis appeared to adjust better if they can follow their goal of attaining higher degree status. Increased educational opportunities remain the number one reason for individuals to join the military. The options of education generate positive effects across the lifespan and increase satisfaction within the process of transitioning back into their communities. Veterans reported feeling successful when they attained their educational goals. Although academic opportunities are accessible to disabled students, personal beliefs held by educators remain an ongoing challenge to those pursuing their academic goals.

Crowson and Brandes (2013) described how teachers tend to view people living with disabilities. The teachers' external or internal motivation formulates their responses to the disabled individuals. Teachers driven by external motivation will most likely respond positively to specific disabilities due to their desire to conform to what society expects. Teachers with internal motivation tend to react because of a deep seeded desire not to respond with prejudice against others. Society now portrays less doubt regarding the abilities of the blind, although negative or minimal experiences with blind individuals continue to create negative impressions.

Leadership Roles

Wang, Barron, and Hebl (2010) explained how although blind people are rated high on personality scales, people often question their competency to perform job related tasks. Even when applying for an entry-level job, employers select the sighted candidate over the equally qualified blind individual (Wang et al., 2010). Disabled individuals seeking professional level jobs continue to work through various obstacles within these positions (Wang et al., 2010). The success of leader and follower's relationship tends to rely on the follower's perception of the leader, as well as the leader's introspection (Burch, Swails, & Mills, 2015). Their perceptions of lower expectations created barriers for the blind leader or administrator (Burch et al., 2015). Wolkstein and Harding (2010) explained the employers who hire these individuals into traditional nondisabled people's positions, must learn to expect the same level of skills and intelligence as their peers while considering accommodations to maintain an equal opportunity environment (Wolkstein & Harding, 2010).

International Focus

Agovino, Parodi, and Sanchez Barajas, (2014) conducted a study on disabled people in Mexico. They found disabled people were more involved in the labor market when their general well-being was higher, compared to those working for no pay. Unpaid workers received lodging and board rather than money. The authors determined raising payment rates does not initiate a desire to participate in the labor market. However, the researchers suggested more pay did increase the likelihood of improved well-being. The comparisons demonstrate the effects of low personal expectations and its influence on levels of functioning.

Chivers (2009) explored the role of Canadian soldiers in the war against Afghanistan and the rate of disabled veterans returning home. Double amputations were common due to explosions. However, the soldiers survived because of technically advanced body armor that covered the vital organs but left arms and legs exposed. At the time of the study, Canadian female soldiers engaged in combat while deployed in Afghanistan, with one reported death, but none with significant disabilities. The author explored Canadian views of disabled veterans by examining media coverage of injured male soldiers returning from war. They discussed the mindset of war using a disability studies perspective. Chivers determined people perceived disabling results as part of the war and associated it with national belonging and citizenship. The author explained society tends to view disabilities as a significant flaw and consider the disabled individuals as weak or incomplete. Media coverage included public reactions to the disabled veterans and offered insight into stereotyping disabilities. In this case, the negative views of society did not influence the disabled veteran's personal beliefs of their potential. The veterans' positive attitudes appeared to stem from the support of their families and an individual belief of the ability to overcome their circumstances.

Geographic locations and various cultures hold different expectations of people living with disabilities (Olney et al., 2014; You & McGraw, 2011). The culture of military service members also demonstrates specific ideas of how this population should respond to stress, as well as struggles in daily life (Hinote & Sundvall, 2015; Ostovary & Dapprich, 2011). In the following section, I describe some of these ingrained core values, the culture of the military, and their effect on the lives of the disabled veterans. When coping with negative ideations of society, it is important to explore the personal expectations of the veterans.

Military Culture, Core Values, and Coping

Over the past few years, military personnel recognized increased struggles with the leadership roles in the generation called the Millennials (Hinote & Sundvall, 2015). Adults born from 1980 to 2000 tend to disagree with current authoritarian practices; they have the requisite qualifications for achieving job goals, along with a willingness to serve others (Hinote & Sundvall, 2015). The difference in this group of service personnel from earlier generations is their need for an explanation to follow orders. They are responsive to instructions; however, they do not hesitate to request clarity of why the task is relevant to goals of the job. The leaders understood their mistrust of higher-ranking government officials and determined the service members required additional training, including revisiting the core values, policy, and procedures of the military branches, to clarify the reasoning behind specific protocol and expectations (Hinote & Sundvall, 2015; Vogt, 2015). Recent evaluations of leaders and their behaviors initiated programs focused on moral standards expected of military members, including commanding officers. The superiors use assessments to monitor occurrences, and documentation to hold leaders accountable (Vogt, 2015).

Researchers explained that regardless of which branch veteran serves, trainers ingrain specific core values, which carry over into active duty service (Kuehner, 2013; Ostovary & Dapprich, 2011). Each service member’s training includes providing a full understanding the definitions of the words and the extent of their meanings, along with descriptions of the required actions (Kuehner, 2013; Ostovary & Dapprich, 2011). Their mindsets are a large part of the difficulties experienced by veterans returning to civilian life, as they struggle to conform to the socialization norms of their communities (Kuehner, 2013; Ostovary & Dapprich, 2011). According to their experiences in military service, these transitions might initiate frustration and feelings of helplessness due to the barriers of life with people who have not sworn to the same codes of conduct (Kuehner, 2013; Ostovary & Dapprich, 2011)

Moral Development

Families, peers, and media communication, mold an individual's state of moral judgment (Yu, 2013). The additional crystallizing of moral development and honor within the military becomes a part of a service member's personality and way of thinking. Whether the individual continues to abide by the rules after discharge or not, the experiences of military service and the expectations of these standards influence the lives of veterans (Kuehner, 2013; Ostovary & Dapprich, 2011). Yu (2013) explained the development of moral character, determining it relies more heavily on the practice of good judgment rather than the actual thoughts. Morality evolves through this developmental process (Yu, 2013). Each branch requires high standards of attitudes, along with an expectation to reject defeat (Kuehner, 2013). Women especially struggle to maintain the rigid status of physical stability and strength, often believing they have more to prove due to the stereotypical ideas of masculine traits and toughness (Cater, 2012). It is very likely the injured veterans continue to live by the core values, and retain thoughts not to give up (Kuehner, 2013; Ostovary & Dapprich, 2011; Vogt, 2015; Yu, 2013).

The Role of Religion

Previous research described inclusions of religion within coping styles as positively associated with mental health (Pieper & Van Uden, 2012). A majority of United States military service members practice some form of religion, usually stemming from their upbringing (Sugg, 2014). Eberle and Rubel (2012) argued it was inappropriate for legislators to include beliefs related to religious orientation when making decisions about public policy. The authors expect politicians to practice the “art of intellectual separation” (Eberle & Rubel, 2012, p. 171). To avoid personal religious thinking, they use a universal approach to important decisions involving a variety of beliefs within a population (Eberle & Rubel, 2012). There are people who believe effective military leadership requires wisdom and the epitome of appropriate judgment, as well as the inclusion of declarations of religious thinking and purpose within specific situations. Most people agree private declarations of religious beliefs are acceptable as long as it does not impose on other’s religious coping style (Eberle & Rubel, 2012).

Coping is the human reaction to stressors, which intends to minimize frustration rather than alleviate the pain altogether (Pieper & Van Uden, 2012). People deal with their problems in various methods and use religion to cope while organizing their thoughts about the issues and working through a difficult process. There are individuals that immediately draw their strength from a particular form of a higher power while others might turn to religion as a last resort. Religious coping is a positive way to approach difficult seasons in an individual’s life (Pieper & Van Uden, 2012). The veterans’ engrained thoughts or previous dependence of religious beliefs determines the likelihood they will access religious coping strategies (Yu, 2013).

The next section describes the major tenets of interpretivism and attempts to align the experiences of blind veterans with these analogies. The structure of the theory of interpretivism is patterns of societal behavior, social work definitions, and evaluation of people's interactions. The theory generated an understanding of how veterans learn to work through daily obstacles to become as independent as possible.

Interpretivism

Ferguson and Nusbaum (2012) described disabilities as circumstances, which are mainly a result of social environments. Disability studies are the part of the actions society requires to ensure full participation of individuals living with disabilities within these social environments. This mindset, related to the social model theory, evolved from other approaches to disabilities. In the following section, I describe the models, revealing how each view supports disabilities differently.

Wolkstein and Harding (2010) explained the social model refers to people with disabilities as having the right to find their place in society, focusing on their strengths rather than weaknesses. The researchers also present their efforts to obtain and maintain independence (Wolkstein & Harding, 2010). The moral model views disabled people negatively, and assumes they have done something not deserving of the same rights expected for nondisabled people, such as opportunities for education and employment (Wolkstein & Harding, 2010). Vaicekauskaite et al. (2010) discussed the model of defect as similar to the moral model based on the intention to isolate people living with disabilities. This model established ideations to institutionalize people with obvious disabilities for the sake of eliminating harm to society (Vaicekauskaite et al., 2010).

Wolkstein and Harding (2010) discussed the medical model focus on treating the disability, rather than isolating individuals. In some contrast, the empowerment model involves the people living with disabilities in the decision-making process and focuses on the individual’s possibilities and recognition of their potential (Vaicekauskaite et al., 2010). The theory is probably the most comparative to the social model as it includes higher expectations and acceptance of disabled people. The consideration of disability as an individual situation, determining a person’s circumstances, reflects the foundations of interpretivism (Haughton, Hunter, & Meskell, 2012). Individual perspectives provide the basis for the paradigm of interpretivism (Haughton et al., 2012). People’s ideas and thoughts contribute to the understanding of the experiences of blinded veterans (Haughton et al., 2012).

Hussain and Sanders (2012) explained interpretivists view humans as unable to know the reality of the world; however, each person is aware of their perceptions. Although interpretivists do not always agree on the absence or the exactness of this reality, they do agree society initiates the perceptions of external reality (Strong, 2015). Strong (2015) explained social constructivists recognize social references on how humans construct meanings, which supported their efforts to experience and manipulate physical and social reality. Technology associated with physical and social components of reality, likely reference relationships negotiated by humans in their desire to move forward (Strong, 2015). These various aspects of the world initiate the need to develop unwritten meanings, and as the world evolves, these definitions change with experience (Strong, 2015). The interactions of the two realities generate the understandings humans learn to anticipate (Strong, 2015).

Khan and Woolhead (2015) described social constructivism as viewing reality as subjective and realized through historical, social, and political experiences. An interpretivist approach attempts to understand rather than only focus on human experiences. Social constructivism allows the construction of reality through interpretation and agrees people can be different regardless of their likeness. People living with disabilities are similar regarding societal expectations, although perceptions of capability develop based on cultural, personal, and social beliefs. Complex actions of humans require a subjective approach to understanding what it means to people experiencing a disability, and the interactions of humans with the world precedes all understanding. Crease (2015) explained that with reference to the philosophy of hermeneutic phenomenology, humans do not always grasp information, but exceed in interpreting and seeking understanding. They interpret the essence of their experiences through its expression in their lives (Crease, 2015).

Veterans are similar in their previous experiences of military life, and exploring the experiences of blind veterans with an interpretive lens allows the researcher to learn about each's perceptions of reality (Hussain & Sanders, 2012). The veterans described their thoughts about their experiences, demonstrating similarities or differences among individuals who experienced vision loss during active duty or from injuries, which lead to blindness. The research questions initiated development of the interview questions to elicit these responses.

The point of this study is to understand what it means to be a part of the phenomenon of becoming a blind veteran. The veterans in this study now live with recognizable disabilities. I examined their experiences as blind individuals, offering insights into what extent their previous thoughts influence their current thinking. Their perception of what is possible, and what they expect of themselves assists in discovering any common thoughts, or deviations, which were unaffected by previous beliefs about people living with disabilities.

Summary

Military men and women of the most recent battles return home with disabilities, and these injured veterans must learn to adapt to their environments. Independent skills are necessary for this population to function within society (Ostermeier 2010; Stuntzner & Hartley, 2015; Urbatsch & Fuller, 2013). Understanding the experiences of these veterans initiates the conversation of what is working and what is not working in the lives of the veterans (Frain et al., 2010; Pogoda et al., 2012). Minimal research exists concerning the experiences of veterans blinded during active duty or injuries leading to blindness, and if and how the views of society affect them. Each veteran has individual experiences. I inquired about the reality of each blind veteran and explored the similarities with others who experienced the same phenomenon. The intent of this study was to explore their shared experiences to understand what it means to experience the phenomenon of becoming and living as a blind veteran. The next chapter will provide information on how I conducted the study, identified participants, posed questions, analyzed, and organized the data.

Chapter 3: Research Method

Introduction

Many disabled veterans develop additional physical and psychological issues stemming from the stress of their disabilities and many individuals diminished expectations of persons with disabilities. Their individual coping styles and ingrained core values shape the methods in which the veterans work through these issues. The problem is society tends to view people living with disabilities as weak, and this affects veterans' efforts to live productive, independent lives (Patterson, 2012; Wang et al., 2010).

In this study, I sought to address a gap in the literature about the experiences of veterans blinded during active duty service and the injuries leading to their vision loss. Findings may provide social workers, vocational rehabilitation counselors, and other human service professionals additional material to assist them in meeting the needs of blind veterans. In this chapter, I outline the qualitative methods I used to retrieve information, record interviews, and analyze the results of data.

Research Design and Rationale

The broad, overarching research questions and sub-questions to understand their experiences better were as follows.

RQ1. What are the lived experiences of the veterans who have become blind?

SQ1. What does it mean to be a blind veteran?

RQ2. How do the blind veterans describe their views of blindness now that they are blind?

I believe that a qualitative approach was appropriate for exploring the experiences of blind veterans because it requires answering why and how questions rather than quantitative research seeking to specify how many, how much, or relationships between variables (Frels & Onwuegbuzie, 2013). Future quantitative researchers may be able to use the results of my study to measure veterans' thoughts concerning their disability, the societal expectations of people living with disabilities, or study the motivation at specific intervals of independent skills training. A lack of investigations of this population limits future investigation to the assumptions based on the researcher's understanding of the topic and risks omitting valuable themes, which emerge from qualitative exploration (Frels & Onwuegbuzie, 2013). Information regarding the shared experiences of veterans blinded during active duty service or injuries leading to vision loss will assist in establishing quantitative variables.

I used an interpretive lens to emphasize the worldviews of veteran participants and the role of their disabilities within their internalized constructs. Interpretivists consider personal meanings within the realities of individuals (Smith, Sparkes, Phoenix, & Kirby, 2012). The depth of this reality resides within individuals' personal perceptions of the world (Smith et al., 2012). Rather than considering tangible objects and their existence, I focused on how blind veterans described their lives and experiences.

In composing the *Crises of the European Sciences*, Husserl (1954) pondered questions regarding clarity for understanding unconsciousness and worth. The theorist addressed how people create their conclusions about the meanings of experiences. Husserl (1954) proposed the need for a method to investigate inner experiences and conduct an analysis within this foundation. In his 1935 Vienna lecture, Husserl (1954) discussed the similarities and differences of psychology and transcendental philosophy such as the use of objectivity and subjectivity in the efforts of inquiry. He described how the universal objectivity of psychology held an attitude and task similar to transcendental thought (Husserl, 1954). Carns (1931) provided a translation of Husserl's explanation of transcendental thought elevating it by seeking to understand and break down individual experiences. Because of this advanced thinking, Husserl declared that psychology alone is not adequate for exploring inner experiences (Carns, 1931). Husserl considered varying approaches of comprehending individual's experiences. The theorist laid the foundation of phenomenology to provide a basis for methods to uncover and interpret the meaning people place on their experiences (Husserl, 1954). Using the first-person point of view initiates discussions about the world, encouraging unconscious revelations, which are essential for this type of inquiry (Carns, 1931). *Life-world* is a term used for groups or cultures who construct the world into objects; as the surrounding world changes, they continuously deconstruct their experiences, attaching meaning to each iteration of their lives (Husserl, 1954)

Investigators using hermeneutic phenomenology methods consider personal biases and experiences while seeking to understand and interpret the lives of others (Rytterstrom et al., 2013). Acknowledging the impact of preconceived thoughts also creates a clear understanding for readers of the study (Rytterstrom et al., 2013). If I related to common experiences of the blind veterans, it increased the likelihood of establishing a foundation of reality, especially with constant evaluations of my personal perceptions (Rytterstrom et al., 2013). Essential in the hermeneutic circle, I repeated interview questions to ensure clarity in the meanings of participant realities and openness between participants and myself (Rytterstrom et al., 2013).

I considered using other qualitative designs; however, they seemed less useful for portraying the possible themes and meanings that blind veterans experience. In narrative studies, individuals describe stories about a certain situation (Whiffin, Bailey, Ellis-Hill, & Jarrett, 2014). Participants discussed their lives as blind individuals after military service as a process in a continuum of experiences. The researcher has the freedom to let information flow freely while looking for common themes among participants (Whiffin et al., 2014). I analyzed data and placed it in chronological order (Whiffin et al., 2014). The collection follows a particular sequence, which provides the reader a better understanding of the meanings while linking the common themes (Whiffin et al., 2014). This approach allowed me the freedom to identify the focus of their responses, which may or may not include the disability of the veterans, their thoughts, and meaning they attach to becoming blind. Their responses included how societal expectations of people living with disabilities influenced their lives and future decisions.

Another approach I considered was ethnographic. Researchers use group observations to collect data and explore shared experiences within a culture and with those outside of it. (Campbell-Reed & Scharen, 2013). Veterans share the military culture. However, limited knowledge exists concerning of the specific culture of blind veterans (Kuehner, 2013; Ostovary & Dapprich, 2011; Vogt, 2015; Yu, 2013). The case study, another qualitative approach, explores issues involving an individual, several people, or a group, who experience a particular phenomenon (Cronin, 2014). Cronin (2014) explained how each case presents a different dimension of the issue or situation, as described through the eyes of the investigator. Researchers use a multitude of variables to explore various aspects of each case bounded by time (Cronin, 2014). Assuming the experiences of the blind veterans differ, the objective was to uncover common themes articulated by the participants. The diversity in the timing of acceptance or denial of their disabilities, for example, was not the goal of my study. However, the plan of my research was to consider the veterans' current descriptions of becoming blind. Phenomenology promotes exploration into how people describe their experiences, according to their perceptions of reality (Whiffin et al., 2014). Coding and transcribing these experiences allows a researcher to unmask essential themes (Whiffin et al., 2014). Hermeneutic phenomenology presented as the most appropriate approach for my topic

Methodology

In the following section, I will review the methods I used to conduct the study. Also, I discuss how I recruited and selected my participants, along with how I collected and analyzed my data. In addition, I provide a step by step description of the procedures I employed during this phase of the study.

Participant Selection Logic

Participants consisted of eight veterans selected from a convenience sample of veterans blinded during active duty or from injuries leading to vision loss. Their shared experience of becoming blind revealed common characteristics, and uncovered links to societal views of their disability. The veterans had experienced vision loss to the point where they are unable to drive and did not significantly improve with corrective lenses. Hannold, Classen, Winter, Lanford, and Levy (2013) described studies discussing the effect of driving on community integration. Veterans now unable to drive must work through issues of independence and quality of life (Elnitsky et al., 2013). Stevelink, Malcolm, and Fear (2015) explained people with visual impairments experience ongoing struggles with independence no matter how long it has been since the vision was impaired. Service members experience vision loss predominately based on injuries during their deployments (Stevelink et al., 2015). The majority of veterans who become blind or visually impaired, experience levels of depression at the onset of their diagnosis (Stevelink et al., 2015). The authors explained, once doctors' appointments are no longer necessary, the realization of the vision loss is inevitable (Stevelink et al., 2015). A good estimate of the end of treatments for eye dysfunction is 1 year (Stevelink et al., 2015). Veterans who face this point in their experience share significant traits of acceptance or denial (Stevelink et al., 2015). Accepting their inability to drive is a significant milestone and losing this capability is the ultimate barrier to independence (Stevelink et al., 2015).

Younger veterans struggle with different types of issues such as maladaptive behaviors associated with an increased prevalence of substance abuse (Cook et al., 2013). Their addictions are primarily associated with overuse of pain medication and consuming large amounts of alcohol (Cook et al., 2013). Older veterans help in the treatment of PTSD for younger veterans because as mentors; they encourage the younger veterans to address specific issues early in life rather than struggling for years with accepting their realities (Cook et al., 2013). The inclusion of different ages and battle eras appears to benefit the older veterans, as well (Cook et al., 2013). They reflect on their resistance to treatment at a younger age (Cook et al., 2013). The older veterans understand the need for time to make adjustments and go through the different stages of acceptance (Cook et al., 2013).

I recruited participants at a local community center near a VA hospital and an urban center in the south with a large number of veterans. After providing the manager of the community center with a letter explaining the study, I obtained written permission from the community center before contacting the staff regarding their involvement (Appendix A). My recruitment process consisted of requesting the staff of the community center to distribute flyers containing a description of the study and process. I asked them to include family members and people interested in the study who could encourage veterans who do not participate in community center activities to consider becoming involved in my study. I employed the technique of snowball sampling to recruit additional participants (Heckathorn, 2011). I then scheduled meetings with the volunteer veterans to inform them about the nature and expectations of my study.

Measures

Society tends to view people living with disabilities as not whole or incomplete, interrupting the efforts of blinded veterans to live productively, independent lives (Patterson, 2012; Wang et al., 2010). The purpose of my study was to explore the lived experiences of blind veterans. In this case, I define blindness as a low vision not corrected with prescription lenses, which prohibits the veteran from operating a vehicle. The blindness must have occurred at least 1 year before the study, and the veteran will have suffered vision loss during active duty service or injury. I kept field notes, documenting the selected settings, noting the participant's appearance, body language, and other unintended methods of communications.

Issues of Trustworthiness

Participation in this study was voluntary. I informed the participants of their ability to participate or withdraw at any point in the process, including not answering any given question. Although minimal risks or harm existed based on participating in my study, I offered them a list of mental health providers providing services free of charge in their local communities. The consent form included information regarding issues related to confidentiality, and how I would protect their identity, as well as any information they share. I stored notes, files, audiotapes, and transcripts in a locked cabinet in my home office and informed the participants of the restrictions to access to collected data, with the exception of Walden University's Institutional Review Board (IRB), my committee members, and I. Transcripts would not have identifying information at the time of data validation. I presented participants with a confidentiality statement and consent form for the audiotaping of their interviews.

Procedures

The following guidelines served as a course of action to recruit and inform participants. I used this plan to support my efforts to collect and analyze data.

1. Contacting the manager of the VFW Community Center, by telephone, to provide information about the study, I scheduled an appointment to meet with them in person to obtain written permission to move forward with the next steps.

2. I mailed informative letters describing the nature of the study to the manager and staff of community center, requesting assistance in recruiting blind veterans and their family members.

3. Next, I scheduled informative individual meetings with identified blind veterans and other potential participants, to explain my proposed study and provide a copy of the letter describing the study.

4. I requested interested blind veterans contact me to schedule an initial interview. I made follow-up phone calls to veterans who did not contact me within 1 week after the informative meeting. During the first individual interview, I gave each participant a copy of a letter describing the study in the requested format, including large print, Braille, or audio recording. This initial interview also included completing a questionnaire and concluded by scheduling the next interview. I offered a copy of the interview questions for the second meeting (see Appendix C).

5. I scheduled the second interview about 1 to 2 weeks after the initial interview. This second interview included verbally completing the questionnaire I previously provided for them to review (see Appendix C) and concluded with scheduling an additional interview, allowing sufficient time to transcribe and analyze the audiotapes.

6. In transcribing the audiotapes, I precisely documented the interviews and analyzed the data according to steps outlined at the end of this chapter.

7. To validated emergent themes, I reviewed the transcriptions to verify my results. I returned to the text and identified verbatim quotes from the transcribed audio

files. Using the information from the member-checking meetings, I clarified any research bias I detected and reviewed the participants' descriptions of their experiences.

8. I conducted the third interview to provide further validation of the results, ensuring I accurately portrayed the experiences they shared from their perspective as a blind veteran.

Data Collection

I collected data through a series of three interviews. Seidman's three-part phenomenological-based strategy extracts meanings from participants through organizing data regarding their past, present, and future experiences (Seidman, 2012). Using this method increased the likelihood of revealing origins of thought regarding expectations of people living with disabilities, as well as sketching a timeline of any evolving behaviors and previous assumptions influencing current levels of functioning. This method focuses on the participants' history regarding disabilities, current experiences, and meanings they attached to them (Fox et al., 2013). I conducted a minimum of one interview, with two additional meetings to collect additional data and follow-up when necessary. Each interaction lasted approximately 1 hour. During the first interview, I focused on the background of the participant, putting their experiences in context. The initial interview involved building rapport, signing the consent form, and gathering information about the individual's life up to the present time. Information collected during the first interview provided an understanding of each veteran's childhood, family structures, in the context of their experiences of becoming blind as an adult. I also shared my personal experiences related to becoming blind and living as an adult with blindness. The sharing of this information assisted in building rapport and developing credibility based on familiarity with certain circumstances of blindness. The first interview did not include specific research questions.

I addressed the details of the participants' current experiences by asking focused questions during the second interview. In asking my research questions, I documented their responses to the research questions using audio tapes. To address the first research question, I focused on how they experienced people living with obvious disabilities such as blindness before their injury. I also asked the participants to describe interactions with disabled people, by inquiring about how their level of functioning influences their thoughts.

The final interview entailed having the participants describe the meaning of their experience of being a blind veteran. Martinez and Scott (2014) explained how engaging in meaningful activities leads to experiencing feelings of happiness, which help people develop a positive outlook on life. The veterans had the opportunity to verbalize their feelings, such as joy or sadness after I identified emerging themes from the previous meeting. I repeated this process, asking similar questions until I achieved saturation.

Each participant selected a comfortable location to discuss the research questions openly. Upon gaining consent, I audio recorded and then transcribes the data from the interviews comparing the results with my notes, taken during the process. I also documented details of the interview site, as well as any nonverbal responses.

I created files for storing hard copies of information and uploaded transcribed interviews in an electronic filing system capable of storing and maintaining large amounts of information (Gale, Heath, Cameron, Rashid, & Redwood, 2013). I stored the files, electronic data, and recordings in a locked cabinet in my home office, which requires a password for access. Data analysis began once I completed the transcription and organized hard copies of my notes.

Data Analysis

The hermeneutic analysis consists of four stages. They include (1) selecting and reading the text, (2) setting out the context, (3) closing the hermeneutic circle, and finally (4) creating a conceptual bridge towards a critical understanding from a phenomenological life world perspective (Rytterstrom et al., 2013). The first step seeks to understand what type of information the data provides and the second the social and cultural context of the blind veterans' experiences. Statements gathered during the initial interviews provide an understanding of the veterans' association with other people living with disabilities and their interactions as it pertains to their disabling condition. This focus helps to process statements relating to the phenomenon under investigation. In this situation, the study attempted to identify statements, which contribute to understanding how veterans experience becoming blind and whether societal views influence their level of functioning. These statements, also named horizons, once labeled, narrow the focus, and contribute to understanding how the participants interpreted individual circumstances; I also provide textural and structural depictions of the transcribed information. During the hermeneutic loop analysis, I offer further context to the relative importance of concepts.

During stage three, I investigated relationships between the data described in stage one and the context explained in stage two. Documenting the interaction of moving parts, assisted in comprehending their meaning (Rytterstrom et al., 2013). Understanding emerges through the horizons of both researcher and participants (Hussain & Sanders, 2012).

The final stage of analyzing the data involves developing a deeper understanding of the text and the context through an interpretive perspective (Hussain & Sanders, 2012). In this step, the researcher's previous knowledge produces analytic dialogue (Hussain & Sanders, 2012). Approaching interviews and data analysis with an open mind helps a researcher to portray what the participants reveal. The investigator's openness allows the clarification of phenomena from diverse viewpoints and new contextual meanings (Hussain & Sanders, 2012). Life world perspectives concentrate on the meaning implicated within the data, and it becomes especially important for the researcher to be aware of personal perceptions to allow interpretations to evolve (Soderberg, Christensson, & Lundgren, 2012). The revelatory lens allowed the veterans' realities of their circumstances to emerge, and the meanings of everyday experiences to crystallize (Hellberg, Augustsson, & Muhli, 2011).

Verification of Findings

Verification of findings from the study included returning to the text and using verbatim quotes from the transcribed audio files. I employed member-checking techniques for clarifying researcher bias. The participants received the transcribed data via email. I asked them to provide feedback and confirmation of the results of their interview if inaccuracies exist (Carlson, 2010). I am a blind civilian female who works as a vocational rehabilitation counselor and experienced becoming blind at the age of nine years old. I face the barriers of living independently as a blind adult, daily. My vision loss is not due to injury, rather a genetic disorder transposing perfect vision to near complete blindness within three weeks. Doctors describe my current vision as light perception, meaning I am usually aware of a change in bright lights and darkness. I have experienced multiple stressors in maintaining my independence, and at the age of 36, forced to accept using a white cane or guide dog for mobility. After many years of blindness and working with others as they experience blindness, I understand the struggles of relationships, transportation, acceptance, and the consistent reactions and expectations of society.

I conducted the interviews using basic concepts from the biographical narrative interpretive method (BNIM) interviewing technique (Corbally & O’Neill, 2014). The process entails introducing leading questions to the veterans with no anticipated responses (Corbally & O’Neill, 2014). I asked the veterans to begin by explaining their experiences of blindness, becoming blind, and any events they would like to describe, to create a realistic picture, revealing their personal perceptions (Corbally & O’Neill, 2014). While answers emerged within previous narratives, this gave participants opportunities to clarify thoughts and perceptions (Corbally & O’Neill, 2014).

It is important for investigators to communicate with participants several times within a study, allowing changes to evolve and develop. When researchers present interpretations of data to participants, it initiates discussions creating additional points of shared understanding (Hussain & Sanders, 2012). Member checking occurs during the third and final interview. I conducted individual discussions to offer participants the chance to check the analysis of the data and determine the accuracy of the interpretations. Although researchers criticize this technique, it offers opportunities for participants to change their responses and is a method for deepening understanding and strengthening findings (Barusch, Gringeri, & George, 2014).

Summary

This chapter outlined reasoning for using the qualitative method to examine experiences of blind veterans. I considered various approaches to qualitative inquiry and selected hermeneutics phenomenology to explore the experiences of blind and visual impaired veterans and analyze how individuals depict their experiences regarding their perceptions of reality. My purposeful selection of participants resulted in interviewing eight veterans who have lost vision to the point they are unable to drive. I recruited participants with the help of the staff at a local community center, verifying their loss of vision having occurred at least one year before volunteering for my study. I described the process I would use for protecting the participants, procedures for conducting the study, and how I would collect the data. Each interview had specific steps to retrieve data appropriately aligned with the selected methodology, and to pose questions during face-to-face interviews addressing the established research questions. I described the hermeneutic analysis process and each stage of forming links between the experiences and revealing common themes. Relying on verbatim transcription, and techniques for clarifying researcher bias, I delineated how I conducted member checks to verify my findings.

Chapter 4: Results

Introduction

The purpose of this hermeneutic phenomenological, qualitative study was to inform the gap in the literature regarding eight blind veterans and obtain an in-depth understanding of their lived experiences. The research questions I sought to answer were:

RQ1. What are the lived experiences of the veterans who have become blind?

SQ1. What does it mean to be a blind veteran?

RQ2. How do the blind veterans describe their views of blindness now that they are blind?

The focus of interview questions was on participants' history regarding disabilities, current experiences, and the meanings they attached to these experiences.

In this chapter, I discuss the procedures I used to recruit participants; document their profiles; and obtain and analyze data, and include details about how I conducted interviews with my participants. I also provide information about how I assured the trustworthiness of results (e.g., my procedures for securely storing study information and data and assuring the accuracy and quality of data). I use pseudonyms to refer to participants to further protect their identities.

Demographics

Participant 1, Tommy, is a 54-year-old White male who had retired from the military and not currently employed. Married, he has two adult male children. A friend employed at the community center recruited him for the study. Along with his married parents, Tommy has one older brother and one sister. Joining the military gave him the ability to leave what he described as a frustrating life as soon as he completed high school. Later in life, accidents left both of his parents disabled. He described his views of people living with disabilities as different because of how he saw his parents react to their own disabling conditions. He felt his parents were very needy and expected a great deal of help from others. Bothered by this, he described his experiences with other people living with disabilities as more positive, before and after his vision loss.

Participant 2, a 53-year-old White male, Johnny, had retired from the military. He described his shock when his wife wanted to divorce him because of his blindness. However, he remains close to his two sons. Divorced, he lives alone and is not currently employed. Another blind veteran who did not meet my eligibility criteria, gave Johnny my number. Married for 65 years; his parents kept the family members together, and he continues a close relationship with them. At the age of 17, Johnny joined the military. His father had to sign for him because of his age. He described his childhood experiences with people living with disabilities, as not seeing them as really different, and his parents helped disabled people as they would for nondisabled people. Johnny explained that his parents taught him to behave respectfully to others and help people who needed their assistance. His parents' friends did the same.

Participant 3, Paul, had never married. A 62-year-old White male, Paul had retired from the military and was currently unemployed. He lives with his youngest brother and describes his family as perfect. Paul has four brothers who remain closely bonded. Following his friends who joined the military, he also decided to enlist. He described his childhood experiences with people living with disabilities as something he had never really noticed. After recalling that he had lived close to a deaf and blind school while growing up, he shared that no one thought of the school's students as disabled because the students did not appear to consider themselves to be disabled. Paul's recruitment came from reading the invitation letter I distributed at the community center.

Participant 4, Robert, was a 52-year-old African American male who had to leave the military before retirement because of his vision loss. He has a hog farm and no other source of employment. Another participant recruited Robert to join in the study. That participant's wife kept in contact with Robert's wife and told her about the study. She talked to Robert about it, and he called me to discuss my research. He described his family as great; he grew up with six sisters and five brothers. One of his experiences with a person who lived with a disability was his nephew. Robert said that his mother always encouraged his nephew to believe that he could do anything even though he could not walk. Robert explained he joined the military to experience the world outside of rural living.

Participant 5, Nathan, a 58-year-old African American male, had retired from the military. Nathan explained that he would have stayed in the military longer had he not lost his vision. He joined the Navy because he liked the uniform and found that it was attractive to females. Participant number 3, Paul, recruited him to participate in the study. Nathan described his family growing up as very nice and treated others respectfully, as well. His parents raised him and two other brothers. Currently married, he has three adult daughters. When asked, he was unable to recall having anyone disabled around him.

Participant number 6, Shelly, is a 39-year-old White female, not currently employed and did not retire from the military. Divorced with two children, she volunteers for a local civic group, and another member of the group recruited her for this study. Shelly grew up with her mom, who was never married, two brothers, and a sister. She joined the military so she could pursue a college education. Growing up, she recalled a few disabled kids in school. One was in a wheelchair, and another was deaf. Her mother had not seemed to think anything different about people living with disabilities. However, now that she has lost most of her vision, she thinks maybe her mom thought of people living with disabilities as always requiring help from others to be able to function.

Participant number 7, Rita, is a 48-year-old African American female, who retired from the military sooner than she wanted due to her vision loss and not employed. Her association with the community center led her to participate in the study. After receiving the letter of invitation, she contacted me to determine if she qualified as a participant. She lives with her oldest sister. Rita lived with both her parents growing up, and had two sisters and one brother. She joined the military to learn a skill and for a college education. Regarding her exposure to disabled individuals, she described a girl in her high school who had braces on her legs. Her parents had not seemed to say much about it, but they were nice to everyone, including this young lady. She believes they had not thought less of this girl.

Participant number 8, Richard, is a 51-year-old White male, who retired from the military. Richard joined the military because he had not wanted to work at a gas station or a grocery store. Although he is currently unemployed, he stays very busy building cabinets for people in the community. He also enjoys working out with gym equipment he keeps in the basement of his home. Now divorced, he lives alone. Participant number 3, Paul, was also responsible for recruiting him to participate in the study. He explained he grew up with both parents and had three brothers. His exposure to people with disabilities included a blind boy who rode the school bus with him. He said everyone forgot he was blind because he had not used a cane. Richard’s family seemed to think of him the same as everyone. They had said nothing negative or suggested the young blind boy was not able to function the same as others.

Six of the eight veterans in this study retired from the military, and this is a significant milestone in the mindsets of military service personnel. In terms of personal histories, the participants described a stable environment growing up, and their family views were not negative regarding people living with disabilities. The exception was Tommy who felt bothered with his disabled parents' dependence on others. Shelly stated she now believes her mom’s views were not so positive, but she never knew that as a young girl. Each of them stays close to most of their family members and described clear reasons for joining the military.

In attracting willing participants, I used two major strategies. The letters of invitation proved successful but also the snowballing technique contributed to securing a sufficient number of volunteers to reach the goal of saturation. After identifying my participants for the study, I began collecting data through face-to-face interviews. I describe the process and information I accumulated in the following section.

Data Collection

After the Walden University's Institutional Review Board (IRB) approved the study (08-12-16-0236502), I began my recruitment efforts. After contacting potential participants, I informed them of the voluntary nature of the study, and of their ability to participate or withdraw at any time during the process, without further ramifications. Although minimal risks or harm existed based on their participation, I offered them a list of local mental health providers who provide services, free of charge. In this study, I interviewed six men and two women and recorded the detailed information they shared regarding their experiences. The site the participants selected was at the beach gazebo and the beach park in a southern coastal town, as they indicated they would be comfortable in these settings.

I recruited the participants from a local community center near a VA hospital and an urban center in the south, who serve a large number of veterans. The staff distributed the letter of invitation (see Appendix B) to potential candidates. The veterans contacted me by phone, and I informed them of the nature of the study and the criteria necessary for inclusion. There were veterans who had age-related vision loss that did not qualify according to the established criteria. Through this process, I identified eight veterans who were willing to participate and agreed to meet with me at locations easily accessible to them. All the participants had previously attended programs for blind veterans, including independent skills training, sponsored by the VA. Of the eight participants, four of them had previously met in a training program and developed friendships. The other four became acquainted through their involvement with local civic groups, training programs, and association with the community center.

I interviewed the participants face to face, as described in Chapter 3. We reviewed the informed consents during the initial telephone contact, and again at the beginning of each of the first interviews. Every participant signed the forms and received copies of a referral list in the format of their choice. After receiving permission, I recorded the interviews using a digital recorder and saved them on my private computer in my locked home office. I hand transcribed each interview, and then saved it on a flash drive, which I stored in a locked filing cabinet in my home office, and omitted all identifying information from the transcripts.

Data Analysis

I organized and analyzed each interview transcript using a four-stage hermeneutic process. Initially, I analyzed the data by reading each transcript in its entirety to understand what type of information the participants provided. The second stage involved recognizing the social and cultural context of the blind veterans' experiences. Statements gathered during the initial interviews provided an understanding of the veterans' association with other people living with disabilities and their interactions as it pertained to their disabling condition. I then identified specific statements, which contributed to my understanding of how veterans experienced becoming blind and whether societal views influenced their level of functioning. Following this, I labeled the statements, which narrowed the focus, and increased my understanding how the participants interpreted their individual circumstances. During stage three, I investigated relationships between the data in stage one and the context in stage two. The documented interaction assisted in comprehending their meaning (Rytterstrom et al., 2013).

The final stage of analyzing the data involved developing a deeper understanding of the text and the context through an interpretive perspective (Hussain & Sanders, 2012). In this step, my previous knowledge produced open minded analytic dialogues, which allowed clarification of the phenomena from different viewpoints, and new contextual meanings (Hussain & Sanders, 2012). While remaining aware of my personal perceptions I allowed interpretations to evolve and emerge from the data (Soderberg, Christensson, & Lundgren, 2012).

Specific themes emerged from the above process that were relevant to the experiences of the veterans becoming blind and how societal views influenced their current functioning. I listed general themes and noted individual descriptions for each participant at the end of each transcript and combined them with individual descriptions of the experience from the thematic categories and formed overall group descriptions. I provide the individual and group descriptions later in this chapter and describe verification of findings in the following section.

Data Verification

The process of verification followed completion of the interviews, transcription, and analysis. Verification of findings from the study included returning to the text and identifying verbatim quotes from the transcribed audio files. I employed a member-checking technique to clarify researcher bias (Barusch, Gringeri, & George, 2014; Carlson, 2010). The participants received the transcribed data via email to determine if the results of their interviews were accurate depictions (Barush et al., 2014; Carlson, 2010).

I am a blind civilian female who experienced becoming blind at the age of nine. Having faced barriers to living independently as a blind adult included being unable to drive because of vision loss. In maintaining my independence, I have experienced multiple stressors, and at the age of 36, I accepted using a white cane or guide dog for mobility under duress. I understand the struggles of relationships, transportation, acceptance, and the consistent reactions and expectations of society. My experiences were similar to the thematic results of the study, including views about not giving up, specific mantras or words to live by, struggles of vision loss, issues surrounding helping others with disabilities, and independence, although mindsets based on being in the military obviously drove the veteran's purposeful reasoning.

I conducted the interviews using basic concepts from the biographical narrative interpretive method (BNIM) interviewing technique (Corbally & O'Neill, 2014). I introduced questions to the veterans with no anticipated responses (Corbally & O'Neill, 2014). The veterans described their experiences of blindness, becoming blind, and any events they wanted to add, which demonstrated their personal perceptions (Corbally & O'Neill, 2014). At times, they repeated answers from earlier discussions, but this gave the veterans opportunities to clarify their thoughts and perceptions (Corbally & O'Neill, 2014). During the third and final interview, I conducted individual discussions that offered the veterans a chance to check the analysis of the data and change their responses.

Member checking is a method for deepening understanding and strengthening findings (Barusch et al., 2014).

There were several reiterations about the ingrained beliefs to never give up, specific mantras or declarations that describe their determination and commitment to persevere. Each participant acknowledged the struggles of not being able to drive, anger, stress, frustration, and fear associated with independence. There were also consistent statements about helping others before, living with vision loss, and establishing their independence. Overall, there was consistency between the individual descriptions of their experiences.

Evidence of Trustworthiness

I established credibility by clearly identifying and following specific procedures for data collection and data analysis. In conducting the interviews, I used basic concepts from the biographical narrative interpretive method (BNIM) interviewing technique (Corbally & O’Neill, 2014). This process entailed introducing leading questions to the veterans with no anticipated responses (Corbally & O’Neill, 2014). I asked the veterans to begin by explaining their experiences of blindness, becoming blind, and any events they would like to describe, which revealed their personal perceptions (Corbally & O’Neill, 2014). I audio-recorded each interview and transcribed the interviews verbatim, documenting their experiences accurately.

It is important for investigators to communicate with participants several times within a study, allowing changes to evolve and develop. The multiple contacts with each participant generated trust and transparency in my role as researcher. I employed member-checking techniques by sending the transcribed data via email to the participants, and they provided feedback and confirmation of the data and indicated if they felt the results were accurate (Carlson, 2010). This member checking also occurred during the third and final interview. I conducted individual discussions to offer the veterans a chance to check the analysis of the data and determine the accuracy of the interpretations. When I presented interpretations of the data to the veterans, it initiated additional discussions that contributed to a greater degree of shared understandings. It also offered the veterans an opportunity to change their responses and thereby strengthen the findings (Barusch et al., 2014; Hussain & Sanders, 2012).

When possible, I used direct quotations to achieve confirmability in the data. Establishing an audit trail including eight audio-taped interviews, transcripts, and an interview guide with typed notes, undergirded the dependability of the study. Approaching interviews and data analysis with an open mind helps a researcher to portray what the participants describe accurately, and this openness allows clarification of the phenomena from different viewpoints and new contextual meanings (Hussain & Sanders, 2012). Reflecting on my role as a blind civilian female who works as a vocational rehabilitation counselor and experienced becoming blind at the age of nine, throughout the study, further established confirmability and creditability. I face the barriers of living independently as a blind adult, and experienced multiple stressors in maintaining my independence. After many years of blindness and working with others as they experience blindness, I understand the struggles of relationships, transportation, acceptance, and the consistent reactions and expectations of society. I acknowledged the influence of these experiences throughout the study.

Results

The intent of this study was to uncover the experiences of blind veterans once they returned to their communities and society in general. This study also sought to explore if societal views of people living without disabilities influenced the veterans. The findings below present the words or phrases used to label the experiences produced through the data analysis process. There were six major themes related to the two research and sub questions: (1) Never give up, (2) Mantras and declarations, (3) Previous beliefs and helping, (4) Struggles after vision loss (5) Current thought about disabilities and (6) Independence. Each theme served with the same amount of importance in contributing to understanding the phenomena. Below the themes and subthemes are each veteran's descriptions of the meanings of their experiences.

Theme 1: Never Give Up

The veterans described their experience as going through a time of what some named depression and others referred to as anger, although all the participants described how they had no choice but to find a way to become as independent as possible. Tommy explained he fought his vision loss as long as he could by refusing to stop driving. One day he had to call his family to come and pick him up, and this made him realize he could no longer operate an automobile. He explained, "It was very hard for me to accept my limitations, and eventually after getting over the anger, I learned how to set achievable goals and remain true to my determination to never give up on what I could still do on my own".

In responding to describing his experiences of setting and achieving goals as a blind veteran, Johnny indicated the shock of his wife leaving him made him realize he needed to make changes. He explained he strives to be positive and loves to tell jokes. He shared how he told his doctor he needs to lose weight and get into a better exercise routine. Later he told his children, "If I show up Christmas in maternity pants, you know I have given up." He stated, "I will never give up. I know now I have good things in my life, I just have to focus on the good".

Paul described his experience of becoming blind as being "successful one day, and I woke up blind and lost the next". He went on to explain, "I never gave up, even though there were times I wanted to. It just wasn't an option". He described how he learned the skills to be as independent as possible, and stated, "I pay people to do the rest".

Robert explained that both his grandfather and father had hog farms, and he stated, "I took it upon myself to do the same". He explained how people around him did not think he could handle the work, but he showed them he would never give up. He told a story about his nephew who was in a wheelchair also decided to have a hog farm. One day, they were going to the stockyard, and his wife said, "You can't walk, and you can't see. How are you going to buy and sell hogs?" He described how they laughed and returned home successful.

Nathan described his experience of becoming blind as “just something he had to do”. He went on to talk about how he began practicing getting around his house with his eyes closed before he lost the majority of his vision. He explained how he went to the VA blind center and learned skills to be independent. When he returned, he stated, “I just did what I thought I should do because I could never give up”.

Shelly’s response to becoming blind included her thoughts about fighting the battles in her head to give up. She explained confronting feelings of being unproductive, and not wanting to be a burden on other people. She described how being a woman in the military “makes you tough anyway, but being a blind person makes you think that was pretty easy. Bottom line is that I can never give up”. Rita explained her struggles in becoming a blind veteran, and beliefs that it is just as hard for a woman as it is for a man. She stated, “I know most people think a woman is taken care of by a man, but I don’t want anyone taking care of me. I will never give up, and I know I get on their nerves”.

Richard described the meaning of being a blind veteran as not having the option to give up. He stated, “I never knew I had a choice. I just recognize the problem, and I do what it takes to fix it”. He described how he was not always positive after losing his vision, but he got over that quickly because of his determination that “if you want to live, you never give up”.

In summary, the participants shared their personal statements to never give up during the interview discussions. There was no wavering when each described his or her circumstances and the stage of life they were experiencing at the time they arrived at these conclusions. The mindset and their description served them well and encouraged them to learn skills and set personal goals.

Theme 2: Mantras and Declarations

All the veterans in this study recited specific statements or phrases they live by. Tommy described his frustrations with his parents expecting so much from others, rather than being productive citizens. He began working at the age of 12 to make their mortgage payments. He entered the military to escape the life with his parents. He stated, “People that made excuses made me sick. I would say to them that the army chief of staff has one leg, don’t tell me what you can’t do”. He gave several examples of his beliefs about dealing with struggles, and he discussed that he believes the military somewhat prepared him for living with vision loss. “The military taught me nothing is forever”. He explained, “Vision is just a convenience, it makes life easier. My life was a lot more convenient, but that does not mean I can’t do things”.

Johnny discussed his life after losing his vision, and he described how it was a bit scary, but he knew he could get through anything. He stated, “I told my kids, fear is like a fire inside of you. You have to put it out. You can’t live your life in fear. You have to face things, you can’t run from it”.

Paul responded to the question about how his previous thoughts about blindness influence his current levels of functioning by stating,

> It is mostly attitude from within. You have to decide you want to experience peace, joy, and happiness. No matter what your abilities are. Until you get relief

> from worry, and heartache, you are never going to experience joy, peace, and happiness.

Robert responded to describing his life as a blind veteran by stating, “Life is good. Yeah, everything has a purpose. Most important, is just don’t give up. Don’t throw in the towel for everything has a purpose …just defining the purpose of what has happened”. Nathan responded to the question about how he sets and achieves personal goals as a blind veteran by explaining, “I focus my mind first, on what I want to do and do it. Learn as much as you can about what you are supposed to do and do it”.

Shelly responded to a question about her experience as a blind veteran by stating, “I tell myself that I can wake up every single day and start over”. She described her initial struggles to be as independent as possible, then once she accepted she is “only blind”, she “began having a good life”.

Rita discussed her frustrations in becoming independent. She was always the one that encouraged everyone else, and she had to “kick up her boot straps and start over”. She explained that once she made it through the sadness of being blind, she could, “find the good in almost anything again”, and reminds herself of this almost every day.

Richard described how physically active he was before. “I jumped out of anything they would let me”. He explained how difficult it was at first being confined to working out in his basement or building something in his shop. Now, he is a “happy person”, and he explained how he enjoys building cabinets for people who recently lost everything due to flooding, and he even helped in cutting down the trees. “I realize now I can do pretty much anything, I just do it differently. I could jump out of a plane if I wanted to”.

The participants were specific about what keeps them determined and motivated, and these declarations are a part of them. They boldly enjoyed reciting their insights and their gained inspiration from their determination. Specific words and phrases drive their internal motivation, and sharing their strength empowers them. Mantras, often daily reinforced their abilities, while diminishing the effect of their disabling condition.

Theme 3: Previous Beliefs and Helping

The blind veterans involved in this study did not acknowledge they had negative thoughts about people living with disabilities prior to their vision loss, although each described the belief of giving special treatment to people with obvious disabilities and viewed them as needing help. Tommy indicated he made special accommodations for two different customers when he was working as a mechanic. He described how putting people living with obvious disabilities before the other customers bothered the other mechanics in the shop. He explained he did not care, “I thought they needed more help because of disabilities, not because of race”. When asked if he would say he would give special treatment to people living with disabilities on a regular basis, he stated, “that’s right, because they deserved it. They had enough hell, I thought”.

Johnny described his thoughts, even though he did not know what they were going through. He explained he would work on cars, and he described a woman in a wheelchair who had a car and had people drive her around in it. He stated, “I would put her work before other people because I admired her for living her life”.

Paul first stated he did not know anyone with disabilities growing up, then he remembered there was a blind and deaf school in his small town, and he dated a girl attending the school for a short time. He explained he had not seen them as disabled because they would beat his school in basketball every year.

> I didn’t call them disabled. There was no such things as the ADA. You didn’t see handicapped stickers. Special Parking. You didn’t see special bathrooms. No such things as handicapped rooms in hotel. Everybody was just regular people with minor inconveniences. Now I know they were actually discriminated against, and I had no idea. I guess I didn’t see them because they really had no way to be in the public eye.

Paul went on to discuss why he had not necessarily treated them any different unless he saw someone that needed help. Robert explained that before he lost his vision, he was not around people with disabilities, except for his nephew in the wheelchair. “He could do anything in that wheelchair, and I think this helped me to know I could do things too”. He explained, “I think my thought has always been you are only as disabled as you think you are, and this is probably because of my nephew”. He did explain that he helped someone before if he thought they needed help, such as a blind lady or older man crossing the street.

Nathan explained he did not know anyone disabled growing up. He was in the military at a young age, and he said he was around injured people. He clarified, “I just did what I could to help them”. He also explained, “Before I lost my vision, I helped several people cross the street. I did something for them. Some people would shun them, but I wanted them to know I would never shun them”.

Shelly discussed the two girls she saw in high school. One was in a wheelchair, and the other was deaf and had someone walk around the school with her to interpret. She explained she thought they were nice, but she admitted, “I guess I did think of them as not capable of a lot. I think that is because I was never really around anyone with disabilities, that I knew of”. She explained they seemed to need a lot of help from other people, and she pretty much was not close enough to help them. She explained that she had seen people disabled in the military, and she would do her best to help them in any way she could. She clarified, “I now know it is better to ask someone if they need help, rather than assuming they do”.

Rita described experiences with people living with disabilities prior to her vision loss as sad. “I really wanted to help them somehow, and I felt so bad for them”. She now realizes they were not pitiful because they had a disability. “I know now many people with disabilities have a good functioning brain, and I hate that I would think that way before”. Richard explained he had not noticed people living with disabilities. He shared that he would definitely try to help someone if he saw them in public, but he had not known anyone personally.

All of the veterans described automatic thoughts to help people with obvious disabilities. They always believed they needed to help them somehow, and at the same time, they discussed how these were good intentions. Overall, they discussed having low expectations of other disabled people.

Theme 4: Struggles After Vision Loss

All the veterans described their experiences of blindness prior to participating in independent skills training programs or getting involved with the community and civic groups. Four subthemes emerged: (1) Anger, (2) stress, (3) Frustration, (4) Fear. Below I describe the participant responses to interview questions that support these subthemes.

Subtheme 1: Anger. All the veterans described experiences of anger during their adjustment to living as a blind veteran. Four of them described how they lashed out at others, and unfortunately the people they care about. The other four silently suffered from the anger of becoming blind.

Tommy shared, “The day I had to call my family to come pick me up on the side of the road because I couldn’t drive, I was very angry”. Johnny talked about how he did not want to worry his family with his problems. “I was even so mad at my wife for leaving me, but I did not blame her. I thought I probably couldn’t be a good husband anymore either”. Paul described how he turned to alcohol and was not a very nice person. “I was not pleasant to be around, and I am surprised my family would even still talk to me once I got my head straight and lost some of my anger”.

Robert stated that he knew his family cared for him, but he just kept trying to do all the things he did before by himself.

> I was mad and determined that I could still do the same things around my house. I even mowed the lawn and messed it up pretty bad sometimes. I never yelled at my family or anything. They were very nice about it, and I really had to keep my mouth shut when someone in the public would say something crazy like, when the

> guy at church said he saw me walk around my yard without a cane, but when I get to church, I need someone to help me to a seat. That really made me mad, but I kept my mouth shut.

Nathan explained he did not want others to help him. He was determined, and he worried if sometimes this came across as mean: “I did not want them to give me a ride. I just took my billfold, and started walking”. Shelly described how mad she would get when struggling with receiving help from her family. “I did not want help from them, but at the same time, I needed them. I know I was awful and stubborn at times”. Rita talked about her anger regarding not being able to do what she wanted, and stated, “They were so good to me, and I couldn’t really say what I wanted because it would hurt them. My family was only trying to help me. They did not know the more they did, the madder I got”.

Richard described how angry he had become, and pushed his family away: “I was saying things I regretted, and hurting their feelings. I just needed to deal with it on my own, but then I was mad because I really needed their help”.

Subtheme 2: Stress. All the participants described the tension and stress surrounding the time of adjusting to their blindness. Even when they were not angry, they faced daily challenges. Tommy described the “stress and madness” he put his family through: “It was really hard, and I was such a jerk”. Johnny explained, “I just really did not want my family to know what it was like, but I had to let my kids know. I tried to do as much on my own, but I know they worried, and I worried too”. Paul shared how this time of adjustment was a different type of challenge than what he faced before losing his vision. “I thought life was tough before I lost my vision, but I had no idea. I knew I was tough, but it kicked my tail every day. It was hard”.

Robert described his struggles to keep doing things as close as to what he did before. “I was determined I was going to build a porch on my house. I know I drove my family nuts, as they watched. I probably seemed pretty crazy, but I wanted to do what I could”. Nathan tried to move around without his cane, and he would bump into things. He stated, “I would reach for the places in the room I recognized. I wanted to do it on my own. I know they wanted to help”.

Shelly offered how difficult it was to read her mail and accomplish other personal daily tasks. “I did not want to ask anyone for help. I wanted to do it on my own, and I also seemed stressed out, and my family was too”.

Rita talked about her struggle to stay optimistic. “I wanted to be positive, and let them know it would be okay, but I know they could see the wrinkles on my forehead. It was hard”. Richard had similar feelings and retorted, “I stayed stressed out for a while. Most people can sit down and watch the television or something, but I could not do anything like that. I finally realized I needed to start working out again”.

Subtheme 3: Frustration. All the blind veterans experienced frustrations of becoming blind. They all described adjustments to blindness, and they were specific about what caused their stress. Tommy described his frustration and desire to not let anyone help him. “I would tell them to get the hell back, and that I was not an invalid”. Johnny also described how difficult it was to not be able to take care of his dad like he wanted. “I really couldn’t do anything for him but just tell him jokes every day. It is very frustrating that I can’t go over to his house if he needs me. I have to call someone else”.

Paul described his frustration to take care of his business as he did before. “I was very successful at business, and it was frustrating that I had to ask people to do the things that were very simple for me before”. Robert recalled his frustration when trying to continue using his tools to build things. “I was determined to find a way to measure and cut the wood safely with my tools. One morning my wife heard the table saw crank up, and she ran out there. I never wanted my family to worry like that. I know what I can do”.

Nathan explained how he would still go to the store by himself. “I had people want to take me, but if I did not have a ride, I would walk out the door because it was too frustrating to wait and see if I could go”. Shelly expressed her determination to still cook and do things for herself in the kitchen. “I made such a mess, and it was surprising sometimes to find little piles of flour or sugar where I completely missed the bowl”.

Rita explained that not being able to participate in church the way she had done before blindness was a source of frustration. She stated, “I sang in the choir when I could, and I always participated in the Christmas cantata. That first year I could not sing was very upsetting, and I tried to learn the words, but I did not have enough time”. Richard explained that not being able to look outside his back door at his property annoyed him. “I use to enjoy seeing the birds and squirrels and such. It was definitely something to get used to”.

Subtheme 4: Fear. All the veterans describe times of fear. Not all of them recognized it as fear at the time they experienced it, but they all described specific situations surrounding the times they struggled with various emotions.

Tommy explained, Once I knew I was about to lose my vision to the point I could not drive, I know now the fear I was living with". Johnny also had never thought about being alone and blind. "I just never thought I would end up this way. I think I was pretty selfish before, and then when it happened to me, it was pretty scary". The morning Paul woke up and could no longer see, he remembered, "I was entertaining people the night before and running the show, then I woke up blind. My world was a different place, and I was afraid". Robert's statements underscored the emotions felt by other participants. He stated, "It was scary to know I would soon lose most of my vision, and I knew I had to deal with this".

Nathan explained, "I was never afraid of much, but when I could not see my feet is when it really hit me". Shelly described her first time eating in public after her vision loss. "Well, my first time to visit a restaurant, I thought it would be easy because I just needed to get to my seat. I quickly realized I really did not know how to eat in public, and this freaked me out". The fear of traveling alone for the first time was a pinnacle point for Rita. She offered, "I was determined to do it. I had people come over and offer to help me, and of course, I took it. I was not that good then". In describing his biggest fear, Richard talked about not being able to drive. "I thought I could figure out the rest, but driving…that is what I had a hard time with. I mean, what if I had to get to the hospital or something important?"

All the veterans discussed experiencing situations of struggling while adjusting to their vision loss and living as a blind veteran. During this time, they struggled with feelings of not having control of their lives. I demonstrated examples of their emotional upheavals in their commentaries and summarized them using the subthemes.

Theme 5: Current Thought About Disabilities

All the participants explained how their views changed about people living with disabilities after their significant vision loss. Tommy responded to questions about his previous views by explaining how his views have changed.

> Well, maybe I did a little before, but not really now. Yes, we need help with some things, but we are very capable in most ways if we are trained. I got trained to be a blind person, now I feel capable, I just need a ride".

Johnny described how he continues to help people like his parents did and thinks differently now about disabilities:

> I think before I was more selfish than I am now. I couldn't relate to people who had gone through traumatic events, but now I do, especially now that I can't see either. People really do not generally understand, and I do not want anyone to pity me".

Paul shared:

> Well, my views on disability did not change until I became disabled. I just always looked at them as human beings until I became disabled. Then there was a problem. There is a difference between recession and depression. Recession is when your neighbor loses his job, and depression is when you lose your job".

Robert described how he now views people living with disabilities as a “different kind of world, where we are not helpless and very capable”. He went on to describe his personal experience, “I know it brings on a change in life. It is almost like having money. They plunder around you. When you don’t have any money, where did everybody go”?

Nathan expressed his views after becoming blind as being very different when it was him. “I didn’t know what they were going through, how hard it is to get where you need to go, but you do what you have to do”. Shelly offered, “I had no idea how hard you have to push yourself to achieve small goals. The people I would run into before were actually pretty tough, and I thought they probably had very little quality of life. I really didn’t realize how I felt until I couldn’t see”.

Rita responded to a question about her current views of people living with disabilities by stating, “I sometimes think about what I thought when I would see someone that was obviously disabled, like a wheelchair or something. Now I know how wrong I was. I am sometimes glad I can’t see the pity on their faces because I am ashamed to say I did that.

Richard recalled,

> I had two knee replacements from jumping out of things so much and being so physically active, but no one really knew. Now, I know I can do anything. I scare people when I use my table saw and other sharp tools in my shop. I just have to concentrate. I never knew blind people could do all these things. I feel like I have really learned something.

All the participants recognized how their previous beliefs about obvious disabilities initially hindered their progress to the point of causing them additional challenges and struggles. All the veterans in this study recognized the experiences of blindness before and after appropriate skills training, and how they now know they are capable and possess the determination to achieve personal goals. Surrounding themselves with support and getting involved with civic and community groups also proved beneficial in their adjustment to their lives without sight.

Theme 6: Independence

This theme shadows all the themes, as it is the largest part of living with an obvious disability. The subthemes describe by all the blind veterans included driving, cooking, cleaning, mobility, and living alone.

Subtheme 1: Driving. Transportation remains the most significant barrier to the lives of the blind veterans. All of the participants shared experiences of not driving. Tommy explained how his friends and others meant well, but truly do not understand the extent of being a nondriver. “They really have no idea…if they want a Snicker’s bar in the middle of the night, they just go get it. Well, I have to be a big boy and deal with it”. Johnny felt, “If I could drive, I think I would have no problems… well less. I have to organize all my time around the schedule of others. I am thankful to have a ride, but it seems like I am always waiting somewhere”.

Paul continued to travel and shared, “I have things to do, so I kept my car, and I pay a driver. I cannot sit at home. I think I would go crazy. The only thing is that my driver has a life too, and I have to be considerate of that”. In discussing his experiences, Robert stated, “I always have a ride if I really need it. Sometimes I have to wait until people get home from work or until the weekend to run an errand, where I use to run out the door and do it. I am thankful to have a ride when I can”.

Nathan also had difficulties adjusting. He pointed out, “They told me to quit driving, so I did. It was not easy, but I just go out the door and go where I need to. I have to get a ride with other people now, but that is usually okay”. Shelly described her experience by offering, “I really wish I could drive most of the time. I have learned to be more patient. I have to wait until it is convenient for other people”. Rita also described how she is very grateful for her family and friends. “They take me where I need to go. It is definitely not the same. I can’t really go as much as I did, but it is nice to get out when I do”. In responding to his challenges, Richard explained, “I think it is the hardest part of not seeing. I plan what I need, and someone takes me to the store. They sometimes want to just pick it up for me, but I really like to go and get out. They don’t always get what I would have gotten”.

Subtheme 2: Cooking. Food is a requirement for survival, and all the blind veterans described how this was a challenge to overcome. All the veterans described experiences in the kitchen. Tommy explained, “I am a great cook. I was not as good before. Now, I have a lot of time, and my wife seems to enjoy it. I now even have a smart stove. I have lots of gadgets and stuff for measuring and such”. Johnny’s adjustment included changing his dietary patterns. “I pretty much eat the same thing for breakfast and lunch; then I will eat a good dinner. I have learned to cook pretty good soups”. Paul stated, “I don’t cook much, but I can. When I cook now, I will make a big pot of something and freeze it so I can microwave it later. I was not good before I got some training. I really made a mess”.

Robert explained, “I really don’t have to cook but I can. My wife and sister are great cooks. They pick on me sometimes and say they want me to cook because when I was in training, I cooked some meals”. Nathan described how he learned to cook as a blind individual. “I learned how to fit the pot in the right place and then when I went to training, they showed me how to cook different things. I think I cook pretty good now. I only cooked things from a can before that”.

Shelly explained, “I really made a mess before. I got better, and now I know how to measure and refill my glass of tea without spilling it”. Rita described how her cooking has evolved. “I really think I am a better cook now. I use to just throw things together and don’t get me wrong, my family loved it, but now I think about what I am doing. I have learned how to go by the smell because things do not always cook at the temperature and time in a recipe”. “Well, I cook a big breakfast”, Richard explained. He stated, “The biggest challenge was bacon. I finally realized I don’t have to fry it. I put it in a paper towel and microwave it. The thing is though, I can fry it. I just choose not to. I really learned a lot about cooking in my training”.

Subtheme 3: Cleaning. Throughout the discussions of being a blind veteran, all the participants expressed challenges in learning to clean without sight. This is generally a simple process for sighted individuals, and little thought surrounds this topic. As blind veterans, they had to learn and develop cleaning skills.

In detailing his daily routines and his job to clean, Tommy offered, “My wife still works. I am at home, so I cook and clean. I have learned different techniques that work for me. It is really weird how I do it now, but I do what works for me”. Nathan also learned to accomplish his cleaning tasks without assistance. “I do my cleaning on Saturday mornings. I can do it all”.

Johnny explained, “Well, thank goodness I live alone, and I don’t have to worry about making it just right for a woman. You know they want it just perfect. I learned how to sweep in squares and sections. That is how I mop, too. I had no idea how I would do this before I got the independent training”. Married, Robert’s experience was, “My wife does not want me to do that. I clean my shop, and I can feel the sawdust when I sweep the piles”.

Shelly attacked smaller projects, she offered, “I clean my own room, and I help with the dishes. I can do the rest, but my sister had rather do it. I learned how to go in sections”. In describing her experiences with housework Rita stated, “I still help in the house, and I do what I can”. Paul decided to take a different approach. “I pay someone to come in and do my cleaning. I could do it, but it would take me a long time”. Richard similarly relayed, “Well, there is no one else to do it. I do enough. I don’t worry”.

Subtheme 4: Mobility. Besides transportation, traveling is a significant part of being independent. Learning the skills to use a cane is significant in being as independent as possible for a blind individual. All the veterans described experiences with becoming mobile. Johnny described his adjustment as, “I know how to use my cane, and it is good to know I can go anywhere again. I use to walk down to the beach, and I think I will start doing that again". Richard explained, "I use my cane because I rather do it if I can. I do pretty good, and I will do the guide thing when I need to". I use my cane most of the time. I sometimes do the sighted guide thing", Paul recounted and added, "It was really something to get used to". Tommy had similar experiences and described them suggesting, "I rather use my cane than hold on to people like I did before. I have taught my friends how to do sighted guide, and we have fun, but I like to know I can do it".

Robert's thoughts on the subject included, "That was something really hard to get use to. I wanted to do everything on my own. Don't get me wrong, like that I can hold my wife's hand more without explaining, and there are situations where a man is helping me, so that is where I had to learn to receive help". Rita also had assistance from others. She talked about how helpful her family was, adding "…but I like the fact that I can be independent and I can get dropped off at the doctor and find my way because I have been there enough times. It is easy there".

Shelly realized new places could be challenging. She stated, "It is definitely different getting around in new places. I use my cane to find the holes and poles". Nathan explained his ability to use the cane without much difficulty. Focusing his initial efforts at learning to negotiate his home, he felt he was improving with time and practice.

Subtheme 5: Living Alone. Independence is a milestone in this case, and the participants needed to acquire the necessary skills to accomplish basic daily tasks. Planning ahead, staying organized, and establishing routines emerged as the pathway for them to live alone successfully. Only four of the blind veterans lived alone. However, all the veterans described their abilities to do so.

Others had various people in their lives to assist them. Paul used a driver, Robert's wife took on responsibilities he was unable to do. He explained, "My wife does the house stuff, and I take care of the yard and my shop. I could live alone if something happened to her, but I should not have to with all my family". Shelly and Rita's family contributed to their ability to live on their own, even though they seemed to want the assurance of them living in closer proximity. Tommy summarized his feelings offering, "I love my bride, and I am thankful for her, but I could do it".

Richard, Nathan, and Johnny all established routines and explained how they followed prescribe patterns of assuring they achieved their daily chores. Richard described this as, "I do pretty much the same things every day. I do things different than sighted people. I have routines, and I get things done".

Independence is the ongoing challenge for the blind population as describe by all the veterans. The subthemes noted in the interviews were consistent with the larger demographic. The inability to drive posed the greatest challenge in their efforts to remain independent. Cooking and cleaning were significant skills for these veterans and each explained the relevance to learning the skills as a blind veteran. All the veterans worked through the challenges of traveling to new places, and their comfort in familiar situations was essential for achieving independence. A majority of the participant's skills developed during their independent skills training. They discussed their ongoing learning curves to becoming increasingly independent. All the veterans acknowledged the significance of the obstacles faced as they continue to live as blind individuals, but they had differing views about people living with obvious disabilities prior to their blindness. These reported differences are I discussed these reported differences below.

To address the first research question; What are the lived experiences of the veterans who have become blind? I focused on how the blind veterans experienced people living with obvious disabilities, such as blindness, prior to their vision loss. They described their attitudes and thoughts at that time. All the veterans explained that if they observed a person needing help or striving to be as independent as possible, they made a point to reach out and help, especially once they joined the military. There were varying views about military service before their involvement, and all their perspectives changed after their vision loss. With a focus on sub question 1; What does it mean to be a blind veteran? I posed questions by asking each veteran to describe their experiences and the meaning of being a blind veteran. All the veterans responded by discussing their motivations and commitment to never to give up. A military mindset was evident, with each describing experiences in military service that led them to this point. All the veterans described struggles they faced once losing their vision, and their determination to reach the point of being as independent as possible. Addressing the second research question; How do the blind veterans describe their views of blindness now that they are blind? I ascertained information by asking focused questions about the details of the participants' current experiences. I asked them to describe interactions with people in public places, and how this influences their current levels of functioning. All the participants gave specific examples of time spent in the public, and what society appears to expect from them. All the participants acknowledged these expectations are generally lower than they think of themselves, and it is an ongoing experience regardless of their accomplishments. When asked to describe their experiences of setting and achieving personal goals as a blind veteran, each veteran described circumstances and events associated with their efforts to reach their goals. All the participants were proud and seemed to have adjusted well to their limitations, with driving as the biggest hurdle. All of them focused on their strengths and discussed their achievements, and this is the point they shared their mantras and declarations. All the participants professed the words they lived by and described how they draw their strengths from these declarations.

There were several places of intersectionality with the literature review presented in Chapter 2. The thematic outcomes aligned with certain elements of research conducted on disabled populations. The most salient were the described memories of their military training as they articulated feelings to never give up. Researchers documented the formal training and directives of rejecting defeat in the face of turmoil (Kuehner, 2013). The respondent’s replies were consistent with this ideology, including the need to establish and maintain as much independence as possible. This was clear in Richard’s description of doing as much as he could on his own, including maintaining his cabinetry business.

Highlighting the consistency between what I reviewed from the literature as having personal thoughts about religion and developing private declarations, the participants spoke similarly of having mantras to keep them focused on attaining their goals (Eberle & Rubel, 2012). Johnny discussed his need to face obstacles and rely on his internal fortitude to push him forward in the face of adversity. Personal resilience resounded throughout all the veterans’ descriptions of life after becoming disabled. All of them continued to want to help others while rejecting the notion of wanting pity or special considerations. This was somewhat reflective of their thoughts about disabled people during the developmental years. Most did not have a great deal of exposure. However, they all had a desire both previously and currently to reach out a hand of assistance when they could. Tied closely to what Yu (2013) discussed as engrained thoughts, all of the participants used their beliefs to assist them in enduring their adjustment to life without vision, and concurrently aiding others by placing their need ahead of those without disabling conditions. Johnny talked about putting a disabled friend's car repair before others. He felt she needed the vehicle to be in good condition to lessen the other stressors she faced.

This also mirrors the theoretical framework of empowerment model as described by Vaicekauskaite et al. (2010). The interviewees decided to concentrate their energy on reaching their full potential and not invest in negative thoughts, which would deter from living a full and prosperous life. Rita used the old saying, which referenced pulling oneself up by the bootstraps. Similarly, the social constructivist theory highlights the ability of disabled people to develop an understanding of their limitations and create their personal reality based on their perceptions and thoughts concerning the changes they accept by force (Khan & Woolhead, 2015). Shelly acknowledge that once she referred to herself as 'only being blind, she restored her former confidence she had about her abilities.

Finally, the interpretive lens I employed to analyze the information shared by the veterans became integral in understanding and developing the thematic outcomes. All of the participants were affected by previous thoughts and beliefs regarding people with disabilities once experiencing their own vision loss, which was evidenced by their immediate struggles to transition into daily routines with blindness. A few found it difficult to remember people in their past who confronted disabling conditions. As expressed by Hussain and Sanders (2012) this framework supported my ability to decipher their experiences regarding how their new worldview emerged based on losing their sight. I will discuss this further in Chapter 5.

Discrepant Findings

Analysis of the data also found the veterans to have experienced varying views about people living with disabilities, prior to their vision loss. Tommy had disabled parents, and he felt they were not weak but dependent on everyone. Johnny was kind to people but mostly felt sorry for them. Paul did not think of them as disabled because of his experience with the deaf, blind school. Robert had a good example of independence in his nephew, so his expectations were not as low for the nephew, but he did describe wanting to help people he met on the street. Nathan also described people with disabilities as needing help, and made a point to make sure they knew he was not “shunning them”. Shelly saw the girls at school and viewed them as always needing help from others. Rita said she was sad when she saw them, and Richard would do what he could to help them, not knowing “how capable they probably were”.

Summary

Six of the eight veterans identified having distinct sympathy for people living with disabilities prior to their vision loss. Tommy’s disabled parent’s dependence on others bothered him. He had not viewed them as weak and admired other people living with obvious disabilities who were independent. Paul explained he had no feelings about it before the military, as everyone was the same. The other six were clear about how they generally viewed people with obvious disabilities as needing help. All the participants shared an understanding of their challenges to remaining independent now they are blind, and the societal views of people living without disabilities. All the participants appeared to have worked through experiences of low societal expectations, and they declared victory over limitations, levels of functioning, and independence. Six of the participants retired from military service, and a military mindset to never give up was present in all the participants' descriptions of current functioning and experiences of becoming blind.

Results of the study indicated blind veterans experience the mindset to never give up and had mantras and declarations to encourage themselves when they struggled with various aspects of changing their lives to accommodate not having vision. Although they had previous thoughts regarding receiving help, the difficult initial adjustments to blindness altered their thoughts about disabilities as they focused on issues of remaining independent.

In chapter 5, I provide my interpretations of the findings and make recommendations for future research. I express the potential for social change from individual, organizational, and societal perspectives. In closing, I clarify how this study demonstrates the importance to focus on the mindsets of society and people living with disabilities, and how this influences the success of the disabled, as they adjust to their daily routines.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In exploring the origins of negative thinking about people living with obvious disabilities, current societal views, and experiences of disabled veterans, I found an overall understanding of perceptions of people with mental and physical disabilities. The purpose of this study was to gain a better understanding of blind veterans' experiences and previous and current views about people living with disabilities. I sought to add to the body of literature on what these veterans experience and perceive in relation to their vision loss.

I used a hermeneutic phenomenological method of inquiry to document the experiences of the blind veterans who participated in my study. I was able to explore the meanings that participants attributed to becoming blind and how participants' views of people living with disabilities influenced their levels of functioning once they became blind. An understanding of blind veterans' issues and concerns was more likely to emerge through exploration of the lived experiences of this population (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). Readers of this study can acquire more in-depth knowledge about what it means to be a disabled veteran and how low societal expectations influence the experiences of people living with disabilities (Tuohy et al., 2013).

I conducted face-to-face interviews with eight blind veterans. Each participant had lost the ability to see at least 1 year before I conducted my interviews, as a result of active duty service. The focus of interview questions was on identifying how participants described their experiences of becoming blind and how their views of people living with disabilities had influenced their lives after becoming blind.

Findings from the interviews revealed that, prior to their vision loss, veterans in this study possessed the belief that they should never give up, developed mantras or declarations to live by and felt driven to help people living with disabilities. In the interviews, all the participants described their struggles with vision loss, their current views of blindness, and the challenges of maintaining their independence. All the participants said that it was not an option to stop trying to become as independent as possible. Participants also professed their determinations using declarations in specific personal language that appeared to internally motivate them and keep them encouraged. Three participants expressed that they had held different beliefs about people living with disabilities prior to their own vision loss. Tommy had disabled parents. He said that his parents were capable but had chosen to depend on others to take care of them. Paul grew up near students who attended a deaf and blind school. He viewed them these students as being no different than other students. Paul also noted that students at this school would beat his school every year in sports. Robert had a nephew who due to a childhood disease became bound to a wheelchair. He explained how the nephew was very active and successful. Robert’s mother always told his nephew he could do anything. He would just do it differently.

The other participants (Johnny, Nathan, Shelly, Rita, and Richard) had opinions of weakness and low expectations regarding people living with obvious disabilities. All the participants acknowledged that they experienced feelings of needing to help disabled populations when they saw them in public, even before joining the military. Six of the eight participants (Johnny, Robert, Nathan, Shelly, Rita, and Richard) were clear concerning their desire to help people living with disabilities before their blindness. Tommy explained that his disabled parents' dependence on others bothered him, but he helped other people with obvious disabilities out of admiration. Paul had not really noticed people living with disabilities because he perceived all people as the same.

All of the participants described engaging in different struggles once they realized their significant vision loss. Five of them (Paul, Robert, Shelly, Rita, and Richard) experienced instant vision loss while the other three (Tommy, Johnny, and Nathan) underwent a gradual change, taking up to 3 years to reach the final stage of blindness. *Anger*, *fear*, *stress*, and *frustration* were words used by participants to describe their experiences prior to attending independent skills training programs and becoming involved with civic and community groups.

In the following discussion, I review the findings from the results in Chapter 4. I also provide a discussion of the peer-reviewed literature in Chapter 2 with references to the results of this study. I link the findings to the previous research with the purpose to confirm or disconfirm the literature in Chapter 2, or extend knowledge within the field of human services. I conclude with a discussion of the importance to further studies with a focus on how societal views of people living with disabilities influence the levels of functioning of disabled populations.

Interpretation of the Findings

I found that the veterans in this study had strong thoughts about not giving up as found by Kuehner (2013) and Ostovary and Dapprich (2011) regarding rejecting defeat and core values instilled in service members across military branches. All the participants acknowledged possessing mantras or declarations of strength and determination. This finding corroborated the discussion by Eberle and Rubel (2012) that effective military leadership use statements and declarations for specific situations. The participants in my study expected higher standards for themselves and also held previous beliefs about disabilities that had generated a need to help people with obvious disabilities. Although Tommy, Robert, and Paul had differing thoughts about people living with disabilities in their younger years, all of the participants explained that they eventually developed the automatic reaction to help people with obvious disabilities. The lack of literature surrounding these findings suggested a potential gap in the literature, however their thoughts of needing to help disabled people was a confirmation of the literature described by Wang et al. (2010), about how society tends to regard people living with disabilities as weak or needing their help to complete a task. The findings from the same research also confirmed how these perceptions of the veterans in this current study hindered their efforts to adjust into productive lives once they were blind. All of the veterans described very hard times at the beginning of their blindness when they had struggled. Researchers have documented the psychological and physiological experiences of veterans who must adjust to living with disabling conditions (Jones et al., 2010; Kim et al., 2010). The participants in my study described various stages of adjustments to living with vision loss, and all of them acknowledged the significance of participating in training programs. This aligned with the literature referenced in Chapter 2 that veterans must learn to adapt to their environments and participate in independent skills training in order to function within society (Ostermeier, 2010; Stuntzner & Hartley, 2015; Urbatsch & Fuller, 2013). I also explored their current thoughts about the competencies of people living with disabilities. All the veterans described how their learned skills to be productive and accomplish daily routines independently definitely changed their thoughts about the capabilities of people living with disabilities. Opportunities for further studies emerged due to a lack of previous literature about these changes in perceptions. According to previous research, veterans' transitions back into their communities and families required independent skills training for better adjustment (Geiling et al., 2012; Stuntzner & Hartley, 2015; Urbatsch & Fuller, 2013; Vander Goes & Snyder, 2012), and this was found in the present study, within the significance of changes in the veterans' attitudes. All of the veterans described the meaningfulness of their training, and how their levels of functioning drastically increased. Resnick et al. (2012) conducted a study that used the key elements of the ICF classification system to measure veterans' levels of functioning as they transitioned back into civilian life, and how their increased activity and achievments significantly improved their mental and physical health. This aligns with the remarks made by the participants in the present study, as independence was a consistent topic in their narratives about how they achieved the needed skills, as well as the ongoing efforts to maintain their independence.

I identified contributory factors when interpreting study findings. These factors included participant age, number of years spent in military service, and positive and negative experiences prior to vision loss with people living with obvious disabilities. These points of focus emerged during data analysis. I additionally explored how these experiences influence their attitudes about their levels of functioning. I found support for my decision to focus on the age of participants in a previous study. The author of this study had found that younger veterans experienced more maladaptive behaviors than older veterans who adjusted faster to normal patterns and the realities of being blind (Cook et al., 2013). A focus on the number of years the participants of my study spent in military service confirmed the discussions in previous literature about how experiences during military service and the expectations of rigid standards influenced the lives of veterans (Kuehner, 2013; Ostovary & Dapprich, 2011). The positive and negative experiences with people living with obvious disabilities had an influence on the blind veterans in this current study. Any positive interactions with people living with obvious disabilities prior to their blindness provided them encouragement. All of the participants described their struggles to adjust to becoming blind, and most of these barriers stemmed from previous negative views about what people living with disabilities could achieve. This confirmed the findings in previous research conducted by Crowson and Brandes (2013) that discussed low expectations of people living with disabilities.

Themes emerged in the interpretations of the findings. There were six major themes including (1) Never give up, (2) Mantras and declarations, (3) Previous beliefs and helping, (4) Struggles after vision loss (5) Current thought about disabilities and (6)

Independence. These themes emerged within the veterans' narratives in their responses to the interview questions. I recorded the actual words of the veterans in Chapter 4. This section provides interpretations of each theme, and whether the findings confirmed or disconfirmed the literature in Chapter 2, or uncovered a gap in the literature.

Theme 1: Determination to Never Give Up

I discovered that these blind veterans held themselves to high standards. Each of them described feeling varying levels of depression or anger once they had lost their vision to the point that they were not able to drive, and they referred to their time spent in active duty service as they discussed their new-found abilities to survive. As stated by Kuehner (2013) and Ostovary and Dapprich (2011), U. S. military branches engrain core values in service members, and the veterans in my study discussed their beliefs that giving up was never an option. Statements were offered by the participants in discussions about living as a blind veteran and time spent in the military. Tommy discussed how he came to depend on his previous thoughts about never giving up. He explained,

> It was very hard for me to accept my limitations, and eventually after getting over the anger, I learned how to set achievable goals and remain true to my determination to never give up on what I could still do on my own.

Johnny described how he moved through the stages of living as a blind veteran. He stated, "I will never give up. I know now I have good things in my life, I just have to focus on the good". Paul discussed his struggles of accepting his limitations and explained, "I never gave up, and even though there were times I wanted to. It just wasn't an option". Robert described personal expectations, and how he had to work through the opinions of others, and he said, “I will never give up”. Nathan described his experiences with learning new skills to function as a blind individual, and he stated, “I just did what I thought I should do because I could never give up”. Shelly discussed her experiences as a woman in the military and explained that it “It makes you tough anyway, but being a blind person makes you think that was pretty easy. Bottom line is that I can never give up”. Rita described her thoughts about other people taking care of her, and she remarked, “I will never give up, and I know I get on their nerves”. Richard discussed how he worked through his challenges with an understanding he would never give up, and stated, “I never knew I had a choice. I just recognize the problem, and I do what it takes to fix it”. According to Kuehner (2013), moral development and honor within the military become part of a service member’s personality, and each branch requires specific attitudes and the mindset to reject defeat. The descriptions provided by the veterans aligned with their military experience and the mindset that one must never give up, and must keep fighting for one’s independence (Kuehner, 2013; Ostovary & Dapprich, 2011; Vogt, 2015; Yu, 2013). These current findings were consistent within The veterans’ responses regarding the military belief to “stay strong,” however, these thoughts sometimes hindered their efforts to become independent. (Kuehner, 2013; Ostovary & Dapprich, 2011). The determination to “never give up” is an honorable trait in the military environment, but such thinking also created difficulty for the veterans at the onset of their blindness, as they began to learn to accept limitations.

Theme 2: Mantras and Declarations

The veterans attended independent skills training programs, which contributed to their successes in developing specific skills such as achieving mobility with a white cane, cooking, and accomplishing daily tasks. They shared personal philosophies that drove them to become as independent and productive as possible, and to develop new techniques for achieving their goals. They described the milestones they achieved in their training, and the process they experienced to obtain the independent skills. During this stage of their adjustments, all of them recalled or developed specific language that encouraged them to remain focused on their goals. This coroborated with the study conducted by Eberle and Rubel (2012) with descriptions of how repeating Declarations motivate and strengthen efforts of determination. All of the veterans in the present study were confident about how the words and phrases they used provided them strength and determination to overcome obstacles. Tommy explained how he repeats on most days that “Vision is just a convenience, it makes life easier”. He described how he used this remark to remind himself that he can do things differently. Johnny expressed how he motivated himself when feeling discouraged. He declares that “fear is like a fire inside of you. You have to put it out. You can’t live your life in fear. You have to face things”. He stated this is a good reminder that “he cannot walk away from his blindness for a minute, and come back to it later”. Paul explained that “It is mostly attitude from within”. He explained how one must find peace to have joy in life. These words remind him that “his happiness is mostly up to him”. Robert explained that “everything has a purpose …just defining the purpose of what has happened”,” and this “makes me strong to know I can handle anything”. Nathan described how he gets through the challenges of his daily routines, and tells himself “Learn as much as you can about what you are supposed to do and do it”. Shelly tells herself every day that “I can wake up every single day and start over”. She explained how this encourages her to try again, “keep practicing her skills”. Rita stated that she must “find the good in almost anything” and she repeats this when she begins to feel defeated. Richard declared, “I realize now I can do pretty much anything, I just do it differently”. He explained how these words “urge him to find a new way”. Eberle and Rubel (2012) described how a characteristic of effective military leadership is the use of declarations for specific situations, and declaring statements to live by enforces one’s stance or purpose. This was found in this current study within the veterans’ encouraging and resolute mantras that offered each of them reasons to continue moving forward, and all of the blind veterans proudly shared their words of strength and conviction. Pieper and Van Uden (2012) discussed that declarations for coping is a positive way to approach difficult processes in life, and all of the blind veterans explained how they developed the declarations to support them as they worked through the struggles of becoming blind, and learning new skills for achieving daily tasks. Two of the eight veterans described declarations they developed specific to their experiences of blindness. Tommy explained that his reminder that vision is a “convenience,” narrows his focus to overcome daily challenges regarding blindness. Richard explained that although he was confident prior to his vision loss, his declaration prompts him to know he can achieve many things, he just achieves his goals different than when he was sighted. Johnny, Paul, Robert, Nathan, Shelly, and Rita explained how their mantras and declarations derived from challenges prior to their blindness, and they are encouraged as they apply these scripts to their current lives as blind veterans. All of them described the importance of these words and phrases in their adjustments to blindness, and they all expressed these personal words to live by in their descriptions of what it means to be a blind veteran. The veterans related the connection between their ability to stay strong and fight through the adversities and their need to assist others with similar struggles. Making sure they were living to their fullest capacity also embraced helping others.

Theme 3: Previous Beliefs About Helping

All of the participants described engrained thoughts concerning people living with obvious disabilities that rendered them dependent on help to be successful or to complete a task. Consistent with the literature, they held negative perceptions of those whose disabling conditions were obvious and observable (Stuntzner & Hartley, 2015). Paul was the exception, as he had not viewed people with disabilities as different, prior to his vision loss. He explained that this resulted from his childhood experiences. Specifically, he referred to observing the success of students from a deaf and blind school at sports, noting that these students had not appeared to him to have a disability. Paul shared his belief that the people who “could not walk and such” were not visible to the community due to the lack of public accommodations. Tommy admitted that his parents’ dependence on others bothered him, but he desired to help other people with obvious disabilities. According to Kuehner (2013) and Ostovary and Dapprich (2011), helping others in need is a core value across military branches, which was found in the present study, as all of the participants described holding a general mindset that it was important to help other people regardless of disability, Tommy, Paul, and Robert had varying views about disabilities, but all of the participants described how they eventually believed they should help people with obvious disabilities. The prevalence of this response was not seen in prior studies, suggesting a potential gap in the literature. However, the present study's findings suggest their beliefs that disabled people possessed reduced abilities and fewer productive skills was due to their previous perceptions about disabilities. Although they all came to accept their loss of vision and lend a hand to others who had disabling conditions, each experienced a transitional period where they had not fully accepted their limitations and reflected on the emotional upheaval it created in their lives.

Theme 4: Struggles After Vision Loss

All of the veterans described their experiences of blindness, and their initial difficulties in becoming independent and developing confidence. These current findings were consistent with the findings of Stevelink et al. (2015), suggesting that most veterans who become blind or have significant vision loss experience levels of depression at the onset of their diagnosis. Emotions emerged in the participants descriptions of becoming blind, and once they had lost vision to the point they were unable to drive. All of the veterans described their immediate reactions to their own blindness, and each shared their experiences of depression levels that were masked by anger and fear. Each veteran expressed situations of tension and strain as they transitioned back into their families and communities. This is consistent with the literature discussions by Ostovary and Dapprich (2011) that physical problems increase the stressors of returning to civilian life, and these transitions often involve relationship strain. All of the veterans described frustrations in their interactions with family members and the public.

All of the participants in this study discussed what was expected of them as an active service member, and their physical limitations fueled their frustrations to independently achieve simple tasks. All of them described adjusting and acceptance of their circumstances as the hardest stage of being a blind veteran. According to Hinote and Sundvall (2015) and Ostovary and Dapprich (2011), the military instills specific ideas of how service members should respond to stress and struggles in daily life, and this was found in the present findings as the veterans discussed their prior abilities, and then living as blind veterans. After living as physically and mentally capable soldiers, these participants expressed the dramatic changes in their daily routines, and their responses to living with reduced or no vision. This is relative to the literature by Bennett et al. (2013) that discussed how Thought processes necessary for combat environments create conflicts upon returning to civilian life. All of the participants described how difficult their lives had become once they were blind, and as the veterans described their frustrations prior to learning skills and acceptance of their limitations, subthemes emerged including, anger, stress, frustration, and fear. All of the veterans used these words to describe their experiences and offered specific circumstances in their accounts of what triggered the feelings. Tommy described the stress and frustration he experienced during the stage of blindness prior to developing skills. He stated, “It was really hard, and I was such a jerk”. Paul discussed his life once becoming blind and the struggles he experienced. He explained, “I was not pleasant to be around, and I am surprised my family would even still talk to me once I got my head straight and lost some of my anger”. Robert described how he was in the process of learning how to function as a blind person, and he was strongly motivated to do the same activities he did before he was blind. He was in denial of his limitations, and he explained, “I was determined I was going to build a porch on my house. I know I drove my family nuts”. Nathan described how he was not really skilled to live independently as a blind individual, and he was upsetting himself, as well as his family. His determination to move around his house without his cane, led to him knocking things over. He stated, “I would reach for the places in the room I recognized. I wanted to do it on my own”. Shelly described her struggles prior to attending independent living skills training, and was determined to achieve small tasks, and she explained, “I did not want to ask anyone for help. I wanted to do it on my own, and I also seemed stressed out, and my family was too”. Johnny also described his thoughts about being alone and blind. “I just never thought I would end up this way. I think I was pretty selfish before, and then when it happened to me, it was pretty scary”. Richard discussed his fears about being blind, and he explained, “I figured I could figure out the rest, but driving…that is what I had a hard time with. I mean, what if I had to get to the hospital or something important?”

All of the participants described how their personal expectations had changed once they began participating in independent skills training programs. They felt empowered by their new independence and expressed their appreciation of learning how to live as blind individuals and gaining confidence to achieve their goals. All of the participants explained how their new abilities gave them the courage to live productive lives with the understanding that each day would bring new challenges. This is consistent with the findings of previous studies by Geiling et al. (2012) and Vander Goes and Snyder (2012) that addressed how special programs offered solutions for veterans struggling to transition into daily routines. Each of the blind veterans in my study confirmed the significance of participating in programs focused on developing the skills necessary to live alone, and solve problems related to issues of blindness. All of the veterans in my study described their training programs and classroom settings that taught them specific life skills, as well as techniques for resolving challenges associated with achieving their personal goals. The participants' awareness and introspection of their potential emerged as they detailed their experiences of the staff guiding them to reestablish their independence.

Theme 5: Current Thought About Disabilities

According to the literature, within society, people tend to view disabilities as a significant flaw and to consider disabled individuals as weak or incomplete (Hashiloni-Dolev & Raz, 2010; Urbatsch & Fuller, 2013; Vaicekauskaiteq, Algenaite, & Vaiciuliene, 2010). This aligns with the thoughts expressed by the veterans in my study that society appeared to view them as incapable, and they discussed ongoing interactions in daily routines and how they were influenced by varying attitudes. All of the veterans recognized their own previous thoughts about people living with disabilities in the reactions of the general public. They discussed the expectations of society about their abilities, and how they had worked through, and experience ongoing low societal expectations. All of the participants described a new understanding of disabilities, especially those easily recognized by others. The literature review in this study did not discuss how the views of people living with disabilities evolve after the onset of their disabilities, and this presents an opportunity for future research. Because each participant received independent living skills training, this does confirm previous findings that veterans' transitions back into their routines required independent skills training to enable better adjustment (Geiling et al., 2012; Stuntzner & Hartley, 2015; Urbatsch & Fuller, 2013; Vander Goes & Snyder, 2012). All of them describe their current views of people living with disabilities as more capable that they did prior to their vision loss. Tommy explained, "Yes, we need help with some things, but we are very capable in most ways if we are trained. I got trained to be a blind person, now I feel capable, I just need a ride". Johnny discussed how he now relates to people living with obvious challenges and stated, "People really do not generally understand, and I do not want anyone to pity me". Paul discussed how his views have changed about disabilities, and he explained, "There is a difference between recession and depression. Recession is when your neighbor loses his job, and depression is when you lose your job". Robert described how his life changed at the onset of his blindness. He stated, "I know it brings on a change in life. It is almost like having money. They plunder around you. When you don't have any money, where did everybody go"? Nathan explained how his views have changed about disabilities, and stated, I didn't know what they were going through, how hard it is to get where you need to go, but you do what you have to do". Shelly discussed how she thinks differently about people living with disabilities now that she is blind, and offered, "I had no idea how hard you have to push yourself to achieve small goals. The people I would run into before were actually pretty tough, and I thought they probably had very little quality of life". Rita described her previous thoughts about people she encountered with obvious disabilities. She said I am sometimes glad I can't see the pity on their faces because I am ashamed to say I did that". Richard reflected, "I never knew blind people could do all these things. I feel like I have really learned something".

Wang et al. (2010) found that although blind people are ranked high on personality scales, their competency levels may be questioned. All of the participants described the misunderstanding of the public, as well as family members, about what they could achieve. Previous research also noted that between sighted and blind job applicants, the sighted individuals had been hired more than the blind applicants. Leadership positions were also more likely achieved by sighted individuals who held the same credentials as the blind applicants (Wang et al., 2010). The research findings by Wang et al. (2010) were consistent with the automatic thoughts of the present study participants, as they admitted they had lower expectations of people living with disabilities prior to their blindness.

Agovino et al. (2014) demonstrated how low personal expectations influence levels of functioning, and these findings confirmed the process experienced by the participants in my study to realize their capabilities. The veterans' previous low expectations of people living with obvious disabilities negatively influenced their levels of functioning prior to extensive independent skills training, involvement with civic groups, and interactions with other blind veterans. The veterans provided extensive examples of their initial reactions to becoming blind, and their low personal expectations.

The participants who had more positive experiences with disabled people, earlier in life, appeared to reflect on those experiences with admiration for the people they previously encountered. Chivers (2009) described how veterans' positive attitudes stemmed from family support and the belief in the ability to overcome the challenges of being disabled. The findings suggested that positive and negative experiences influence how people view others with disabilities. Robert, who had a nephew in a wheelchair, thought of him as more capable than other people who were dependent on wheelchairs. He confirmed that his positive experiences with others who had obvious disabilities prior to his vision loss had given him the expectation he could overcome any limitations. Paul also described how he initially did not consider people with obvious disabilities as flawed or nonproductive due to his past experience with the sports teams at the deaf and blind school near his home. All the participants in this study agreed that members of society tended to have low expectations of people living with obvious disabilities, and they indicated that their thoughts had changed since becoming blind. These findings confirm the prevalence of low societal expectations, and how the veterans had not viewed themselves as having these thoughts prior to their own blindness. As they worked on deflecting public sentiment concerning their capabilities, they also had to focus intently on reaffirming their autonomy.

Theme 6: Independence

Throughout this study, references to independence consistently generated discussions about expectations and meanings. All the participants described different levels of independence at various stages of their lives, and this was consistent with previous literature regarding different disabilities and accommodations necessary for helping people with disabilities complete daily routines (Patterson, 2012). As referenced in the literature review in Chapter2, Fred Fay initiated a fight for accommodations on college campuses and public venues. He and a large group of students rode across their campus to make themselves known to others, and insisted on access to local sidewalks and buildings. Cameron (2014) also discussed other people's struggles to obtain necessary accommodations to achieve individual goals. Ed Roberts required an iron lung twelve hours per day, and the university initially denied his application. Patterson (2012) described how the awareness of accommodations evolved, and that determining individual accommodation needs require individual attention and assessment. These examples of previous struggles experienced by people living with disabilities aligned with the current findings of ongoing struggles to reach levels of independence. Once the individuals in the previous research understood the possibilities and what was needed to make them independent, they began working on these goals. The blind veterans of the present study explained how some of their perspectives focused on previous views they had held regarding people living with obvious disabilities, and others surrounded their own blindness. Subthemes also surfaced in discussions on the theme of independence. These subthemes included driving, cooking, cleaning, mobility, and living alone. Geiling et al. (2012), Stuntzner and Hartley (2015), Urbatsch and Fuller (2013), and Vander Goes and Snyder (2012) identified the same independent living skills that were described by the veterans of my study, and also that veterans' transitions back into their communities and family-life routines required independent skills training to enable better adjustment.

The findings of these previous research studies were consistent with the veteran's descriptions of the importance of these various abilities for achieving suitable independence.

All the participants described transportation as the most difficult subtheme of independence. This requires dependence on another person unless walking alone is an option. The other subthemes of cooking, cleaning, mobility, and living alone were more achievable, and all these veterans described how they managed these tasks independently after receiving independent skills training. Tommy explained, "I am a great cook now". Rita also bragged on her cooking skills. "I really think I am a better cook now. I use to just throw things together and don't get me wrong, my family loved it, but now I think about what I am doing". The other veterans described their abilities in the kitchen, and they all described their learned skills to cook meals whether they need to cook at home or not. Cleaning was a challenge, as all the participants described various techniques for accomplishing their cleaning duties. Johnny described, "I learned how to sweep in squares and sections. That is how I mop, too. I had no idea how I would do this before I got the independent training". Shelly discussed how she completed cleaning tasks, "I learned how to go in sections". Using a white cane is crucial for traveling. All of the veterans described how the more they practiced, the better they were able to travel alone. Richard explained, "I use my cane because I rather do it if I can. I do pretty good, and I will do the guide thing when I need to". Rita discussed how she has learned to use her cane for travel. She stated, "I like the fact that I can be independent and I can get dropped off at the doctor and find my way because I have been there enough times". Living alone is another subtheme that all the participants described as possible. Not all of them live alone. However, they all described their skills to manage this level of independence because they had received the training. Planning ahead, being organized, and establishing routines were consistently discussed in the efforts to live alone. Tommy summarized, “I love my bride, and I am thankful for her, but I could do it”. Richard, Nathan, and Johnny all described how they established routines and plan their meals. All of the veterans expressed pride in their descriptions they have certain levels of independence, and they have the courage to learn new skills. Resnick et al. (2012) discovered that disabled veterans’ increased activity and interactions with society increased their mental and physical functions. All of the participants of this present study described how they feel more productive with getting out of their homes and participating in society. Bendixen et al. (2014) also focused on the significance of participation in skills training and found this training improved health. These measures of participation also aligned with the subthemes of the independence theme in this study. Resnick et al. (2012) studied the levels of functioning as veterans transitioned into their communities as civilians, and the researchers found the physical and mental challenges hindered their transitions. This confirmed the findings described by the participants in my study of how learning new skills were necessary to function appropriately. All of the participants described how their training in independent skills completely turned around their personal ideas of quality of life, and each gained abilities and personal expectations that generated beliefs to achieve higher levels of independence. Their increased levels of functioning as blind individuals aligned with the findings in the previous literature regarding the necessity for programs directed at independence. The veterans in this study described their abilities with confidence, along with their desire to participate in ongoing support groups and continued training, especially using technology. In relating their points of view, they also acknowledged ancillary issues, which influenced their personal journeys.

Contributory Factors

The veterans' stage in life, along with the time spent in the military shaped how the participants integrated their blindness into their lives. How they understood the meaning of living with a disabling condition also had a bearing upon their restorative process. I present these influences to underscore the various interpretations I reached as I analyzed their responses.

Age of participant. The mean age of the participants in this study was 52 years old, with the youngest at 39 and the oldest at 62 years old. They were adults who spent most of their lives as sighted individuals and had the ability to drive. Cook et al. (2013) discussed how younger veterans experienced more maladaptive behaviors than older veterans, who adjusted faster to normal patterns and the realities of being blind. The veterans who chose to participate in the previous study adjusted better to vision loss than their younger counterparts and felt more comfortable talking about their experiences and sharing their achievements. These previous findings suggest that younger participants have different experiences.

Number of years spent in military service. Time spent in military service was also a point of focus. The mean years of military service among these participants was 21 years. The longest time spent in military service was 30, with 12 years as the least amount of time. Experiences during military service and the expectations of rigid standards influenced the lives of veterans (Kuehner, 2013; Ostovary & Dapprich, 2011). Six of the eight veterans in this study retired from active duty, and each participant shared their thoughts regarding their time of service. The previous research conducted by Kuehner (2013) and Ostovary and Dapprich (2011) aligns with the current findings that the veterans' time spent in the military was significant in their adjustments to living as blind veterans.

Positive and negative experiences with disabilities. Experiences with people living with obvious disabilities prior to the participants' vision loss, played a significant role in how these experiences influenced their attitudes about their levels of functioning. All the veterans described significant struggles once losing their vision, which influenced their adjustment and ability to gain the skills to become as independent as possible. Most of these barriers stemmed from previous negative thoughts about what people living with disabilities could achieve. Crowson and Brandes (2013) described how minimal or negative experiences contribute to low societal expectations, and Paul's positive experience with the deaf-blind school and Robert's positive experience with his nephew seemed to have remained an encouragement of what they could achieve as a blind veteran. They both expressed their negative experiences of what others tended to expect of them, and all the veterans realized the significance of negative societal thoughts.

In summary, society tends to expect less from people living with obvious disabilities. Findings from the present study suggested that even with the veterans' mindsets to never give up, their declarations, and current strength to live independently, all of them experienced a time of distress. These struggles aligned with their previous thoughts concerning people living with obvious disabilities requiring help, and their greatest fears and frustrations surrounded the ideas and beliefs they would not be independent again. Once these veterans attended independent skills programs and became involved in civic groups, their confidence increased, and they expressed their relief for being able to live independently. My lens, as a person living with blindness, contributed to how I evaluated the data. I used interpretivism to understanding the perceptions blind veterans held about their experiences (Hussain & Sanders, 2012).

Findings Related to Theoretical Framework

I believe that using the interpretive lens offered a foundation for analyzing the responses of each veteran as an individual, and seeking to uncover each worldview. The experiences and circumstances described by the participants offered a glimpse into each personal reality. As described by Haughton et al. (2012), individual perceptions provide the basis for the paradigm of interpretivism. Exploring ideas and thoughts of the blind veterans contributed to understanding their experiences (Haughton et al., 2012). Hussain and Sanders (2012) explained interpretivists view people as unable to know the reality of the world; however, people are aware of their perspectives. Although interpretivists do not always agree on the exactness or absence of this reality, they do agree society generates perceptions of external reality (Strong, 2015). Using an interpretive lens placed emphasis on the veteran’s worldviews and the role of their disabilities within their internalized construct (Smith et al., 2012).

The theory assisted me in generating an understanding of how the veterans learned to work through daily barriers to become as independent as possible. The veterans' worldview is a reality with a military mindset to reject defeat. Their determinations to never give up motivated the blind veteran participants to achieve specific goals of independence, and regain confidence in their abilities. A root of the veterans' struggles to adjust to their vision loss was situational. Their blindness was a disability when they were not able to accomplish a task or personal goal. Ferguson and Nusbaum (2012) described disabilities as circumstances, which are mainly a result of social environments. Consistent with the theorist's postulations, the veterans in this study become disabled based on their desire to serve their country. However, contrarily, individual pressures, such as escaping the control of their families, also played a role in their decision to join the military or societal institution. Once the blind veterans reached a level of understanding about their previous attitudes of obvious disabilities, their reality changed to an ongoing process as they became more independent. Each of them shared their unexpected attitudes, which emerged during the process of becoming a blind veteran.

Limitations of the Study

While I illuminated certain elements of the blind veterans' experiences, several factors limit the outcomes of the study. All the veteran participants attended independent skills training programs prior to the study. Future researchers could conduct studies to include participants who had vision loss at least 1 year prior to the study but not yet attended a training program for learning independence. A gap remains regarding the lack of empirical evidence uncovering blind veteran's current ideas about living with disabilities, and how their previous beliefs hinder their current levels of functioning.

I limited the scope of this study to eight veterans, blinded during active service or as a result of an event that happened at least 1 year prior to the study. Expanding the study to participants prior to independent skills training might be useful in understanding issues such as negative views about people living with disabilities. The ultimate goal of research is to expand the body of knowledge regarding particular social issues but also to provide direction for others who will follow the path. In the following section, I offer additional insight based on my findings, as relates to changing various levels of society to benefit this vulnerable population. I offer suggestions for future research and action to enhance the field of human services that include military and community involvement as disabled veterans are transitioning to civilian life, awareness of the struggles faced by these participants in becoming a blind veteran, and developing outreach programs to disabled populations.

Recommendations

The training and skills achieved by the blind veterans in this present study were significant and positively affected their levels of functioning. As previously mentioned, the criteria for future participants should include that they have not spent time in an extensive training program for independent living skills. Researchers can also consider other geographical locations without a local VA blind center. To develop insight into their current thoughts about people living with disabilities, and how societal perceptions of blindness affects them, researchers should examine larger samples of participants to expand on the findings of this study. Younger veterans may provide a clearer picture of how previous negative thought regarding obvious disabilities influences the experiences of blind veterans. This is because the younger veterans have not spent as much time in military service, and prior to independent skills training they are experiencing the adjustments of living as a blind veteran. They may also offer a better understanding of their unique needs. Future researchers should also explore whether to include an equal representation of females and males, as well as Hispanic, African, Asian, and Native Americans. Veterans from these cultures represented 38% of the study population, and the rest were European American. The gender division was six men and two women. Varying qualitative and quantitative approaches can also add to the body of knowledge.

As a result of this study, I would recommend military and community programs reach out to veterans at the onset of transitioning into civilian routines to reiterate the importance to receive independent skills training and support for adjusting to daily routines as a disabled veteran. The Blinded Veterans Association (BVA), vocational rehabilitation services, mental health services, and the Veterans Affairs (VA) could benefit from results of this study. The BVA attempts to recruit blind veterans to engage in the foundation of the organization through participation in regional committees. These groups meet with deliberate goals to contribute to the lives of blind veterans and report advancements in technology and lobbying efforts in quarterly bulletins, and online discussions provide additional opportunities for interaction. This organization could benefit from this present study by focusing on the significance of how negative views hinder the progress to advance in the ranking of these groups, as well as the outreach efforts to involve blind veterans in their programs. The BVA works with the VA and sponsors activities to create venues for participation. One of these events hosted by the VA was a day of sporting events for blind veterans that included Frisbee, golf, basketball, and bowling. This aligns with the information posed in this present study regarding the significance of inclusion and activity regarding mental and physical health. The VA provides a great deal of support to blind veterans with monthly support groups, assistive technology, and independent skills training. The VA could use the findings of this present study to teach staff such as social workers and interns of outpatient training, to increase their understanding of the experiences of blind veterans. Vocational rehabilitation counselors could benefit from the findings of this study with a focus on the struggles to gain independence, especially. Involvement with vocational rehabilitation services occurs once a blind veteran is interested in rejoining the workforce. Independent skills are necessary for overcoming barriers to a disability in the efforts to become employed. Mental health counselors could benefit from the understanding of what blind veterans experience as they are becoming blind, as well as their adjustments back into their communities. Despite their knowledge of disabilities and blind center resources, the blind veterans in this study experienced struggles associated with the adjustments of blindness. The veterans I interviewed described experiences of anger and depression, and the influence of low societal expectations. The service agencies listed above can use this information to structure activities targeting disabled veterans and their families, and possibly outreach to younger disabled veterans who experienced recent vision loss.

In the next section, I discuss implications for social change within the venues of individuals, organizational, and society. Sharing the findings of the experiences of blind veterans presents awareness that is necessary for understanding the significance of attitudes and the common themes among the blind veterans' experiences. The insights can contribute to advocacy and change efforts on multiple levels of society. Social workers, mental health professionals, vocational rehabilitation counselors, and other professions in the field of human services will benefit from these findings to serve blind veterans and other people living with disabilities.

Implications

Individual

Negative or no experiences with people living with blindness influence societal and individual impressions, therefore, placing a great responsibility for the blind population to accept their role as a teacher. Each participant of my study described personal ability greater than what was expected of them by others. Individual advocacy is necessary in the efforts to disband stereotypical thinking about blindness and the associated expectations. The blind veterans of this present study explained how their confidence greatly increased after spending time in a training program. Once obtaining independent skills training, a blind individual can expect increased levels of functioning, and teach others about their potential. The participants explained that although they had achieved skills for living independently, family members and people in the public often had less expectations of what they could achieve. This contributed to their frustrations of adjusting to living with blindness. Low societal expectations of people living with obvious disabilities hinder the levels of functioning among veterans and other individuals becoming disabled as an adult. Awareness of the potential to achieve personal goals promotes positive thought surrounding disabilities. Focusing on the blind veterans' accomplishments provides examples of the quality of life after blindness. Changing individual thinking to higher expectations of people living with disabilities increases positive societal expectations. Many blind individuals possess reduced personal expectations, as a result of minimal societal expectations. The individual plays a role in the action of awareness, and involvement with groups and organizations offers another place to discuss personal and societal expectations of the blind, as well as other disabilities. Groups such as the National Federation for the Blind (NFB) and Council of the Blind provide support for individuals with vision loss. The NFB is successful at lobbying for the rights of blind individuals. Council of the Blind has many charter groups that have fund raisers and other community involvement for members. Some of these groups host a cab voucher program that allows active members to purchase participating cab service vouchers at half price. This generates independence and eliminates barriers to transportation. NFB and Council of the Blind exists in most regions of the United States and these provide a variety of venues for an individual to develop their independence and establish strong support systems.

Organizational

The results of the study are important in assisting health and human service professionals to understand better the challenges faced by blind veterans in their efforts to reach independence. Disabled veterans require supportive services to be successful, and the growing needs of blind veterans underscore the importance of focusing on the attitudes of people in our society. The findings of this present study can serve as a guide for beginning to understand the experiences of blind veterans once transitioning into their communities. The blind veterans can attend the Veterans Affairs blind centers across the nation for learning independent skills. State vocational rehabilitation programs are also available with at least one independent living training facility in most states. Once they acquire appropriate skills, VA support groups can provide ongoing support and resources. Various civic groups also offer support and involvement in the community such as National Federation for the Blind (NFB) and Council of the Blind, as mentioned above. The Blind Veterans Association is also a good resource and facilitates blind veterans having a role in developing local services. Wounded Warriors is another organization available to veterans during and after their transitions. The VA focuses on assisting family members in their transition back into daily routines with disabled veterans. Involvement with these organizations generates discussions about the lives of people living with disabilities. Human service organizations represent a voice to reach society and distribute knowledge about the importance to think differently about disabilities.

Societal

Exploring the experiences of the blind veterans demonstrated the need to increase societal expectations of the blind, and awareness of the patterns of the blind veterans' previous thoughts of blindness contributes to understanding their current levels of functioning. The participants of my study described more positive beliefs about people living with disabilities now they are blind. A more positive view of living with an obvious disability provides pathways to understanding and accepting individuals who use different methods to achieve the personal goals and adjust to the norms of society. People who are different should be viewed more positively for their determination and courage, and this study demonstrated how a change in thought created acceptable lifestyles for people living with disabilities. Societal treatment of people living with obvious disabilities influences the success of blind individuals, regarding acceptance, equality, and opportunity. Change will evolve from awareness and experiences with higher functioning people living with disabilities. The participants of my study described their involvement with community and support groups to change the attitudes of other disabled veterans, as well as the families and other support systems.

Minimizing the negative views of blindness creates positive thinking about the possibilities of independence. Military branches can build on the positive experiences of these blind veterans to promote the importance of independent skills training programs. Outreach efforts such as community job fairs and awareness support groups can recruit blind veterans who have achieved high levels of independence to teach society what people living with disabilities are capable of achieving. Veterans who attended these programs can serve as role models for others experiencing recent vision loss. The military can use the information these participants provided as a model to create mentoring programs to encourage, guide, and educate other disabled veterans. Some of the veterans in the present study would be willing to participate in mentoring others and promoting awareness of their shared struggles in adjustments, as well as working through barriers of their disabilities. Understanding the experience of the blind veterans and how previous negative thoughts about disabilities hindered their progress, will provide social workers, community counselors, and directors of military support systems with the understanding they will need to assist disabled veterans and their families. The following conclusion reiterates the significance of understanding the experiences of the blind veterans, and how this study creates a path for future research.

Conclusion

Additional research is necessary to expand the body of knowledge concerning the influences the disabled veterans' levels of functioning and progress to learning to achieve independent skills based on outward perceptions, at various points in their rehabilitation. Overseas battles contribute to rising numbers of men and women returning from active duty with various physical and mental disabilities (Frueh & Acierno, 2010; Jones et al., 2010). Previous researchers discussed the importance of addressing the hardships confronted by disabled veterans (Jones et al., 2010; Kim et al., 2010). However, minimal studies inquire about how societal mindsets of people with disabilities influence the lives of disabled veterans. I was unable to locate salient research concerning what the blind veterans experience when they become blind based on injuries or events incurred during active duty service (Huang & Kashubeck-West, 2015). The present study provides critical information regarding the effects of negative societal views of people living with disabilities, on the blind veterans' levels of functioning. Results from the study suggested that once the veterans received sufficient independent skills training and became involved with civic groups for support, they recognized how previous thoughts hindered and influenced their progress. Each of the participants reported different views about blindness, based on experiencing the loss of vision. Despite the previous negative thoughts, each participant drew from their military mindset to never give up, focusing on declarations of strength, to work through their initial battles of anger or depression. Recognizing these hindering societal views is a start to changing the initial treatment and counseling of people living with disabilities. The blind veterans of this present study might also become a focus group for future research. These participants could discuss any ongoing daily struggles to achieve independence and overcome the challenges of living as blind veterans. I also plan to use the findings of this current study in the development of a program to reach out to blind veterans, as well as all people living with disabilities, as they work through the struggles and barriers to achieve independence. I will report the themes and subthemes of this study in a format that initiates reflections of where they are in the process of adjusting to living with a disability, and hopefully I can offer direction and hope in their efforts to live productive lives. My personal experience of becoming blind and living as a blind individual and the experiences of the blind veterans in this study are guidelines for discussions about our shared and individual experiences. This program is a presentation for disabled populations, as well as family members and human service professionals that interact directly with people living with disabilities. I presented these findings at a monthly VA support group, and will continue with civic groups such as the local Lions Club and Rotary Club who are also interested in this presentation. These are great opportunities for beginning the conversations about how societal attitudes influence the success of people living with disabilities.

This study presented the importance to recognize how societal views influence the adjustments of people living with disabilities. The veterans were open and honest about their struggles, and how they have overcome obstacles to live productive lives. I was able to relate to their consistent challenges to successfully achieve daily routines as a blind individual. The military experiences of these participants added to the understanding of their experiences of becoming blind and what it means to be a blind veteran. The voices of these veterans provide the field of human services a glimpse into the lives of people living with disabilities. The blind veterans' shared views and experiences of how they moved through the stages of transitioning into civilian life demonstrating the need to never assume what an individual living with a disability requires to be successful. Just as people of different culture, race, or ethnicity, expect equal acceptance, people living with disabilities also deserve the chance to be seen as individuals with unique personalities. It is important for human service professionals to understand common themes across disabilities such as issues of independence, transportation, and the effects of negative societal assumptions. Their compassionate responses will encourage people living with disabilities to overcome barriers to success, recognize their role as teacher, and demonstrate to society their capabilities. This empowers individuals to expect more of themselves, and believe their abilities to set and achieve personal goals.

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Appendix A: Recruitment Letter Sent to Manager of Community Center

Date:

Name
Address

Dear (Name),

My name is Malinda Wimbs, and I am a doctoral candidate at Walden University. I am conducting dissertation research on the exploration of veterans with significant vision loss due to active duty injury. There are many studies detailing both physical and mental disabilities stemming from the most recent battles, especially. What is not known, are the experiences of veterans blinded during active duty service, and if or how they are affected by the views of society. This research may provide insight into their experiences of becoming blind, and if societal views of people living with disabilities might affect their levels of functioning. The vision loss must be to the point they are unable to drive, and the injury needs to have occurred at least one year before this study.

Your assistance in conducting this research is important. I need to identify or contact family members or potential veteran volunteers with vision loss that occurred within active duty service, or due to an event during that time, who might be interested in participating in this study. I will lock all information in my home office, and electronic files of transcripts will be maintained on a personal computer in that office that requires a password. All identifying information such as names, addresses, zip codes, area codes, or any other demographic information will be removed from documents. This request consists of three individual interviews, lasting approximately one hour each in a location of each volunteer's choice. Once identified, I would like to meet with them to discuss the nature of this study. The participants are free to choose whether or not to participate and can discontinue participation at any time. Information provided by the participants will be kept strictly confidential.

I welcome a telephone call from you to discuss any questions you have concerning this study and your role in identifying research participants. I can be reached at [redacted] or emailed at [redacted].

Sincerely,

Malinda Wimbs, Doctoral Candidate
Walden University

Appendix B: Letter of Invitation

Date:

My name is Malinda Wimbs, and I am a doctoral candidate at Walden University. I am conducting dissertation research on the experiences of veterans with significant vision loss that occurred within active duty service. There are many studies detailing both physical and mental disabilities stemming from the most recent battles, especially. What is not known, are the experiences of veterans blinded during active duty, and if or how they are affected by the views of society. This research will provide insight into what these veterans experience while losing vision and learning to transition into daily routines as a blind veteran.

I appreciate your consideration to participate in this study. In order to understand your experience fully, we need to meet on three separate occasions for approximately one hour each meeting. Meetings can be held at a private location of your choosing, excluding your place of residence, and will not require you to do anything that is uncomfortable to you. The first two meetings are designed to meet with you and to learn about your experience of being a veteran that has significant vision loss that occurred within active duty service. During the third meeting, I will ask you to review my analysis of the data you provided. This will contribute to assuring I have accurately reflected your experiences. All information gathered during our meetings will be kept strictly confidential. I will explain the process I will employ to ensure your information is not revealed during our first meeting.

Please contact me at your earliest convenience to schedule a date and time that we can meet. My telephone number is [redacted]. You can also email me at [redacted]. I look forward to hearing from you.

Malinda Wimbs
Doctoral Candidate
Walden University

Appendix C: Interview Protocol

Interview Protocol #1

Date: ____________________________

Location: _________________________

Name of Interviewer:

____

Name of Interviewee:

____

Interview Number: One

1. How would you describe the structure of your family through childhood, adolescence, up to joining the military? Could you tell me more?

2. Please, discuss how your parents seemed to consider people living with physical or mental disabilities while you were growing up. Can you think of examples?

3. Please, describe your friends, as well as their attitudes regarding people living with disabilities. How did you become aware of their feelings?

4. What type of activities did you enjoy growing up? Are there any others?

5. How did you determine to join the military? What were your experiences associated with people living with disabilities, leading up to the time of your injury or vision loss? Is there anything else you would like to add?

6. Is there anything else you think I should have asked?

Interview Protocol #2

Date: ____________________________

Location: _________________________

Name of Interviewer:

____

Name of Interviewee:

____

Interview Number: Two

1. Describe your experiences with people living with disabilities prior to your injury or vision loss.

2. What were your thoughts and attitudes when you came in contact with people who had obvious disabilities such as blindness?

3. How do you describe the impact of that individual's level of independence on your opinions and expectations of people living with an obvious disability?

4. How do you describe your thoughts about people living with obvious disabilities now that you are experiencing vision loss, and how does this compare to personal thoughts and your family's views while growing up?

5. Please describe your experiences of becoming blind, and any adjustments to living as an adult with vision loss.

6. How do you describe your experiences and the meaning of being a blind veteran?

7. What are your experiences while interacting with people in public places?

8. How do you describe your interactions with society, and how does this impact your level of functioning?

9. How do you believe your previous thoughts about blindness impact your current levels of functioning as an independent individual?

10. Please describe your experiences of setting and achieving personal goals as a blind veteran.