

Antioch University

AURA - Antioch University Repository and Archive

Antioch University Full-Text Dissertations &
Theses

Antioch University Dissertations and Theses

2015

Servicewomen's Experiences of Recovery in the Aftermath of War: A Qualitative Analysis

Courtney P.R. Glover

Antioch University - New England

Follow this and additional works at: <https://aura.antioch.edu/etds>



Part of the [Clinical Psychology Commons](#)

Recommended Citation

Glover, C. P. (2015). Servicewomen's Experiences of Recovery in the Aftermath of War: A Qualitative Analysis. <https://aura.antioch.edu/etds/243>

This Dissertation is brought to you for free and open access by the Antioch University Dissertations and Theses at AURA - Antioch University Repository and Archive. It has been accepted for inclusion in Antioch University Full-Text Dissertations & Theses by an authorized administrator of AURA - Antioch University Repository and Archive. For more information, please contact hhale@antioch.edu.

Servicewomen's Experiences of Recovery in the Aftermath of War:

A Qualitative Analysis

by

Courtney P.R. Glover

B.A. University of New Hampshire, 2008
M.S. Antioch University New England, 2012

DISSERTATION

Submitted in partial fulfillment for the degree of
Doctor of Psychology in the Department of Clinical Psychology
At Antioch University New England, 2015

Keene, New Hampshire



Department of Clinical Psychology

DISSERTATION COMMITTEE PAGE

The undersigned have examined the dissertation entitled:

**SERVICEWOMEN'S EXPERIENCES OF RECOVERY IN THE AFTERMATH
OF WAR: A QUALITATIVE ANALYSIS**

presented on August 27, 2015

by

Courtney P.R. Glover

Candidate for the degree of Doctor of Psychology
and hereby certify that it is accepted*.

Dissertation Committee Chairperson:
James Fauth, PhD

Dissertation Committee members:
Vince Pignatiello, PsyD
Elisabeth Parrott, PsyD

Accepted by the

Department of Clinical Psychology Chairperson
George Tremblay, PhD

on 8/27/15

* Signatures are on file with the Registrar's Office at Antioch University New England.

Dedication

For the servicewomen who participated in my study,
it is my hope that this project has served as a vehicle of recognition.
Thank you for your contributions to my research and for your military service.

Acknowledgements

I would like to acknowledge my dissertation chair, Dr. James Fauth, and committee members, Drs. Vincent Pignatiello and Elisabeth Parrott, for their support and dedication to my learning. Jim—I am proud of this work and what I was able to accomplish, thank you for holding high standards and seeing me through. Vince—you have brought renewed energy and kindness to my process, thank you for your time and presence. Elisabeth—your mentorship and confidence in me has had immeasurable value, thank you for helping me to find my voice.

It is important for me to acknowledge my incredible support system—my family, friends, and peers—who have offered much guidance and positive encouragement over the last six years. It has taken a village to complete my degree and I hold so much gratitude for the ways in which you all have contributed to my wellness and have fed my soul.

I also want to express my gratitude to my core dissertation supports. To my friend and closest ally, Katrin—thank you for your loyal partnership, for bearing witness to my greatest sorrows and victories, and for functioning as my left brain. To my pseudo-adopted sister, Laura—thank you for your track changes, serendipitous timing, and willingness and capacity to help me become unstuck. To my forever-advisor and mentor, Glenda—thank you for introducing me to a world of meaningful research and for all of your consultation over the years.

I want to thank my family, Mom, Dad, Devon, and Morgan—I am grateful for your check-ins, invitations, and celebrations. Your support has sustained me. I love you all endlessly.

Finally, and most importantly, I would like to thank my husband, Ben—it is not easy to be married to someone who is married to graduate school. Thank you for carrying the burden of so many responsibilities, for believing in me, and for your motivations for me to finish. You have been incredibly patient. I love you.

Table of Contents

Abstract	1
Chapter 1: Review of the Relevant Literature	2
Women's Involvement in War is Unprecedented.....	2
Servicewomen Face Considerable Stress on Deployment.....	3
Deployment-Related Stress has Serious Implications on Health and Wellness	5
Little is Known about How Women Experience Recovery After War	8
This Study Gives Voice to the Recovery Experiences of GWOT Servicewomen	10
Chapter 2: Methodology	11
Design	11
Interpretative Phenomenological Analysis (IPA).....	11
Describing the phenomena.....	13
Sampling	14
Eligibility	14
Recruitment.....	14
Screening.....	15
Informed consent and invitation to participate	16
Participants.....	17
Demographics	17
Participant biographies.....	18

Amy..... 19

Brie..... 19

Cait..... 19

Demi..... 20

Eve 20

Faye..... 20

Grace..... 21

Hailey..... 21

Ina 21

Data Collection 22

 Interview development..... 22

 Interviewing 24

 Debriefing..... 25

Data Analysis 25

 Process note-taking 25

 Examining the transcripts 26

 Initial noting..... 26

 Analyzing emergent themes..... 26

 Connecting the themes across analyses 27

Quality Control Procedures..... 27

Auditing 28

 Member checks 28

 External ratings 28

 Reflectivity..... 28

Chapter 3: Results 31

 Women’s Military Service was Marked by Accomplishment and Hardship 31

 Women overcame unique challenges in the military 32

 Servicewomen experienced substantial stressors on deployment..... 33

 Servicewomen Experienced Immediate Readjustment Challenges 34

 “Home” felt disorienting..... 34

 Feeling unsafe persisted in postdeployment environments 34

 Social alienation and withdrawal impacted adjustment..... 35

 The Effects of War Endured Over Time..... 35

 Deployment experiences were a source of emotional pain..... 36

 Deployment experiences provided perspective 36

 Deployment experiences increased self-esteem and credibility 37

 Deployment experiences served as a source of learning and purpose 37

 Deployment experiences altered identity..... 38

 Servicewomen Accessed Internal Pathways to Recovery 38

 Reflection and meaning-making of the past facilitated recovery 38

Self-awareness cultivated recovery..... 39

Shifting focus on the past and future mobilized recovery 40

Connection and Isolation Impacted Recovery 41

Disconnection from community impeded recovery..... 41

Societal invalidation and invisibility undermined recovery 42

Professional resources facilitated recovery..... 44

Personal support systems eased recovery 45

The military community was critical to recovery 46

“Recovery” has Multilayered Meanings..... 46

Recovery is assimilating the memory of war into the present 47

Recovery is cultivating acceptance..... 47

Recovery is finding the “silver lining.” 48

Recovery is multifaceted..... 49

Recovery is a process..... 49

Connection and Recognition will Help Future Servicewomen..... 49

Offer connection 50

Offer recognition..... 51

Reflections on Analysis 52

Chapter 4: Discussion 53

A Conceptual Model for Understanding Servicewomen’s Recoveries after War 53

OIF and OEF deployments were significant life events 54

Internal processes signified the trajectory of recovery 55

 Phase 1: Safety 55

 Phase 2: Reconstruction and integration..... 56

 Phase 3: Reconnection 56

The social context influenced recovery 57

Recovery was multilayered and ongoing..... 60

Gender had a complex role in recovery 60

Recommendations for Fostering Recovery among Returning Servicewomen 61

 1. Attend to servicewomen’s experience of gender..... 61

 2. Offer a culturally sensitive approach to therapy..... 62

 3. Consider a phase-oriented, ecologically-informed treatment model..... 63

 4. Promote meaningful sources of connection for servicewomen..... 64

 5. Be an ally and recognize military women and veterans 65

Limitations and Future Directions 66

Personal Reflection 68

In Conclusion 70

References 71

Appendix A – Recruitment Script for Key Informants..... 83

Appendix B – Recruitment Script for Potential Participants 85

Appendix C – Recruitment Flyer.....	87
Appendix D – Screening Script for Potential Participants.....	88
Appendix E – Informed Consent	91
Appendix F – Research Objectives and Interview Protocol for Participants.....	95
Appendix G – Interview Schedule for Researcher	96
Appendix H – Thematic Analysis.....	101

Abstract

Military women's involvement and contributions to the Global War on Terror (GWOT) are unprecedented and, as such, servicewomen are returning home in numbers that far exceed prior conflicts (Street, Vogt, & Dutra, 2009). Addressing and supporting servicewomen's postdeployment recovery needs—as similar or distinct from their male counterparts—requires a richer understanding of their lives. Using Interpretative Phenomenological Analysis (IPA) methodology, this study addressed the paucity of in-depth qualitative research devoted to exploring the recovery experiences of servicewomen in the aftermath of combat deployment. Nine servicewomen with GWOT combat deployments were interviewed on this topic using a semi-structured protocol designed to elicit reflection on their military and combat backgrounds, postdeployment experiences, and pathways to recovery. Data analysis revealed two levels of thematic analysis that depicted the following categories of servicewomen's experiences: significant war-time accomplishments and stressors, immediate readjustment challenges and long-term effects of combat deployment, internal pathways and external influences of recovery, multilayered meanings of recovery, and future hopes for women in the service. An integrated conceptual model joining Harvey's (2007) ecological perspective of communities and Herman's (1992) phase-oriented model of trauma recovery offered a framework for interpreting the results of the study. In this framework, the servicewomen's internal processes and social contextual influences of gender and postdeployment life were seen as inextricably linked and relevant to their recoveries from war. The clinical implications of the study and considerations for future research are discussed in light of these findings and the conceptual model.

Keywords: Global War on Terror, servicewomen, combat, postdeployment recovery

Servicewomen's Experiences of Recovery in the Aftermath of War: A Qualitative Analysis

Chapter 1: Review of the Relevant Literature

Returning home from battle has long been considered a triumphant rite of passage—one that is ripe with ritual and meaning about war and its representation and yet, marked by considerable hardship. Servicewomen face significant challenges to reclaim their lives and accept that in the wake of war there is no return to the predeployment state. Despite such adversity, *recovery* becomes the road most traveled, a process that is facilitated by diverse resources and expressions of resilience and co-occurs with pain and suffering (Harvey, 2007, p. 10). This study seeks a deeper understanding of servicewomen's experiences of recovery following combat deployment.

Women's Involvement in War is Unprecedented

Since 2001, the United States has deployed over 2 million troops as part of the Global War on Terror (GWOT), representing the largest scale armed conflict since the Vietnam War (Burnam, Meredith, Tanielian, & Jaycox, 2009; Resnik et al., 2012). The GWOT encompasses multiple contingency campaigns, including Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND). Unique to these campaigns is the unprecedented generation of women at war. Though women have long served in the U.S. military, their involvement in recent wars has grown exponentially, both in the sheer number of women deployed and in their ever-expanding scope of duty (Street et al., 2009). Today's servicewomen make up 15% of the active duty military, 18% of National Guard and Reservists, and 20% of new recruits, constituting a sizeable portion of the total forces (Bean-Mayberry et al., 2011; Office of the Deputy Assistant Secretary of Defense, 2012).

The nature of women's roles in the combat theater has also changed considerably in the

last decade. Servicewomen now hold a number of critical roles on and off the battlefield, including assignments ranging from support positions attached to combat units to involvement in direct frontline, ground combat units—a contentious subject, stemming from the recent lift of the long-standing Department of Defense policy banning women from combat (Roulo, 2013; see also Dutra et al., 2011; Maguen, Luxton, Skopp, & Madden, 2012). To date, over 200,000 servicewomen (more than half of the female active duty population) have deployed in support of the GWOT (Defense Advisory Committee on Women in the Services [DACOWITZ], 2013; Joint Economic Committee [JEC], 2007; Office of the Deputy Assistant Secretary of Defense, 2012)—a rate that has increased by 5 since the Gulf War and by 26 since Vietnam (Benedict, 2011).

Servicewomen Face Considerable Stress on Deployment

The expanding boundaries of women's military roles, as well as the lack of distinct front lines and insurgency warfare characteristic of GWOT deployments, place today's servicewomen at an increased risk of experiencing combat-related stress and violence (Street, Gradus, Glasson, Vogt, & Resick, 2013). This risk is reflected in recent research indicating that nearly 75% of OIF deployed women report exposure to one or more combat events, a figure that is consistent with large studies of primarily male samples (Dutra et al., 2011; see also Milliken, Auchterlonie, & Hoge, 2007). Though male service members report higher levels of overall combat experiences, deployed women are experiencing rates of combat exposure far greater than female cohorts of prior conflicts (Maguen et al., 2012, Mental Health Advisory Team IV [MHAT IV], 2006). Servicewomen's growing rate of combat exposure also involves increased exposure to higher-intensity combat experiences, including exposure to death and injury (Maguen et al., 2012). This risk is further reflected in 2014 injury data revealing that approximately 160 women

have lost their lives and another 850 have been physically wounded while deployed in support of OEF/OIF (Andreano & Rosenbaum, 2014; Fischer, 2014; Office of the Deputy Assistant Secretary of Defense, 2012).

Combat-related dangers are not the only source of trauma that servicewomen may encounter in military war zones. Women deployed in service of GWOT are also facing considerable gender-based violence and interpersonal stress (Dutra et al., 2011; Mattocks et al., 2012). Military Sexual Trauma (MST) is the term used by the U.S. Department of Veteran Affairs (2014a) to encompass psychological trauma resulting from sexual assault and repeated, threatening acts of sexual harassment that occur during military service. Currently, large-scale studies of Veterans Health Administration (VHA)-only users indicate that one in five female veterans is subjected to MST during their time of service (U.S. Department of Veteran's Affairs, 2014a; Kimmerling et al., 2010). Other studies, however, found even more widespread prevalence of MST. For example, Suris and Lind's (2008) examination of 25 studies found prevalence rates ranging from 20% to 43% among female active duty and veteran populations and Zinzow, Grubaugh, Monnier, Suffoletta-Maierle, and Frueh (2007) found that nearly 80% of female veterans reported being impacted by sexual harassment during their military service. Further, a study by Street et al. (2013) revealed that nearly half of the female sample reported unwanted sexual experiences during their OEF/OIF combat deployment—a finding disparate to OEF/OIF deployed males, of whom 1% reported experiencing unwanted sexual assault and 11% reported sexual harassment. This data lends additional evidence to the view of MST as a deployment-related hazard for servicewomen (Street et al., 2013).

In addition to war-zone MST, women face a host of other interpersonal stressors during deployment. Among active duty soldiers, women report greater rates of gender-based

harassment, including nonsexual harassment and sexist behavior (Department of Defense, Sexual Assault Prevention and Response, 2012; Vogt, Pless, King, & King, 2005), as well as deficient social support from military peers and leadership (Rosen, Wright, Madlowe, Bartone & Gifford, 1999, as cited in Street et al., 2013). Deployed women are also more likely than men to experience complex stressors related to family responsibilities and disconnection from primary support systems, including arranging for childcare, separation from children, and less access to resources (Khalyis, Polusny, Erbes, Gerwitz & Rath, 2011; Vogt et al., 2005). Demographic data show that active duty women are more likely to be divorced and remain divorced compared to nonmilitary women (Office of the Deputy Assistant Secretary of Defense, 2012; National Center for Veterans Analysis and Statistics, 2013). In contrast to male service members, women are more likely to be single parents or in dual-military marriages with a spouse also eligible for deployment (Office of the Deputy Assistant Secretary of Defense, 2012). Active duty military mothers are also likely to be younger and of a lower socioeconomic status (JEC, 2007), have children under the age of five (Office of the Deputy Assistant Secretary of Defense, 2012), and report greater concerns related to family disruptions during deployment compared to their male counterparts (Vogt, 2011). These stressors further confound the traumatic stress burden of deployed service women—a reality that has been largely underestimated and underemphasized in prior research (Street et al., 2013).

Deployment-Related Stress has Serious Implications on Health and Wellness

A natural extension of the research on deployment-related stressors is the increasing empirical focus on the mental health wellbeing of returning soldiers and Marines (Street et al., 2013, S557). Since the GWOT inception, critical attention has been given to the negative health effects of war. Major advances in protective armor, military medicine, and warfare technology

have resulted in a significant increase in the number of American service members surviving physical injuries endured during combat (Beder, Coe, & Sommer, 2011, p. 516). As such, psychological morbidity has become of utmost concern for the first time in the documented history of war (Beder et al., 2011, p. 516; see also Hoge, 2011; Sammons & Batten, 2008).

Coined the “invisible wounds of war” (Tanielian & Jaycox, 2008), the psychological impact of deployment-related trauma poses a complex array of issues, with the most common injuries characterized by symptoms of traumatic stress and Posttraumatic Stress Disorder (PTSD), Major Depressive Disorder and depressive symptoms, anxiety-related conditions, and Traumatic Brain Injury (TBI; the signature injury of the current wars). Returning servicewomen are facing substantial challenges following their GWOT involvement, including significant mental health issues and sharp increases in high-risk behaviors such as substance abuse, reckless driving, violence, and suicide (Office of the Chief of Public Affairs, 2010; Hoge et al., 2004; Joint Mental Health Advisory Team 8 [J-MHAT 8], 2013; Tanielian & Jaycox, 2008). Recent literature has also centered on reintegration and readjustment problems as an outcome of deployment-related stressors, including occupational and functional impairment, relational conflict, and other coping difficulties (J-MHAT 8, 2013; Thomas et al., 2010).

The impact of combat deployment on postdeployment health outcomes has been extensively documented among the predominantly male cohort and largely generalized to females (Mattocks et al., 2012; Street et al., 2013). Though servicewomen's experiences may mirror those of their male counterparts, women veterans are facing unique threats to their mental health and wellbeing (Street et al., 2009, p. 686). The extant literature has failed to conclusively clarify gender differences in response to deployment-related stress exposure in part due to the shortage of large-sample studies on women, as well as the paucity of research examining the

longer-term postdeployment adjustment of women veterans (Street et al., 2009; Street et al., 2013). Despite this gap, some preliminary studies have emerged that indicate differential outcomes across genders, as primarily studied in military women's postdeployment mental health functioning.

Across varying levels of combat exposure, servicewomen appear to be at a greater risk than their male peers for developing posttraumatic stress symptomatology (Luxton, Skopp, & Maguen, 2010; Skopp et al., 2011; MHAT IV, 2006) and are more likely to report symptoms of PTSD (Hoge, Auchterlonie, & Milliken, 2006; Maguen et al., 2011). Servicewomen appear to be at a greater risk than servicemen for developing clinically significant depression and health-related sequelae following exposure to service-related traumatic stressors, whereas servicemen are more apt to report externalizing disorders such as substance misuse (Kelly, Skelton, Patel, & Bradley, 2011; Maguen et al., 2011; Smith et al., 2011; Street et al., 2009). Servicewomen also report more negative personal and family reintegration experiences than men (Beder et al., 2010)—a dynamic that is more strongly associated with deployment-related mental health problems for women (Vogt et al., 2011). Although understudied in male veteran populations (Suris & Lind, 2008), servicewomen exposed to MST were 5 to 9 times more likely to be diagnosed with PTSD compared to general population active duty women (Maguen et al., 2011; Kimmerling, Gima, Smith, Street, & Frayne, 2007; see also Kang, Dalager, Mahan & Ishii, 2005). Such postdeployment mental health difficulties are, in turn, risk factors for a host of interrelated concerns, including the development of comorbid conditions (Vasterling et al., 2010; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012), financial and occupational problems (Elbogen, Johnson, Wagner, Newton, & Beckham, 2012), and homelessness—a trend that is steadily rising in the women veteran population (Hamilton, Poza, & Washington, 2011).

While research on gender-based differences in response to stressors experienced during military service is still in its infancy, these results are consistent with the general traumatology literature—namely, that women appear to suffer slightly more negative mental health consequences in the face of trauma than their male counterparts (Luxton et al., 2010; MHAT IV, 2006; Skopp et al., 2011; Tanielian & Jaycox, 2008). Research assessing issues of gender and trauma in the general population suggest that women experience symptoms of PTSD at 2 to 3 times the rate of men (Mitchell, Mazzeo, Schlesinger, Brewerton, & Smith, 2012) and are more likely to be diagnosed with comorbid, internalizing disorders such as depression or anxiety (Conrad & Sauls, 2014; Luxton et al., 2010; Street et al., 2013). These findings represent a gender-based vulnerability that is not explained by higher risk of trauma exposure or exposure to more severe traumatic events (Tonlin & Foa, 2006; see also Luxton et al., 2010). It is also worth noting, however, that events associated with military combat and interpersonal violence carry the greatest risk for the development of PTSD (Kilpatrick et al., 2013; see also, Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Kessler et al., 2005), contributing to the overall vulnerability of servicewomen both during and after deployment.

Little is Known about How Women Experience Recovery After War

As women return from war they are facing a complex process of homecoming, readjustment, and recovery. Generally ill-defined, recovery from combat deployment cannot simply be represented by a reduction in psychological symptoms or by the availability or access to services and specific treatments; as research indicates that healing occurs in the absence of professional intervention and alongside profound sorrows and distress (Harvey, 2007). Likewise, the recovery experiences of servicewomen cannot be adequately captured from the

disproportionate amount of research on their male peers (American Psychological Association [APA], 2007; Street et al., 2009). Deemed a public health issue (Hoge et al., 2011), there is a critical need to further develop resources, reduce risk and inequities, and give attention to the areas of greatest vulnerability and resilience among military women (Norris & Stevens, 2007, p. 327), who now constitute 12% of all returning veterans (Bean-Mayberry et al., 2011).

The APA (2007) has called for systems of knowledge and enhanced empirical sensitivity and practice related to issues of gender. This standard is further supported by recent research initiatives and policy mandates within the VHA and Department of Defense (DOD), requiring improvements in the value and application of the current literature base devoted to servicewomen, as well as advancing the delivery of healthcare for this population within and outside of the VHA (Bean-Mayberry et al., 2012; Yano et al., 2011). These gender-based research priorities include: (a) enhancing knowledge of the intricacies among premilitary, war-zone, and postdeployment-related stressors on health and wellbeing (Dutra et al., 2011; Street et al., 2009); (b) deepening understanding of the contextual dynamics that effect postdeployment recovery processes, including mental and physical health, functional status, quality of life, family adjustment, resilience, and public validation of service (Beder et al., 2011; Lietz, Stromwall, & Carlson, 2013; Street et al., 2009; Yano et al., 2011); and (c) advancing the descriptive and qualitative data needed to better understand the effects of military duty and the transition to post-military life (Bean-Mayberry et al., 2012; Demers, 2011).

To more effectively address these gaps in knowledge, research efforts must capture the nuanced aspects of servicewomen's lives. Accomplishing this must involve a more detailed exploration of servicewomen's connections to self, family, and community (Tummala-Narra, Kallivayalil, Singer, & Andreini, 2011) and of the broader social, political, and cultural contexts

that influence their lives (Negewo-Oda & White, 2011). According to Harvey (2007), these contexts are “themselves more or less vulnerable to harm, more or less vulnerable to change, and apt focal points for intervention” (p. 17). Expanding this knowledge base will illuminate gender-specific issues relevant to the postdeployment recovery experiences of female service members (Street et al., 2009, p. 692), as well as give way to a deeper understanding of military women's trauma responses and pathways to health upon returning home from war. Historically underrepresented, servicewomen are returning home and fighting for well-deserved recognition.

This Study Gives Voice to the Recovery Experiences of GWOT Servicewomen

This study addresses the dearth of qualitative research by focusing on the recovery experiences of GWOT servicewomen. This research was designed to capture the lived experiences of servicewomen as they returned from combat deployment, adjusted to their postdeployment status, and made meaning of their military service within the context of civilian life. It also aimed to understand the relevance of gender during and in the aftermath of war, as well as explore factors that interfere with and promote recovery. This study intended to explore the following primary research question and subsequent points of inquiry:

1. How do servicewomen experience recovery following combat deployment?
2. How do the experiences of combat deployment continue to influence the lives of women when they have returned home?
3. What is the role of gender in that experience?
4. What are sources of strength or hardship for servicewomen in the aftermath of war?

Chapter 2: Methodology

Qualitative methodology was chosen for this study to address the paucity of in-depth, phenomenological research devoted to exploring military women's wartime and postdeployment experiences. The primary objectives of this study were to: (a) investigate the recovery experiences of servicewomen in the aftermath of war and (b) give voice to a population of service members who have been largely overlooked and overgeneralized in the current literature.

Design

Interpretative Phenomenological Analysis (IPA). IPA is a specific approach to qualitative research that closely attends to the essence of a major life experience from the perspective of those who are most closely impacted—in this case, servicewomen who had deployed in service of the GWOT. In line with the intentions of this study, IPA is designed to closely examine important psychosocial phenomena and capture the personal meaning that is given to these experiences (Mertens, 2010). At its core, IPA values: (a) the importance of language, culture, and subjectivity, (b) the lived experience and meaning-making of this experience, and (c) the content and contextual aspects shared between the researcher and participant (Smith, Flowers, & Larkin, 2009). Through processes of collaborative exploration and interpretation, this research method gives way to a deeper understanding of a human experience as unique to the individual who chooses to share her story and embedded within the greater contexts of her life. An example of this line of exploration included multiple points of inquiry about the servicewomen's range of recovery experiences in postdeployment.

As described by Smith and colleagues (2009), IPA seeks to uncover phenomenological, idiographic, and hermeneutic insights that are discerned from two distinct processes of investigation. The first is concerned with the unrestricted and detailed exploration of an

important phenomena, such as servicewomen's experiences after war. Through a process of careful and reflective inquiry, the researcher aims to get as close to the personal experience of the participant as possible by attending to the language used (and not used) to describe the lived experience, as well as the nuances, particulars, and variations in meanings that were attributed to this experience (Smith et al., 2009). This process facilitates the rich descriptions of the phenomena of interest and allows for greater understanding of this experience from the perspective of the participant. The secondary aspect of investigation involves a rigorous process of analysis that further examines the participant's descriptions in order to elucidate the meanings they may have otherwise been unable to articulate or identify. For example, the analysis captured a greater understanding of support as discerned from the totality of the conversation, such as moments when a participant spontaneously discussed relationships that were meaningful to her, and not solely from direct inquiry about her support system.

The investigative process of IPA is dynamic, with the researcher and participant joining in exploration, description, and, ultimately, interpretation of the experience of interest (Smith et al., 2009). Though the researcher strives to be an observer and learner of the participant's personal meaning-making, the researcher's subjectivity is not free from influence on the understandings gained in the interview. Rather, as the participant tries to make sense of her lived experience, the researcher actively strives to understand and, later, convey the meanings attributed to the aspects of the experience that are selected and shared. Referred to as the double hermeneutic, the interpretative process unfolds as the researcher aims to capture both the full experience of the participant and as the participant makes meaning of her experience. As such, the researcher's contributions are inherent to the investigative process.

Like other qualitative methodologies, IPA is not concerned with the generalizability of the results. Instead, IPA is interested in revealing idiographic insights, such as “how a particular experiential phenomenon (an event, process or relationship) has been understood from the perspective of particular people, in a particular context” (Smith et al., 2009, p. 29). For these reasons, IPA involves purposive sampling of a small, homogeneous group to whom the research questions may be meaningful. The goal is not for the participants to be representative of an entire population, but rather to represent a perspective of deployment and recovery that will give way to a deeper understanding of this experience (Smith et al., 2009).

Describing the phenomena. This study is concerned with the GWOT, a counterterrorism campaign that began after September 11, 2001. For the purpose of this research, *combat deployment* was defined as military expeditions to combat zones. The specific GWOT combat deployments included in this study were Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND). Implied in the definition of combat deployment was exposure to combat-related stressors and environments.

Postdeployment recovery has different meanings across the literatures. For purposes of this research, recovery was conceptualized in accord with the current VHA and mental health literature, as representing a process of healing or transformation that involves the development of new meanings and purpose; readjustment or restoration of roles, identity, and wellness; and connection to community (Lucksted, n.d; U.S. Department of Veterans Affairs, 2013). “Recovery” was also meant to be a nonpathologizing concept and understood as a complex experience involving co-occurring expressions of suffering, surviving, and thriving in the aftermath of combat deployment (Harvey, 2007).

Sampling

Eligibility. This study recruited nine women military service members who had: (a) deployed in support of the GWOT, specifically OEF, OIF, or OND deployments, (b) experienced combat exposure during their GWOT deployment, and (c) were returned from deployment for at least one year (Thomas et al., 2010). Restricting the sample to women who had experienced combat exposure helped to ensure some homogeneity in deployment stress burden of interest in this study (e.g., combat environments and war-related violence). Additionally, a one-year cutoff since deployment was selected based on research showing that the prevalence of mental health difficulties and functional impairment after warzone service steadily persists or increases up through 12-months postdeployment when compared with earlier time points (Thomas et al., 2010). It was believed that this timeframe would facilitate insights into experiences of readjustment and related concerns that may not be applicable or problematic immediately after returning home from war. Furthermore, this timeframe was also intended to afford perspective on the experiences of recovery that may have otherwise been impossible to capture or less relevant at earlier dates.

Participants' mental health stability was also assessed. Servicewomen were not included in the study if they self-reported active or problematic substance use, endorsed high risk or suicidal behaviors, or felt unable to engage in in-depth conversation about their experiences. Past or present mental health difficulties, diagnoses, or treatment were not a rule out for study participation.

Recruitment. First, a convenience sample (Mertens, 2010) of key informants (individuals viewed as knowledgeable or connected to this population of interest) were contacted for potential referral sources. Key informants included GWOT service members known to this

researcher and peers who have active duty friends or family members. Additionally, local veteran services providers, including veteran mental healthcare providers and outreach specialists, were consulted for referral source ideas. The key informants were contacted in person or by phone to discuss the objectives and inclusion criteria of the study. For informants willing or able to refer potential participants, a recruitment flyer and follow-up email were provided for distribution on behalf of the researcher. A second recruitment strategy involved the use of a snowball sampling technique with study participants (Mertens, 2010), who were asked to refer potential participants based on their social network and provided a copy of the recruitment flyer to support this request. This form of sampling became a significant aspect of recruitment when both a key informant and participant advertised the study on their servicewomen-specific social media groups. (Refer to Appendices A, B, and C for the key informant and participant recruitment scripts and the recruitment flyer, respectively.)

Screening. Upon receiving contact from potential participants, a phone screening was conducted to assess for both interest and goodness-of-fit with the research sample (refer to Appendix D for the relevant screening script and procedures). At this phase, an in-depth description of the study objectives was provided and, with the servicewoman's verbal permission, a more involved assessment of eligibility occurred. This process included exploration of demographic backgrounds to confirm deployment criteria, assessment of the servicewoman's mental health stability and substance use, and further probing of her perceived readiness and interest in discussing her military and postdeployment recovery experiences. As part of the readiness assessment and informed consent, it was explained that the study was not intended to elicit details of potentially traumatic experiences or to engage in dialogue that could stimulate significant distress. The possibility that some discomfort could be experienced over the

course of the interview was conveyed and it was determined with the participant whether she believed this could be detrimental or problematic to her in any capacity.

Informed consent and invitation to participate. Servicewomen who met the eligibility criteria and expressed continued interest at the end of the screening process were invited to participate in the study. At this point, an in-depth review of the consent document was discussed with the participants to inform their decision to participate. This formal consent process included review of the related study procedures, potential risks and benefits, and participant rights and responsibilities. The participants were informed that the interview would be audio-recorded and assured the privacy of all data and records associated with the research. Specifically, the participants were informed that all signed consent forms would be scanned and stored electronically under password protection and the hardcopies would be destroyed. They were instructed that all major identifying information would be removed from the interview transcripts, all data related to the transcripts (e.g., audio files, process notes, and analysis) would be stored in a secure and confidential manner, and all audio files would be saved and destroyed upon the completion of the dissertation. Participants were also informed that their experiences would be represented in the least identifiable manner possible when analyzing and documenting the data, such as by removing any identifying information from direct quotations and offering participants the option to forgo use of direct quotations in the final report (Mertens, 2010). A copy of the Informed Consent document was then provided to the participants for their review (see Appendix E).

Following the informed consent process, the participants' continued interest in participating was assessed and an interview appointment was arranged (with permission granted to reschedule or decline participation as needed). Due to geographic restrictions, eight interviews

occurred by phone and one interview occurred in-person in a location that offered privacy.

Participants were also emailed a detailed description of the research objectives and a list of the intended interview questions for their review in advance of the meeting (see Appendix F). This step was taken to support the participants' full understanding of the study. It was also utilized as a strategy to facilitate deeper conversational exploration during the interview by providing the servicewomen time to reflect upon and further develop their answers prior to meeting. In total 11 women initially agreed to participate and two participants dropped out prior to the interview.

Participants

Demographics. Nine servicewomen participated in this study. Participants were of African American (n=1), Asian (n=1), Biracial (n=1), and Caucasian (n=6) racial backgrounds, spanned ages twenty-five to thirty-five years old, and resided throughout the country and abroad. Participants represented the Air Force (n=4), Marine Corps (n=2), and Army (n=3) with varying military statuses including active duty (n=2), reservist (n=2), and veteran (n=5). Participants had deployed in support of either OEF or OIF or both, as some (n=4) reported two deployments. The participants varied in range of deployment time period (i.e., 2003-2012), length of deployment cycle (i.e., 4-15 months), and length of postdeployment time (i.e., 3-12 years). (Refer to Table 1 for a more comprehensive demographic profile.)

Table 1.

Demographic Profile

“Name”	Age	Race	Household composition	Current occupation	Branch of service	Military status	Total years of service	Deployment(s)	Length of deployment	Time since most recent deployment
“Amy”	34	White	Married (dual military)	Active service, graduate school	Army	Active duty	13yrs	OIF 2004-05	12mo	5yrs
								OEF 2009-10	12mo	
“Brie”	25	White	Married (dual military), living with parents	Personal trainer, school	Marine Corps	Veteran (separated 3yrs)	4yrs	OEF 2011-12	7mo	3yrs
“Cait”	31	Asian	Married (dual military)	Fulltime reservist, contractor	Army	Reserves	10yrs	OIF 2007-08	15mo	4yrs
								OEF 2010-11	12mo	
“Demi”	31	White	Single, living with roommate	Graduate school	Air Force	Veteran (separated 4yrs)	6.5yrs	OIF/OEF 2007-08	4mo	5yrs
								OIF 2009-10	6mo	
“Eve”	29	African American	Married (dual military), 2 children	Job searching, personal trainer	Army	Active duty (transitioning to reserves)	8yrs	OIF 2009-10	12mo	5yrs
“Faye”	32	White	Married (dual military), 2 children	Fulltime reservist	Air Force	Reserves	10yrs	OIF 2007	6mo	7yrs
								OEF 2008	6mo	
“Grace”	31	Biracial	Married (dual military), living overseas	Civilian contractor	Air Force	Veteran (separated 5yrs)	4.5yrs	OIF 2008-09	6mo	6yrs
“Hailey”	35	White	Separated/dating, living overseas	Civilian contractor	Marine Corps	Veteran (separated 11yrs)	4yrs	OIF/OEF 2003	7mo	12yrs
“Ina”	28	White	Single, living with roommates	Graduate school	Air Force	Veteran (separated 1.5yrs)	5yrs	OIF 2011-12	6mo	3yrs

Participant biographies. Brief biographies have been provided to offer a snapshot into the participants’ service experiences and recovery processes. Pseudonyms have been given to protect the participants’ anonymity.

Amy. Amy was a 34-year-old, Caucasian, career Army soldier. She deployed twice to OIF (2004 and 2009) and served in leadership positions that provided communication and logistical support to combat missions. During her deployment she led “combat logistics patrols” and engaged in other job responsibilities outside of the parameters of her forward operating base. She was exposed to direct threat and risk and she experienced losses of fellow soldiers. Amy’s recovery process was marked by the serendipitous timing of a leadership course after her second deployment. That program, in conjunction with the influence of peers, family, and time, provided her the “platform” or context she needed to make sense of her deployment experiences.

Brie. Brie was a 25-year-old, Caucasian, Marine Corps veteran, separated from the service for three years. She mobilized to OEF in 2011 and functioned in a specialist role designed to coordinate raids and troop support. Brie was deployed to a large forward operating base that afforded little privacy and where she was highly outnumbered by men. Her recovery process involved taking time to herself, reconnecting with her husband, and accepting personal changes and transitions. She noted that establishing a new career was particularly meaningful to her post-military life.

Cait. Cait was a 31-year-old, Asian, Army reservist. She deployed to OEF in 2007 and OIF in 2010, where she held leadership positions pertaining to military intelligence operations. On deployment Cait experienced serious combat events and threats, as well as the simultaneous deployment of her husband. Recovering from war involved recognizing her struggles and need for outside support. In fact, she sought supportive clinical services on three separate occasions until eventually connecting with a helpful counselor. She also found value in the mutual support of a small circle of peers.

Demi. Demi was a 31-year-old, Caucasian, Air Force veteran. She deployed to OEF/OIF in 2007 and OIF in 2009, where she supervised programs designed to support the health, morale, and welfare of deployed troops. While deployed, she experienced stressors that included unsupportive leadership and complex social constraints due to issues of gender. Demi's recovery experiences were marked by acts of kindness from family who helped make the initial transition a bit easier, time to vacation and ease into her surroundings, and eventually finding a new direction through school. She described the importance of both learning from the past and forgetting in order to move on.

Eve. Eve was a 29-year-old, African American, active duty Army soldier, who was in the process of transitioning to the Reserves at the time of the interview. Eve deployed to OIF in 2009 in a position that entailed planning, developing, and directing logistical operations. On deployment, Eve experienced a difficult work environment due to leadership who challenged her competency and restricted her work responsibilities. Her recovery involved taking time to reintegrate and adjust to the "culture shock," which was made easier through the support of military-based reintegration programs and her friends, family, and "battle buddies." She wondered whether recovery was ever a finished process.

Faye. Faye was a 32-year-old, Caucasian, Air Force reservist, who deployed to OIF in 2007 and OEF in 2008. During her deployments, Faye functioned in roles involving detainee operations and military intelligence. Her deployments were affected by widespread gender and sex-based stressors, as well as her independent separation from her unit. Faye's recovery process involved ceremonial rituals and meaningful, well-paced reconnection with her husband. She noted the usefulness of educational resources to support reuniting families and reflection on positive memories of her deployment cohort as helping with postdeployment life.

Grace. Grace was a 31-year-old, Biracial, Air Force veteran, separated from the service for five years. Grace served in OIF in 2008, where she operated in a special duty capacity providing force support and assisting in mortuary affairs. She rejected the term “recovery,” as to her it felt medicalized and victimizing. Instead, she described life after war as involving a process of weaving her military experiences into the “tapestry” of her life. She also maintained privacy around her military experiences in an effort to preserve the sacredness of these experiences and to defend against the negative or misinformed judgments of others.

Hailey. Hailey was a 35-year-old, Caucasian, Marine Corps veteran. She deployed to OIF in 2003, representing the earliest deployment timeframe of all of the participants. On deployment Hailey was part of a support unit, whose responsibilities involved chemical decontamination and reaction defense. Her job placed her in high risk environments that involved the loss of comrades. Hailey’s recovery process involved taking time to decompress, finding perspective, and helping others who have faced similar experiences. She also found comfort in humor and by reminding herself of her strengths.

Ina. Ina was a 28-year-old, Caucasian, Air Force veteran. She deployed in support of OEF in 2011, where she supported the logistical functioning of aircrafts and directly assisted the unit command. Ina was attached to a career field known for its particularly “tough” military culture, which elevated gender-related stressors. Overseas, Ina also volunteered her time to help injured and dying soldiers. She managed recovery by allowing herself time to achieve a new normal, making attempts to improve her circumstances, and accessing sources of support. She also found career purpose by honoring the lives of fallen soldiers through her work.

Data Collection

Interview development. A semi-structured interview served as the primary means of data collection. To develop the interview protocol, gaps in the current literature were considered in line with the following research questions:

1. How do servicewomen experience recovery following combat deployment?
2. How do the experiences of combat deployment continue to influence the lives of women when they have returned home?
3. What is the role of gender in that experience?
4. What are sources of strength or hardship for servicewomen in the aftermath of war?

With these questions serving as the overarching basis for the study, published memoirs of OIF servicewomen were referenced as a form of narrative data to generate a framework for the full interview schedule developed for this study. The following memoirs were selected for this process: *Hesitation Kills: A Female Marine Officer's Combat Experience in Iraq* by Jane Blair (2011), *Perceptions from War: The Enemy Lies Within* by Nadine Brinton and Strada Morris (2012), *Shade It Black* by Jess Goodell and John Hearn (2011), *All I Could Be: My Story as a Woman Warrior in Iraq* by Miyoko Hikiji (2013), *Love My Rifle More Than You: Young and Female in the U.S. Army* by Kayla Williams (2005), and *Plenty of Time When We Get Home: Love and Recovery in the Aftermath of War* by Kayla Williams (2014).

As the interview protocol was being developed, a pilot interview was conducted with a peer to further revise, eliminate, and elaborate on the selected questions. As a result of the pilot interview, several questions that appeared less relevant, too leading, or inconsistent with IPA methodology were removed. The questions were also further collapsed into categories that targeted the range of deployment experiences more broadly and better captured the spectrum of

homecoming adjustment to later recovery experiences in postdeployment. In review of the protocol with committee members, additional questions were revised or eliminated to further diminish the potential for distressing or harmful (i.e., trauma-related) dialogue to be elicited as a result of the interview. Some questions were clarified to further target research interests about gender-based experiences. Finally, the overall number of prompts were reduced, with the objective to use the prompts judiciously throughout the interview.

The interview protocol was meant to be open and expansive and the questions were designed to explore how participants made meaning of their postdeployment experiences (Smith et al., 2009). The following questions represent the main interview schedule that was developed from this process:

1. What led you to join the military?
2. How would you describe what it is/was like to be a woman in the military?
3. What was it like for you when you learned that you were being deployed to OEF, OIF, or OND?
4. Can you generally describe your GWOT deployment(s)?
5. What was it like to be a woman deployed to war?
6. While deployed, what were your thoughts of returning home and life after deployment?
7. What was it like when you first came home?
8. How has your combat deployment continued to impact your life?
9. What does "recovering" from war mean to you?
10. How would you describe your experiences of recovery?
11. Who or what has influenced your recovery (for better or worse)?

12. How does being a female war veteran affect who are today?
13. What else would you want people to know about women veterans' experience of deploying and returning home? Or about your story?

This interview schedule was provided to the participants in advance of the interview (refer to Appendix F). A secondary interview schedule was also established for the researcher and included additional prompts designed to elicit further inquiry about the participants' perspectives (see Appendix G).

Interviewing. Prior to the start of the interview, informed consent documents were signed, collected, and reviewed orally. To build rapport and foster comfortability, the purpose of the study, structure of the meeting, and demographic information were reviewed. Though there were no anticipated adverse consequences of this study, participants were instructed that they could interrupt or skip any areas of inquiry as they wished, as well as discontinue the study at any time. Participants were also reminded that parts of the interview may be paused or redirected and the totality of the interview could be discontinued if the veteran was perceived to be experiencing significant distress or over-engagement in discussion of potentially stressful or traumatic experiences. Participants were also invited to ask questions or express any concerns they had about the process.

Once the interview commenced, the interview questions were asked in a systematic fashion to each participant to allow for some consistency between interviews. Throughout the interview process, the participants' responses were summarized in an effort to clarify their understandings of the inquiry subject. Participants were asked to share aspects of their experiences that were not directly addressed or considered in the interview protocol. Participants were also asked for input about the aspects of postdeployment that were most meaningful to

them. This process was audio recorded, involved process note-taking, and took approximately 1.5 hours to complete (with a range of 75 minutes to 3 hours in length). The interview aimed to be collaborative, attentive, and directed toward deep, meaningful exploration. The interview protocol supported this process and was flexible enough to be led in part by the participants' concerns and interests. The open-endedness of the research questions afforded the participants more control of their disclosures and provided an additional source of protection.

Debriefing. At the end of the semi-structured interview, each participant was invited to discuss any additional thoughts or experiences they wanted to impart, as well as ask any remaining questions they may have. Space was given to explore additional needs, including referrals for mental health or other support resources in the servicewoman's community. All participants were given a resource guide compiled by the researcher that gave information on VHA-based mental health resources, veteran crisis services, returning veteran and women veteran specific programming, and psychosocial needs-based resources (e.g., housing, financial support, and related benefits). As a gesture of appreciation for their time and efforts, participants were offered either a \$25 gift card to Amazon or donation to an organization of their choice.

Data Analysis

Process note-taking. Process notes were kept throughout the interview to track the progress of the discussion and to provide anchor points for later analysis. These notes attended to personal reactions to content, areas in need of further investigation, and aspects of the interview that seemed to impact the participant's level of engagement (Smith et al., 2009). Additionally, the notes also maintained observations of the participants' meaning-making processes, including the language "not used" to communicate their experiences (e.g., a conveyed feeling or absence of particular words).

Examining the transcripts. Upon completion of the interviews, the audio recordings were transcribed verbatim by a transcription service legally bound to protect anonymity and confidentiality of the interviewee. Each transcript was read multiple times to identify emergent themes related to the servicewoman's experiences of recovery following combat deployment. As proposed by Smith and colleagues (2009), the following guidelines for IPA data analysis were utilized: (a) each individual transcript was closely examined and (b) the audio recording of the participant interviews were listened to in full, while reading the transcript to remember the individual that was interviewed and the contextual factors that influenced the meeting. The goal of this process was to become deeply immersed and engaged with the material, as well as more aware of the model of interviewing.

Initial noting. Following multiple readings of each transcript, an initial noting strategy was used to make comprehensive exploratory comments on each textual unit of the transcript across descriptive, linguistic, and conceptual categories. Here, all forms of expression, including affect, attitude, and speech, were attended to and explored.

Analyzing emergent themes. Next, emergent themes were analyzed in the original text and as identified during the noting process. At this stage, the interrelationships, connections, and patterns observed within a particular case were mapped to identify major themes representative of each participant's individual experience. After the emergent themes were recognized, they were compiled into a working document that included a running list of topics and selection of quotations. Next, patterns and connections were made among these themes and organized accordingly to create superordinate themes. As this clustering occurred, the details and subtleties within the clusters were noted, as to not make broad generalizations across categories. These

steps were repeated for each individual interview. The superordinate themes, emergent themes, and quotations were compiled into a table for each participant.

Connecting the themes across analyses. Following the completion of the individual analyses, the presence of themes across interviews was analyzed. Recurrent themes were examined and summarized under broad categories, and taken to reflect a shared understanding and experience of the participants. In doing so, a living document for each recurrent theme was kept that contained excerpts from the transcripts. These findings were then transformed into a narrative in which the themes were examined in relationship to one another and as a collective representation of the participants' postdeployment recovery experiences.

Quality Control Procedures

While creativity is valued in an IPA approach, quality control is paramount. Mertens (2010) proposes the following quality control procedures that were utilized in this study: (a) credibility of the research, as measured by the length of engagement in the analysis and peer comparison, (b) transferability, as determined by the meaningful (or thick) descriptions of the research, allowing readers to assess the applicability of the research findings, and (c) transformative criteria, as assessed by fairness, ontological authenticity, and the researcher's attention to voice. Several steps were taken to ensure fidelity of the data, including audio recording all interviews, taking process notes during the interviews, transcribing the interviews verbatim, and keeping a recorded audit trail of research activities and evolution of the analysis. Additionally, several steps were taken to uphold the integrity of the data analysis. This included the use of the semi-structured interview protocol with all participants to ensure consistency across interviews, re-listening to the recordings, and using specific methodological procedures to analyze within and across interviews.

Auditing. To ensure the data were analyzed appropriately and to reduce researcher bias, both the participants and an external rater audited the thematic analysis (Mertens, 2010).

Member checks. The participants were emailed a copy of their personal analysis table upon completion of the individual analysis (a period of about four to eight weeks). This document included a copy of the thematic categorization and a sampling of quotations. Participant feedback was requested on the themes identified and the interpretations made to assess for accuracy of the narrative, serving as a member-check (Smith et al., 2009). The member-check was used to include participants in the meaning-making process of the analysis and to help improve validity and applicability of the results. Nearly all participants offered feedback that approved the content of the thematic analysis. Two participants did not respond to this particular request, though they did acknowledge receipt of the analysis table and expressed consent for their interviews to be used as best needed.

External ratings. At multiple points in the analysis process, an external rater familiar with IPA was asked to review the coding to confirm adherence to the interview data, determine the quality of the analysis, and assess the trustworthiness of the interpretations (Smith et al., 2009). This rater audited the themes across three different stages: (a) within individual interviews, (b) across interviews, and (c) during the writing process of the results chapter, at which point the quality of the theme depiction was further assessed. Furthermore, periodic feedback was received from my dissertation chair to support the analysis, conceptualization, and presentation of the findings.

Reflectivity. The role of the researcher in an IPA study is to explore the interpretive experience of the interviewee in a way that allows for an in-depth understanding of the phenomena of interest. To facilitate this approach, I aimed to actively participate in

understanding the experience of the interviewee by maintaining an attentive and curious stance, framing interview questions in a manner that promoted open and expansive responding, and communicating my understanding of the individual's experience throughout the interview and analysis process (Smith et al., 2009). Reflectivity also requires the researcher to employ a critical stance and awareness of the personal contexts that may impact her understanding of the participant's experience (Smith et al., 2009). As such, I maintained a reflective practice as to remain aware of my personal, historical, and cultural contexts that could limit or impact the participant's ability to share her experiences and the meaning I ascribed to her experiences. I also aimed to be aware of the influence of these factors on my ability to understand and interpret the participant's narrative accounts of the phenomena of interest (Smith et al., 2009).

The following summarizes my beliefs, values, and biases regarding servicewomen's experiences in the aftermath of war—as identified prior to data collection:

1. Gender matters. I believe that women face unique experiences that differ from their male counterparts that are worth understanding.
2. Combat deployment involves stressful and potentially traumatic experiences that will impact servicewomen's experiences of war, their lives after deployment, and, potentially, their ability to recover.
3. Experiences of suffering and resilience can co-occur and will impact one's recovery in the aftermath of deployment.
4. Recovery cannot occur in isolation.

A journal was kept to assess and reflect on the influence of these beliefs throughout the data collection and analysis processes. I considered internal and external factors that may have influenced the interview, ethical concerns and responsibilities to the participants, and participant

answers or experiences that were divergent from the expectations I held. The journal was also used to attend to interview topics of interest that were not explicitly asked in an effort to protect participants from over-disclosure of traumatic experiences. The journal also served as a means to keep track of broader conceptual questions that emerged following the interviews, as a means to neither lose sight of nor become distracted or over-influenced by these ideas in a manner that would alter the neutrality of the interview and analysis process.

Chapter 3: Results

The thematic analysis centered on understanding servicewomen's lived experiences of recovery and adjustment to life after combat deployment. In line with IPA methodology, the thematic analysis was informed by the rich descriptions and shared sentiments of the participants and by the observations made of what was left unsaid during the interview process (Smith, 2009). Seven superordinate themes were revealed from this analysis: (a) Women's military service is marked by accomplishment and hardship, (b) Servicewomen experienced immediate readjustment challenges, (c) The effects of war endured over time, (d) Servicewomen access internal pathways to recovery, (e) Connectedness and isolation impacted recovery, (f) "Recovery" has multilayered meanings, and (g) Connection and recognition will help future servicewomen. This chapter provides a detailed review of the superordinate themes and corresponding lower-order themes with selected quotations (refer to Appendix H for a sample of the compiled analysis).

Women's Military Service was Marked by Accomplishment and Hardship

All of the participants were the first female in their family to enter the service. They discussed meaningful motivations and outcomes of their military involvement, including commitment and pride in their service, the match of service with their long-term personal and professional goals, and continuing family traditions of military duty. They were also united in having experienced both significant accomplishments and hardships in the military.

When participants explored their military histories, issues of gender emerged as a prominent and inseparable dynamic of their experiences and identities as service members. Of interest was the observational finding that several participants initially dismissed or deemphasized gender-based differences. For instance, some participants prefaced their

interviews with reminders that they were held to the same performance standards as their male peers or expressed ambivalence about being seen as separate from their brothers in arms. Despite this, all participants soon thereafter reflected on many experiences that were distinctly characteristic of their gender minority statuses.

Women overcame unique challenges in the military. The participants highlighted the underrepresentation of women in the military in both number and rank. Being female placed the participants in a minority subgroup, which resulted in challenges such as contending with inequality (e.g., lack of perceived social power and privilege), gender-based discrimination (ranging from overt displays of prejudice to varying degrees of unintended discriminations, or what may be more appropriately labeled as microaggressions), and negative assumptions and stigma. Some women described these struggles as intricately related to the historically masculine culture of the military and involving recognition of and adjustment to being part of a “man’s world” (Hailey, p. 50). When describing the gender-based stereotypes she faced, one participant stated: “Being a woman in the Marine Corps, you have to prove your worth because there is an assumption out there that you’re worthless. *‘What good are you because you can’t be on the front lines?’*” (Brie, p. 8).

The participants discussed professionalism as both a strategy to combat stereotypes and as an outcome of overcoming these challenges. In order to gain respect from their male counterparts and leadership, some women described pushing back against the military culture of male dominance (e.g., holding their own and not tolerating negative perceptions), while also becoming self-conscious and hyperaware of behaviors that could confirm feminine stereotypes. These gender-related challenges impacted their self-perceptions and experiences in the military—it was important to the participants to be taken seriously and given recognition for the

legitimacy of their contributions, rather than their gender. Overall, most participants saw their service as an achievement that strengthened their mental fortitude, confidence, and credibility amongst their military brothers and sisters.

Servicewomen experienced substantial stressors on deployment. Deployment involved ordinary and, at times, mundane tasks and responsibilities. It also involved experiences that were serious, meaningful, and profoundly difficult. All participants reported exposure to combat-related stressors and violence subsequent to the location or mission of their OEF or OIF deployment, as well as risks inherent to going outside the boundaries of the operating base. Some participants reported a culture of sexism and objectification that involved varying and repeated expressions of sexual attention, harassment, and advances by male peers. To highlight experiences of gender-based objectification on deployment, a participant stated:

So I said earlier about like being a piece of meat in a pack of hyenas. It's like being a piece of super rare meat, in like a wildlife of hyenas.... I mean stateside, the ratio of men to women is like—it's small, and now when you go overseas, the ratio is like way smaller. I don't even—I can't even—probably like 100 to 1. Easily. So, it's like you're always being looked at, gawked at, always. (Brie, p. 23)

Other gender-related stressors included lack of access to female peers due to both unavailability and dynamics of rank, as well as lack of perceived support from leadership.

Several participants were exposed to events that directly threatened their lives or the lives of others. These included combat-related incidents, loss of peers to combat injuries, and exposure to the aftermath of combat through work in mortuary affairs and trauma hospitals. A few participants discussed the pervasive risk of sexual violence, including on-base sexual assaults that heightened their perception of danger overseas. Some participants identified specific

stressful events that dramatically shaped their deployment experiences (e.g., suicide of a subordinate soldier downrange or the concurrent deployment of spouses on high-risk missions). Participants' narratives highlighted the gravity of war and war trauma, as well as the unique gender-based stressors women service members faced on GWOT combat deployments.

Servicewomen Experienced Immediate Readjustment Challenges

Several participants experienced challenges upon returning home from their deployment. Difficulties were marked by the abrupt or jarring change of surroundings, lingering mental and physiological responses inherent to warzone environments, and challenges to decompress and resume non-deployed life. Such postwar adjustment experiences appeared to be most pronounced in the first several months home and largely dissipated over the months and years that followed.

“Home” felt disorienting. The experience of being deployed one day and relieved of this duty the next left some participants feeling disoriented or shocked:

I arrived in the middle of the night and, you know, my husband wasn't home yet, and so I kind of just got back to an empty house. It was a little anticlimactic.... And I just traveled, you know, however many thousands of miles and it was a very odd feeling—not happy or sad, just sort of, *'Huh—This—this is where I am right now.'* (Grace, p. 44)

The abrupt changes in environment, role, and circumstances were commonly described as confusing and surreal. Some participants discussed this experience as dream-like—as if their internal and external worlds were in two different places or as if they were going through the motions of someone else's life.

Feeling unsafe persisted in postdeployment environments. Participants described hypervigilance and heightened arousal response to war-related dangers that continued into their postdeployment lives. This included hyperawareness of physical surroundings and indicators of

danger (e.g., low flying aircraft, seemingly suspicious persons or objects), as well as a new sense of uneasiness and cautiousness around men:

For me, having to have the extra protection—like you can't just walk around by yourself because you never know what's going to happen—and I still have kind of owned that, you know, being back in the States.... Like if it could happen in war, it could happen here. So I think that's one of those foremost things that you kind of think through, just being more protected and more guarded as a woman, I think, kind of was more of—I shouldn't say 'issue'—but more of a presence in my life once I got back. (Eve, p. 42)

Though the perceived loss of safety did not necessarily create significant functional impairment, it emerged as a notable, new reality in some of the participants' lives.

Social alienation and withdrawal impacted adjustment. Some participants also identified feelings of alienation, aloofness, and disconnect from the civilian world upon returning home. One participant described, "I felt like I was on a different planet watching all these people walking around me that had no clue. And there was nothing I could do about it. Like I couldn't... tell them what reality was" (Hailey, p. 26). Some servicewomen managed this sense of alienation and their initial readjustment by withdrawing socially. This withdrawal took multiple forms, including preference for solitary tasks or purposeful attempts to shut off the outside world at both the individual and societal levels (e.g., not responding to family's outreach and rejecting or not participating in the U.S. culture of materialism).

The Effects of War Endured Over Time

For all participants, deployment represented a significant life event that continued to have important meaning in their lives. Participants shared in their feelings of honor, gratitude, and sorrow, as expressed in their verbal and nonverbal reflections of deployment. The negative and

positive meanings that constituted the lasting effects of war were neither mutually exclusive, nor easily discernable as such. All participants spoke of their service with a sense of pride and duty.

Deployment experiences were a source of emotional pain. Some participants identified distressing memories and experiences that changed their self-perception (e.g., loss of confidence). For instance, one participant described the profound impact of a suicide that occurred during her second deployment:

It made me question everything about myself as a leader. Standing up and going through the entire aftermath of that, you know, just like feeling guilty about crying in formation.

'Is that because I'm a woman or because I'm weak or because I'm - ?' You know, those kinds of things, so yes, I definitely—The deployment experience changed me as a person.

It, in and of itself, also added to that weight. (Amy, p. 25)

Other participants described deployment as signifying loss of innocence and forever changing their understanding of morality and humanity: "And I guess that's part of it, too, is that recovering from war is a death of innocence... All of a sudden it's a whole new world, something that you have to learn to get used to and deal with" (Faye, p. 62).

Deployment experiences provided perspective. For all participants, deployment came to represent a source of perspective that strengthened their values and appreciation of life. One participant noted her ability to better regulate distress and maintain a larger-scale viewpoint because of the significant deployment events she experienced: "It's good to have something to measure against in terms of if something happens in your life and it's really bad. Like, *'Well, relatively how bad is it? Is it bad as, you know, coffins on a plane?'* Probably not, you know?" (Grace, p. 59). Some participants gained greater global awareness and appreciation for their U.S. citizenship, privileges, and freedoms due to deploying. Some servicewomen reported feeling

grateful for the unique opportunity to deploy with the U.S. military, serve the country, and be part of a historical event that offers them perspective that most others will never have exposure to or fully understand.

Deployment experiences increased self-esteem and credibility. Several participants reported increased self-esteem, confidence, and empowerment due to their deployment history:

I think it affects me like, well, knowing that I can get through anything. Like any challenge that I'm presented with, I know I'm going to accomplish it. And if I can't accomplish it, I'm going to do all I can to accomplish it. (Demi, p. 50)

For some women, deployment not only strengthened their views of themselves, but was perceived to have increased their credibility or legitimacy amongst their military peers. This was identified as a particularly relevant gender issue for some participants, who experienced male peers and leaders affording them more respect and regard upon learning of their combat experience:

This sounds like very self-serving, but I feel like it has boosted my confidence a bit because—I am embarrassed to say it, but it has. Just the fact that people treat me differently.... We are on equal footing with the men in a certain way. (Cait, p. 43)

Deployment experiences served as a source of learning and purpose. Deployment also functioned as a guide toward future direction and purpose by informing career plans and decisions, broadening and strengthening professional expertise, and imparting mentorship and guidance to others, especially other servicewomen. For one participant, deployment expanded her capacity for empathic interactions: "If anything, I have to remind myself to be a lot more compassionate toward other people, to try to reach out, because you never know what is behind what is going on in their mind, what's bothering them" (Cait, p. 58).

Deployment experiences altered identity. War changed how some women experienced and understood themselves. The impact of deployment on identity ranged from acknowledging being “different” or changed, to viewing these changes as an integral component of who they have become. One participant reflected on the enduring significance of her deployment:

I mean, it's part of who I am. It is. It always will be. It will never go away. It's who I am. It's part of bone marrow, you know? And it's something that I'm very, very proud of. I always have been—always will be—and especially for the fact that I'm a female Marine combat veteran. (Hailey, p. 57)

For others, their military service was expressed as an important part of how they identified in the world, though did not represent the entirety of their being: “I think that combat veteran is the label that they put on that, and that is part of my identity. It's part of my profession. So, it is something that I've done. It does not necessarily define who I am” (Amy, p. 51).

Servicewomen Accessed Internal Pathways to Recovery

The participants described active, psychological strategies to cope with the memories of war and move forward. The development of internal strategies and processes emerged as central pathways to their postdeployment adjustment and recovery. These pathways were observed in the participants' ability to reflect and make meaning of the past, to garnish self-awareness of their experiences and needs, and to shift their focus in a way that felt beneficial to their lives. The duality of the past and future in participants' postdeployment functioning represented the intrapsychic fluidity of recovery as dynamic and evolving over time.

Reflection and meaning-making of the past facilitated recovery. To achieve recovery, some women described a twofold process that involved acknowledging the gravity of their deployment experiences and, in doing so, recognizing how they were changed or influenced by

the past. Some participants recognized the lasting impression of deployment on their lives: "You can't leave like any life experience behind and just pretend it didn't happen, but I didn't realize that some of those things would stay with me forever" (Ina, pp. 40-41). Like many of the participants, recovery also occurred when they made sense of and reflected on profoundly difficult events and the resulting effects of those events on their current lives:

I'm happy to say that in the years since, I have found a much greater balance in my memories and the processing and the celebration of Sergeant [deceased soldier]'s life....

It's given me new appreciation for the struggle of suicide within our ranks, and just how you lead your soldiers, how to love your soldiers. (Amy, p. 25)

For some, the process of integrating the past gave way to positive learning and informed their sense of purpose or mission. For others, it allowed them to find positive meaning in their combat deployment experiences: "Some people don't really expect to see that or find [good in your wartime experiences]. And I always tell people, *'Even if you have an awful experience there, you can be changed for the better'*" (Ina, pp. 48-49).

Self-awareness cultivated recovery. As participants gained awareness of their present experiencing, they became more intimately acquainted with their needs. For some servicewomen an important component of recovery involved recognition of their psychological and physiological functioning, which oriented them to the present and, at times, served as an impetus for change. Such changes were evidenced in efforts to ground themselves to their current lives, as facilitated by the development of self-care strategies and finding normalcy in new routines:

I spent a whole lot of time at the gym, just getting my mind right...So like that helped me. *'Okay, I'm home now. This is where I get to work out now. And these are the people I get to be around now.'* (Brie, p. 49)

For others, recognition of their suffering became central to their recovery. For one servicewoman, realizing the depth of her suffering and its adverse impact provided the insight necessary to motivate change and help-seeking behavior:

The only thing I can say is the recognition that, *'I am in a bad place. This is not good. This is not healthy. I need to get myself out of this.'* So I don't even know how to categorize that, but that's been really the only source of strength. You know, the realization, like, *'I don't know want to be in this mental and emotional space that I am in. I need to get myself out of this.'* (Cait, pp. 66-67)

Shifting focus on the past and future mobilized recovery. When reflecting on their direct experiences of recovery, several participants credited shifting how they thought about the past and future as reducing distress and propelling their lives forward. Altering their way of thinking about the past involved, in part, selective attention to the "good" aspects of their deployment, as to avoid remembering negative experiences or to achieve balance in their memories. For some, this shift in focus also involved remembering the negative experiences in a manner that allowed for positive and productive use of the memories: "So, it's like you can either take it and have it be really bad and destroy your world, or you can take it and do something good with the bad that you experienced, you know?" (Hailey, p. 44).

For other participants, shifting their focus away from the past and to the future represented active and purposeful efforts to move on and move forward. To do so, these participants distanced themselves from negative deployment experiences to avoid increased levels of distress related to guilt and regret, as well as to inhibit tendencies to ruminate: "Just, you know, you don't really look back. I just keep my eyes on the future, instead of reflecting on what should have/could have happened. Just keeping my eyes—Having a goal, staying ahead.

That's it" (Brie, p. 51). Participants also described shifting their focus away from their military experiences due to the belief that their past was less relevant to their current lives:

You know, I've moved on from there. I'm doing new things. I'm doing—I'm doing other things with my life. And even though this deployment is an important part of my life, I'm not going to dwell on it. I'm not going to obsess about it. (Grace, pp. 54-55)

For these participants, focusing on deployment was viewed as a threat to their progress and, like many participants, reengagement in postdeployment life was made easier by focusing on the present and future.

Connection and Isolation Impacted Recovery

Connectedness to others was a prominent theme among all participants. While professional resources, personal networks, and military communities emerged as primary sources of support that facilitated recovery postdeployment, participants also described a cultural chasm that increased their sense of isolation. Specifically, participants spoke to interpersonal experiences that led to disconnect from their communities and pervasive feelings of dismissal and invalidation for their service.

Disconnection from community impeded recovery. Nearly all participants described a disconnection from their communities after deployment. Collectively, the women discussed a sense of isolation and lack of perceived support from their personal networks and from the non-deployed community at large. For example, one participant's lack of access to emotionally supportive resources interfered with her ability to process significant deployment events:

I didn't really have anybody to talk about it with. You know, I didn't really have any way to just vent or sounding board or, you know, I didn't talk about it... I had this experience that I was holding. And, you know, I think it took me a few years to kind of

sort it out and come to terms in my head with everything that I went through. And I think that could have been better. I think I could have done things differently—or not. I don't know. (Grace, pp. 46-47)

For others, lack of access to their military cohorts, due to returning home alone as a single attachment or due to the natural separation from their unit after deployment, further contributed to the experience of feeling alone and isolated. This experience is highlighted in one participant's emotional struggle after being independently demobilized:

But just almost like how people go through survivor's guilt and stuff, you know, like all these other people were blown up by an IED, '*Why am I still alive?*' Well, for me it was all these people are still deployed, '*Why am I home? I'm still supposed to be there.*' (Faye, p. 51)

In addition, separating from the service was discussed as a transition that, whether planned or not, involved a complex array of feelings that complicated postdeployment adjustment. As one participant reported: "Yeah, it's a whole other conversation, but the transition out of the military too is—gosh, something I never thought would be a big deal, but really, really is and just kind of adds a whole other wrinkle" (Ina, p. 53).

Societal invalidation and invisibility undermined recovery. Nearly all participants contended with public ignorance of war and life after deployment. Participants' described their contributions to the war efforts as being ignored and minimized by others who lacked awareness, knowledge, or gratitude for their service. Predominantly, however, participants discussed feeling invisible to and invalidated by society, which was a dynamic explicitly linked to issues of gender:

I think women veterans in general, and women war veterans, like they're kind of like the forgotten veterans. No one really thinks like, '*Oh, that—you know, that person went to war. That person deployed.*' You know?... And I think it's just going to take time for society to kind of wrap their mind around that women are serving in the military.

(Demi, p. 52)

Such experiences of invalidation and invisibility left some participants hesitant to talk about their service. They shared concerns of appearing braggart or attention-seeking, of confirming negative female stereotypes (e.g., being seen as too emotional or weak), and dealing with misguided and discrediting opinions of women at war. Further, comparisons to male counterparts made some women reluctant to talk about their own deployment experiences, as both military and civilian peers were often described as devaluing or stereotyping the experiences of servicewomen. Grace, who provided force support and assisted in mortuary duties on her deployment, related to this experience:

Again because like, '*Oh, you're a woman at war. What were you doing? Cooking?*

Doing the laundry? Like, 'You weren't on the front lines.' You know, '*You weren't out kicking down doors.*' No, maybe not. But, you know, we still have these experiences.

But for whatever social or professional reasons, we have come to tell ourselves that

nobody wants to hear about it and, '*You just need to toughen up, girl.*' (Grace, pp. 64-65)

Some women reported becoming more closed down about their military backgrounds due to perceived negativity or naïve perceptions of their service. They described closing down as a defensive stance to protect themselves and the sacredness of their military experiences. In addition, participants identified discomfort with not knowing what or how much to share with

individuals from dissimilar backgrounds, noting the interpersonal risks required to navigate these conversations and relational dynamics:

I think it is kind of hard to have open communication because it's like, '*What do you tell them?*' You know? '*What are they going to ask?*' And like, '*How much details do you need to go into and how much do they really want to know?*' (Demi, pp. 49-50)

Professional resources facilitated recovery. Participants identified a range of professional resources and supports that facilitated their homecoming and postdeployment adjustment. These resources included formalized support systems provided by the military at the end of their deployment cycle (e.g., homecoming events and mandated postdeployment health reassessment programs):

The Army has systems in place, like people you had to go see and talk to, courses that you had to take to reintegrate back into life, from culture shock, and I think that that helped. And then over time you kind of think about what people had to say to you in those meetings and in those break things, and you kind of make a life for yourself again. (Eve, p. 44)

Some participants without access to formalized militarily step-down support believed it may have helped with reintegration. A few participants also reported benefiting from psychoeducation on common readjustment experiences, diagnostic assessment and clarification to help understand their emotional difficulties (e.g., PTSD), as well as mental health or readjustment counseling services. In addition to these clinical supports, some participants described alternative professional resources, such as leadership development programs and women's professional networks, as being significant sources of help. The common healing factors across these formal

supports were increased awareness of their experiences, normalization of struggles, and reduced feelings of isolation in their time of transition.

Personal support systems eased recovery. The majority of participants discussed their personal, non-military networks (e.g., family, friends, and community) as offering meaningful support. For some, the mere presence of others dramatically decreased their sense of isolation, as illustrated in the following quotation:

I remember a few times where I would go over to my best friend's house and just sit on her couch. It was again, like I just didn't want to go home and be by myself. And God bless her, she let me do it. It was a wonderful gift. (Ina, p. 39)

The willingness of another person to simply be with the participant and, at times, provide honest, direct feedback decreased distress and enhanced her ability to re-engage in civilian life. For instance, such support was expressed in one participant's companionship with her sister, who remained steadfast and uninhibited in sharing her opinion about the veteran's postdeployment difficulties, despite her naiveté of other aspects of military culture. For another participant, this support took the form of a peer who recognized her need for clinical help in a way that destigmatized mental health treatment.

In addition, nearly all participants identified recognition and validation of their service as offering a sense of being seen and accepted by their support systems:

Going home, seeing my family—We have this retreat place that my uncle is a club member of and that we're allowed to go to. And so we went there for a couple of days and my family wanted me to, after the first deployment, put my uniform on and talk to them about some stuff I had done, so that they could see my uniform and the awards and stuff, and then pictures. (Faye, p. 70)

Positive interactions with personal supports also provided a degree of familiarity, enhancing the ease of transition home and adjustment to life after deployment.

The military community was critical to recovery. Continued access and connection to their military community provided some servicewomen the experience of feeling understood. This understanding served to normalize their military and postdeployment experiences, as well as reduced perceived pressure to adjust in a particular manner or timeframe. Several of the women also specifically discussed the importance of a “battle buddy” (i.e., a peer who shared the same or similar deployment experiences). Battle buddies offered an inherent bond, relatability, and shared experience that cemented a unique, long-lasting connection:

Like someone will say, *‘You need a battle buddy when you get home.’* You’re like, *‘Whatever,’* you know, *‘I want to see my friends. I want to go out.’* But at some point, it’s going to click with you that that person wasn’t with you and didn’t experience what you experienced. Like when you’re talking about the deep back in Iraq, or, you know, like something that happened in Iraq and they’re looking at you like you’ve got five heads. They can’t relate. So, you’re still going to need that person, whoever your person is—you know, “Grey’s Anatomy ‘my person’”—to talk with (Eve, p. 37).

Similarly, another participant reported that support from female peers, who shared deployment or trauma histories, increased her sense of being understood and accepted. She saw these supports as less available, though, due to the limited number of or access to women with similar backgrounds.

“Recovery” has Multilayered Meanings

In defining what it means to recover from combat deployment, participants’ understandings reflected a diversity of personal meanings and experiences, as well as perceptions

of women's experiences as a collective group. Sometimes this topic invited vigor and excitement and the answers were given with precision and clarity—as if reflective of the participants' phase of recovery and internal coherence. For others, answers were pensive and unformulated, and were often expanded upon or altered through exploration of later questions. One participant initially rejected the word *recovery* altogether; to her, it felt pathologizing and victimizing. Despite the rich array of definitions and meaning-making surrounding this topic, a common thread connected their understandings: *recovery* encompassed an ongoing, intrapsychic process that integrated the past and future in their current lives.

Recovery is assimilating the memory of war into the present. A prominent theme centered on integrating experiences of war into current life narratives. Here, deployment events became part of the participants' story in a manner that neither defined them, nor faded into the background:

I think for me, synthesis is becoming more self-aware and becoming more emotionally intelligent in my own—by incorporating that experience into my own identity. So, being able to synthesize and find, yeah, exactly like a white space, just to speak openly and to take time to move through all of those thoughts, feelings and emotions and to just kind of put it in a good context. (Amy, p. 35)

For these participants, recovery embodied processing the meaning of the event and merging this meaning into the scope of their current identities

Recovery is cultivating acceptance. Recovery was also described as necessitating perspective-taking and self-awareness, such as to acknowledge the impact of deployment on one's level of functioning and to accept the negative and positive experiences and consequences

of war. To highlight this, one participant discussed recovery as a dual process of reflection on the gravity of her wartime experiences and reorientation to where she is now:

Recovery is definitely possible, you just have to find out how. You have to recognize what you just did and recognize that you need to take a step back when you come home, and let yourself come back into reality... You just have to recognize that there is a problem... It's just like being alone and taking a step back to reflect." (Brie, pp. 59-60)

For Brie, acceptance was discovered when she gave herself space to be alone with the personal changes she experienced overseas and back home. Another participant suggested it was acceptance of both the good and bad experiences that could lead to recovery. For her, acceptance involved recognition and reception of the parts of herself that have been permanently changed by war and finding a way to embrace who she is now. She stated, "...accepting who I am, where I am. Am I happy about where I am or should I get better? Just a point of acceptance without being harmful to myself" (Cait, p. 61).

Recovery is finding the "silver lining." Some servicewomen discussed recovery as an intentional search for positive aspects of their deployment experiences:

I guess for me personally...I really try to...use my experiences to make me a stronger person, I guess. And, you know, take the bad with the good and use that, learn from that, and then kind of just forget about the rest because it's in the past and move on.

(Demi, p. 33)

For some participants this also meant attending to the entirety of their experiences in a manner that was beneficial to them and others, including using bad experiences for "good."

Recovery is multifaceted. In order to reengage in U.S. civilian life, one participant identified recovery as a process that involved dealing with both physical and emotional impacts of war and reconciling the differences between her past and present life experiences:

To me, that would mean recovering from the physical stress, the emotional stress, the memory —dealing with good and bad —re-acclimating to being back in the States. And sometimes the American dream bubble is gone, like the, '*Oh, everything in America is so perfect and amazing,*' and then you deploy overseas and see war and death, and you'll never be the same. And even recovering from war, like I'm still recovering physically. Like I'll have a permanent runny nose the rest of my life because of the air that I breathed while there. (Faye, pp. 60-61)

For Faye, recovery meant more than healing from past wounds and regaining functioning.

Rather, recovery involved a holistic and multifaceted undertaking.

Recovery is a process. Another participant recognized the temporality of the recovery experience: "I don't really know if you ever fully do recover. It's an experience, so I think it takes time, just like any other experience that you go through that can be traumatic" (Eve, p. 41). Eve saw recovery as a process that took time and was influenced by one's coping abilities and the extent and severity of the exposure to stress.

Connection and Recognition will Help Future Servicewomen

Participants also reflected on their hopes for the future of women in the military with tremendous consideration. Though primarily expressed as guidance for supporting other servicewomen, it is possible that these ideas may have represented the types of support the participants wished they had received while in the service and during postdeployment. It is also likely that these ideas represent a unique gender-related experience.

Offer connection. Participants discussed wishes for loved ones to make genuine efforts to understand their lives and to remain unassuming in doing so. To illustrate this, one of the participants spoke to her desire for others to be curious and less shallow in their conversations:

I hate when people say, 'Gosh, I just can't imagine going through that.' Or, 'I just couldn't imagine what that would be like.' Like, I am like, 'Whatever, shut up. Are you even trying? The human mind can imagine just about everything. So just either try or don't, but don't just decide that you are not going to.' Or even, you know, like, 'I am not asking you to imagine it.' (Ina, p. 43)

Another participant discussed her desire for others to connect in a genuine and humble manner:

'Just listen. You know, don't assume anything. Don't try to give them advice unless they ask for it. But be a good friend, you know? Listen, really listen.' I mean, I would tell anybody that, to any friends. I think we human beings don't do that enough for each other. (Grace, p. 77)

Several participants also discussed their wishes for the public and male military peers to become more aware of their influence on servicewomen's experiences and perception of support. One woman identified the role of male colleagues in promoting a better work environment:

I guess it would be encouraging decision makers and males in like leadership positions in the military to stand up when they see female coworkers being treated like a piece of meat, because they can stop it more than any female could. (Faye, p. 81)

A majority of the participants also spoke to the idea of others' participation and engagement in their experiences (e.g., such as by "moving" in and not away from their experiences), as a dynamic that they wish others would know and realize. As Grace stated, "We're just looking to connect with another human being about a common experience" (p. 7).

Offer recognition. Participants also reflected a need for public recognition of women in the service, which included awareness of women's roles and range of their military experiences:

I think that there's a lot of stuff that has happened to women, and I hope that people will see that and not just see them as, '*Oh, you know, they're trying to put on a uniform to be one of us,*' type deal. I don't know if I'm saying that correctly...I guess more so just the recognition that women serve. (Eve, p. 52)

But I think even just, you know, bringing the topic to the forefront of public awareness like, '*Hey, guys,*' you know, '*Hey, public, women went to war, too, and, you know, we're not broken. We have feelings, too.*' (Grace, p. 68)

Nearly all participants also mentioned current efforts to integrate women into combat arms positions. At the time of this study, most branches were actively engaged in a historic initiative to evaluate and open combat career and special operation positions to women. Many of the participants saw this as an important step toward breaking the "brass ceiling" and allowing women to become more visible to their military peers and in the public eye:

I just think it is going to take a long time. And the biggest thing that weighs on my mind is just the whole women entering into combat arms. And it's not—it's going to take many, many years because men are always going to see us as not—not equal, and it is going to take a long time to change that mentality. (Cait, p. 16)

I think too many people are very short-sighted and all they're thinking is, '*Oh we're lowering standards.*' It's not about lowering standards, it's about where women are going to be within fifteen, twenty, thirty years. It's not, you know, '*How well can we shoot a gun or carry a rucksack?*' It is ultimately, '*What is the structure of our society going to look like in the next thirty years?*' This is just the entry into that. But we're still

working on it, you know, because we're still in this situation thirty plus years after women were allowed in the military. (Cait, p.18)

Reflections on Analysis

These findings illustrated the significant experiences that military women faced in the service and on combat deployment that impacted their homecoming adjustment, sense of self, and worldview. Recovering after deployment occurred through internal pathways that reflected multiple dimensions of human experience, including processes that connected the past, present, and future of their lives. These pathways were also consistent with the multilayered definitions of recovery the participants offered and explored.

The relevance of the social environment was a particularly pervasive finding, as themes of connection and disconnection appeared to have an important influence on the participants' postdeployment lives, gender-based experiences, and, ultimately, their recovery. As participants made meaning of their postdeployment experiences, they also identified hopes for future servicewomen. The shared sense of responsibility and optimism expressed for other military women seemed personal and significant, and perhaps mirrored the participants' own personal struggles and needs as unique to their gender.

Chapter 4: Discussion

This discussion offers a conceptual model of recovery that integrates: (a) the thematic analysis of this study, (b) an ecological perspective of human response to trauma (Harvey, 2007), and (c) the organizing principles of a phase-oriented trauma recovery model (Herman, 1992). Combining Herman's (1992) emphasis on the process of recovery with Harvey's (2007) framework on the interacting factors that influence recovery provides an integrated model that lends a useful understanding of the participants' postdeployment experiences. Through this lens, the thematic analysis of the study and potential clinical implications are discussed. Lastly, study limitations and directions for future research are addressed.

A Conceptual Model for Understanding Servicewomen's Recoveries after War

The ecological view of trauma, recovery, and resilience (Harvey, 2007) provides an overarching framework to understand the factors that *influenced* the participants' postdeployment experiences. The model emphasizes the reciprocal and interactive relationships between the stressor, the person, and the greater contexts of her life (i.e., family, community, and broader social systems) that contribute to the individual's evolving sense of self and others across the lifespan (Harney, 2007; Tummula-Narra et al., 2011). This perspective elucidates the interplay between deployment and gender-related stress, internal recovery processes, and broader relational and social contexts (i.e., military separation, support systems, gender minority) characteristic of the study findings.

Herman's (1992) phase-oriented model of recovery offers an organizing heuristic to discuss the participant's *process* of recovery in postdeployment. In this model, three essential dimensions of experience are central to recovery in the aftermath of trauma: (1) safety and stabilization, (2) reconstruction and integration of the past, and (3) reconnection to self,

community, and everyday life. The phases reflect the internal recovery pathways revealed in the present analysis, which subsequent sections of the chapter discuss in greater detail. These phases generally progress sequentially, but can also be recursive in nature (Herman, 1992; van der Kolk & McFarlane, 2007). Ultimately, the individual's movement through and within these phases is fundamental to the process of recovery.

At the core of both Harvey's (2007) and Herman's (1992) frameworks is the premise that trauma is transformative and recovery is multidimensional. Both models assert that trauma can be pervasively destabilizing and engender isolation both during and after the significant experience. Recovery, therefore, requires the empowerment of the survivor and healing in the context of relationships (Herman, 1992). The following sections explore the significance of the servicewomen's stressor exposure, processes of recovery, and influence of relational and social contexts in light of the research findings and current literature on traumatic stress and returning veteran populations.

OIF and OEF deployments were significant life events. Though this study did not distinguish between stressful and traumatic events, participants articulated the profound significance of deployment in their lives. Deployment-related stressors identified by participants included acute traumatic experiences, combat-related events, and risk of sexual violence, as well as the stress of a high operational work tempo, low social support, and disconnection from home. These findings are consistent with the literature on servicewomen that reflect the traumatogenic factors inherent to the combat environment and the ways in which gender magnifies other stressors during and after deployment (see Street et al., 2013).

Further, the thematic analysis revealed that deployment-related stress continued into postdeployment life—a finding common to the readjustment concerns of returning veteran

populations (U.S. Department of Veteran Affairs, 2014b). Participants described residual war-related stress responses and readjustment challenges that were perceived to be external to their locus of control (e.g., deployment causing estrangement from others or resulting in hypervigilance within home-based surroundings). Many participants also detailed a sense of being different or changed, even if this was not realized until many months later. The gravity of participants' exposure and response over time to deployment-related stress supported the notion that participants had something to *recover* from in order to move forward with their lives.

Internal processes signified the trajectory of recovery. The internal pathways identified in the analysis—meaning-making, self-awareness, and shifting focus—facilitated participants' movement along a continuum of recovery that linked the past, present, and future of their lives. This section conceptualizes these internal pathways within Herman's (1992) phase-oriented model of trauma recovery.

Phase 1: Safety. The central task of Herman's (1992) first stage of recovery involves achieving an internal and external sense of safety and stabilization. During this phase, the individual gains an understanding of her level of functioning and capacity for self-awareness. She also develops greater control over her survival-based responses, perceived safety within her environments, and a more cohesive identity (Courtois, Ford, & Cloitre, 2009). Consistent with this model, participants managed their postdeployment adjustment through strategies that enhanced self-awareness and agency, such as grounding, reorientation, and self-care. Participants also shifted their attention toward the future and focused on developing new routines, school and career plans, and other tasks:

So, I think going back to school has helped me because it just kind of like pushes all that information out and, you know, I'm focused on learning something new.... I think it's

helped me just forget about any bad experiences I had in the military and just move forward. (Demi, pp. 34-35)

The ways in which participants mobilized purposeful coping strategies exemplifies how they gained mastery over their goals, attenuated the helplessness experienced in persisting deployment-related stress, and achieved greater sense of safety and control (van der Kolk, 2014).

Phase 2: Reconstruction and integration. The second stage of Herman's (1992) model involves the transformation and integration of traumatic memories by reconstructing the meaning of the event in one's life. For some participants, this required mourning losses associated with deployment and the concomitant changes experienced within themselves (e.g., alterations in identity and behaviors) and achieving greater self-acceptance (Herman, 1992). This phase also entails awareness of one's thoughts and feelings and laying the groundwork for the internal structure necessary to transform significant past events into a cohesive life narrative (Courtois et al., 2009). As such, participants worked through their military experiences by reflecting on their internal experiences (e.g., recognizing the impact of the event on their functioning and, for some, their need for help or to initiate change), making sense of the event in the context of their life prior to deploying, and eventually incorporating these memories into their life narrative:

It was an event in my life, it was an experience I had that... has become a part of my story. And I think if I had to pick a word—'*How do we sew this experience into the tapestry of our lives?*'....It's a thread in my story. (Grace, p. 51)

Phase 3: Reconnection. Herman's (1992) final stage of recovery involves reconnection to both self and others, and in doing so, discovering purpose in daily living. Self-reconnection entails the individual reconciling the past (i.e., the person she used to be and the impact of the trauma on her life) and integrating this into the current and future vision of herself. For example,

one participant described coming to terms with the extent of her suffering, which allowed her to accept the impact of deployment on the person she has become:

I am never going to be who I was three years ago, five years ago, ten years ago. That there is always going to be a part of me that is—damaged is not the right word—like a darker side, that is always going to be there. And realizing that there is nothing wrong with that—but accepting who I am, where I am. (Cait, p. 61)

Tasks of self-reconnection are also closely related to the discovery of compassion, respect, and value of the past, so that the individual uses lessons learned to move forward with purpose and authority (Courtois, 2008). This process was observed in the participants' descriptions of deployment as becoming an important part of their life story that evoked feelings such as pride, dedication, and honor, especially in their identity as women combat veterans.

Reconnection to others and community constitute a significant component of the final stage of Herman's (1992) model, as well. The central task of reconnecting with others involves making meaning of significant events (e.g., combat experiences) in relation to others, the cultivation of a life mission, and investment in the next generation. As such, participants expressed hope for meaningful interpersonal support for future servicewomen, as well as greater public recognition for women's military accomplishments. They also discussed finding purpose in mentoring other servicewomen and involvement in professional leadership networks that celebrated women's successes in the service. As Herman described, an individual's awareness that her experience is collective in nature transforms the isolation inherent in the stress to a more shared experience—an important outcome of this phase.

The social context influenced recovery. As participants moved through phases of recovery toward empowerment and reconnection (Herman, 1992), their experiences were

influenced by the nature and quality of support that was available to them (Tummala-Narra et al., 2011) and by their ability to access and successfully navigate these sources of support (Harney, 2007). It is critical to understand how sociocultural factors inhibit or aid servicewomen's processes of recovery (Lietz et al., 2013; Street et al, 2009; Yano et al., 2011). In line with this research need, the present study's findings revealed co-occurring themes of isolation from and connection to family, military community, and the broader social system.

Participants' experiences of disconnection in postdeployment life highlighted the sometimes harmful interaction between internal experiencing and the societal contexts (Harney, 2007). Participants described feelings of disconnection from or absence of primary support groups, as well as feelings of diminished public value in postdeployment (an experience strongly related to gender). For instance, participants discussed limited access to supportive female military peers while in the service (and especially on deployment), which appeared to be even less available upon separating from the service—a major transitional event that evoked feelings of seclusion, purposelessness, and loss. This finding may have important implications for the postdeployment recovery experiences of women service members, as recent studies indicate that separating from the service is highly correlated with adverse mental health outcomes and is a greater predictor of suicide than exposure to combat (Zarembo, 2015).

In addition, servicewomen faced naiveté and ignorance from others who questioned the legitimacy of their service (e.g., notions that women should not be deployed to war or servicewomen do not face significant stressors during deployment). Most participants described reluctance to challenge these misinformed views. This paralleled strategies used in the service, where stoicism and professionalism were primary approaches used to cope with gender-based bias, harassment, and discrimination. Remaining silent may have given the participants some

degree of social authority in these circumstances (Morgan & Coombes, 2001), but their silence may have also contributed to feelings of powerlessness and furthered their sense of social isolation in postdeployment (Jackson, 2012).

Participants also highlighted the importance of their connection to supportive people (e.g., family, friends, and military peers) and communities (e.g., home environments, work and school settings, and professional services). At times, participants felt recognized and validated for their military contributions and the lasting influence of war on their lives. For example, one participant felt supported when her friend welcomed her to simply sit in her living room during the months following her return home, a time when being alone felt intolerable. The most poignant sources of support, however, came from connection to others with shared military experiences. As Amy described, "If I didn't have the strength of the connection from my Army family and from, you know, my home family, then, yeah I probably wouldn't be wearing a uniform right now" (p. 35).

The marked influence of social connection on postdeployment adjustment and recovery is consistent with research indicating that social support is the most significant protective factor against the development of chronic stress symptoms after trauma exposure (Norris & Stevens, 2007; van der Kolk, 2014). Further, social support mediates the relationship between social functioning and PTSD symptoms in returning veteran populations (Tsai et al., 2012). This finding may be especially relevant for deployed military women, who are thought to be even more greatly affected by interpersonal support than men (APA, 2007). As such, feeling connected to others in the wake of trauma gives rise to the ability to reinterpret or reframe how one feels and thinks about the stressful or traumatic event (Herman, 1992; Stern, 2010).

Recovery was multilayered and ongoing. The changing landscape of the participants' experiences from their return home to the present illustrated the transformative nature of recovery. Such transformation was captured in the participants' mastery over residual deployment stressors and in the phenomenological shift they described as occurring internally and in the context of their worlds. For some, their deployment history came to represent a part of their identity they believed would remain relevant into the future—which is the ultimate sign of empowerment, according to Herman (1992).

Participants also elucidated multilayered definitions of *recovery* that involved notions of assimilation, acceptance, positive perspective-taking, holistic undertaking, reconciliation, and temporality. These definitions were not explicitly linked to the presence or absence of psychopathology. At the core, their definitions connected the past and hopes for the future into their present experiencing (Herman, 1992). For these participants, recovery occurred along an indeterminate timeline with multiple sources of influence.

Gender had a complex role in recovery. Gender, as an aspect of identity, experience, and social group (APA, 2007), had important contextual bearing on the participants' military and postdeployment experiences. The servicewomen's descriptions of gender-relevant discrimination and inequality in the ranks and on the home front, as well as their expressed concerns and wishes for future servicewomen, illustrated how gender can be a source of suffering and complication. Despite this, participants also found strength in their minority status and did not always perceive gender to be crucial to their experiences. Rather, it seemed most critical to the participants that servicewomen become recognized, visible, and regarded—much in the same unreserved manner that has been afforded to their male peers, who have also committed themselves to their military duties with honor and integrity. As such, the participants' recovery experiences were indistinct

from their gender, which shaped and influenced their internal processes of recovery, experiences of social support and disconnection, and their multidimensional views of what it means to experience and recover from a GWOT combat deployment.

Recommendations for Fostering Recovery among Returning Servicewomen

The findings of this study, informed by the integrated ecological (Harvey, 2007) and phase-oriented (Herman, 1992) perspectives of trauma and resilience, have important implications for working with servicewomen. One implication of these findings is that clinical intervention should be directed at individual and social levels, as reflected in the recommendations below.

- 1. Attend to servicewomen's experience of gender.** Participants expressed differing degrees of acceptance or denial of the oppressive or privileged experiences they faced due to their gender (APA, 2007). The relevance of gender not only varied among participants, but also within and throughout personal narratives. For instance, many participants initially minimized gender as a pertinent component of their service and postdeployment experiences. For some servicewomen this minimization was critical, as it was important for them to be recognized—irrespective of gender—for the quality of their performance, dedication to their service, and legitimacy of their military contributions. At times, their gender minority status was deemphasized because it was simply irrelevant to certain components of their story. At other times, however, participants spoke at length about gender-specific experiences. When doing so, they gave considerable attention to the direct relationship between being a woman and the challenging or celebratory experiences they encountered during and after war.

These findings exemplify the rich and complex dynamics of gender as contributing to servicewomen's identity and experiences. Clinicians are encouraged to invite exploration of gender-based issues and be responsive to the client's readiness to process these dynamics. Similar to any component of identity, clinicians should not assume that all servicewomen experienced their gender as a source of pain or stress. In fact, many of the participants also saw their gender as a source of strength, which in the clinical setting can be used to further promote resilience.

- 2. Offer a culturally sensitive approach to therapy.** Some participants exhibited silence and stoicism in both the military and civilian worlds, as part of their professional demeanor and also as a strategy to combat oppressive experiences. Thus, it is possible that in therapy servicewomen may be less apt to talk freely about the extent of their deployment experiences and related postdeployment difficulties. They may minimize their deployment contributions and the extent of their suffering due to perceived pressure to be tough, prove their worth, and deny war-related casualties in comparison to male peers. It is also possible that they may have concerns about clinicians' preconceived biases and beliefs about their service, or else feel misunderstood by clinicians without a military background.

To promote safety and collaboration in the clinical dyad, it is important for the therapist to offer culturally sensitive care. To do so clinicians must: (a) possess an ongoing self-awareness of his or her cultural assumptions, biases, and values; (b) be knowledgeable of military culture, female-specific military experiences, and common postwar readjustment difficulties; (c) provide an ecologically-informed conceptualization that normalizes, educates, and contextualizes the client's postdeployment experiences and

related difficulties; (d) continually evaluate and modify the theoretical approach to best meet the needs of the client, and (e) utilize an affirmative and advocative stance that reduces relational and systemic inequities (APA, 2007; Roysircar, 2009).

- 3. Consider a phase-oriented, ecologically-informed treatment model.** The study findings were conceptualized within a phase-oriented (Herman, 1992) and ecological (Harvey, 2007) framework of trauma and recovery. Central to this framework is the importance of empowering the individual to have an active role in their process of healing. In applying this model, clinicians should explore the client's beliefs and the contexts that impact her recovery (e.g., internal and external sources of suffering and resilience, such as one's gender identity and social system) to guide treatment formulation and the development of therapeutic goals (Harvey, 2007). The flexibility afforded by an integrated treatment model is especially important given the participants' differing views of recovery and ideas of what they needed to feel supported.

Assisting the servicewoman in navigating her phase of recovery and personal objectives may help to increase her sense of agency. Participants' internal recovery processes involved increased self-awareness and mastery over their goals and environments, narrative reconstruction of important military experiences, and connecting with a larger sense of purpose and community—processes that were resonant of Herman's (1992) phase-oriented recovery model. In a clinical context, the following successive treatment modalities may facilitate movement within and through the respective phases of Herman's (1992) model: (1) self-care and psychoeducational-oriented services that help to increase self-understanding, regulate distress, and reduce functional difficulties; (2) trauma-focused, narrative, or body-based (e.g., yoga) therapies

that support processing and integration of the client's military experiences into her postdeployment life; and (3) engagement in personal or community-based activities that provide purpose and value (e.g., networking, career development, advocacy work, and public service).

- 4. Promote meaningful sources of connection for servicewomen.** To foster the recovery of servicewomen, as well as offset experiences of invalidation and isolation following deployment or service separation, the role of external sources of support should be emphasized in therapy. The therapist may encourage accessing or developing relationships that offer a sense of normalcy, belonging, sincerity, and presence (characteristics of meaningful relationships revealed in the thematic analysis). In addition, assisting the servicewoman in addressing challenging interpersonal dynamics (e.g., others' misconstrued beliefs about their service) may yield increased sense of personal power and agency, as well as greater intimacy and understanding in relationships with others, especially with those who have dissimilar backgrounds.

Avenues for connection should extend beyond traditional therapy to the larger community of the serviceperson. Group-based services, including group psychotherapy, recreational and family-based activities, and mentorship opportunities, may be particularly meaningful to servicewomen. Clinicians should refer servicewomen to women-based networks, peer-based veteran organizations, and professional groups to offer additional sources of community. Participants also discussed the importance of achieving normalcy in their postdeployment worlds—a process that clinicians can support by assisting their clients in regaining access to daily outlets and resources (e.g. gym, school, and work).

5. Be an ally and recognize military women and veterans. A major finding of the study involved servicewomen's experiences of invisibility and invalidation. Participants described facing stereotypes and naïve perceptions of their service (e.g., beliefs that military women are worthless and a general lack of understanding of their scope of duty). This resulted in participants closing down or acting carefully to disconfirm others' negative beliefs and prove their value. Increasing societal awareness of servicewomen's experiences involves speaking up, sharing responsibility, and refusing to tolerate or perpetrate discrimination. Participants suggested that men and leaders (specifically, their chain of command) have a particularly important role in this level of intervention.

To further recognize servicewomen, veteran service providers should consider improving basic community interventions designed to support returning women veterans and their families. Examples of this kind of intervention include increasing outreach to the settings where women veterans are most apt to frequent (e.g., schools, medical settings, and other community institutions), improving treatment delivery and utilization (e.g., improving the availability of gender-specific providers and treatments, building bridges between civilian-sector, TRICARE, and VHA resources), and reducing barriers to treatment (e.g., providing childcare and nontraditional hours to accommodate work and family schedules). The latter of these interventions may be particularly important for servicewomen as such barriers have resulted in unmet need and delayed healthcare in VHA-users and non-users alike (Washington, Kleimann, Michelini, Kleimann, & Canning, 2007).

Community level interventions with even greater reach might include bringing greater public recognition to women's military contributions and accomplishments

through various forms of media. The recent news coverage on Captain Kristen Griest and First Lieutenant Shaye Haver exemplifies this form of positive attention and cultural shift. On August 21, 2015, CAPT Griest and 1LT Haver became the first-ever servicewomen to graduate from the U.S. Army's prestigious Ranger School—one of the elite military programs that opened its doors to women on an experimental basis in January of this year in effort to assess how and where to integrate women into ground combat occupations (Sanchez & Smith-Spark, 2015). This kind of media coverage did not signify special attention (something of which the participants did not desire). Rather, this coverage achieved the well-deserved, widespread recognition of servicewomen in both the military regiment and in the public eye.

Limitations and Future Directions

Though IPA methodology enabled in-depth exploration of the study phenomena, a primary limitation of this research is the relatively limited transferability of the findings. First, the sample was comprised of participants who identified as stable and reported a moderate to high level of overall functioning compared to clinical populations. Consequently, the findings may not be representative of servicewomen experiencing more significant impairment, whose basic needs are not met, or who have serious misgivings about their service. Additionally, the participants' willingness to participate is suggestive of readiness, interest, and ability to engage in the reflection and dialogue required by the methodology of this study. Servicewomen who cannot or do not want to discuss their experiences may have differing experiences of recovery that are not adequately captured in these results. Research involving larger, more representative samples is needed to address these gaps. In particular, future research should include broader inclusionary and exclusionary criteria, as well as utilization of sampling techniques that allow the

researcher to access servicewomen who may be experiencing a different trajectory of recovery or non-recovery.

Though the participants represent diverse backgrounds, this study did not explicitly compare recovery experiences according to differences in demographic characteristics, such as age, race, branch of service, or rank. The current study also did not evaluate differences in number and length of deployment, length of time home, and time since service separation. Future research should involve a larger, more heterogeneous sample and actively incorporate an understanding of how these variables interact to influence recovery. Quantitative and mixed methodological studies may facilitate this type of analysis, and allow the researcher to control for or partial out variables that may mediate or moderate effects on recovery. An especially important focus area for future research may involve the relevance of military separation on postdeployment life, as this appeared to be a central experience for many of the study participants. However, due to methodological confines, it was not possible to determine how military separation directly affected recovery.

Another major limitation of the research involves issues of credibility and researcher bias. The nature of the semi-structured interviewing involves dialogic engagement between the researcher and participants, which elicits richness and depth in the interview process. Though this outcome is a strength of IPA methodology, the interview process is influenced by the researcher's subjectivity. Despite use of quality control procedures, it is impossible to fully neutralize researcher bias in either of these processes. Future research on this topic may benefit from interviewing conducted by a more neutral party (e.g., interviews conducted by someone other than the researcher), as well as use of software programs that perform the thematic analysis.

Lastly, though this research is invested in deep phenomenological investigation of a small sample of participants rather than replication of the findings, it could be meaningful to learn whether the recovery experiences that emerged in this study are consistent with other veteran populations. Future research may use more diverse sampling techniques to explore the questions of this study among other groups of servicewomen, such as women with serious reservations or remorse about their service, deployed mothers, or OND veterans—groups absent from this sample. Comparing the results of this study to a similar investigation involving male service members would identify more clearly the role of gender in recovery processes and facilitate greater understanding of the societal influences that shape these experiences.

Personal Reflection

Underlying my interest and investment in this topic was a fundamental curiosity about the impact of silence on the trajectory of healing. I have witnessed this in my clinical work with Vietnam veterans, who reported years of societal invalidation and pain that caused many of them to be silent in the aftermath of their war. I have wondered about the impact of silence on the life of my grandfather, who served in the Korean War and returned home, rarely discussing the impact of his military experiences. In fact, most of his stories died with him.

I was in high school during the September 11th terror attacks, as the country moved into a time of unrelenting war. Many friends and peers of mine have served, some of whom have died doing so. In the years since, I have observed waves of public support in the form of yellow ribbon decals and “Support our Troops” campaigns. Despite this, I have also recognized a divide between those of us who are home and those who have deployed overseas, where we simply still do not know what to say or how to talk about war. I have wondered about the collective

responsibility to welcome our military members home and share the burden of their experiences. I firmly believe that society does not do this well.

Over the last five years, the design of my dissertation has evolved in population and in question of interest—from Vietnam to GWOT to, finally, female GWOT veterans, and from experiences of silence to service utilization to, eventually, recovery processes. I am struck that the findings of this study circled back to the very core of what brought me to this field in the first place and to what motivates me to work with military populations: to bear witness to those who are rendered silent. What I didn't anticipate from this project was the development of my own voice in the process.

I still feel exhilarated when I think about the servicewomen who were willing to participate in my dissertation, who offered me their time, stories, and attention. I feel honored to have met them and hope that this study pays tribute to the messages they conveyed. It humbles me that they expressed gratitude for the opportunity to participate, as some believed it offered a platform to share their experiences in a manner they deemed meaningful and necessary. One woman reported that she was “sick and tired” of the influx of “pro-woman” movements, as too often these events or messages felt superficial or missed the point. To her, this interview hit the mark. Several women spread the word of my study to their professional networks and friends, and some continued to send me resources and remained in contact afterward. I even received a note of appreciation from the family member of one participant. This kind of unexpected and ongoing feedback—and, ultimately, connection—is really what this study is all about.

I have wondered if the servicewomen's participation and interest in sharing their stories is inherently representative of recovery (something I never thought to ask). At the very least, I believe that for many participants, giving back and offering a voice to their experiences—as a

representation of the collective group of servicewomen—was consistent with their hopes for connection and recognition. I hope this study offered these experiences.

In Conclusion

Military service and combat deployment are significant life events that bring with it experiences of struggle, pain, and disconnection, as well as opportunities for strength, growth, and healing. Women's roles in the service will continue to evolve in unprecedented capacities that force society to reconsider the *who* of our military—as to include the faces of women. The internal recovery processes and social contextual influences that emerged from this data are congruent with the complexity of experiences intrinsic to transformative life events. Recovery appears to be an evolving experience that connects the past, present, and future of one's life. It is dynamic, circular, and embedded in relationships and social identities, such as gender. Even so, *recovery*, as a term, may not fully encompass the entirety of one's experiences, as moving forward in the aftermath of war is a multifaceted process that involves both adversity and empowerment (Harvey, 2007; Herman, 1992).

References

- American Psychological Association [APA], (2007). Guidelines for psychological practice with girls and women. *American Psychologist*, 67(9), 949-979. doi:10.1037/0003-066X.62.9.949
- Andreano, C. & Rosenbaum, M. (2014, October). Veteran runs 160 miles in 160 hours to honor fallen servicewomen. *ABC NEWS*. Retrieved from <http://abcnews.go.com/blogs/headlines/2014/10/veteran-runs-160-miles-in-160-hours-to-honor-fallen-servicewomen/>
- Bean-Mayberry, B., Yano, E.M., Washington, D.L., Goldzweig, C., Batuman, F., Huang, C., Miake-Lye, I., & Shekelle, P.G. (2011). Systemic review of women veterans' health: Update on successes and gaps. *Women's Health Issues*, 21(4S), S84-S97. doi:10.1016/j.whi.2011.04.022
- Beder, J., Coe, R., & Sommer, D. (2011). Women and men who have served in Afghanistan/Iraq: Coming home. *Social Work in Health Care*, 50(7), 515-526. doi:10.1080/00981389.2011.554279.
- Benedict, H. (2011). The private war of women serving in Iraq. *Dart Center for Journalism & Trauma*. Retrieved from <http://dartcenter.org/content/war-on-women-serving-in-iraq#.VHpPgmcUoXY>
- Blair, J. (2011.) *Hesitation kills: A female marine officer's combat experience in Iraq*. New York, NY: Rowman & Littlefield Publishers, Inc.
- Brinton, N. & Morris, S. (2012). *Perceptions from war: The enemy lies within*. Lexington, KY: CreateSpace Independent Publishing Platform.

Burnam, M.A., Meredith, L.S., Tanielian, T. & Jaycox, L.H. (2009). Mental health care for Iraq and Afghanistan war veterans. *Health Affairs*, 28(3), 771-782.

doi:10.1377/hlthaff.28.3.771

Conrad, P.L. & Sauls, D.J. (2014). Deployment and PTSD in the female combat veteran: A systemic review. *Nursing Forum*, 49(1), 1-10.

Courtois, C.A. (2008) Complex Trauma, complex reactions: Assessment and treatment.

Psychological Trauma: Theory, Research, Practice, and Policy, S(10), 86-100.

Courtois, C.A., Ford, J.A., & Cloitre, M. (2009). Best practices in psychotherapy for adults. In C.A. Courtois & J.A. Ford (Eds.), *Treating Complex Traumatic Stress Disorder*. New York, NY: The Guilford Press.

Defense Advisory Committee on Women in the Services [DACOWITZ], (2013). *2013 Report*.

Washington, DC: Department of Defense. Retrieved from

dacowits.defense.gov/Portals/48/Documents/Reports/2013/Annual%20Report/2013_DACOWITS_Report_FINAL.pdf

Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal of Loss and Trauma*, 16, 160-179. doi:10.1080/15325024.2010.519281

Department of Defense, Sexual Assault Prevention and Response. *Department of Defense*

Annual Report on Sexual Assault in the Military, FY 2012. Arlington, VA: Department of Defense Manpower Data Center. Retrieved from

http://www.sapr.mil/public/docs/reports/FY12_DoD_SAPRO_Annual_Report_on_Sexual_Assault-VOLUME_TWO.pdf

- Dutra, L., Grubbs, K., Greene, C., Trego, L.I., McCartin, T.L., & Kloezeman, K. (2011). Women at war: Implications for mental health. *Journal of Trauma and Dissociation, 12*, 25-37. doi:10.1080/15299732.2010.496141
- Elbogen, E.B., Johnson, S.C., Wagner, H.R., Newton, V.M., & Beckham, J.C. (2012). Financial well-being and postdeployment adjustment among Iraq and Afghanistan war veterans. *Military Medicine, 177*(6), 669-675.
- Fischer, H. (2014). *A guide to U.S. Military Casualty statistics: Operation New Dawn, Operation Iraqi Freedom, and Operation Enduring Freedom*. Washington, D.C: Congressional Research Service. Retrieved from fas.org/sgp/crs/natsec/RS22452.pdf
- Goodell, J. & Hearn, J. (2011). *Shade it black: Death and after in Iraq*. Philadelphia, PA: Casemate.
- Hamilton, A.B., Poza, I., & Washington, D.L. (2011). Homelessness and trauma go hand-in-hand: Pathways to homelessness among women veterans. *Women's Health Issues, 21*(4S), S203-S209. doi:10.1016/j.whi.2011.04.005
- Harney, P.A. (2007). Resilience processes in context: Contributions and implications of Bronfenbrenner's Person-Process-Context model. *Journal of Aggression, Maltreatment, & Trauma, 14*(3), 73-84. doi:10.1300/J146v14n03_05.
- Harvey, M.R. (2007). Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research, and practice. In M.R. Harvey & P. Tummala-Narra (Eds). *Sources and expressions of resiliency in trauma survivors: Ecological theory, multicultural practice*. (pp. 1-32). doi:10.1300/J146v14n01_02
- Herman, J. (1992). *Trauma and recovery*. New York, NY: Basic Books.

- Hikiji, M. (2013). *All I could be: My story as a woman warrior in Iraq*. Palisades, NY: Chronology Books.
- Hoge, C.W. (2011). Public health strategies and treatment of service members and veterans with combat-related mental health problems. In A.B. Adler, P.D. Bliese, & C.A. Castro (Eds.), *Deployment Psychology: Evidenced-Based Strategies to Promote Mental Health in the Military*, (pp. 17-34). Washington, D.C.: American Psychological Association.
- Hoge, C.W., Auchterlonie, J.L., & Milliken, C.S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of American Medical Association*, 295, 1023-1032.
- Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I., & Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems and barriers to care. *The New England Journal of Medicine*, 351(1), 13-22.
- Jackson, C. (2012). Speech, gender, and power: Beyond testimony. *Development and Change*, 43(5), 999-1023. doi:10.1111/j.1467-7660.2012.01791.x
- Joint Economic Committee [JEC] (2007). *Helping military moms balance family and longer deployments*. Washington, DC: U.S. Congress. Retrieved from www.jec.senate.gov/archive/Documents/Reports/MilitaryMoms05.11.07Final.pdf
- Joint Mental Health Advisory Team 8 [JMHAAT 8] (2013). *Operation Enduring Freedom 2012 Afghanistan*. Washington, DC: U.S. Army. Retrieved from http://www.armymedicine.mil/Documents/J_MHAT_8_OEF_Report.pdf
- Kang, H., Dalager, N., Mahan, C., & Ishii, E. (2005). The role of sexual assault on the risk of PTSD among Gulf War veterans. *Annals of Epidemiology*, 15(1), 191-195. doi:10.1016/j.annepidem.2004.05.009

- Kelly, U.A., Skelton, K., Patel, M., & Bradley, B. (2011). More than Military Sexual Trauma: Interpersonal Violence, PTSD, and mental health in women veterans. *Research in Nursing and Health, 34*(6), 1-11. doi:10.1002/nur.20453
- Kessler, R. C., Berglund, P., Demler, O., Jim, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 593-602. doi:10.1001/archpsyc.62.6.593
- Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic Stress Disorder in the National Comorbidity Survey. *Archives of Gen. Psychiatry, 52*, 1048-1060. doi:10.1001/archpsyc.1995.03950240066012
- Khaylis, A., Polusny, M.A., Erbes, C.R., Gewirtz, A., & Rath, M. (2011). Posttraumatic Stress, family adjustment, and treatment preferences among National Guard soldiers deployed to OEF/OIF. *Military Medicine, 176*(2), 126-131.
- Kilpatrick, D.G, Resnick, H.S., Milanak, M.E., Miller, M.W., Keyes, K.M., & Friedman, M.J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress, 26*, 537-547. doi:10.1002/jts.
- Kimmerling, R., Gima, K., Smith, M. Street, A., & Frayne, S. (2007). The Veterans Health Administration and Military Sexual Trauma. *American Journal of Public Health, 97*(12), 2160-2166.
- Kimmerling, R., Street, A.E., Pavao, J., Smith, M.W., Cronkite, R.C., Holmes, T.H. & Frayne, S.M. (2010). Military-related sexual trauma among Veterans Health Administration patients returning from Afghanistan and Iraq. *American Journal of Public Health, 100*(8), 1409-1412. doi:10.2105/AJPH.2009.171793

- Lietz, C.A., Stromwall, L.K., & Carlson, B.E. (2013). Women service members and family reintegration. *Families in Society: The Journal of Contemporary Social Services*, 94(3), 186-193. doi:10.1606/1044-3894.4314
- Lucksted, A. (n.d.) *What is mental health recovery and the action agenda to transform VA mental health services?* VISN-5 MIRECC. Retrieved from http://www.mirecc.va.gov/visn5/recovery/fact_sheet.pdf
- Luxton, D.D., Skopp, N.A., & Maguen, S. (2010). Gender differences in depression and PTSD symptoms following combat exposure. *Depression and Anxiety*, 27, 1027-1033. doi:10.1002/da.20730
- Maguen, S., Cohen, B., Ren, L., Bosch, J., Kimmerling, R., & Seal, K. (2011). Gender differences in Military Sexual Trauma and mental health diagnoses among Iraq and Afghanistan veterans with Posttraumatic Stress Disorder. *Women's Health Issues*, 22(1), e61-e66. doi:10.1016/j.whi.2011.07.010
- Maguen, S., Luxton, D.D., Skopp, N.A., & Madden, E. (2012). Gender differences in traumatic experiences and mental health in active duty soldiers redeployed from Iraq and Afghanistan. *Journal of Psychiatric Research*, 46, 311-316. doi:10.1016/j.jpsychires.2011.11.007
- Mattocks, K.M., Haskell, S.G., Krebs, E.E., Justice, A.C., Yano, E.M., & Brandt, C. (2012). Women at war: Understanding how women veterans cope with combat and military sexual trauma. *Social Science and Medicine*, 74, 537-545. doi:10.1016/j.socscimed.2011.10.039
- Mental Health Advisory Team IV [MHAT IV], (2006). *Operation Iraqi Freedom 05-07*. Washington, DC: U.S. Army. Retrieved from

i.a.cnn.net/cnn/2007/images/05/04/mhat.iv.report.pdf

- Mertens, D. M. (2010). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (3rd ed.). London: Sage.
- Milliken, C.S., Auchterlonie, J.L., & Hoge, C.W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association, 298*(18), 2141-2148.
- Mitchell, K. S., Mazzeo, S. E., Schlesinger, M. R., Brewerton, T. D., & Smith, B. N. (2012). Comorbidity of partial and subthreshold PTSD among men and women with eating disorders in the National Comorbidity Survey-Replication Study. *International Journal of Eating Disorders, 45*, 307-315. doi:10.1002/eat.20965
- Morgan, M. & Coombes, L. (2001). Subjectivity and silences, mother and woman: Theorizing an experience of silence as a speaking subject. *Feminism and Psychology, 11*(3), 361-375.
- National Center for Veterans Analysis and Statistics (2013). *America's Women Veterans: Military Service History and VA Benefit Utilization*. Washington, DC: Department of Veterans Affairs. Retrieved from www1.va.gov/vetdata/docs/SpecialReports/Final_Womens_Report_3_2_12_v_7.pdf
- Negewo-Oda, B. & White, A.M. (2011). Who are women veterans? Identity transformation and reintegration among Ethiopian women war veterans: A feminist analysis. *Journal of Feminist Family Therapy, 23*, 163-187. doi:10.1080/08952833.2011.604536
- Norris, F.H. & Stevens, S.P. (2007). Commentary on "Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence" by Hobfoll, Watson, et al. *Psychiatry, 70*(4), 320-328.

- Office of the Chief of Public Affairs (2010). *Army Health Promotion, Risk Reduction, and Suicide Prevention Report*. Washington, DC: U.S. Army. Retrieved from <http://www.army.mil/-news/2010/07/28/42934-army-health-promotion-risk-reduction-and-suicide-prevention-report/index.html>
- Office of the Deputy Assistant Secretary of Defense (2012). *2012 Demographics: Profile of the Military Community*. Department of Defense. Washington, DC. Retrieved from http://www.militaryonesource.mil/12038/MOS/Reports/2012_Demographics_Report.pdf
- Resnik, L., Bradford, D.W., Glynn, S.M., Jette, A.M., Hernandez, C.J., Wills, S. (2012). Issues in defining and measuring veteran community reintegration. *Journal of Rehabilitation Research and Development*, 49(1), 87-100.
- Roulo, C. (2013). *Defense department expands women's combat role*. Washington, D.C.: Armed Forces Press Services. Retrieved from <http://www.defense.gov/news/newsarticle.aspx?id=119098>
- Roysircar, G. (2009). Evidence-based practice and its implications for culturally sensitive treatment. *Journal of Multicultural Counseling and Development*, 37, 66-82.
- Sammons, M.T., & Batten, S.V. (2008). Psychological services for returning veterans and their families: Evolving conceptualizations of the sequelae of war-zone experiences. *Journal of Clinical Psychology*, 64(8), 921-927. doi:10.1002/jclp.20519
- Sanchez, R. & Smith-Spark, L. (2015). *Two women make Army Ranger history*. Atlanta, GA: Cable News Network. Retrieved from <http://www.cnn.com/2015/08/21/us/women-army-ranger-graduation/index.html>

- Skopp, N.A., Reger, M.A., Reger, G.M., Mishkind, M.C., Raskind, M., & Gahm, G.A. (2011). The role of intimate relationships, appraisals of military services, and gender on the development of Posttraumatic Stress symptoms following Iraq deployment. *Journal of Traumatic Stress, 24*(3), 277-286. doi:10.1002/jts.20632
- Smith, B., Shipherd, J., Schuster, J., Vogt, D., King, L., & King, D. (2011). Posttraumatic stress symptom severity as a mediator of the association between military sexual trauma and post-deployment physical health in women. *Journal of Trauma and Dissociation, 12*, 275-289. doi:10.1080/15299732.2011.551508
- Smith, J., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Thousand Oaks, CA: Sage.
- Street, A.E., Gradus, J.L., Glasson, H.L., Vogt, D., & Resick, P.A. (2013). Gender differences among veterans deployed in support of the wars in Afghanistan and Iraq. *Journal of General Internal Medicine, 28*(2), S556-S562. doi:10.1007/s11606-013-2333-4
- Street, A.E., Vogt, D., & Dutra, L. (2009). A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan. *Clinical Psychology Review, 29*, 685-694. doi:10.1016/j.cpr.2009.08.007
- Stern, D.B. (2010). *Partners in thought: Working with unformulated experience, dissociation, and enactment*. New York, NY: Routledge.
- Suris, A. & Lind, L. (2008). Military Sexual Trauma: A review of prevalence and associated health consequences in Veterans. *Trauma, Violence, & Abuse, 9*(4), 250-269. doi:10.1177/1524838008324419

- Tanielian, T. & Jaycox, L. (Eds.) (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Santa Monica, California: RAND Corporation.
- Thomas, J.L., Wilk, J.E., Riviere, L.A., McGurk, D., Castro, C.A., & Hoge, C.W. (2010). Prevalence of mental health problems and functional impairment among Active components and National Guard soldiers 3 and 12 months following combat in Iraq. *Archives of General Psychiatry*, 67(6), 614-623.
- Tonlin, D.F. & Foa, E.B. (2006). Sex difference in trauma and posttraumatic stress disorder: A quantitative review of 25 years of research. *Psychological Bulletin*, 132(6), 959-992.
doi:10.1037/0033-2909.132.6.959
- Tsai, J., Harpaz-Rotem, I, Pietrzak, R.H., & Southwick, S.M. (2012). The role of coping, resilience, and social support in mediating the relation between PTSD and social functioning in veterans returning from Iraq and Afghanistan. *Psychiatry*, 75(2), 135-149.
- Tummala-Narra, P., Kallivayalil, D., Singer, R., & Andreini, R. (2011). Relational experiences of complex trauma survivors in treatment: Preliminary findings from a naturalistic study. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1-9.
doi:10.1037/a00024929
- Vasterling, J.J., Proctor, S.P., Friedman, M.J., Hoge, C.W., Heeren, T., King, L.A., & King, D.W. (2010). PTSD symptom increases in Iraq-deployed soldiers: Comparisons with nondeployed soldiers and associations with baseline symptoms, deployment experiences, and postdeployment stress. *Journal of Traumatic Stress*, 23(1), 41-51.
doi:10.1002/jts.20487

- Vogt, D., Pless, A.P., King, L.A., & King, D.W. (2005). Deployment stressors, gender, and mental health outcomes among Gulf War I veterans. *Journal of Traumatic Stress, 18*(3), 272–284. doi: 10.1002/jts.20044
- Vogt, D., Smith, B., Martin, J., Drainoni, M., Elwy, R., Schultz, M., & Eisen, S. (2011). Predeployment, deployment, and postdeployment risk factors for posttraumatic stress symptomology in female and male OEF/OIF veterans. *Journal of Abnormal Psychology, 120*(4), 819-831. doi:10.1037/a0024457
- U.S. Department of Veterans Affairs. (2013). *Veteran in recovery*. Retrieved from <http://www.mentalhealth.va.gov/mentalhealthrecovery.asp>
- U.S. Department of Veterans Affairs (2014a). *Military Sexual Trauma*. Retrieved from <http://www.mentalhealth.va.gov/msthome.asp>
- U.S. Department of Veterans Affairs (2014b). *Returning from the war zone: A guide for military personnel*. Retrieved from <http://www.ptsd.va.gov/public/reintegration/guide-pdf/FamilyGuide.pdf>
- Van der Kolk, B.A. (2014). *The body keeps the score: brain, mind, and body in the healing of trauma*. New York, NY: Penguin Group.
- Van der Kolk, B.A. & McFarlane, A.C. (2007). The black hole of trauma. In B.A. van der Kolk, A.C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York, NY: The Guilford Press.
- Washington, D.L., Kleimann, S., Michelini, A.N., Kleimann, K.M., & Canning, M. (2007). Women veterans' perceptions and decision-making about Veterans Affairs health care. *Military Medicine, 172*(8), 812-817.

- Williams, K. (2005). *Love My Rifle More Than You: Young and Female in the U.S. Army*. New York, NY: W.W. Norton & Company.
- Williams, K. (2014). *Plenty of Time When We Get Home: Love and Recovery in the Aftermath of War*. New York, NY: W.W. Norton & Company.
- Yano, E.M., Bastian, L.A, Bean-Mayberry, B, Eisen, S., Frayne, S., Hayes, P... Washington, D.L. (2011). Using research to transform care for women veterans: Advancing the research agenda and enhancing research-clinical partnerships. *Women's Health Issues, 21(4S)*, S73-S83. doi:10.1016/j.whi.2011.04.002.
- Zarembo, A. (2015, June 5). Suicide rates of female military veterans called staggering. *Los Angeles Times*. Retrieved from <http://www.latimes.com/nation/la-na-female-veteran-suicide-20150608-story.html>.
- Zinzow, H.M., Grubaugh, A.L., Monnier, J., Suffoletta-Maierle, S., & Frueh, B.C. (2007). Trauma among female veterans: A critical review. *Trauma, Violence, & Abuse, 8(4)*, 384-400. doi: 10.1177/1524838007307295

Appendix A – Recruitment Script for Key Informants

Recruitment of Key Informants

This recruitment script is designed to be used for phone call contact. This first page of this script can be adapted for initial email contact to arrange for a more involved phone meeting.

Recruitment Script

“Hello, my name is Courtney Glover and I am a clinical psychology graduate student with Antioch University New England in Keene, NH. I am contacting you today because ___[insert below]___:

- _____ gave me your contact information.
- I learned about your program through _____.
- I am aware that you are a key point of contact for women service members in your area.

Do you happen to have a few minutes to speak with me?

As part of my degree, I am completing research on the postdeployment experiences of women veterans who have deployed in Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). I am doing this study because there is very little in-depth research on the military experiences of women veterans, especially looking at the ways women adjust to life after deployment and make sense of their experiences.

It is my hope that my study will give way to a better understanding of the postdeployment experiences of servicewomen and to possibly improve the mental health community's knowledge of and ability to serve this population. For my study, I am looking to interview a handful of women veterans to capture their unique stories and to learn from them. My study has IRB approval and I can provide you with more information to demonstrate the legitimacy and intentions of the project.

In an effort to recruit participants for my study, I am reaching out to individuals and local organizations that either serve women veterans or have connections to women veterans through personal affiliations. I am contacting you as a possible resource, who may be able to connect me with servicewomen or direct me other resources in your community?

[State the latter only, if informant is bound by institutional ethics and cannot make referrals. Then collect the contact information for this group. End here.]

I am wondering if you know of any women veterans who may be interested in my study, and most importantly, who would be willing to be interviewed and talk with me about their postdeployment experiences?”

If interested in the purpose of the call:

“Great, may I tell you more about the specifics requirements of my study? I am looking to interview women veterans who have deployed with OEF/OIF/OND between 2001 and 2013, who have experienced some level of combat exposure during their deployment, and have been home for at least 1 year or longer. Additionally, it is my hope that the interview will offer an opportunity to talk about the veteran’s experiences in a manner that meaningful and useful to them.

This study is not meant to discuss the traumatic nature of someone’s combat or military experiences. However, there is the possibility that this interview could bring up some negative thoughts and feelings. For these reasons, I am only seeking participants you think would be ready and able to talk about their postdeployment experiences and are believed to be safe, stable, and not currently abusing substances. Women veterans who **want** to share their story are particularly appropriate recommendations. Is there anyone that you know of that you feel meets these criteria that you would recommend for my study?”

Participant referrals. “Depending upon your comfort and preference, either I can reach out to the woman veteran(s) that you recommend to me directly, or I can provide you with some brief materials and my contact information to pass on to the women first.”

If the veteran’s contact information is provided... [Collect email, phone number, name of the veteran and verify spelling and accurate recording.] “Do you recommend that I phone or email the veteran first? And are you comfortable with me stating I learned of her information from you?”

If the informant prefers to reach out to the veteran first... [Collect key informant’s email and verify spelling.] “Okay, I will send you a recruitment flyer by email detailing my study objectives and eligibility requirements, as well as my contact information to pass on to the veteran. May I contact you on [in a few days] to follow up?”

If not interested or unable to provide referral recommendations:

“I appreciate your time to speak with me today. Another purpose of my call is to not only connect with possible participants, but also other key points of contacts like you. Is there anyone or any particular organization in the community that you would suggest I reach out to for possible recommendations or leads to potential participants? And would it be okay for me to say that I received their contact information from you?” [Collect this information.]

End Call. “Thank you very much for you time speaking with me today. I hope this will provide a rich opportunity to learn more about the women veterans in our community. I appreciate your help to connect with them.”

Appendix B – Recruitment Script for Potential Participants

Recruitment of Potential Participants

This recruitment script is designed to be used for phone call contact. This first portion of this script can also be adapted for initial email contact to arrange for a recruitment phone meeting.

Recruitment Script

“Hello, my name is Courtney Glover and I am a clinical psychology graduate student with Antioch University New England in Keene, NH. I am contacting you today because I’m conducting my final research study on the postdeployment experiences of women veterans. [Insert referral source] thought you might be interested in participating. Do you have a few minutes to speak with me?”

I am reaching out today because I am trying to connect with returning women veterans who have deployed to Operations Iraqi Freedom, Enduring Freedom, or New Dawn (OEF/OIF/OND).

As part of my degree, I am completing my dissertation, or final research study, on the postdeployment experiences of servicewomen. To date, there is very little research on the military experiences of women GWOT veterans, especially how you adjust to coming home from a combat deployment and make sense of these experiences. For my study, I am looking to interview a handful of women veterans to hear their unique stories and to learn from them. It is my hope that my study will improve the community’s knowledge of your unique experiences and ability to offer services that will better meet your needs.

I am contacting you as a possible resource, who may be able to either participate in my study and/or refer me to other women veterans who would be interested in this study. May I tell you a little bit more about my research?

[Depending upon veteran’s response, move to “Determine Eligibility” or “Request for Referrals” sections below.]

Determine Eligibility

“I am looking to interview women veterans who have deployed with OEF/OIF/OND between 2001-2013, experienced some level of combat exposure during this deployment, and have been returned home for at least 1 year or longer [elaborate as necessary]. When _____, recommended I contact you, they thought all of this may be true for you. Is that right?”

If meet initial eligibility criteria:

“Okay, great. Most importantly, I am looking to interview women veterans who **want** to talk about their military and postdeployment experiences. It is my hope that the interview will be a chance to talk about your experiences in a way that meaningful and useful to you.

It is not the goal of this study to talk in any detail about negative or potentially traumatic experiences you may have faced in the military. There is a possibility that the interview could bring up negative memories and feelings. For these reasons, I am only seeking participants who feel ready to talk about their postdeployment experiences, believe they are safe and well enough to do this, and are not misusing substances. Would you be willing to learn more information about participating in my study?

[Skip to “Screening Script for Potential Participants,” Appendix D.]

If do not meet initial eligibility criteria:

“Because of the very specific focus of my study, I am not able to interview you unfortunately. I am very appreciative of your time to talk with me today and willingness to learn about my research.

[Move below for Request for Referrals]

Request for referrals (for ineligible or uninterested recruits)

“All of my participants are being recommended to me from their friends or people they may know. Do you have any female military peers or friends who deployed to OEF/OIF/OND and have been home for at least one year, who may be interested and ready to talk about their postdeployment experiences? Women veterans who **want** to share their story are particularly good recommendations.”

If referral offered: “Depending upon your comfort and preference, either I can reach out to the woman veteran(s) that you recommend to me or I can provide you with some brief materials and my contact information to pass on to the women first?”

If veteran contact information is provided: [Collect email, phone number, name of the veteran and verify spelling and accurate recording.] “Do you recommend that I phone or email the veteran first? And are you comfortable with me stating I learned of her information from you?”

If she prefers to reach out to the veteran first: [Collect her email and verify spelling.] “Okay, I will send you an email with my study objectives and eligibility requirements, as well as my contact information to pass on to the veteran. May I contact you on [in a few days] to follow up?”

End Call. “Thank you very much for you time speaking with me today. I hope this will provide a rich opportunity to learn more about the women veterans in our community. I appreciate your help to connect with them.”

Appendix C – Recruitment Flyer

**Women Veterans' Experiences of Recovery in the Aftermath of War:
A Qualitative Analysis**

- Are you a woman GWOT veteran or service member?

- Did you deploy in support of an OEF/OIF/OND?

- Have you been home from deployment for at least 1 year?

- Would you be willing to talk about your postdeployment experiences?

If YES, please consider learning more about this study.

Research Need: There is little information on the postdeployment experiences of women Global War on Terror (GWOT) veterans. To date, majority of the research is based on studies of mostly male service members and does not fully capture the experiences that women face both during and after war.

Intent of the Study: The purpose of this study is to explore women veterans' experiences of postdeployment recovery following their combat tour in Operations Enduring Freedom, Iraqi Freedom, or New Dawn. *Postdeployment recovery* is understood as a process of healing, transformation, or adjustment that takes place following combat deployment. **The researcher is hoping to interview women veterans to learn more about this topic.**

If you or someone you know may be interested in this study and would like to learn more, please contact the researcher, Courtney Glover, at [email] or [phone number].

Appendix D – Screening Script for Potential Participants

Screening of Potential Participants

The screening process is designed for potential participants who have (a) expressed interest in the study and (b) met initial recruitment criteria. This script is designed for phone call contact following the initial recruitment call or email, and may occur immediately after the recruitment call for applicable participants.

Screening Script

“Thank you for agreeing to speak with me and expressing interest in my study. Before moving forward with the interview, I would like to take a few minutes to spend some time make sure that the study is right for you, as well as discuss your rights as a study participant. Do you have any questions for me before moving forward?”

Demographic data and eligibility:

“I would like to begin by collecting some background information that I will ask of all participants.”

Gender: _____ Military branch: _____
 Current military status: _____
 Number of deployments: _____ GWOT Tour (OEF/OIF/OND): _____
 Dates of deployments: _____ Exposure to combat: _____
 Time since returned from deployment: _____

Meets criteria: _____ a) deployed in support of the Global War on Terror,
 _____ b) experienced combat exposure during their GWOT deployment,
 _____ c) have been returned from deployment for at least 1 year.

Safety and mental health status:

“As I mentioned, this study is not meant to discuss distressing or potentially traumatic military experiences you may have endured. The study is mostly focused on your postdeployment experiences as a woman service member. However, it is possible that over the course of the interview, memories that cause discomfort could arise. It is expected that any negative emotions or thoughts will pass for most people. It is important for me to only interview women veterans who are in a place to talk about their military and postdeployment experiences safely, so I would like to ask you some questions about your overall wellbeing and readiness to do so...”

Readiness to talk about your experiences:

- Do you feel able to engage in in-depth discussion about your military and post-deployment experiences? Are you willing to be audio-recorded?

Safety:

- Are you currently engaging in behaviors that put yourself or others in danger? Do others in your life express concerns about your safety and wellbeing?
- Are you having thoughts of harming yourself or others? Do you have intent or plan to act on these thoughts?
- Are you currently using substances in a manner that is problematic, concerning or dangerous to you? Do others in your life express concerns about your substance use?
- Do you feel able to cope with negative thoughts or feelings pertaining to your military experiences? What are your primary ways of dealing with this?

Perceptions of harm:

- Do you believe this study could be unhelpful or harmful to you in anyway?
-

If deemed unfit for the study:

“I am very appreciative of your time and your honesty in answering these questions. For _____ reasons, I am unable to invite you to participate in the research. I would like to offer you connection to any resources that may be available to you, including mental health resources in your area and contact number for a Veteran’s Crisis Line (1-800-273-TALK), should you decide to access these resources in the future. I very much appreciate your service and want to validate your experience as a veteran.

[Discontinue phone call accordingly.]

If deemed appropriate for the study move forward as follows:**Invite to participate:**

“Thank you for answering these questions. I would like to invite you to participate in my study. On average the interview takes about 1-1½ hours and you will be offered a \$25 gift certificate to Amazon or donation to a charity of your choice as a thank you for your time. I can provide either an in-person interview in a semi-public location (such as a library conference) or a phone interview. Would you like to participate?”

If participant agrees to participate:

- 1) **Informed Consent Documentation.** “As a participant of any research you should know about the potential benefits and risks of the study, as well as your rights and responsibilities. This is what we call ‘informed consent.’ I would like to briefly review this with you aloud. I will also send you a copy to read in advance of our meeting. [Briefly review the “Informed Consent Document,” Appendix E.] “Do you have any questions or concerns about this process?”

- 2) **Interview Protocol.** “Before the interview, I would also like to send you a copy of the questions that I will ask of you, so that you can have time to think about them in advance. What is the best email or mailing address to send this information to?”
- 3) **Set up a time for the interview.** [Phone vs. in-person. Date and time. Location as relevant. Exchange and verification of contact information.]
- 4) **Final review of plan.** “Thank you so much for your time. I will go ahead and send you a copy of the Informed Consent and Interview Protocol. Please review both ahead of time and if you have any questions, please feel free to contact me. I will send you a reminder of our interview time 1-2 days beforehand. If for any reason you decide to not participate in the research, please let me know and we will cancel the interview without any consequence to you. Do you have any final questions or concerns?”
- 5) **Referrals to additional participants.** “Also, as I mentioned earlier, I am still actively looking for additional women veterans to interview. If you have any female peers that you think would be interested in this study, please let them know and provide them with my contact information. I would also be happy to reach out by phone or email and discuss the study with them.”

Appendix E – Informed Consent

CONSENT FORM FOR PARTICIPATION IN A RESEARCH STUDY

Researcher and Title of the Study

My name is Courtney Glover and I am a clinical psychology graduate student at Antioch University New England. The title of the study is *Women Veterans' Experiences of Recovery in the Aftermath of War: A Qualitative Analysis*.

What is the Purpose of this Study?

The purpose of this study is to explore women veterans' experiences of recovery after they have deployed in support of the Global War on Terror (GWOT).

There is little research on the military experiences of women GWOT veterans, especially how they cope with returning home from combat deployment and make sense of their experiences. A goal of this study is to better understand the experiences that servicewomen face after war.

I would like to interview you to learn more about this topic.

What Does your Participation in this Study Involve?

I am asking for your **voluntary participation** in the study in several important ways:

- First, you will be given a copy of this consent form and the interview questions to look over before we meet. This is to give you more time to think about participating in this study and the experiences you may or may not want to share with me. Of course, you can let me know if you have questions or concerns about participating or about discussing certain questions or topics.
- Second, we will meet in a quiet public place (like a meeting room in a library) or speak on the phone. **The interview should take between 1-1½ hours and will be audio-taped.** We will have a conversation about your experiences of deployment and recovery, and the ways this may be different or important for women veterans. At the end of the interview you will have time to talk about any topics that came up for you. You will also have time to share other thoughts that you want me to know or understand.
- Lastly, I will contact you about 2-4 weeks later to look over the major themes that I have found in your interview. I will ask you to review these themes to see if they are accurate. I will also invite you to make any additional suggestions or thoughts that seem important to note about your interview.

What are the Possible Risks of Participating in this Study?

Participation in this study is not likely to present a major risk to you.

It is possible that remembering your military experiences may bring up painful thoughts or feelings. If you feel upset while we are talking, you may tell me at any point in time. We can talk about how you are feeling and how to handle those feelings. You can skip any questions or discontinue the interview at any time.

This study focuses on your military and postdeployment experiences. It is *not* the goal of this study to discuss the details of difficult or potentially traumatic experiences that you may have faced. **I may interrupt you or stop and redirect the conversation**, if you start talking about a specific memory at length or in too much detail.

Should you experience any distress due to the interview, please tell me. I will be able to give you referral information to mental health services near you. If you already have a therapist, you can talk about any of the issues that may come up due to participating in this study in therapy, if that would be helpful to you.

What are the Possible Benefits of Participating in this Study?

You are not expected to directly benefit from this study. This study is meant to fill the gap in knowledge about women veterans' experiences during and after combat deployment. The information learned may help clinicians and other mental health providers to better serve women veterans. I hope that you feel good about adding to this knowledge-base. Also, you may find it helpful to talk about your experiences, including experiences that were or are difficult for you.

If You Choose to Participate in this Study, Will it Cost Anything to You?

I will attempt to minimize costs to you. By agreeing to participate in this study, you are accepting any costs due to making phone calls or driving to the interview.

Will You Receive Any Compensation for Participation in this Study?

To thank you for your time, you will receive a \$25 gift certificate to Amazon or a \$25 donation to the charity or organization of your choice.

Do You Have to Take Part in This Study?

Your consent to participate in this research is **completely voluntary**. If you refuse to participate, you will not experience any penalty or negative consequences.

Can You Withdraw From This Study?

After you agree participate in this study, you can change your mind about participating or choose to not answer any questions at any time. You can ask to remove your data from the study up to two weeks after our interview, for any reason. You will still be given the \$25 compensation.

How Will the Confidentiality of Your Records Be Protected?

I will ensure the privacy of all data and records connected to your participation in the study. The following steps will be taken to maintain confidentiality:

1. The signed **informed consent documents and demographic information** will be scanned and saved electronically with a password and unique code name. All paper copies will be destroyed.
2. Your interview will be recorded and the **audio file** will be saved under password protection and with a unique code name.
3. Your **typed interview** will not contain your name or other major identifying information. It will be kept in a locked drawer. All precautions will be taken to ensure that I am the only one who has access to the study records.
4. The **analysis or written work** will not contain your name or other major identifying information. **Quotes of what you said may be used in the final work**, but will be used anonymously. You may refuse to let me use your direct quotes.
5. **Few people will have access to the study data.** Only the researcher (me) and the professional who types up the interview (the transcriptionist) will have access to the audio file. Only the participant (you), the researcher, the transcriptionist, and a peer doctoral student (who will review the findings) will be able to see the typed interview. My research advisor (Dr. James Fauth), members of my dissertation group (Drs. Elisabeth Parrott and Vincent Pignatiello), and members of the Antioch University New England Institutional Review Board may ask permission to access the study data to make sure the research is being done properly. This is for your protection as a study participant.
6. All data and records will be destroyed at the end of the project (Summer 2015).

Whom to Contact if You Have Questions about This Study

If you have any questions or concerns about this study, please contact me, Courtney Glover, the clinical researcher [phone number] or [email] or my research advisor, Dr. James Fauth (603-283-2181 or jfauth@antioch.edu) of Antioch University New England, Clinical Psychology Department.

If you have any questions about your rights as a research participant, you may contact Don Woodhouse, Chair of the Antioch University New England Institutional Review Board (603-283-2101 or dwoodhouse@antioch.edu) or Melinda Treadwell, Vice President for Academic Affairs (603-283-2444 or mtreadwell@antioch.edu).

Consent Statement:

I have read and understood the information above. The researcher has answered all the questions I had to my satisfaction. She gave me a copy of this form. I consent to take part in the *Women Veterans' Experiences of Recovery in the Aftermath of War: A Qualitative Analysis* study.

Signature: _____ **Date:** _____

Witness: _____

Appendix F – Research Objectives and Interview Protocol for Participants

Research Objectives:

Research Need: There is little information on the postdeployment experiences of women Global War on Terror (GWOT) veterans. To date, most of the research is based on studies on male service members and does not fully understand the experiences that women face both during and after war.

Intent of the Study: The purpose of this study is to explore women veterans' experiences of postdeployment recovery following their combat tour in Operations Enduring Freedom, Iraqi Freedom, or New Dawn (OEF, OIF, or OND). *Postdeployment recovery* is understood as a process of healing, transformation, or adjustment that takes place following combat deployment.

Interview Protocol:

Instructions: Below is a list of questions that I would like to explore during the interview. It is my hope to learn from your experiences and to capture your story in a way that is meaningful and true to you. *Please read and review the questions before the interview*, to help us have an in-depth discussion of your recovery experiences after deployment.

Some of the questions may seem similar and you may find that at times your answers overlap—this is okay. Please feel free to add additional questions or thoughts that may not be listed in this protocol. You may also choose to not answer some questions altogether.

General Military Experiences

- What led you to join the military?
- How would you describe what it is/was like to be a **woman in the military**?

Deployment Experiences

- What was it like for you when you learned that you were being deployed to OEF, OIF, or OND?
- Can you generally describe your GWOT deployment(s)?
- What was it like to be a **woman deployed to war**?
- While deployed, what were your thoughts of returning home and life after deployment?

Postdeployment Experiences:

- What was it like when you first came home?
- How has your combat deployment continued to impact your life?
- What does “recovering” from war mean to you?
- How would you describe your experiences of recovery?
- Who or what has influenced your recovery (for better or worse)?
- How does being a **female war veteran** affect who are today?
- What else would you want people to know about women veterans' experience of deploying and returning home? Or about your story?

Appendix G – Interview Schedule for Researcher

INTRODUCTION

- Welcome.
 - Introductions – share my relevant background information.
 - Express appreciation for the veteran’s time and willingness to meet.
 - Discuss my objectives and the general structure for the meeting.

- Review of informed consent. **Confirm receipt of or collect signed document. (If in-person interview, provide an extra copy of the document for veteran’s keeping.)**

- Elicit questions or feedback before interview begins.

- Remind veteran she can skip questions or discontinue interview at any time. Remind her that the study is not intended to discuss distressing or traumatic experiences in detail and **I may check in, interrupt, or redirect the conversation if I perceive that she is talking about a particular memory in too much detail.** (Discuss why this may happen –e.g., to ensure safety, reduce unintentional distress, and to manage negative or potentially traumatic memories—as the interview is not meant to provide the kind of supportive context for this level of conversation.)

- Reminder of audio procedure. **Begin recording.**

INTERVIEW PROTOCOL

[Will adjust questioning based on demographic data and deployment history.]

Review and expansion of demographic data:

Gender: _____ Age: _____
 Military Branch: _____
 Years of service: _____
 Current military status: _____ (Length of separation: _____)

Number of deployments: _____
 GWOT tours: _____
 Dates of deployment(s): _____
 Military Occupational Specialty: _____ Special responsibilities: _____
 Exposure to combat: _____ Time since return home: _____

Sexual orientation: _____ Relationship status currently: _____
 Relationship status at time of deployment: _____
 Children: _____ (Ages, Names _____)

Currently living: _____ Members of household: _____
 Working/School: _____
 Important roles currently possess: _____

Other important demographic data did not identify on this form?

Overarching study questions:

1. How do servicewomen experience recovery following combat deployment?
2. How do the experiences of combat deployment continue to influence the lives of women when they have returned home?
3. What is the role of gender in that experience?
4. What are sources of strength or hardship for servicewomen in the aftermath of war?

Full Interview Schedule with Possible Prompts:

Participant Interview Questions	Prompts
<i>General Military Experiences</i>	
What led you to join the military?	<i>Did you have any important role models or experiences that influenced your decision to join the service, including knowing other women in the military?</i>
How would you describe what it is/was like to be a woman in the military ?	
<i>Deployment Experiences</i>	
What was it like for you when you learned that you were being deployed to OEF, OIF or OND?	
Can you generally describe your GWOT (OEF/OIF/OND) deployment(s)?	<i>What was mostly easy or difficult to adjust to?</i>
What was it like to be a woman deployed to war ?	<i>In what ways do you think being a woman mattered—or not—during your deployment? (i.e., gender as relevant to adjustment, occupational roles, deployment experiences and stressors, wellness, relationships with peers/leadership.)</i> <i>Did you experience any changes in how you saw</i>

	<i>yourself as a woman while you were deployed? How did others see you?</i>
While deployed, what were your thoughts of returning home and life after deployment?	<i>What were your expectations? Hopes? Concerns?</i>
<i>Postdeployment Experiences</i>	
What was it like when you first came home?	<i>What helped make adjustment possible or easier for you?</i> <i>What inhibited or interfered with your adjustment to being back home?</i> <i>In what ways did your experience of returning home coincide or differ from your expectations of homecoming? Or from the experiences of other GWOT veterans?</i>
How has your combat deployment continued to impact your life?	<i>Has your deployment affected important relationships or roles that you resumed? How so?</i> <i>How have you made sense of your combat experiences?</i> <i>What should others know about this process?</i>
What does “recovering” from war mean to you?	<i>What does this process entail?</i> <i>Are there aspects of recovery from war that are unique for women veterans? How so?</i>
How would you describe your experiences of recovery?	<i>How did you get to the place where you are now?</i> <i>Are there ways that you feel stuck in your recovery?</i> <i>Are there areas of your life that you have noticed improvement because of your deployment experiences? (What have you learned from this experience?)</i>
Who or what has influenced your recovery (for better or worse)?	<i>Sources of pain? Sources of strength?</i> <i>External sources of support (i.e., relationships, resources, and pathways to wellness)?</i> <i>Public and military perception of women soldiers?</i> <i>Do you think these particular experiences differ for</i>

	<i>women veterans? How so?</i>
How does being a female war veteran affect who you are today?	<p><i>How does your involvement in GWOT affect how you see yourself? (Is it important part of your identity?)</i></p> <p><i>How does this affect how others see you?</i></p> <p><i>What are the best and hardest aspects of being a female veteran?</i></p> <p><i>Has anything else changed in who you are as a result of being a woman veteran?</i></p>
What else would you want people to know about women veterans’ experience of deploying and returning home? Or about your story?	<i>If you could give one message—or if you had one request—from society to help better understand what you (and other women veterans) have gone through, what would that be?</i>

DEBRIEFING

- Invite the veteran to share any additional thoughts or experiences or ask any questions.
- Explore the veteran’s experiences participating in the interview process
 - What was this experience like for you?*
 - What are your hopes for this research?*
- Explore interests/needs for additional support or resources available to the veteran.
 - Connect to appropriate participant-specific resources—immediately or provide follow up and with approximate timeframe
 - Provide all veterans with the following packet in hard copy form:
 - Mental health resources: VHA resources (local VA hospital, Vet Centers) and Veteran Crisis Lines
 - Needs-based resources: Financial, educational, and homelessness resources
 - Women veteran-specific support programs
- Express gratitude for her time and contributions
 - Provide a \$25 gift certificate to Amazon or determine if there is a charity or organization that she would like a donation to be made to instead
- Remind the veteran of the next steps involving their participation and study procedures:
 - The interview will be transcribed and I will begin to analyze the written transcript for any major themes that emerge

- **Member check:** Next I will contact the veteran in about 2 weeks with a list of the primary themes identified from the interview. The participant will be asked to look over these themes for accuracy, to see if they capture their story and if there is anything that may be missing. This is also an opportunity for additional follow up.

Ask: *Do you mind if I use direct quotes?* (Reminder: The quotes will not be identifiable and she will have a chance to review the quotes I choose.)

- I will analyze these themes across the other interviews and look for prominent themes that are similar or different for all participants.
 - I will attempt to capture these themes in a narrative form and eventually write 2 chapters about the themes captured in the interviews to highlight women veterans' experience of deployment and returning home
- Reminder: I will not routinely offer the veteran a copy of her transcript or the final project, unless requested. If the veteran requests this, proceed with discussion about reading written narrative and potential negative emotionality that this may elicit.

Appendix H – Thematic Analysis

Superordinate Themes	Emergent Themes	Sample of Selected Quotations
<p>Women’s Military Service is Marked by Accomplishment and Hardship</p>	<p>Women overcame unique challenges in the military</p>	<p>“Being a woman in the Marine Corps, you have to prove your worth because there is an assumption out there that you’re worthless. <i>‘What good are you because you can’t be on the front lines?’</i>” (Brie, p. 8)</p> <p>“I think I would definitely agree that it has, you know, boosted my sense of accomplishment and confidence that, you know, there are always going to be people that don’t like you and assume that you have it easy and never had to work for anything, of course. But if I know—you know what? —that should be the only person that matters.” (Grace, p. 7)</p>
	<p>Servicewomen experienced substantial stressors on deployment</p>	<p>“So I said earlier about like being a piece of meat in a pack of hyenas. It’s like being a piece of super rare meat, in like a wildlife of hyenas.... I mean stateside, the ratio of men to women is like—it’s small, and now when you go overseas, the ratio is like way smaller. I don’t even—I can’t even—probably like 100 to 1. Easily. So, it’s like you’re always being looked at, gawked at, always.” (Brie, p. 23)</p> <p>“And that was the coldest splash of water you can imagine. You know, I was 23, 24, you know, kind of fresh out of school and naive. I traveled and, you know, seen some things, but you never—you never know what it’s like until it hits you in the face. You never know how you’re going to deal. And that was pretty—it was—it was impacting. I will always remember that.” (Grace, p. 14)</p>
<p>Servicewomen Experienced Immediate Readjustment Challenges</p>	<p>“Home” felt disorienting</p>	<p>“I arrived in the middle of the night and my husband wasn’t home yet, and so I kind of just got back to an empty house. It was a little anticlimactic.... And I just traveled, you know, however many thousands of miles and it was a very odd feeling—not happy or sad, just sort of, <i>‘Huh—This—this is where I am right now.’</i>” (Grace, p. 44)</p> <p>“And when I did go back to home—to where I was stationed—and moved into</p>

		my own place, that first month was like awful. It kind of felt like I went a little bit crazy actually. Because it went from living with a ton of people and like never, ever being by myself and never having any quiet time to being like a new condo, by myself, like I didn’t even have my pets back yet. And you know, not really sleeping.” (Ina, p. 35)
	Feeling unsafe persisted in postdeployment environments	“For me, having to have the extra protection—like you can’t just walk around by yourself because you never know what’s going to happen—and I still have kind of owned that, you know, being back in the States.... Like if it could happen in war, it could happen here. So I think that’s one of those foremost things that you kind of think through, just being more protected and more guarded as a woman, I think, kind of was more of—I shouldn’t say ‘issue’—but more of a presence in my life once I got back.” (Eve, p. 42)
	Social alienation and withdrawal impacted adjustment	“Like I was on a totally different planet. Like really, I felt like I was on a different planet watching all these people walking around me that had no clue. And there was nothing I could do about it. Like I couldn’t go up and pop all their little bubbles and tell them what reality was, you know?” (Hailey, p. 26)
The Effects of War Endured Over Time	Deployment experiences were a source of emotional pain	<p>“And I guess that’s part of it, too, is that recovering from war is a death of innocence, like a little kid when they—you know their parent dies or something. All of a sudden it’s a whole new world, something that you have to learn to get used to and deal with.” (Faye, p. 62)</p> <p>“It was a very tough, very challenging experience for me personally and for the unit, and it shook me to my core, to the point that I almost got out of the Army. So, as a leader? Yes. The suicide downrange and being that close to the situation definitely changed everything. It made me question everything about myself as a leader. Standing up and, you know, going through the entire aftermath of that, you know, just like feeling guilty about crying in formation. <i>‘Is that because I’m a woman or because I’m weak or because I’m - ?’</i> You know, those kinds of things, so yes, I definitely—The deployment experience changed me as a person. It, in and of itself, also added to that weight.” (Amy p. 25)</p>
	Deployment experiences	“I just feel like I got to be part of something really important and special. I mean, I just—I am really, really grateful for the experience and really grateful

	<p>provided perspective</p>	<p>for being able to meet the people that I did. Even meeting some of the locals that I did and to kind of see where they are coming from. I am just really grateful for it. I guess it is a once in a lifetime thing that I think very few people get to have.” (Ina, p. 57)</p> <p>“It’s good to have something to measure against in terms of if something happens in your life and it’s really bad. Like, <i>‘Well, relatively how bad is it? Is it bad as, you know, coffins on a plane?’</i> Probably not, you know?” So, you know, again there’s a sense of perspective. Like, <i>‘Deep breath, everything’s going to be okay.’</i>” (Grace, p. 59)</p>
	<p>Deployment experiences increased self-esteem and credibility</p>	<p>“I think it affects me like, well, knowing that I can get through anything. Like any challenge that I’m presented with, I know I’m going to accomplish it And if I can’t accomplish it, I’m going to do all I can to accomplish it.” (Demi, p. 50)</p> <p>This sounds like very self-serving, but I feel like it has boosted my confidence a bit because—I am embarrassed to say it, but it has. Just the fact that people treat me differently.... We are on equal footing with the men in a certain way. (Cait, p. 43)</p>
	<p>Deployment experiences served as a source of learning and purpose</p>	<p>“I think there’s just a sense of ownership now and wanting to mentor younger officers, mentor younger enlisted soldiers to say, <i>‘Hey, look. This is what we’ve gone through or I’ve gone through personally,’</i> in hopes that they’ll be able to learn from my experience and either continue to move on from it, or are they asking questions about mistakes and stuff that I’ve made, you know, to be able to share that.” (Eve, p. 51)</p> <p>“If anything, I have to remind myself to be a lot more compassionate toward other people, to try to reach out, because you never know what is behind what is going on in their mind, what’s bothering them. I mean, you don’t know unless you talk to someone and get to know them and just take the time to realize that there is always a story.” (Cait, p. 58)</p>
	<p>Deployment experiences altered identity</p>	<p>“I think that combat veteran is the label that they put on that, and that is part of my identity. It’s part of my profession. So, it is something that I’ve done. It does not necessarily define who I am.” (Amy p. 51)</p>

		<p>I mean, it’s part of who I am. It is. It always will be. It will never go away. It’s who I am. It’s part of bone marrow, you know? And it’s something that I’m very, very proud of. I always have been—always will be—and especially for the fact that I’m a female Marine combat veteran. (Hailey, p. 57)</p>
<p>Servicewomen Accessed Internal Pathways to Recovery</p>	<p>Reflection and meaning-making of the past facilitated recovery</p>	<p>“I think just like, I didn’t realize how long it would take to get feeling back to normal... You can’t leave like any life experience behind and just pretend it didn’t happen, but I didn’t realize that some of those things would stay with me forever.” (Ina, pp. 40-41)</p> <p>“I’m happy to say that in the years since, I have found a much greater balance in my memories and the processing and the celebration of Sergeant [deceased soldier]’s life.... It’s given me new appreciation for the struggle of suicide within our ranks, and just how you lead your soldiers, how to love your soldiers.” (Amy, p. 25)</p>
	<p>Self-awareness cultivated recovery</p>	<p>“I spent a whole lot of time at the gym, just getting my mind right... So like that helped me. <i>‘Okay, I’m home now. This is where I get to work out now, and these are the people I get to be around now.’</i>” (Brie, p.49)</p> <p>“The only thing I can say is the recognition that, <i>‘I am in a bad place. This is not good. This is not healthy. I need to get myself out of this.’</i> So I don’t even know how to categorize that, but that’s been really the only source of strength. You know, the realization, like, <i>‘I don’t know want to be in this mental and emotional space that I am in. I need to get myself out of this.’</i>” (Cait, p. 66-67)</p>
	<p>Shifting focus on the past and future mobilized recovery</p>	<p>“So, it’s like you can either take it and have it be really bad and destroy your world, or you can take it and do something good with the bad that you experienced, you know?” (Hailey, p. 44).</p> <p>“Just, you know, you don’t really look back. I just keep my eyes on the future, instead of reflecting on what should have/could have happened. Just keeping my eyes—Having a goal, staying ahead. That’s it” (Brie, p. 51).</p>

		<p>“So, I think going back to school has helped me because it just kind of like pushes all that information out and, you know, I’m focused on learning something new.... I think it’s helped me just forget about any bad experiences I had in the military and just move forward.” (Demi, pp. 34-35)</p>
<p>Connection and Isolation Impacted Recovery</p>	<p>Disconnection from community impeded recovery</p>	<p>“I didn’t really have anybody to talk about it with. You know, I didn’t really have any way to just vent or sounding board or, you know, I didn’t talk about it ... I had this experience that I was holding. And, you know, I think it took me a few years to kind of sort it out and come to terms in my head with everything that I went through. And I think that could have been better. I think I could have done things differently—or not. I don’t know.” (Grace, pp. 46-47)</p> <p>“But just almost like how people go through survivor’s guilt and stuff, you know, like all these other people were blown up by an IED, ‘<i>Why am I still alive?</i>’ Well, for me it was all these people are still deployed, ‘<i>Why am I home? I’m still supposed to be there.</i>’” (Faye, p. 51)</p> <p>“I think it is kind of hard to have open communication because it’s like, ‘<i>What do you tell them?</i>’ You know? ‘<i>What are they going to ask?</i>’ And like, ‘<i>How much details do you need to go into and how much do they really want to know?</i>’” (Demi, pp. 49-50)</p>
	<p>Societal invalidation and invisibility undermined recovery</p>	<p>“Kind of I guess the only thing would be that, you know, I think women veterans in general and women war veterans, like they’re kind of like the forgotten veterans. No one really thinks like, ‘<i>Oh, that person went to war. That person deployed.</i>’” (Demi, p. 52)</p> <p>“I don’t know. They just naturally assume that we did not see the same things or experience the same things because of it. Yeah, so you are not going to find a lot of women bragging about it. They don’t. They generally don’t. I think because of that they are even more silent, because – Yeah. We don’t want to be seen as the Cage Rattlers.” (Cait, p. 72)</p>

		<p>“Again because like, ‘<i>Oh, you’re a woman at war. What were you doing? Cooking? Doing the laundry?</i>’ Like, ‘<i>You weren’t on the front lines.</i>’ You know, ‘<i>You weren’t out kicking down doors.</i>’ No, maybe not. But, you know, we still have these experiences. But for whatever social or professional reasons, we have come to tell ourselves that nobody wants to hear about it and, ‘<i>You just need to toughen up, girl.</i>’” (Grace, pp. 64-65)</p>
	<p>Professional resources facilitated recovery</p>	<p>“I was lucky enough to have the big ceremony both times. And that’s almost as a rite of passage. You can kind of doff that warrior mentality. You can literally wash it out of your clothes.” (Amy pp. 31-32)</p> <p>“I just think it takes time. Like the Army has systems in place, like people you had to go see and talk to, courses that you had to take to reintegrate back into life, from culture shock, and I think that that helped. And then over time you kind of think about what people had to say to you in those meetings and in those break things, and you kind of make a life for yourself again.” (Eve, p. 44)</p>
	<p>Personal support systems eased recovery</p>	<p>“Going home, seeing my family—We have this retreat place that my uncle is a club member of and that we’re allowed to go to. And so we went there for a couple of days and my family wanted me to, after the first deployment, put my uniform on and talk to them about some stuff I had done, so that they could see my uniform and the awards and stuff, and then pictures.” (Faye, p. 70)</p> <p>“Yeah, so, but thankfully I had one really good friend. She was also military, she had also gotten out of the Army, and she and I could always talk. So when I told her what was happening, why I was crying and why I was a mess, she was like, ‘<i>You need to go get help.</i>’ So she told me, ‘<i>Go get help.</i>’ And kind of that reassurance, you know, that it is okay to get help was further reason for me to go.” (Cait, p. 53)</p>
	<p>The military community was critical to recovery</p>	<p>“I think that you really get to know someone very, very well when you’re put in circumstances that push and challenge you in ways that are unique and uncomfortable and sometimes dangerous. You form bonds, a brotherhood/sisterhood, as cliché as that sounds, that really solidify over time. And no matter how many years pass, when you see somebody again, they just melt away</p>

		<p>because you shared something that is unique and that is valued.” (Amy p. 5)</p> <p>Like someone will say, ‘<i>You need a battle buddy when you get home.</i>’ You’re like, ‘<i>Whatever,</i>’ you know, ‘<i>I want to see my friends. I want to go out.</i>’ But at some point, it’s going to click with you that that person wasn’t with you and didn’t experience what you experienced. Like when you’re talking about the deep back in Iraq, or, you know, like something that happened in Iraq and they’re looking at you like you’ve got five heads. They can’t relate. So, you’re still going to need that person, whoever your person is—you know, “Grey’s Anatomy ‘my person’”—to talk with (Eve, p. 37).</p>
<p>“Recovery” has Multilayered Meanings</p>	<p>Recovery is assimilating the memory of war into the present</p>	<p>“I think for me, synthesis is becoming more self-aware and becoming more emotionally intelligent in my own—by incorporating that experience into my own identity. So, being able to synthesize and find, yeah, exactly like a white space, just to speak openly and to take time to move through all of those thoughts, feelings and emotions and to just kind of put it in a good context.” (Amy, p. 35)</p> <p>“There was nothing to recover from. It was an event in my life, it was an experience I had that ... has become a part of my story. And I think if I had to pick a word – ‘<i>How do we sew this experience into the tapestry of our lives?</i>’ ... It’s a thread in my story. (Grace, p. 51)</p>
	<p>Recovery is cultivating acceptance</p>	<p>“Recovery is definitely possible, you just have to find out how. You have to recognize what you just did and recognize that you need to take a step back when you come home, and let yourself come back into reality... You just have to recognize that there is a problem... It’s just like being alone and take a step back to reflect.” (Brie, pp. 59-60)</p> <p>“Being able to get to a point that is better than where you were. Yeah. Kind of accepting who I am now. That I am never going to be who I was three years ago, five years ago, ten years ago. That there is always going to be a part of me that is—damaged is not the right word—like a darker side, that is always going to be there. And realizing that there is nothing wrong with that—but accepting who I</p>

		am, where I am. Am I happy about where I am or should I get better? Just a point of acceptance without being harmful to myself.” (Cait, p. 61)
	Recovery is finding the “silver lining”	<p>“Well I guess my PA student perspective, it means getting back to previous level of functioning. But I don’t really think that is very applicable here because you are going to be different. I think probably just being able to – being able to take your experiences in a positive way, would be what I would say.” (Ina, pp. 46)</p> <p>“I guess for me personally recovering, I guess—But like, I don’t know, just like really trying to kind of forget about my deployment and also to, I guess, just learn from the parts that like—use my experiences to make me a stronger person, I guess. And, you know, take the bad with the good and use that, learn from that and then kind of just forget about the rest because it’s in the past and move on.” (Demi, pp. 43-44)</p> <p>“I guess just not letting the bad things take over my life, but using them for good, whether it be in my own personal life, or to help somebody else’s existence be better. I would say that’s what it would mean for me.” (Hailey, pp. 42-43)</p>
	Recovery is multifaceted	<p>“To me, that would mean recovering from the physical stress, the emotional stress, the memory – dealing with good and bad – re-acclimating to being back in the States. And sometimes the American dream bubble is gone. Like the, ‘Oh, everything in America is so perfect and amazing,’ and then you deploy overseas and see war and death, and you’ll never be the same. And even recovering from war, like I’m still recovering physically. Like I’ll have a permanent runny nose the rest of my life because of the air that I breathed while there.” (Faye, pp. 60-61)</p>
	Recovery is a process	<p>“I’ve never really thought about that. I don’t really know if you ever fully do recover. It’s an experience, so I think it takes time, just like any other experience that you go through that can be traumatic, you know, from being bombed to people being shot at. I think that it’s a process. Some people cope better than others, but other than that I really – I don’t know.” (Eve, p. 41)</p>
Connection and	Offer connection	“I think, you know, men and women returning home in general I would tell

<p>Recognition will Help Future Servicewomen</p>		<p>people who haven’t had that experience, you know, <i>‘Just listen. You know, don’t assume anything. Don’t try to give them advice unless they ask for it, you know. But be a good friend, you know? Listen, really listen.’</i> I mean, I would tell anybody that, to any friends. I think we human beings don’t do that enough for each other.” (Grace, p. 77)</p> <p>“I guess it would be encouraging decision makers and males in like leadership positions in the military to stand up when they see female coworkers being treated like a piece of meat, because they can stop it more than any female could.” (Faye, p. 81)</p>
	<p>Offer recognition</p>	<p>“But I think even just, you know, bringing the topic to the forefront of public awareness like, <i>‘Hey, guys,’</i> you know, <i>‘Hey, public, women went to war, too, and, you know, we’re not broken. We have feelings, too.’</i>” (Grace, p. 68)</p> <p>“I just think it is going to take a long time. And the biggest thing that weighs on my mind is just the whole women entering into combat arms. And it’s not – It’s going to take many, many years because men are always going to see us as not – not equal, and it is going to take a long time to change that mentality.” (Cait, p. 16)</p>