GEARING UP FOR STUDENT VETERANS:
A CASE STUDY OF THE UNIVERSITY OF HAWAI‘I AT MĀNOA

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Abstract

Research indicates that the psychosocial and academic needs of combat veterans are different from the general student population on a college campus. A qualitative research design was used to explore the readiness of the University of Hawai‘i at Mānoa (UMH) to support combat veterans as they pursue their higher education. This multicase study was carried out during the academic year of 2010. Constructivism guided the theoretical framework of the study and positive psychology (a strengths-based approach) was used to address issues of trauma exposure. The primary instrument of data collection was a semistructured interview questionnaire which was used with 8 student veterans who had combat experience during OIF/OEF. The literature review included articles from professional journals, webinars, newspaper articles, monographs, books, and blogs of personal accounts of those who served in these two wars. Once the data were coded, visual mapping was used to identify the emergent themes. Pattern matching, cross-case analysis and a constant comparative method were employed to analyze the data. The key findings were that the military has its own unique culture which can lead to misunderstandings between student veterans and civilians. Cross-cultural training could reduce this problem. Transitioning from military life to civilian (academic) life is difficult, therefore creating a bridge between the battlefield and the classroom is necessary. UHM is not considered to be a “military-friendly” school, but efforts are underway at the administrative level to improve the situation. Military members carry their moral code of never leaving a comrade behind back to civilian life; and, veterans helping veterans continues to be a protective factor in building resilience. In spite of the
recent efforts on the part of the DoD, stigma continues to be a barrier to seeking help for ‘hidden disabilities.’ Professional training is needed for UHM faculty and staff to raise awareness about veterans’ issues, and transformative learning theory is the recommended mode for creating a connected school environment that would support student veterans and facilitate a more empathetic campus community.
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CHAPTER 1. INTRODUCTION

Trauma changes the course of a person’s life. Following traumatic experiences, each survivor faces the question of how to fit those events, whether a one-time occurrence or an ongoing situation, into new understandings of life’s meaning and purpose. – J.B. Wise

This dissertation explored the preparedness of faculty and staff to support combat veterans pursuing a higher degree at the University of Hawai‘i at Mānoa (UHM). The aim was to identify the specific needs (psychosocial and academic) of combat veterans and the institutional resources available to meet those needs. This chapter begins with an overview of the context and background that framed the study. Following the overview is the problem statement and the statement of purpose. Also included in this chapter is a discussion about the research approach, the researcher’s perspectives, and the researcher’s assumptions. The chapter concludes with a discussion of the rationale and significance of this research study and definitions of some of the key terminology used.

Overview and Context

According to the United States Department of Veterans Services, with the GI Bill extended educational benefits, schools can expect to see a 25% increase in the number of veterans going to school in the next two to three years (Mulrine, 2009). With that increase in college enrollment comes a high probability of a population of which a significant percentage will have received a diagnosis of Posttraumatic Stress Disorder (PTSD). Seal et al.’s (2010) study indicated that “238, 098 OEF and OIF war veterans sought treatment for the first time at VA healthcare facilities nationwide from April 1, 2002 to March 31, 2008. 49,425 (58.2%) of these received a new PTSD diagnosis, 76.5% of which were comorbid with other mental health diagnoses” (p. 8). One of the
unfortunate trends is a rise in the rate of suicide among combat veterans. In referring to a U.S. Department of Defense news release entitled, ‘Military Leads Mental Health Care Transformation,’ “there were 312 confirmed suicides among servicemembers in 2009” (K. Pope, personal communication, February 24, 2010). This was the highest in thirty years and a real risk for these incoming students. It could be argued that few servicemembers return from combat deployment unaffected. Reger and Moore (2009) wrote, “Adjusting psychologically after returning home from a deployment can be a difficult process” (p. 63). A comprehensive study (Tanielian & Joycox, 2008) was done jointly by the Center for Military Health Policy Research (a RAND health center) and the Forces and Resources Policy Center of the National Security Research Division (NSRD). The study examined the post-deployment health-related needs associated with post-traumatic stress disorder, major depression, and traumatic brain injury among OEF/OIF veterans, the health care system in place to meet those needs, gaps in the care system, and the costs associated with these conditions and with providing quality health care to all those in need. The conclusion of the study revealed that “invisible wounds of war require special attention and high priority” (Tanielian & Joycox, 2008, p. xxvii), which would require the training of mental health care providers in both trauma and military culture (Danish & Antonides, 2009).

As mentioned, one of the major fallouts of not making a successful adjustment is a rising number of suicides. In his discussion of the growing rates of suicide in the military, Bryan (2010) pointed out the increased risk factor of PTSD, and warned that the biggest obstacle to mitigation was the stigma associated with seeking help. He provided
the following graph of the rates per 100,000 people of suicide among active-duty personnel in the Army, Marines, Navy and Air Force.

**Figure 1 Suicide Rates Among Active Duty Personnel**

![Graph showing suicide rates among active duty personnel](image)


The statistics show an increase in suicide rates since 2001, compared with the relatively steady rate of suicide among the U.S. civilian population. Ramchand, Acosta, Burns, Jaycox and Pernin (2011) reported on steps taken recently by the Department of Defense (DoD) to address this issue.

Beginning in 2008, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) began funding the Real Warriors Campaign, a public education initiative to address the stigma of seeking psychological care and treatment... As of February 2010, the campaign had also established collaborative relationships with 15 national, federal, and military organizations. In 2009, DoD established a congressionally directed Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces. The goals of the task force are to identify suicide trends and common causal factors, identify methods to establish or update suicide-prevention and education programs based on trends or common causal factors, assess each service’s suicide-prevention and education programs, assess suicide incidence by military occupation, and assess multiple issues related to investigating suicides among military personnel. (p. 62)
According to DoD Armed Forces Press Service, the suicide rate for veterans is more than 6,000 per year which breaks down to 30 attempts and an average of 18 completed suicides per day (Miles, 2010). In a study done by Pietrzak et al. (2010), the risk and protective variables associated with suicidal ideation were examined in a sample of OEF/OIF veterans. They found that respondents who endorsed suicidal ideation were more likely to screen positive for PTSD, depression, and alcohol problems, scored higher on measures of combat exposure, psychosocial difficulties, stigma, and barriers to care, and scored lower on measures of resilience, unit support, and postdeployment social support. They concluded that, “Postdeployment social support in the form of accessibility of family and friends and greater sense of purpose and control protected against suicidal ideation, even after adjusting for risk factors. Early outreach with a continuum of community support may help prevent psychosocial difficulties and promote readjustment to civilian life” (p. 106).

While research (Finley, 2011) indicates that significant numbers of combat soldiers are suffering from PTSD, there seems to be little information about the unique or specific needs of this population in the higher education environment. The available literature (Brom, D., Pat-Horenczyk, R., & Ford, J. D, 2009; Cefai, 2008; Craig, 2008) at the time of this writing was targeted to helping teachers and staff of children exposed to trauma such as domestic violence, child abuse, sexual abuse, and living with a parent who had mental illness or addiction. According to the Institute of Medicine [IOM] (2010), with trauma exposure being a concern for veterans returning to college, and with the rise in the numbers of veterans enrolling in higher education, identifying the resources on campus available to them both inside and outside of the classroom is seen as critical to
the psychosocial resilience of veterans as well as the safety of other members of the community in helping to understand the experiences of combat veterans of the wars in Afghanistan known as Operation Enduring Freedom (OEF) and in Iraq known as Operation Iraqi Freedom (OIF).

Archer (2010) reported findings from studies funded by the U.S. Department of Veterans Affairs (VA), the National Institutes of Health (NIH) and various branches of the armed services that provide insight on veterans becoming students. They confirmed that “exposure to military trauma and stress can lead to memory lapses and loss of mental focus” (p. 2). Even more concerning is student veterans’ risk of suicide. In a recent study done by researchers with the National Center for Veterans’ Studies at the University of Utah, Jayson (2011) and Lipka (2011) reported—within two days of each other—that college students who had served in the military had a six times higher suicide attempt rate than the average college student. Among the students surveyed, there was found to be a 50% rate of suicidal ideation among student veterans—most of whom had deployed to Iraq or Afghanistan. A major concern is that college campuses are unprepared to deal with the anticipated hundreds of thousands of student veterans who will be coming to their campuses in the next few years.

Problem Statement

Nearly every day an article appears in the news describing the number of combat veterans taking their own lives or being diagnosed with PTSD. In fact, a recent issue of the Journal of Traumatic Stress (Schnurr, 2010) was devoted entirely to the topic of the psychological consequences of the wars in Iraq and Afghanistan. At the same time, there has been a surge in the number of combat veterans enrolling in college. With the newest
version of the GI Bill, which took effect on August 1, 2009, Wright (2009) wrote that an estimated 200,000 veterans may have enrolled in the Fall 2009 semester to take advantage of the expanded educational benefits which includes free access to both in-state and out-of-state schools. With this increase in the number of combat veterans expected to enroll in colleges and universities along with an increase in the number of them returning with mental health challenges, it behooves administrators of higher education to examine whether or not their campuses are prepared to meet the potential challenges they could face in light of the fact that over 2 million people are eligible for educational benefits from having served in the two current wars (Iraq and Afghanistan) over the past decade.

**Statement of Purpose**

The purpose of this study was to explore the needs of combat veterans at the University of Hawaiʻi at Mānoa (UHM) and to assess the readiness of the faculty and staff to meet those needs. The knowledge generated from this dissertation will allow for new insights that could help to inform policies and practices at UHM and potentially help thousands of students to make the transition from the military to civilian life. Administrators, faculty and staff of UHM will benefit from reading this study as will personnel from the VA. It is also hoped that veterans will find value in reading this dissertation.

**Research Approach**

In order to gain a better understanding of the phenomenon 8 students—who were combat veterans—and one student who was a non-combat veteran at UHM and 13 faculty/staff members were selected for the study. The criteria for selection were to find
students currently enrolled in a degree program with the purpose of earning a higher degree and were combat veterans of the OEF/OIF wars. I included one noncombat student in the study because she served as a gatekeeper in helping me find student veterans on the campus. The selection criterion for the faculty/staff was to purposely select from a broad variety of positions on the campus. This investigation represents a multicase study using qualitative research methods for which a semistructured interview questionnaire was used as the primary method of data collection.

The research process began when I conducted two pilot interviews with student veterans and two with campus staff members. From those interviews, I was able to get a rough idea of the services on campus as well as the needs of the two veterans. It also helped me to practice interviewing. The information I obtained through interviews with a total of 22 individuals (apart from the two pilot interviews) forms the basis for the overall findings of this study. Each interviewee has been identified by a pseudonym, and all interviews were tape-recorded and transcribed verbatim. An assessment of the services available on campus, a review of the curriculum (e.g., which departments discuss trauma, suicide or PTSD and how it is integrated into the pedagogy, if at all), a comprehensive review of the relevant literature and interviews all shaped my data-collection methods. Coding categories guided by the study’s conceptual framework were developed and refined on an ongoing basis (Bloomberg & Volpe, 2008).

**Researcher’s Perspectives**

At the time of this study, I was a doctoral student in the College of Education at UHM, the chairperson of the College of Education Student Doctoral Association (COEDSA), and a member of the academic community. Because of my leadership
position in the college, I liaised with faculty and staff at faculty senate meetings and therefore became knowledgeable about policy making protocols. Concomitantly, I was employed by the Center for Global Nonkilling (CGNK) as a researcher focused on identifying ways to address the conditions which lead to homicide, suicide and violence in the larger community. CGNK, formerly known as the Center for Global Nonviolence (CGNV), was founded by Glenn D. Paige, Professor Emeritus from the department of Political Science at UHM and a combat veteran of the Korean War. I left CGNK in January, 2011 to finish my dissertation but the inquiry was informed by that prior research.

At the same time I was a mediator at the Mediation Center of the Pacific and a volunteer for Hospice Hawai‘i. As a member of the Prevent Suicide Hawai‘i Task Force (PSHTF)—which is on a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to reduce suicide in the community by providing training to gatekeepers—I attended their two-day Applied Suicide Intervention Skills Training (ASIST). The ASIST training has been incorporated into the larger suicide prevention effort by the DoD (Ramchand et al., 2011). To gain a better understanding of the field of trauma, I participated in a two-week course called Trauma and Resilience at the Israel Center for the Treatment of Psychotrauma during the summer of 2010. Additionally, I took a week-long course through the Center for Deployment Psychology on Addressing the Psychological Health of Warriors and Their Families which included a two-day workshop on Cognitive Processing Therapy (CPT) in February, 2011. Finally, to learn more about the current efforts being made to address the needs of veteran students
nationally, I participated in the 2011 Veterans’ Series webinars offered by Innovative Educators during the Spring 2011 semester.

On a personal note, twenty-five years ago I explored a career in the military because my boyfriend was in the Army Reserves. After returning from his deployment to Operation Desert Storm in 1991, he committed suicide. He had been a college student in another state at the time of his death, and I always wondered what his campus could have done to prevent the tragedy. His death motivated me to do this study. Thus, I brought to the inquiry process both a personal experience of loss as well as a professional and academic interest to the study. I acknowledge that the same experiences that have been valuable in providing insight might have served as a liability, biasing my choices regarding the research design and the interpretation of findings. Therefore, I engaged in critical self-reflection throughout the study by way of journaling and dialoguing with professional colleagues and advisors. Moreover, to address my subjectivity and strengthen the credibility of the research, various procedural safeguards were taken, such as triangulation of the data sources and methods as well as reliability checks by military personnel (Bloomberg & Volpe, 2008).

Researcher’s Assumptions

I became interested in the subject of trauma when confronted by my mother’s death in the summer of 2005. At that time she had been in an intensive care unit (ICU) in a hospital in Delaware. While in transit back to Honolulu from visiting her, I received a phone call on my cell phone during which I was asked to make a decision about how aggressively the staff in the emergency room should resuscitate after her heart had stopped beating, as they had already been working on her for eleven minutes. With no
time to critically analyze the situation, I told them to stop. This decision led to her death. One year later, I similarly received a phone call from Berlin, Germany where my brother had been living since 1986. He had fallen into a coma due to a sudden attack of Thrombosis. I immediately set off to Berlin. Walking into his room in the ICU, I was faced with a similar situation with regards to end-of-life decision-making. When the ventilator was turned off, my brother died in my arms. With both of these events occurring so close together, I began to experience the symptoms of complicated grief and Posttraumatic Stress Disorder (PTSD) which can be the result of exposure to death and a feeling of helplessness.

The topics selected for this study were chosen because I found that they supported the trajectory of my own personal experience which seems to mirror the more general journey of trauma transformation. In my case, I had missed the first two weeks of the Spring 2007 semester as a result of having to be in Berlin during the last days of my brother’s life. Upon my return at the end of January 2007, I went to the book store to purchase books for my courses in education. Walking by the psychology section, I noticed two books: A Good Death and Dying Well. Because I had been steeped in the experience of loss through death, I was curious to know who on campus taught a class using these books. Professor Sam Shapiro kindly responded to my inquiry and told me about his class which he called Lessons from the Dying. While the class was full that semester, I asked him if I could join the class the next semester. He told me that he would hold a spot for me in the Fall 2007 class.

In Lessons from the Dying, I was the oldest student. Even though the class was a mixed graduate and undergraduate class, I felt surprised that so many young people were
there and wondered why they would want to take a class on death and dying. Professor Shapiro, who co-taught the class with a retired social worker from hospice, assigned books written by end-of-life care providers from hospice and palliative care units. We opened each class holding hands and spending a few minutes with our eyes closed in meditation. One of the main assignments required of us was to keep a reflective journal from which we would share each week. There were two field trips during the class, one was to a mortuary and one was to a hospice group house. Throughout the term, many tears were spilled and a lot of laughter was shared. By the end of the semester, I was amazed that I found myself feeling better. I realized that Professor Shapiro had created an environment in which we could all process our losses in a safe place. I believe he facilitated a transformation of trauma for me, and I was able to make sense of the deaths of my mother and brother and begin to move forward with my life.

After this class, I began to wonder whether or not there wasn’t a place for more classes like the one offered by Professor Shapiro, because it seemed there was deep pedagogical value in this format. It was then that I began thinking about the role that the classroom might play for those who were grieving or who had been exposed to trauma. Felman (1992) similarly asked,

Is there a relation between crisis and the very enterprise of education? To put the question even more audaciously and sharply: Is there a relation between trauma and pedagogy? In a post-traumatic century, a century that has survived unthinkable historical catastrophes, is there anything that we have learned or that we should learn about education that we did not know before? Can trauma instruct pedagogy, and can pedagogy shed light on the mystery of trauma? Can the task of teaching be instructed by the clinical experience, and can the clinical experience be instructed, on the other hand, by the task of teaching? (p. 1)
Because of my work for CGNK, I had been looking closely at the statistics on violence here in Hawai‘i, and found that while homicide was low, suicide was high. When I probed more deeply, I discovered that within the white male population, suicide was significant. This led me to ask why that might be the case. That was how I began studying the literature on suicide in the military and subsequently PTSD in combat veterans. Following Bloomberg and Volpe’s (2008) advice, I looked for trends and gaps in the literature throughout the review and any relevant contested issues were identified and discussed. The next chapter illustrates how the literature informed my understanding of the material and how it contributed to the ongoing development of the study’s conceptual framework.

Based on the literature about trauma, and its effect on people, five primary assumptions were made going into this study. First, being exposed to trauma can be a destabilizing experience; therefore creating a safe environment for the traumatized person is key to recovery. This assumption was based on the premise that within a framework of psychology, the process of recovery has three stages which include safety, remembrance and mourning, and reconnection (Herman, 1992). Second, it is possible to survive a traumatic experience and grow from the experience. This assumption was guided by a theory in positive psychology (Seligman & Csikszentmihalyi, 2000) known as Posttraumatic Growth (Tedeschi, Park & Calhoun, 1998). Third, strategies used to support children in school who have been exposed to trauma (Cefai, 2008) may have a larger application for adult learners. This assumption was based on the experience of Berman (2004) in his use of journaling with adult students in his college-level classes. Fourth, being proactive about ensuring that services (for both combat veterans and those
serving them) are available on campus may reduce the chance that violence toward self and others will occur and could serve as a model for other institutions in their efforts to assist students who have been exposed to trauma (whether on or off campus). This assumption was based on the premise that transformative education may have a far reaching effect beyond the individual by positively affecting other relationships (and behaviors) in the person’s life (King, 2005). In other words, empathic teachers may be able to create a sense of safety in the classroom and a sense of connectedness for the student who has been exposed to trauma—which may carry over into family life and the larger community—thereby potentially reducing ancillary sites of violence. Fifth, and finally, providing psychosocial support for combat veterans may help retention rates of these students and support their reintegration to the larger community (Blum, 2004; 2005; Coll, Joyes, & Coll, 2009; Schupp, 2011).

**Rationale and Significance**

The rationale for this study emanated from an interest in uncovering ways to support combat veterans as they pursue their college education. Because an increase in the number of enrollees is anticipated, an understanding of the psychosocial support needs of combat veterans seemed imperative. Increased understanding of the development of systems of psychosocial support may not only help combat veterans, but it may also encourage dialogue and inspire new inquiries across the campus and with other institutions on finding ways to provide safe and supportive environments for all people who suffer from life traumas – which they do not leave behind them when they come into postsecondary institutions. Because I am interested in the experience of combat veterans, and I am a student at UHM, I chose this place to conduct the study.
Definitions of Key Terminology

Operation Iraqi Freedom (OIF)—official combat operations took place between March 19, 2003-May 1, 2003 after which there was a transition to stabilization and support of Iraq’s reconstruction. President Obama has begun drawing down troop presence to advise and assist roles.

Operation Enduring Freedom (OEF)—generally known as taking place in Afghanistan, with date of operations from October, 1 2001- present.

Trauma— the reaction one has as a result to being exposed to an event causing horror or helplessness usually occurring in the face of a close brush with death.

Posttraumatic Stress Disorder (PTSD)— PTSD might be occurring in a person who has been exposed to a traumatic event if, according to the Lamprecht and Sack’s (2002) research criteria, they are experiencing “lasting memories, flashbacks, intrusions, nightmares; avoidance behavior with cues and signals related to the traumatic event; inability to recall partial or total aspects of the event” (pp. 225-226). Moreover, trouble sleeping and an exaggerated startle reaction might also be present. PTSD is usually considered to be an anxiety disorder.

Complicated Grief—while the grieving process is different for every person, it is generally known to last for 6 months. According to Rubin, Malkinson, and Witztum (2000), “Complicated grief would be identified in terms of a discrete set of symptoms that were relatively independent of the symptoms of the bereavement-related depression, and were characterized by depressed mood, anxiety, insomnia, guilt, hypochondriasis, apathy, and a decline in functioning” (p. 25).

Resiliency—is the ability of a person exposed to trauma to return to a pre-trauma state of balance without pathological suffering.

Posttraumatic Growth (PTG)—Tedeschi and Calhoun (1996) explained PTG as “the experience that one gains in areas of heightened appreciation of life, more meaningful personal relationships, awareness of increased personal strength, changes in life priorities and recognition of new possibilities, and a deepening of engagement with spiritual or existential concerns and the enhancement of faith” (p. 43). This shift is considered to be a qualitative change in the way the person experiences life.

Transformative Learning—is the process of questioning one’s assumptions about the world, learning to reframe them, and then integrating them into one’s life as part of a new worldview. In the context of the classroom, this process is usually facilitated by an empathetic teacher who has created an environment whereby sharing can occur with a sense of safety.
CHAPTER 2. LITERATURE REVIEW

*Storytelling and storywriting have both therapeutic and aesthetic value in that we search for endings that will revise, reinterpret, or resolve difficult experiences.* – J. Berman

This chapter is laid out as follows: identification of the topics or bodies of literature, a description of the review process, a rationale for the topics chosen, accompanying research questions, and a synthesis of the research topics. To carry out this study, I completed a comprehensive review of current literature. This review was ongoing throughout the collection of data, data analysis, and synthesis phase of the study.

**Topics or Bodies of Literature**

The review explored campus efforts, experiences of the participants, and the resources available to them. In light of this, three major areas of literature were critically examined: (a) combat veteran post-deployment issues, (b) trauma, which included a look at resilience and posttraumatic growth, and (c) transformative learning theory. A review of the literature on post-deployment issues provided an understanding of the context, history, structure and possible challenges that combat veterans face as they transition from the culture of the military to civilian and academic life. A discussion of the GI Bill educational benefits provided the framework for understanding the ways in which veterans are supported by the Veterans Administration (VA). Research on trauma was necessary if faculty and staff are to understand how to emotionally, socially and academically support combat veterans as they enroll in degree programs at UHM.

Transformative learning theory was reviewed because it may be an appropriate way to approach creating safe learning spaces in which to explore the experiences of combat veterans in an academic setting and thereby incorporate meaning-making as part
of a holistic educational experience. Transformative learning theory, with its supporting pillars of empathy and care, uses positive psychology to approach student development and undergirds many of the best practices currently available to support soldiers in the Department of Defense (DoD) and the Veterans Administration (VA) like Cognitive Processing Therapy (CPT). The creation of safe spaces is proving to be the key factor to the psychosocial support needed by combat veterans in the community, whether therapeutic or academic, and fosters the building of a connected school by enhancing protective factors (Centers for Disease Control, 2009).

**Literature Review Process**

To conduct this literature review, I used multiple information sources including books, dissertations, Internet resources, professional journals, films, Internet blogs and memoirs. These sources were accessed through the UHM Voyager, WorldCat, ProQuest, the Internet, the Veterans Administration and Netflix. While no demarcated timeframe was used, the historical understanding of Posttraumatic Stress Disorder (PTSD) was considered significant and therefore I trace the derivation of the term to the Vietnam War (Rumann & Hamrick, 2009). In 1980 PTSD was recognized as a diagnosable psychiatric illness (Institute of Medicine [IOM], 2010; van der Kolk, 2011).

**Section I: Combat Veterans and Post-Deployment Issues**

A survey of the literature on combat veterans and post-deployment issues revealed several areas of concern particular to the current wars in Afghanistan and Iraq which includes the number of returning veterans with Traumatic Brain Inquiry (TBI), considered the “signature wound” of this war, and which according to IOM (2010) has affected as many as 43,779 veterans so far (p. 62). Hawai‘i Senator Daniel K. Akaka III
estimated that the number of those who suffer from brain injuries was closer to 360,000 (Harpster, Green & Dawson, 2011). This injury is the effect of exposure to blasts from Improvised Explosive Devices (IEDs). Other major concerns include: suicide, drug and alcohol addiction, an increase in domestic violence (Keany, 2010) and PTSD. Since 2001, more than 2 million U.S. troops have been deployed to Iraq or Afghanistan as part of Operations Iraqi Freedom and Enduring Freedom (OIF/OEF). According to Tuerk, Grubaugh, Hamner and Foa (2009),

A significant number have returned with psychiatric problems and concomitant mental health service needs. A recent large-scale study of OIF/OEF Army and Marine personnel indicated that 10%-20% of personnel meet criteria for posttraumatic stress disorder (PTSD), depending on the stringency of the diagnostic standard used. A similar picture emerged from the Army Surgeon General's Mental Health Advisory Team V and from a 2008 report by the Rand Corporation, both indicating that up to 20% of OIF/OEF personnel experience symptoms of PTSD. These data suggest that hundreds of thousands of individuals returning from Iraq and Afghanistan suffer from at least some posttraumatic stress symptoms. (p. 762)

The significance of knowing these data is to understand that potentially 40% or greater of the population of student veterans coming onto the UHM campus may be suffering from these problems but that stigma is a barrier for them to seek help (Bryan, 2010; Ramchand et al., 2011). An issue gaining increasing attention is the comorbidity of TBI and/or PTSD and substance abuse (Milliken, Auchterlonie & Hoge, 2007; National Institute of Drug Abuse (NIDA), 2011) including addiction to prescription medication as part of the discussion on co-morbidity. In a research update posted to their website, NIDA reported that “prescription drug abuse doubled among U.S. military personnel from 2002 to 2005 and almost tripled between 2005 and 2008” (NIDA, April, 2011). Unfortunately, as Karney, Ramchand, Osilla, Caldarone and Burns (2008) have pointed out, it is not easy to differentiate the symptoms between PTSD and TBI.
**Research on Combat Veterans**

For the sake of this research study, combat veterans were considered those veterans who had come under ‘live fire.’ Unlike the war in Vietnam, the veterans serving in the two current wars volunteered for their service and a unique issue has been the heavy participation in OIF/OEF of Reservists and National Guardsmen who tend to be older and married with children. A serious concern has been the numerous redeployments with short rest periods (dwell time) in between them. These conditions have had an impact on marriage and family life as well as the civilian jobs left behind.

In looking for dissertations using keywords ‘combat veteran’ and ‘classroom’ published in the last five years, I found five in ProQuest (formerly called Digital Dissertation and Theses). McGuire (2009) did a qualitative study to research the effect of writing on combat veterans as a way of assessing their mental health needs. She interviewed eight veterans representing four major wars: World War II, Korean War, Vietnam and the Iraq War and Afghanistan War. She concluded that writing was a viable, therapeutic approach for the treatment of war trauma. Friedman (2007) also explored the benefit of writing (or ‘scriptotherapy’) in the classroom as a way of transforming trauma. She found that first-person narratives foster a compassionate classroom environment, and are valuable tools for developing a student’s emotional and cognitive capacities. Walck (2008) did a qualitative study in which he interviewed six combat veterans from the Vietnam War. In his research, he wanted to find out from his interviewees what made them consider themselves to be successful. He had a specific criterion that they be college graduates, because he wanted to find out if having a college education was a contributing factor towards resilience. His main conclusion was that the veterans he
interviewed felt successful because of the psychosocial support they received after they returned home from the Vietnam War zone. Smith-Osborne (2006) wrote her dissertation on the mental health risk factors and protective mechanisms for post-secondary educational attainment among young adult veterans returning from the first Gulf War. Bauman (2009) did a qualitative study on the experience of student veterans who were ‘stopped out’ of college—meaning they were active duty soldiers pursuing their education but were called back to active duty and had to ‘stop’ out which is different from ‘drop’ out. He concluded that colleges needed to be flexible in their policies regarding these students because they might be required to deploy with little notice.

At the national level, the American Council on Education (ACE) (2009) conducted a benchmark study by sending out surveys to college presidents across the country in an attempt to assess whether those campuses were ‘military-friendly’ in 2008. They also conducted focus groups with veteran students to assess their needs. Among other publications about combat veterans, Living and Surviving in Harm’s Way by Freeman, Moore and Freeman (2009) provided a comprehensive overview of issues related to pre- and post- deployment of military personnel and included chapters on understanding the service member, being a service member, and intervention methods for the individual service member as well as ways to support the service member’s family and community. It covered the full range of the combat person’s experience. Also significant in understanding military psychology and combat veterans was Kennedy and Zillmer’s (2006) work, particularly with regards to suicide prevention. Of concern was the finding by Karney et al. (2008) that white, male veterans were 50% more likely to commit suicide than their civilian counterparts (p. 129).
In their study, Ackerman, DiRamio, Regina and Mitchell (2009) interviewed twenty-five students who served in the Iraq or Afghanistan wars. Their findings suggest that combat veterans make up a student population with special needs and require support from both policymakers and program providers. They concluded that the experience of war makes those who fight a special group within the general population. The purpose of their study was to investigate how combat veterans who become college students make the transition to campus life, in order to identify how administrators could acknowledge and support them. Relevant to my study was their discussion regarding the transition from combat to the classroom.

Post 9/11 GI Bill

After September 11, 2001, the GI Bill was updated to expand educational benefits to veterans and their family members. The Post 9/11 GI Bill not only expanded educational benefits to veterans by covering tuition up to the highest rate of any in-state school and books for both the veteran and his/her spouse, but by also providing a monthly stipend for living expenses which is transferrable to the veteran’s children if unused by the veteran him/herself (U.S. Veterans Administration, 2011). Because combat veterans are currently using the post 9/11 GI Bill to return to college, it is important to understand that many of them are experiencing physical as well as mental health challenges. As stated earlier, there is an estimated 25% increase of enrollment of veterans taking advantage of these increased benefits and a risk that many of them will be diagnosed with some form of mental illness or physical disability. According to ACE (2009), “On average, low-enrollment institutions enrolled 44 military veterans, moderate-enrollment institutions enrolled 178 veterans, and high-enrollment institutions enrolled just over 320
veterans” (p. 11). UHM is well over that number. Information updated in April, 2011 by UHM reveals that for Fall 2010, at least 1,758 students received either Post 9/11 GI Bill or Montgomery GI Bill benefits. That breaks down to 1,469 students who received the Post-9/11 GI Bill and 289 who students received the Montgomery GI Bill benefits at UHM.

John Schupp, National Director of SERV (Supportive Education for the Returning Veteran) has done extensive research with student veterans to try to gain a better understanding of their needs. Through his efforts, more colleges and universities are learning how to be better prepared for this rising student population. Thanks to him, this information was made available through Innovative Educators in the 2011 Veterans Series. Schupp provided the following information about the impact of the New GI Bill on enrollment during its first year. His research reveals that the new GI Bill makes universities more attractive than community colleges.

Table 1

<table>
<thead>
<tr>
<th></th>
<th>Fall 2008</th>
<th>% of total</th>
<th>Fall 2009</th>
<th>% of total</th>
<th>Spring 2010</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universities</td>
<td>5,132</td>
<td>59.3%</td>
<td>6,708</td>
<td>60.6%</td>
<td>6,964</td>
<td>61.1%</td>
</tr>
<tr>
<td>Community Colleges</td>
<td>3,522</td>
<td>40.7%</td>
<td>4,356</td>
<td>39.4%</td>
<td>4,432</td>
<td>38.9%</td>
</tr>
<tr>
<td>Totals</td>
<td>8,654</td>
<td>11,064</td>
<td></td>
<td>11,396</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Many are using their GI Bill money to pursue their college education, but unlike after WWII—college campuses today don’t seem to be ready for this influx (Flynn, 2011; Rumann & Hamrick, 2009). According to Flynn (2011), “When the GI Bill was first introduced in 1944, colleges and universities prepared for the influx of students by hiring more teachers and staff, expanding class sizes and implementing sensitivity training for faculty. More than seven million people took advantage of the original GI Bill.” But it seems the situation is different today. She continued, “As veterans return to school to take advantage of the new GI Bill, many have found that campuses often aren't ready to handle the administrative demands from an influx of former soldiers returning to school” (KALW News, May 25, 2011).

As these soldiers return, my primary question has been to determine whether or not the contemporary college campus is prepared for them. There is a concern that the effects of war have not been left behind on the battlefield (Faust, 2008; Grossman, 2009; MacNair, 2005). Unfortunately, random acts of violence are occurring in the home and in the community as veterans struggle to reintegrate into civilian life (Keany, 2010). Are faculty and staff ready to hear their stories? In this study, I explored whether or not the classroom might be a place where veterans would feel comfortable openly discussing their experiences.

In her dissertation, McGuire (2008) found that having the opportunity to write about their war experiences enabled combat veterans to confront psychological issues. She concluded that the role of the narrative in the classroom was a helpful way of supporting trauma survivors to process their experiences. Mike Rose, a professor at the Graduate School of Education and Information Studies at UCLA, has been re-exploring
this issue; because, after the Vietnam War he had set up *The Veterans Special Education Program* which was a twelve-week crash course in college preparation. Veterans called it an ‘academic boot camp.’ “Students got a sense of what lay before them—‘a reality check’—and were able to begin college with some credits, ‘a leg up.’ The courses also addressed fundamental cognitive and social skills: critical writing and reading, mathematics, human relations, and communication” (Rose, 2009, p. 141) and included much needed tutoring. On the whole, Rose believed that *The Veterans Special Education Program* benefitted student veterans during their transition process. The National Association of State Approving Agencies (2010) recently published an article entitled “Soldiers in the Classroom” in which they discussed Mike Rose’s program and pointed to it as a possible model to be used for soldiers returning from the two current wars today as they enter college.

It is important to mention that Rose (2010) found that student veterans had mixed reactions to the writing assignments which at times manifested in withdrawal and rage, so he concluded that any such program had to include mechanisms of support for those who were having difficulties reliving their war experiences. Archer (2010) addressed the issue of rage by advocating for the use of mind-body skills to cope with the stress of war. Interestingly, mindfulness meditation techniques are being seen more often in resilience-building programs with military personnel (Anshin Thomas, 2011; Vujanovic, Niles, Pietrefesa, Schmertz & Potter, 2011). In fact, Hong Kingston (2006) has been offering combined writing workshops with meditation to facilitate the transformation of war trauma with Vietnam veterans with reportedly great success.

*Section II: Trauma*
According to the research (Calhoun & Tedeschi, 2006; Herman, 1992; MacCurdy, 2007; Oehlberg, 2006) trauma is defined as a reaction to a life-threatening situation whether a brush with death, the sudden death of another, or the potential psychological effect of killing another person (Grossman, 2009; MacNair, 2005, 2009; Maguen et al., 2010). As defined in the fourth edition text revision of the Diagnostic and Statistical Manual of Mental Disorders trauma is a person’s response that involves “intense fear, helplessness, or horror” (http://www.ptsd.va.gov/professional/pages/dsm-iv-tr-ptsd.asp). Bussey and Wise (2007) described the eight general dimensions of trauma as “threat to life or limb; severe physical harm or injury, including sexual abuse; receipt of intentional injury or harm; exposure to the grotesque; violent, sudden loss of a loved one, witnessing or learning of violence to a loved one; learning of exposure to a noxious agent; and causing death or severe harm to another.” Moreover they concluded that “the more direct the exposure and the longer and earlier the onset, the greater the risk for emotional damage” (p. 3). By definition, Berman (2004) pointed out that, “Trauma means ‘wound’” (p. 116).

While trauma is understood to be a normal reaction to an abnormal situation, there seems to be agreement with Herman (1992) that there is a process by which people move through trauma to recovery. She described the three stages as: calming arousal level, healing and integration, and making meaning. Charles Figley, a former marine who has been conducting research on PTSD since the 1980s, and one of the earliest people to build the case for PTSD, has recently argued for de-pathologizing the reaction to trauma commonly experienced by combatants (University at Buffalo School of Social Work, 2009). He advocates for calling it Combat Stress Injury (CSI) claiming that, “CSIs are
combat reactions causing measurable mental, neurological, or emotional harm to combatants.” Figley, Albright, and Figley (2009) found that CSIs may be a consequence of the “physical conditions; physical injury; death or harm to self or others; horror, fear and loathing; or psychic injury (moral injury) that can include shame and humiliation” (p. 60). Significant in Figley’s work has been his use of the term ‘moral injury’ which is now showing up more frequently in the literature as for example in Sherman’s (2010) *The Untold War*.

Much of the literature on trauma (Bonnano, 2004; Brom et al., 2009; Brooks & Siegel, 1996; Osofsky, 2004; Prescott & Mendizza, 2009; van der Kolk, 2011) surrounds childhood trauma and addresses issues such as the neurobiology of exposure to trauma from as early as pregnancy and infancy, to early childhood exposure to child abuse, domestic violence, sexual abuse, neglect, and living with parents who suffer from alcoholism and/or mental illness. This area of research examines the long-term effect of such exposure on the development of children’s brains, emotional development, learning ability and attachment issues. In fact, Landro (2011) reported an increase in mental health screening nationally for children in a recent article on the *Wall Street Journal* website. She wrote, “TeenScreen says requests for screening questionnaires have almost tripled over a two-year period to 426,000 in 2010, and have come from schools, primary-care physicians and managed-care organizations” ([http://online.wsj.com](http://online.wsj.com)).

Regarding adults, the treatment of mental illness is generally sequestered in the halls of psychiatric hospitals with very little discussion about how it might be addressed in the college classroom. Outside of English departments, few professors incorporate traumatic life events—including suicide—into their classes (Berman, 2004; Gruwell,
1999; MacCurdy, 2007; Moran, 2004; Pennebaker, 2002). Berman (2004) lamented, “Like those who go through medical training, academics also tend to be suspicious of empathy, believing that it is a sentimental, inauthentic, and ‘touchy-feely’ concept. Empathy is seldom discussed in undergraduate or graduate literature courses” (p. 113). However, professors who do so get feedback from their students affirming its positive effect.

A growing area of current research is on soldiers who enter the military with preexisting trauma (Breslau, 2009; Byington, 2007; Karney et al., 2008; Tedeschi, 2011), which might be a contributing factor to the high rates of PTSD and suicide; but, that is beyond the scope of this study. Again, trauma is defined (Calhoun & Tedeschi, 2006; Herman, 1992; MacCurdy, 2007; Oehlberg, 2006) as a reaction to a life-threatening situation whether it is a brush with death, or the sudden death of another. As mentioned earlier, ‘moral injury’ is now being recognized as a wound of war which a person experiences when his or her belief systems are severely challenged. From the Israel Center for the Treatment of Psychotrauma, Brom (2010) explained during one of his lectures that while 85% of people exposed to trauma have a normal recovery, the remaining 15% will follow a path of illness. He argued that 50% of those suffering from combat exposure need some kind of psychological intervention. He offered seven trajectories of posttraumatic adjustment: stress resistance, resilient recovery, protracted recovery, decline, post-traumatic growth, and/or severe persisting distress (PTSD).

**Post Traumatic Stress Disorder (PTSD)**
According to the American Psychiatric Association (2011) online definition of PTSD, “PTSD, or post-traumatic stress disorder, is an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster. People with PTSD may relive the event via intrusive memories, experience flashbacks and nightmares; avoid anything that reminds them of the trauma; and have anxious feelings they didn’t have before that are so intense their lives are disrupted.” PTSD has been described in many different ways (Hoge, 2010). For some, it is seen as an avoidance or ‘memory disorder’ (Brewin, 2003), while Boscarino (2006) claimed that there was growing evidence to suggest that “the development of PTSD may be related to alterations in neuroendocrine, immune system, and other psychoneuroendocrine-related functions” (p. 175). Tick (2005), however, argued against treating PTSD as pathology, because of his conviction that it was actually a cultural disorder and that what needed to be healed was the soul. From her point of view, MacNair (2005, 2009) differentiated between PITS (Perpetrator-Induced Traumatic Stress) and PTSD by emphasizing the need to address the moral injury that can result from killing. She claimed that when a human intentionally kills another human that it could have a deleterious effect on mental health, and she argued that there was a difference between PTSD and PITS regarding feelings of guilt and despair. PTSD, on the other hand, seems to be an inability to integrate the interruption of one’s taken-for-granted life narrative or even a failure to recover from a traumatic event (Casey, 2011).

If resilience is returning to a pretrauma state, movement beyond resilience is what Tedeschi and Calhoun (1998) have coined as Posttraumatic Growth (PTG). PTG emerged with the positive psychology movement and is relevant to my research because
of the perceived benefits of its healing through narrative. They claimed, “Life narrative and identity seem to be closely related, because the sense of who we are is shaped by the context of our lives. Telling the story of the traumatic event in the context of what had happened earlier in life can make the meaning of the event clear” (Tedeschi & Calhoun, 1998, p. 232). In other words, the integration of a traumatic event into one’s life through the development of a narrative allows for a transformation to occur and can lead the person to a qualitatively different perspective and appreciation of his/her life. Telling one’s story is seen to play a cathartic role in the transformation of trauma and recovery process (Hoge, 2010). By integrating thoughts and feelings, the person might be able to construct a more coherent narrative of the experience (Smythe, True & Souto, 2001).

Section III: Positive Psychology

According to Peterson (2006), “Positive psychology is the scientific study of what goes right in life, from birth to death and all stops in between … and that takes seriously those things in life most worth living” (p. 4). Positive psychology has a strengths-based focus as opposed to one of pathology; thus, my theoretical paradigm could be called positive constructivism. Building on Romanoff (2001), who wrote, “As interviewers we enter our participants’ lives in order to understand their constructions of experience” (p. 250), I interpreted my data through a lens of positive psychology. Seligman and Csikszentmihalyi (2000) are credited for having begun the positive psychology movement. They discussed the notions of optimal experience, enthusiasm, hope and happiness as the elements contributing the most to the recovery from exposure to trauma. Posttraumatic growth emphasizes normalizing the reaction that people experience when
confronted by major life stressors, and traumatic events, and it focuses on healing and recovery.

To look at how that might be applied to an academic setting, Gilman, Huebner and Furlong’s (2009), *Handbook of Positive Psychology in Schools: Towards Positive Student Development* brought together experts who contributed chapters on the physical, cognitive and social-emotional well-being of the student. While the focus of the book is on students under 18, I believe the findings could potentially be generalized and applied to college students as well. Gilman et al. (2009) wrote,

> Placing the focus on building competence in children and adolescents rather than remediate their weaknesses, allows for innovative and creative approaches. With the emphasis on students experiencing success rather than failure…the importance of a strength-based community in which youth can learn and grow cannot be overemphasized. (p. xii)

A possible way of framing this approach with students coming from the culture of the military might be in terms of preventative maintenance. This as well as the claim made by Huebner et al. (2009) should be kept in mind, “Positive psychology is not meant to supplant the more traditional emphasis on problems (and their prevention and repair), but rather to complement such work by ensuring that equal attention is devoted to the recognition and promotion of positive aspects of individuals, groups and their environments” (p. 3). Meredith et al. (2011) explained that, “Positive psychology focuses on three qualities: positive emotions, positive individual traits, and positive institutions” (p. 3). Again, Pajares (2009) emphasized that “Positive psychology is a study of human strengths and optimal functioning, and one of its key aims was to foster research on the positive personal traits and dispositions that are thought to contribute to subjective well-being.” Keyes (2009) explained, “The focus on positive mental health is consistent with
the movement toward positive youth development through the promotion of positive outcomes that can be influenced by teachers and schools: (a) *confidence* (e.g., self-worth or acceptance); (b) *character* (e.g., accountability, self-control, compassion); (3) *connection* (e.g., integration and membership); (d) *competence* (i.e., growth, social contribution, and mastery)” (p. 12). These are some of the dimensions of psychosocial support that underpin my conceptual framework.

**Resiliency**

In brief, resiliency (Bonnano, 2004; Lukey, 2008) is the ability of a person to return to the psychological state prior to exposure to a traumatic event. In other words, in a sense one is seen as resilient if one can ‘weather the storm’ and not cave in to the overwhelming impact of a traumatic experience. There is a sense of elasticity in the coping mechanism utilized by the resilient person. Resilience is the ability of a person to ‘bounce back’ or return to a sense of equilibrium. Meredith et al. (2011) provided this definition in their literature review on resilience in the military context. “Psychological resilience refers to the process of coping with or overcoming exposure to adversity or stress” (p. xiii). Marano (2003), one of several to discuss the ‘art’ of resilience, found that resilient people share a number of positive attributes; one of them is that they report having had at least one adult during their childhood who offered unconditional positive regard, support and love to them. Other traits of the resilient person include the ability to seek out support when faced with challenging circumstances, a positive outlook in spite of being faced with potentially traumatic events, and strong problem solving skills which develop as a result of curiosity.
The significance of psychosocial support to ‘build a resilient child,’ according to Bronfenbrenner (1979), is the recognition of the importance of the embeddedness of human beings within a relational system. He framed his argument in what he called an ‘ecological model.’ One might imagine a child standing in the middle of a series of concentric circles consisting of, “the micro-system, which could be the home or the school; the mesosystem, which could be the relations between the home, school, and peer group; the exosystem, which might be the tertiary influences on the child (e.g., the parents’ workplace); and the macrosystem, which are consistencies in the form of culture or subculture in the micro, exo, and mesosystems” (Bronfenbrenner, 1979, pp. 22-26).

This illustrates the social relationships from which a person derives support and care. Of children exposed to trauma in their childhoods, many of them have shown a remarkable ability to thrive. Finally, once a resilient person has known the success of being able to overcome obstacles and has experienced triumphs, there is a sense of confidence in knowing that s/he will know how to overcome future challenges.

Psychosocial support and resilience were also examined by Subotnik, Olszewski-Kubilius and Worrell (2011) in the context of giftedness, which many children faced with challenging circumstances possess. Tying this to student veterans and their standpoint, Meredith et al. (2011) found that a key resilient factor in the military was a sense of community ‘belongingness’ which was often found at the unit level—the unit being the smallest group affiliation in the military is often likened to one’s family unit. To show the correlation to Brofenbrenner’s ecological model, I adapted Meredith et al.’s (2011) graphic representation of the relational system of a servicemember.
Empathy

Empathy is the ability of a person to put his/herself into the proverbial shoes of another person, or as Rifkin (2009) wrote, it is “the very act of identifying with another’s struggle as if it were one’s own” (p. 160). Empathy has gained a lot currency since President Obama required that it be one of the personality traits of a Supreme Court judge in 2010, but it isn’t a new concept. Rosenberg (2003) described it as the essential skill in nonviolent communication; de Wahl (2009) argued that it was a trait of the animal kingdom; Bennett (2001) touted the importance of doctors having it for its role in healing; Palmer (2004) wove empathy into his theory of education as did Berman (2004) in his English writing classes. Goleman (2006) considered empathy to be a form of social intelligence; whereas, Trout (2009) discussed the challenge of empathy – because of the perception that it was seen as counterintuitive to the individualistic American society. Pink (2005), on the other hand, claimed that the strengthening of empathy was part of
increasing our ‘right brain’ capacity and the only thing that was going to give the United States a competitive edge in the future. Because empathy is the attribute most important in the context of the psychosocial support necessary to help those exposed to trauma to move toward recovery (Ozbay et al., 2007), I consider it to be the underlying pillar of this research project together with an ethics of care. For an understanding of empathic intelligence, and its implication for educators, I looked to researchers like Noddings and Arnold. According to Arnold (2005),

Formal research work in the field of empathic intelligence as it relates to classroom pedagogy is relatively recent, yet it is reasonable to draw some key conclusions from it. Perhaps the most compelling is that students feel emotionally met and able to perform at their optimum levels of ability when teachers care about them and are able to communicate this care during the process of the teaching interaction. This integration of learning to include affective, inter- and intra-personal abilities has the potential to develop well-integrated people who are equipped to actively contribute to the world in which they live. (p. 60)

Noddings (1984; 1992) posited an alternative approach to ethics based on a feminist model of care—that is, the care that a mother might have for her child. Her approach, described as relational ethics, maintained that caring involved three principles: receptivity, relatedness, and responsiveness. Provenzo (2009) defined Noddings philosophy of care as a process of

... “engrossment,” the teacher receives what the cared-for (i.e., the student) is feeling and wants to express….According to her, students are more likely to trust teachers whom they perceive not as trying to interfere or impose their beliefs on them, but as concerned with nurturing and guiding them. Through dialogue with their students, teachers develop an understanding of them as individuals and how best to work with them to help them achieve their educational needs. During this process of caring and guiding, teachers work at becoming skilled and competent in what they do. (p. 931)
Arnold (2005) emphasized that “Empathy is an ability to understand your own thoughts and feelings and by analogy, apply your self-understanding to the service of others. It is a sophisticated ability involving attunement, de-centering, conjecture and introspection: an act of thoughtful, heartfelt imagination” (p. 87). This suggests that the process begins with the empathetic stance of the teacher. Implications of seeing whether the posttraumatic growth experienced in children could be generalized, or carried over into classrooms for adults—more specifically combat veterans—and whether or not it could inform policy and curriculum design for the college classroom was a motivating theme underlying this research project.

Section IV: Transformative Learning

According to Mezirow and Associates (2000), in their landmark work Learning as Transformation, transformational educators see as important a learner’s ability “to negotiate his or her own purposes, values, feelings, and meanings rather than simply act on those of others.” In transformative learning, the role of the teacher is to “elicit the latent potential of the learner by offering emotional as well as pedagogical support toward the development of the whole person” (p. 66). This requires that educators be empathic if they are going to use transformative learning to assist learners to understand why they think, feel and believe as they do—which is important for people who may be ‘stuck’ in traumatic memories.

Transformative learning happens when a problematic “frame of reference” is made more palatable to us through the generation of alternative interpretations (Mezirow & Associates, 2000, p. 20). This happens when someone reframes a problem by taking an
alternative perspective. In conflict resolution, this is known as taking the ‘third side’ (Ury, 2000). Mezirow and Associates (2000) used ten steps to describe the process of reframing. He claimed that it began with a “disorienting dilemma” after which one was forced to engage in “self-examination,” which included an exploration of feelings of “fear, anger, guilt or shame.” Afterwards, one would be faced with a “critical assessment of one’s assumptions,” and recognition that one’s “discontent” and the process of transformation were “shared.” In other words, I’m not the only one in the world going through this experience. An “exploration of options for new roles, relationships, and actions” might then lead to a “plan of action” which would require the acquisition of new “knowledge and skills” for carrying out the plan,” followed by “provisional efforts” to try it out. This, Mezirow advocated, would “build competence and self-confidence in new roles and relationships.” Finally, “a reintegration into one’s life of one’s new perspective” or orientation (p. 22) could manifest. Cranton and King (2003) discussed transformative learning in the context of professional development and described it as a way to “become authentic and individuated teachers,” the kind of teachers who were “conscious of and questioning of their own habits of mind” (p. 32). This, then, might be considered as a dialogical process for both teacher and student.

**School Connectedness**

Finally, all of this comes together in a theory called School Connectedness (Blum, 2004; 4005) which is also based on positive psychology and includes resiliency building. In the context of teenagers, Blum (2004) wrote, “School connectedness refers to the belief by students that adults in the school care about their learning and about them as individuals….In addition, recent research has shown that students who report high levels
of school connectedness also report lower levels of emotional stress, violence, suicide attempts, and drug use” (p. 230). In their research, Gilman et al. (2008) found that the most important element for the child in the classroom was that s/he had one central caring adult to which s/he could feel connected and from whom s/he felt concern and care. As you can see, this is also regarded as a key factor in discussions of resilience. Factors recognized by the CDC (2009) as essential to increasing school connectedness parallel Bronfenbrenner’s ecological model and include: adult support (school staff can dedicate their time, interest, attention, and emotional support to students); belonging to a positive peer group (a stable network of peers can improve student perceptions of school); commitment to education (believing that school is important to their future, and perceiving that the adults in school are invested in their education, can get students engaged in their own learning and in school activities); and, school environment (the physical environment and psychosocial climate can set the stage for positive student perceptions of school) (p. 5).

A full discussion about the role of positive psychology in schools is found in Gilman et al. (2009). They claimed that it includes the physical, cognitive and social-emotional well being of the student. While beyond the scope of this study, Gilman et al. (2009) argued that according to development theory emotional growth is stunted when young military recruits go directly into a combat zone and live in a perpetual state of stress. It seems that most people who join the military do so when they are teenagers (between the ages of 17-19 on average), so developmentally they could still be considered as children. That being said, it is not a leap to imagine that what is working
for K-12 schools might have a broader application for those coming to college from combat.

**Narrative / Meaning-making (Constructivism)**

According to King (2005), ‘Meaning-making’ is a central tenet of transformative learning and usually happens in the context of storytelling with others. Calhoun and Tedeschi (1998) affirmed that, “The social context is especially important in either providing relief from the trauma or perpetuating it….Support groups operate on this principle” (p. 231). Neimeyer, Laurie, Mehta, Hardison, and Currier (2008) wrote about their work helping students on college campuses, who were witness to violent deaths, by using narrative as a way to move them beyond being stuck in “sense-making” to “benefit-finding” and reinforced the importance of psychosocial support (p. 33) to counterbalance what Brom (1992) called “the extreme powerlessness, experienced as a consequence of a traumatic event” (p. 150). The implication suggests the confrontation of one’s own vulnerability as a way forward. Calhoun and Tedeschi (2001) explained, “Constructive cognitive processing seems to involve finding meaning in the trauma and its aftermath and noticing changes in the self” (p. 165). In other words, promoting self-awareness or meta-awareness could help to transcend that which might otherwise be debilitating.

Pennebaker (2002) proposed that ‘writing was good for your health.’ In describing his “writing paradigm,” he reported that he directed people who had experienced a traumatic event to write for 15-20 minutes per day for three days and then followed up for an evaluation to see if there was any result. His conclusion was that the process of writing about traumatic life events could improve immune system functioning (p. 282). Brom (1992) explained that the process of coping with a traumatic event was,
on one hand, an attempt to find meaning in what happened; and, among other things, it implied the search for an answer to the question ‘why me?’ On the other hand, the coping process could be considered “an attempt to regain control over one’s own existence” or a way of “curbing the chaos” so that one could put the world back together again after which, integration could finally take place (p. 155).

To return to Friedman (2007), who wanted to demonstrate the efficacy of first-person narration as a tool of self-transformation and social change, she developed connections between three kinds of discourse: popular memoirs that recounted traumatic experiences, specifically rape memoirs and first person illness narratives; clinical discourse that elaborated treatment methods for trauma survivors; and scholarly discourse that reflected on the nature of trauma as a cultural and historical phenomenon. She came away from her study realizing the importance of the ‘compassionate listener’ when practicing ‘first-person’ pedagogy. Furthermore, Milner’s (2005) dissertation explored writing in the classroom on issues that included grief in our culture and composition in the classroom concluding that this kind of writing should be part of the core curriculum. For both Friedman and Milner, writing and healing entailed an ongoing process. DeSalvo (1999), too, confirmed the therapeutic value of the written narrative. However, inviting educators to participate in this way with student veterans might require what Greene (2001) called “an initiation into new ways of seeing, hearing, feeling, and moving. It signifies the nurture of a special kind of reflectiveness and expressiveness, a reaching out for meanings, a learning to learn” (p. 8). Archer (2010) would probably have agreed. She believed, “Working together to help veterans reintegrate fully into American life helps
not only our soldiers but also ourselves. If we want to achieve peace, we—and our veterans—must first find it within ourselves” (p. 5).

Based on my literature review, it seems there might be a benefit in creating positive learning environments, not only for school-aged children but also for student veterans. In fact, transformative learning theory might have a role to play in the core curriculum more broadly. The following are the pillars of positive psychology whether in a therapeutic environment or an educational one: self efficacy, hope, optimism, and gratitude.

*Self-Efficacy Beliefs.* Perceived self-efficacy is concerned with people's belief in their ability to influence the events that affect their lives. According to Bandura (2009), this core belief is “the foundation of human motivation, performance accomplishments, and emotional well-being” ([http://online.library.wiley.com](http://online.library.wiley.com)). Unless people believe they can influence their lives, they have little incentive to undertake activities or to persevere in the face of difficulties. Dembo and Eaton (1996) seemed certain that “perceived efficacy could influence motivation” (p. 82). In other words, if a student believes that s/he can learn, then perhaps there is a correlation between that belief and his/her actual performance.

*Hope.* Lopez, Rose, Robinson, Marques, and Pais-Ribeiro (2009) defined hope as “a human strength manifested in capacities to: (a) clearly conceptualize goals (goals thinking), (b) develop the specific strategies to reach those goals (pathways thinking), and (c) initiate and sustain motivation for using those strategies (agency thinking)” (p. 37). Hope is a sense that the future holds a place for me in it.
**Optimism.** Optimism has been defined as the tendency to expect positive outcomes, or a tendency to look on the sunny side of things. Conversely, pessimism has been defined as failure expectancy, anticipation of bad outcomes, or a tendency to take a gloomy view of things. Boman, Furlong, Shochet, Lillies, and Jones (2009) claimed that “Optimism is linked with adaptive strategies such as problem solving, obtaining social support, and looking for any positive aspects in stressful situations” (p. 52). Optimism is directly related to one’s attitude and can be influenced by the environment.

**Gratitude.** Students who like school tend to find school interesting, feel good at school, believe they are learning a lot, and look forward to going to school. Giacomo and Froh (2009) wrote that “Regular doses of gratitude in students may help counter negative appraisals of the academic experience and may improve school bonding and social adjustment (p. 82). If a teacher expresses gratitude, it can become a model for his/her students in the classroom.

**Pedagogy of Self-Disclosure**

An assumption going into the study was that combat veterans would welcome the opportunity to share their war stories with others. I looked to Berman (2009) who used diary writing and reflection to bring his students to a deeper understanding of how their experiences informed their actions and decisions. Through reflective writing he was successful in helping his students let their “inner voice guide their future direction.” Through writing, he aimed to help students come into ‘a communion with themselves’ on an emotional level and not only an intellectual level. He found that the teacher did not need to play the role of therapist for students to experience “therapeutic relief” (p. 222).
It is this quality in the teacher, the willingness and ability to be empathic, and the
desire to reach the student on a personal and caring level that allows the student to
described it as supporting the progression of the ‘evolving self.’ Gruwell (1999) is well-
known for her use of journaling with students. Her book, which was later turned into a
film by the same name, is called Freedom Writers. The importance of her work was her
willingness to meet students where they were through the use of empathy, rapport
building, mutual respect, and trust. It highlights the crucial importance of creating a safe
environment before self-disclosure and sharing can possibly take place. Even the medical
field has begun to recognize the healing potential of the narrative (Borrowmann, 2005;
MacCurdy, 2007; Mullan, Ficklen, & Rubin, 2006) and it can now be found in
mainstream medical school curricula.

In illustrating these theorists and researchers, and through the lens of positive
psychology, transformative learning and connected schooling, my qualitative case study
research methodology was designed to answer these questions:

1. In what ways is the University of Hawai‘i at Mānoa campus aware of or sensitive to
   the unique psychosocial needs of combat veterans?
2. In what ways do combat veterans feel informed about psychosocial services available
   on campus?
3. In what ways do faculty and staff feel informed about how to address potential mental
   health issues of combat veterans?
4. How do student veterans and faculty interact around these issues?
5. How might the campus improve its services for both combat veterans and those
   serving them (i.e., faculty and staff members)?

Chapter Summary and Discussion
In this chapter I have introduced the terms that guided my research project and briefly discussed them: trauma is the reaction to a life-threatening situation, and PTSD is the condition a person might experience as a result of having been through a traumatic experience that affects his/her ability to function. It may include flashbacks, nightmares, intrusive thoughts, hypervigilance and hyperarousal. Resiliency is the ability to bounce back from exposure to trauma to a pre-trauma state, and posttraumatic growth is the possible result of a person emerging from the survival of traumatic event with a fresh new perspective on life. I assert that in schools, where empathetic teachers and staff interact with students—who may have been exposed to trauma—it is possible to create a safe environment, whereby traumatized students can process their life experiences in a constructive way. While it has been demonstrated by several examples herein, the goal of my study was to see whether UHM was among those schools offering this kind of environment.
CHAPTER 3. METHODOLOGY

A case study is both a process of inquiry about the case and the product of that inquiry.
– Denzin & Lincoln

This chapter describes the study’s research methodology and includes discussions about the following areas: (a) rationale for research approach; (b) overview of research design; (c) ethical considerations; (d) issues of trustworthiness; (e) methods of data collection; (f) description of the research sample: pilot study & cases; (g) methods and procedures for analysis and synthesis of data; and (h) a discussion about the theoretical perspective used in the study. The chapter ends with a brief concluding summary.

Overview of Methodology

The following summarizes the steps that were taken to carry out this research. Preceding the actual collection of data, an ongoing review of the literature was conducted to study the contributions of other researchers and writers in the broad areas of military life, post-deployment issues, trauma, and school connectedness. Upon approval from the UHM Internal Review Board (IRB), interviews were scheduled with participants. Each interview lasted for approximately 60 minutes and in most cases took place on the campus. Once the interviews were transcribed the data were hand coded. The emergent themes were identified via the use of a visual mapping technique.

Rationale for the Research Approach

I chose to use qualitative research, because as Bloomberg and Volpe (2008) described, it is “grounded in an essentially constructivist philosophical position, in the sense that it is concerned with how the complexities of the sociocultural world are
experienced, interpreted, and understood in a particular context and at a particular point in time” (p. 80). It is naturalistic, gives descriptive data, is concerned with process, is inductive, and is interested in meaning (Bogdan & Biklen, 2007). The intent of qualitative research is to enter into the world of the research participants and examine the interaction between oneself and them while exploring the issues (Merriam, 1997). Unlike quantitative research, where the researcher takes an objective stance and generally works to test hypotheses, data emerges from interacting with the participants.

Following are common qualitative research designs: narrative, phenomenological, grounded theory, case study, and ethnography. A narrative study seeks to describe the lives of people by exploring their individual stories (i.e., one veteran); a phenomenological approach explores individual experiences to describe the essence of a phenomenon (i.e., the experience of being a combat veteran); grounded theory explores the common experiences of individuals to develop a theory that explains a process (i.e., a theory of coping used by combat veterans to survive in an academic environment); case study is a method of exploring a system of individuals to describe a case (i.e., combat veterans at UHM over the course of one academic year); and an ethnographic approach would be used to explore the shared culture of a group of people by doing fieldwork and interacting with people over a period of time according to ‘tacit rules’ with the goal of capturing a cultural portrait (i.e., the culture of the combat veteran student) (Plano Clark and Creswell, 2010, p. 236).

Of these, I chose the case study design to carry out my study which is consistent with Wolcott (2001) who thought, “The case study was better regarded as a form of reporting than as a strategy for conducting research” (p. 91). In my view, the fundamental
assumptions and key features that distinguish what it means to proceed from a qualitative stance fit well with case study design. Bloomberg and Volpe (2008) established that these features included: “(a) understanding the processes by which events and actions take place, (b) developing contextual understanding, (c) facilitating interactivity between researcher and participants, (d) adopting an interpretive stance, and (e) maintaining design flexibility” (p. 80). The definitions for qualitative research vary, but Creswell (2007) summarized it as an examination of the researcher’s assumptions and worldviews, the use of a theoretical lens, and rigorous data collection and analysis (p. 51).

**Rationale for Case Study Design**

Within the framework of a qualitative approach, I offer more reasons for identifying case study as the most suitable for this study. As Baxter and Jack (2008) wrote, “It is a good approach to use when asking ‘how’ and ‘why’ questions” (p. 545). As a form of research methodology, case study is an intensive description and analysis of a phenomenon, social unit, or system bounded by time or place (Creswell, 2007; Merriam, 1998). Creswell (2007) argued that qualitative case study was an ideal design for understanding and interpreting educational phenomena. Case study (Baxter & Jack, 2008; Creswell, 2007; Denzin & Lincoln, 2000; Merriam, 1998) can be viewed as both a methodology as well as a product of inquiry in which the investigator explores a phenomenon in a bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information (e.g., observations, interviews, audiovisual material, documents and reports), and then presents a case description and case-based themes which may affect policy and lead to
The process of doing a case study is best described by Bogdan and Biklen (2007) as a ‘funnel.’

The start of the study is the wide end: the researchers scout for possible places and people that might be the subject or the source of data, find the location they think they want to study, and then cast a wide net trying to judge the feasibility of the site or data source for their purposes. They look for clues on how they might proceed and what might be feasible to do. They begin to collect data, reviewing and exploring them, and make decisions about where to explore in depth. They may throw aside old ideas and plans and develop new ones. They continually modify the design and choose procedures as they learn more about the topic of the study. In time, they make specific decisions on what aspect of the setting, subject, or data source they will study. Their work develops a focus. They formulate questions. The data collection and research activities narrow to particular sites, subjects, materials, topics, questions, and themes. From broad exploratory beginnings, they move to more directed data collection and analysis. (p. 59)

What distinguishes case study methodology from other qualitative approaches is the intensive focus on a bounded system which can be an individual, a specific program, a process, an institution, or a relationship (Plano Clark & Creswell, 2010). Implicit in the selection of case study methodology is the assumption that there is something significant that can be learned from a single case. Such boundedness could be defined by time, place, or some physical boundaries. Key characteristics of a case study design:

- The researcher’s purpose is to study a case.
- The researcher collects multiple forms of data.
- The researcher analyzes the data for description and themes (or patterns) that emerge.
- The researcher reports description, themes, and lessons learned. (Plano Clark & Creswell, 2010, p. 242)

A common concern about case studies, however, is that they provide little basis for scientific generalization.
Yin (2009) wrote,

‘How can you generalize from a single case?’ is a frequently heard question. The answer is not simple… However, consider for the moment that the same question had been asked about an experiment: ‘How can you generalize from a single experiment?’ In fact, scientific facts are rarely based on single experiments; they are usually based on a multiple set of experiments that have replicated the same phenomenon under different conditions. The same approach can be used with multiple-case studies but requires a different concept of the appropriate research designs….The short answer is that case studies, like experiments, are generalizable to theoretical propositions and not to populations or universes. In this sense, the case study, like the experiment, does not represent a ‘sample,’ and in doing a case study, the goal will be to expand and generalize theories (analytic generalization) and not to enumerate frequencies (statistical generalization). In other words, the goal is to do a ‘generalizing’ and not a ‘particularizing’ analysis (p. 15).

Denzin and Lincoln (2000) claimed, “If a particular case is examined mainly to provide insight into an issue or to redraw a generalization, it is an instrumental case study.” Thus, a ‘collective case study’ is an instrumental study extended to several cases. “Individual cases in the collection may or may not be known in advance to manifest some common characteristic” (p. 437). They may be similar or dissimilar, but redundancy and variety are each important. These subtleties are further explained by Jones and Arminio (2006), “An instrumental case study is less about the case itself and more directed toward understanding of an issue. A collective case study focuses on several instrumental cases in order to draw some conclusions or theorize about a general condition or phenomenon” (p. 55). As stated in the introduction of this dissertation, this multicase study consisted of 8 single cases. Next, I will discuss how I proceeded with binding the multicase study.

The criteria for selection of my 8 participants (cases) were that they be combat veterans (from the current wars in Afghanistan and Iraq), male and female from active duty, the Reserves and the National Guard, who were enrolled in a degree granting
program at UHM. The importance of understanding these various perspectives came about from my initial literature review in which I found that the experience of trauma varied by each of these categories of experience. This reasoning aligns with Denzin and Lincoln (2000) who claimed that while “balance and variety are important, opportunity to learn is of primary importance” (p. 447). With regards to identifying the faculty and staff, I used ‘purposive sampling’ which allowed for “maximum variation” (Merriam, 1998, p. 62). All of the veterans in my study ended up representing the male experience. The only female veteran included in my study was outside the boundedness of the study but was included because of the role she played in helping me to access my research participants.

To reiterate, my primary data came from people. The emergent nature of the data collection allowed for a rich understanding of the issue under exploration. As suggested by Yin (2009), I used multiple sources of evidence toward “the development of converging lines of inquiry” (pp. 116) as a process of corroboration. By using data triangulation, I was able to address the potential problems of construct validity, because the multiple sources of evidence in effect provided multiple measures of the same phenomenon. One outcome of the data triangulation was to locate UHM in the larger discussion taking place nationally about what colleges and universities are doing to support veteran students.

**Ethical Considerations**

*Qualitative researchers are guests in the private spaces in the world. Their manners should be good and their code of ethics strict.* – Denzin & Lincoln

Ethical issues related to the protection of my participants were taken seriously (Merriam, 1998). Throughout the study I was always vigilant about protecting the
participants in my study. Understanding that each participant came to the project voluntarily, I never used coercion with any of them and I ensured that whatever information they shared with me was protected. At one point in the research, when I felt there was a possibility that I might be losing objectivity, I consulted with my committee members to ensure that I stayed on track.

Written consent to voluntarily proceed with the study was procured from each participant (see Appendix A). The participants’ rights and interests were always considered first when it came to dissemination. Confidentiality was maintained at all times and a secure means of storing the transcripts of interviews, and my reflective notes about the interviews, was upheld throughout the research process. Having used numbers instead of names throughout the record keeping process, the assignment of pseudonyms was the final task. As an additional protocol for the protection of confidentiality, I changed the names of my participants’ home states.

Trustworthiness. As I developed my conceptual design, issues of trustworthiness were refined. In each of the methodology books I consulted, the most significant concern was how to control for researcher biases. I admit that I was tested on this front several times due to the personalities involved. In every case I made my stance of neutrality explicit. Having done so, I felt that all parties were reminded of my position as a researcher only and that I was not able to involve myself in the political tensions that arose around this subject during the course of the study.

Credibility/Validity. According to Bloomberg and Volpe (2008), “The criterion of credibility (or validity) suggests whether the findings are accurate and credible from the
standpoint of the researcher, the participants, and the reader. This criterion becomes a key component of the research design. Seeking not to verify conclusions, but rather to test the validity of conclusions reached, entails a concern with both methodological and interpretive validity” (p. 86). Again, triangulation of the data sources and methods was used throughout the study to ensure credibility, and cross-checking data sources served to corroborate the conclusions.

*Dependability/Reliability/Confirmability.* Since I was the primary instrument for data collection and analysis, I knew that it was important to keep thorough, accurate records of my coding strategies. My use of a reflective journal, as well as an objective journal, allowed me to keep track of the coding of keywords and trends. This strategy was extremely helpful, because these journals served as an audit trail for my research and a mode of organization. I referred back to them many times while writing up this final report.

*Transferability.* Merriam (1998) emphasized the use of rich, thick description in order to provide enough description so that the readers would be able to determine whether or not the findings were transferrable (p. 211). While the results of my study have certain results unique to this institution, I would like to think that there might be a larger application to the findings. Because of the anticipated increase in the school enrollment with the recent upgrade to the GI Bill, other schools are—or will be—looking at similar issues. Therefore, it is hoped that the results of my study at UHM might have generalizability.

**Role of the Researcher—Participant Observation**
Due to the restrictions of the university on sharing information about the identity of student veterans, access to my research population was only possible because of my participation in the monthly UHM Advisory Council for Servicemembers and Veterans meetings throughout my project. During the first few meetings I was more of an observer than participant, but as time went on and rapport was built with the other members of the group, I was able to ask a student veteran if she would help me to find veterans to interview. At the same time, I was able to assess the current levels of support that UHM offers to veteran students. Cole and Knowles (2001) regarded this mutuality as a “conversation-in-relation” (p. 29). As a result of my regular attendance at the meetings, I began to understand that there was tension between the student veterans and the administration. As I mentioned earlier, this raised a red flag that concerned me and I worried that I might be losing my objectivity. In consulting my committee members I was immediately reassured that I had handled the situation with aplomb. With their advice, I was able to clarify the neutrality of my position as a researcher without leaving the UHM Advisory Council for Servicemembers ‘community.’ A positive outcome of my participation was that the University invited me to be the plenary speaker at its first ever conference on raising awareness on veterans’ issues on April 26, 2011. I felt a great responsibility to present the findings of my research in a way that could possibly have some impact on the administration whereby policy might be affected.

*Positionality.* Positionality describes the relationship between the researcher and his or her participants and the researcher and his or her topic. The research paradigm, theoretical perspective, and methodology all influence those relationships. Positionality involved every decision that I made along the way, including the way in which I have
represented or, more accurately, “re-presented” my participants. I remained vigilant about following my intuition. At every step I used discipline to remain diplomatic and neutral. In this way I was protecting all of the parties involved. As a researcher I was aware of “not only what was said but also what was not said, not only what was quoted but also what was being protected from public view and why” (Jones & Arminio, 2006, p. 31). An important finding in my research was the fact that there are limitations to what servicemembers and combat veterans are allowed to share for security reasons. This was not something that I had anticipated when I designed the study.

**Researcher Bias**

There are three ways in which researcher bias came into question. First, it could be said that I went into the study believing in the therapeutic effect of storytelling, because of my positive experience in a psychology class. When I found myself probing my participants on the possible value such a venue might hold my questionnaire became an important guidepost to keep me on track—especially at those times. The second potential concern for research bias, and one I’ve already mentioned, was my explicit interest in combat veterans. Several noncombatants suggested that services should be made available to all student veterans—not only combat veterans. Moreover, after the study was completed I had a discussion with a Marine from the VA to whom I described my study. He expressed discomfort with the idea of singling combat veterans out from other veterans. He told me that combat veterans do everything they can to blend in. He used the metaphor of the camouflage uniform as a way to illustrate this yearning. He added, “That’s why we now wear tee-shirts and jeans. We just want to blend into the environment.” It was a good lesson that highlighted the two worldviews. A third point of
potential researcher bias is that UHM is my alma mater. I received my BA in Asian Studies in 1990, therefore it could be said that I have a loyalty to UHM and a desire to see it be recognized for excellence. Objectivity required a certain amount of vigilance on my part in order not to let myself be influenced by this fact.

**Data-Collection Phase I: What was already known?**

In order to determine the preparedness of UHM in supporting the needs of combat veterans, I investigated what kind of psychological services and social support networks were available at UHM. I also reviewed the curriculum to see if courses were available for students on this topic. Additionally, I investigated the availability of workshops/professional development opportunities for faculty and staff. In essence I was trying to determine whether or not UHM was a ‘military-friendly’ campus. The categories used by the 2010 Guide to Military-Friendly Schools defined military-friendly as having the following characteristics: “offers military scholarships and/or discounts for [servicemembers and] dependents, provides a full time veteran counselor on staff, has on-campus veterans clubs or associations and supports a regional military installation” (GI Bill Jobs, 2010).

Knowing that there are roughly 2 million servicemembers eligible for educational benefits, it is useful to understand the demographics of the currently returning servicemembers. Again I looked to John Schupp for the latest statistics on deployment (which means to position troops for combat) and redeployment (movement of troops; generally refers to returning home from deployment) statistics. The following table shows the total number of deployed military personnel by branch of service.
Table 2

Total Deployed by Branch of Service-Nation

<table>
<thead>
<tr>
<th></th>
<th>Army</th>
<th>Navy</th>
<th>Marine Corps</th>
<th>Air Force</th>
<th>Coast Guard</th>
<th>Total Active Duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army Guard &amp; Reserve</td>
<td>416,578</td>
<td>38,861</td>
<td>39,725</td>
<td>113,687</td>
<td>888</td>
<td>609,739</td>
</tr>
<tr>
<td>Navy Reserve</td>
<td>19.31%</td>
<td>1.78%</td>
<td>1.91%</td>
<td>5.34%</td>
<td>0.03%</td>
<td>28.37%</td>
</tr>
<tr>
<td>Marine Corps Reserve</td>
<td></td>
<td></td>
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<tr>
<td>Air Force Reserve</td>
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<tr>
<td>Coast Guard Reserve</td>
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<td></td>
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<tr>
<td>Total Reserve Forces</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>


The chart above shows the overall picture of deployment for the nation and below are the figures for the number of servicemen and women returning to Hawai‘i. As of September 30, 2009, there were approximately 117,254 veterans in Hawai‘i with 83,194 living on O‘ahu. It is estimated that about $22,390,000 had been expended by the Veterans Administration for Education and Vocational Rehabilitation/ Employment in Hawai‘i.

Table 3

Returning Veterans from OEF/OIF as of October 2010

<table>
<thead>
<tr>
<th>Hawai‘i</th>
<th>Hawai‘i</th>
<th>659</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawai‘i</td>
<td>Honolulu</td>
<td>10,949</td>
</tr>
<tr>
<td>Hawai‘i</td>
<td>Kalawao</td>
<td></td>
</tr>
<tr>
<td>Hawai‘i</td>
<td>Kauai</td>
<td>258</td>
</tr>
<tr>
<td>Hawai‘i</td>
<td>Maui</td>
<td>361</td>
</tr>
</tbody>
</table>

According to an article published on 04 June 2011 in the *Star-Advertiser*, “Some 353 soldiers of the 2nd Brigade Combat Team, 25th Infantry Division out of Schofield Barracks, returned today to Hawai‘i after a year in Iraq. It was the largest group to return this month to Schofield, and a total of 4,000 will be returning in June.” A recent look at enrollment rates at UHM show that the campus has experienced a 500% increase in the number of veteran enrollment during the last two years. That breaks down as follows: Fall 2008-Fall 2009 had a 283% increase and Fall 2009-Fall 2010 had a 172% increase, which according to Schupp (2011) was the largest increase of any school in the nation.

**Data-Collection Phase II: Interviews**

The interview was selected as the primary method of data collection for this study, because of its potential to elicit “rich, thick descriptions” (Creswell, 2007). Furthermore, it gave me an opportunity to clarify statements, probe for additional information, and build rapport. According to Merriam (2008), the interview is a fundamental tool in qualitative research. My rationale for using this data-collection method was that it was a ‘legitimate’ way to generate data because it allowed me to interact with people, and thereby capture the meaning of their experience in their own words. According to Bogdan and Biklen (2007), “In qualitative research, interviews may be used in two ways. They may be the dominant strategy for data collection, or they may be employed in conjunction with participant observation, document analysis, or other techniques. In all of these situations, the interview is used to gather descriptive data in the subjects’ own words so that the researcher can develop insights on how subjects interpret some piece of the world” (p. 103). Surprisingly, the interview process served a cathartic role with some of my research participants who, they admitted, had not had the
opportunity to share their stories beforehand. Several of them told me that they were happy that I had shown an interest in them. In retrospect, the decision about what questions to ask might be the most important part of preparing to do any case study.

**Case Study Questions**

Yin (2009) had an interesting way to conceptualize designing the research questionnaire by suggesting that the questions be posed to oneself (the researcher), and not to the interviewee.

In this sense, the protocol is directed at an entirely different party than a survey instrument. The protocol’s questions, in essence, are your reminders regarding the information that needs to be collected, and why. In some instances, the specific questions also may serve as prompts in asking questions during a case study interview. However, the main purpose of the protocol’s questions is to keep the investigator on track as data collection proceeds. Each question should be accompanied by a list of likely sources of evidence. Such sources may include the names of individual interviewees, documents, or observations. This crosswalk between the questions of interest and the likely sources of evidence is extremely helpful in collecting case study data. (p. 86)

Although interviews have certain strengths, there were limitations to using them, including guardedness on the part of veterans. During my pilot study, I was told by one veteran that he felt that being interviewed by someone from the university seemed “very official,” and he was reticent to share information with me. It wasn’t until I told him my own story about the traumatic reaction I had to my brother’s death that he admitted being willing to be open up and share more personal details with me. Fostering trust, relationship building, and a commitment to reciprocity—which included self-disclosure on my part—became especially important during my research with combat veterans.
Beyond canvassing UHM services, my data were made up of interview transcripts and participant observation field notes as well as my own journal entries. Bogdan and Biklen (2007) stated that “data are both the evidence and the clues…data involve the particulars you need to think soundly and deeply about the aspects of the life you will explore” (p. 117). In addition to the semi-structured interviews, I continued to review the literature and watch webinars about what other campuses and the VA were doing to promote positive and supportive environments for veterans across the country.

Because a secondary research interest was to assess the appropriateness or possible role of the classroom in supporting student veterans, it was one of the areas that I explored during the interviews with all of the participants including the faculty and staff. (The interview questions used for faculty and staff can be found under Appendix D). I discuss this in detail in the last chapter of my dissertation, because it actually became a limitation of the study and therefore an area I suggest for further research. Throughout the study I took the advice of Yin (2009) and maintained my data (case study notes, case study documents, narratives, and the written report) in an electronic database. Materials collected during the process were sorted and arranged chronologically by event” (pp. 118-119) and stored on my laptop with backups to three external drives.

**Case Selection: Description of research sample & pilot study**

With the location and population identified, the next step was to gain access to the participants. The very first person I met on this journey was the Director from the State Approving Agency for Veteran’s Training who was located on the UHM campus. Her job was to travel all over Hawai‘i identifying and then certifying qualified programs for GI Bill funding for veterans to pursue training from their programs. When I asked her how to
go about finding veterans for my study, she recommended that I contact the Office of
Student Records at UHM. Because there is currently no Office for Veterans’ Affairs on
campus, the only office designated to assist veterans is the Office of Student Records.
One person processes all GI Bill paperwork. When I went to the office to see how I might
access the veterans on campus, they were not able to give me any information. The
identity of veterans on campus is apparently strictly protected information. This meant
that I had to rely on referrals by student veterans themselves, but I wasn’t sure how I was
going to find them under the circumstances.

At the Office of Student Records, I was given a slip of paper which had
information about a new Veterans’ Kiosk that was being set up that semester on the first
Wednesday of every month in Sinclair Library through the Veterans Administration
Educational Outreach Coordinator. Because it was the first Thursday of the month, I had
just missed the February, 2010 setup. On the first Wednesday of March 2010, I went to
the Veterans’ Kiosk to meet with the VA Outreach Coordinator, Mr. Matthew Handel.
Mr. Handel was extremely helpful and offered to support me in meeting veterans on
campus. In fact, he told me that if I made up materials to distribute to veterans that he
would display them on his table. Consequently, I had business cards made up for him to
use. He also gave me an excellent overview of the situation on the campus, some of his
own insights as an OEF/OIF combat veteran himself, and how he perceived the campus
with regards to accommodating student veterans.

From Mr. Handel I also learned that several campus staff members had formed a
committee to begin to coordinate efforts to accommodate student veterans. My timing
was perfect as the committee, which until May, 2011 called itself SERV (after which
time it was renamed the UHM Advisory Council for Servicemembers and Veterans), was in its nascent stages. They, too, met on the first Wednesday of every month and Mr. Handel asked me to join the meeting that very afternoon. At the meeting I met staff from the Counseling Center, Outreach College, Financial Aid and Admissions as well as two student veterans. It should be noted that access to the student veterans was possible because of my participation on the UHM Advisory Council for Servicemembers and Veterans and my relationship with Michelle (the one female student veteran mentioned earlier). Because I was introduced by a trusted veteran, other veterans were willing to talk to me.

UHM Advisory Council for Servicemembers and Veterans is made up of staff from various parts of the campus who come together voluntarily with the express purpose of trying to understand how the campus could prepare itself to better serve student veterans. From March, 2010 until October, 2011, I attended almost every monthly meeting which allowed me to become integrated as one of its members. This gave me the perspective of a “participant observer” (Denzin & Lincoln, 2000; Merriam, 1998). One of the outcomes of the committee discussions was that the student veterans registered themselves as a Registered Independent Organization (RIO) and made themselves a part of the Student Veterans of America (SVA) network. In September, 2010, with the contribution of my signature (six were required to form a board), the RIO of the Student Veterans Organization (SVO) was formed. This was a rewarding way for me to contribute to their success in the same way that I saw them willingly contribute to mine. Reciprocity was an important value to me as I carried out this research project.
The President of the SVO (member of the UHM Advisory Council for Servicemembers and Veterans) invited me to join the first SVO organizational meeting, which took place on campus in October, 2011. There I had the opportunity to meet several student veterans who later agreed to be interviewed by me. The first big event for the Student Veterans Organization (SVO) at UHM was a Resource Fair that took place on November 17th from 9:30 a.m. – 2:30 p.m. at the Campus Center. Tables were set up with representatives from the VA, and from across the campus, to offer information to student veterans on campus about resources available to them at UHM. From this chronology, you can see how I was granted access to potential student veteran participants for my study. With each interview I asked the participant if s/he could recommend other student veterans who might be willing to talk to me. Creswell (2007) referred to this technique as “snowball sampling” (p. 127).

As I wrote earlier, the criteria for selection of student participants included that they be combat veterans (from the current wars in Afghanistan and Iraq) because of an understanding that combat veterans might be at a higher risk for PTSD postdeployment (LeardMann, Smith, Smith, Wells, & Ryan, 2009). I targeted UHM faculty and staff from across the campus for maximum variation. I had also wanted to elicit from the student veterans recommendations of faculty members who exemplified positive support and then follow up by doing paired interviews. Ideally, it seemed having the opportunity to follow up with paired interviews (the student together with the recommended faculty member) would have helped me to gain a better understanding of what worked well in the classroom, but that did not transpire. I was only able to interview the student-selected faculty members individually.
Pilot Interviews

Before I had secured IRB approval, the Certifying Official and one of my professors each gave me the name of student veterans known to them, because they thought they might be willing to talk to me. I e-mailed them to see if they would in fact be willing to meet with me for 90 minutes and both agreed. I then called the Human Subjects Office on campus to make sure I was allowed to conduct interviews prior to receiving my IRB approval and was told that I could but that I was not allowed to use the data in my dissertation. With regards to the research questions, a set of open-ended interview questions was developed to use during my pilot study. This instrument allowed for flexibility and openness to new directions that emerged during the interviews which allowed for a better set of questions for the actual study. With this in mind, when I provided confidentiality statements (see Appendix A) for each participant’s signature, I told them of this protocol and allowed them to ask me any questions. In each case, the interviewee told me that he would be willing to meet with me for a follow-on interview so that their perspectives could be included when I wrote up my study. In the end I did not return to them, because they did not fit the criterion of being combat veterans from the OEF/OIF wars.

Both of them had served in earlier wars, but the insight they provided during the pilot study was echoed by the 8 participants in my actual study. Some of those findings included the students’ assessment that the coordination of information available for them on campus was poor. The feeling of isolation was also confirmed by the 8 study participants. The two pilot study participants expressed wanting to have had an area set aside where they could meet to talk with other veterans, which was also reiterated by my
8 case study participants. As I mentioned under the ‘Researcher Bias’ section, an issue that arose during my pilot interviews, and later with the other student veterans, was the concern that my focus was restricted to combat veterans. They felt as though the issues they were pointing out to me affected all veterans. I explained that I would certainly take that point of view into account; but again, my rationale for targeting combat veterans was that the underlying inquiry of my study was to see what particular services, if any, existed on campus to support veterans who had potentially been exposed to traumatic events.

In all, semistructured interviews were conducted with a total of twenty-seven people, twenty-two of which became the data for this study. Due to the parameters of the study, the other five were used to corroborate the findings. As part of the data triangulation process, it was important to explore the veteran program at HPU; because, many of my research participants pointed to it as the place they would have chosen to go to college in place of UHM. HPU is considered to be a ‘military-friendly’ college, so I interviewed one staff person from the Office of Veterans’ Affairs on their campus as well as one student veteran who attended HPU. To clarify, the actual cases of the study included seven combat veterans from UHM and one OIF/OEF active duty student soldier. The active duty servicemember was included because of his unique insight as both an infantryman and a social worker. There were thirteen faculty and/or staff (one of whom was an OIF/OEF veteran) and one noncombat student veteran (Michelle).

The Cases of the Study

I set out to document a broad range of experiences, and thereby provide an opportunity for the reader to enter into the study and better understand the reality of my
research participants. The emphasis throughout was to let them speak for themselves. Illustrative quotations were taken from the interview transcripts as an attempt to portray multiple participant perspectives and capture some of the richness and complexity of the subject matter (Bloomberg & Volpe, 2008). Because trauma theory underlies my study, it explains the criterion I established that each participant be a combat veteran due to the increased likelihood that he would have been exposed to a traumatic event while deployed; therefore, I began each interview by asking each participant what it meant to be a combat veteran. I was surprised to learn that there was not a unified definition – or identification – of the term (Hoge, 2010). I had assumed that everyone who served in a warzone was a combat veteran. According to the Veterans’ Administration, anyone deployed to a theater of operations is considered to be a combat veteran. As will become clear, each participant viewed himself as a combat veteran based on his proximity to the battlefield. Not surprisingly, Ramchand et al. (2011) found that proximity to battle was co-related to PTSD prevalence (p. 548).

As a way to get acquainted with each participant, the aim of the first three questions of the interview was to situate each person within the study. “What does it mean to be a combat veteran?” The second question was, “Are you a combat veteran?” As a follow-on question I then asked, “In which war did you fight?” This gave me some idea of self-perception and context. Then I asked about exposure to trauma. “What kind of traumatic experiences did you have during the war?” Due to the sensitivity of this question, I did not necessarily get an answer to it immediately but had to weave back to it after rapport and trust were established. Thus, the placement of the fourth question, “Why did you choose the University of Hawai‘i at Mānoa to pursue your degree?” provided a
potentially less charged point of discussion, while at the same time it helped me to begin to probe the expectations of the participants in having made the choice to come to UHM. Following is a description of each of the cases.

All eight of the participants were males. It should be noted that while females serve a number of support roles in the military, they are not allowed to serve in combat arms. Four branches of the service were represented among the cases: Army, Navy, Air Force and the Marine Corps. Five of the participants came from the ranks of enlisted personnel and three were commissioned officers. A variety of military occupational specialties (MOS) were represented: Infantry, Navigation, and Intelligence. There was also a broad representation from across the campus with participants studying in different departments: Social Work, Architecture, Engineering, Philosophy, Art, Business, Japanese Language, and Anthropology.

Case 1: Mark is originally from Washington and served in the Army. He did three one-year deployments during OIF/OEF as an enlisted person in the infantry. When Mark separated from the service he was an E-5 (Sergeant). When I asked him what it meant to be a combat veteran, he told me that it was “somebody who served in the armed service during time of conflict and deployed to a hazardous area … who served his or her nation while under direct or indirect fire.” After leaving active duty Mark joined the Hawai‘i National Guard and is pursuing a BA in Engineering. He told me that he chose UHM because it has a good Engineering program. Because Mark had been stationed in Hawai‘i for the past 5 years while with the 25th I.D. (Infantry Division), he also felt an attachment to Hawai‘i. Finally, a move to another state for school would have been a financial burden. Mark is single.
**Case 2:** Stanley is originally from New Mexico and is still an active duty service member in the Army as a major in Combat Arms. He was deployed twice (once for 12 months and the other time for 15 months) in Iraq and will soon deploy again to Afghanistan. When I asked Stanley what it meant to be a combat veteran, he answered “it’s a military service member – in my case Army – deployed to a combat zone with the possibility of being exposed to combat operations.” He clarified by saying that, “Some folks that are combat vets don’t actually get exposed to gunfire, but they have served in a combat environment. So their experience is different from mine, but for each combat veteran the experience is different. It differs from how the individual processes it, to the geographic location, to the intensity of the insurgency in that particular area, to the time of day, and time of year. There are so many variables, no two experiences are alike.” For Stanley the reason he decided to go to UHM was largely convenience as he had already been in Hawai‘i since 2005. He added, “Besides not wanting to go through the whole rigmarole of moving… the second issue was that I wanted to take the time to relax to get a little me time.” Stanley decided to go to UHM because he was under the assumption that there were systems in place to support veterans. He graduated from UHM with a Master of Arts (MA) degree in Social Work in May, 2011. Stanley got divorced from his wife when he finished his tour in Iraq due to PTSD-related issues that affected the relationship.

**Case 3:** Ralph is originally from Nevada. He served for two years in the Reserves and then nine years on active duty with the Army Rangers. As a non-commissioned officer (Sergeant), who had planned to make a career of the military, being medically separated due to a knee injury was unexpected. He is currently coming up on his sixth year in the National Guard and is pursuing a BA in Anthropology. In describing what it meant to be
a combat veteran he said laughingly, “Um, I guess in just a general sense, you’ve been to war. You got shot at and you shot back. And I shot back, so I’ve been in combat and I’m a veteran of that.” Ralph was deployed during OIF2 and OEF1 (second rotation in Iraq and first rotation in Afghanistan). He has a 70% disability rating (40% for his knees and 30% for PTSD). Ralph chose UHM because of a friend he met in Arizona (a local boy from Hawai‘i) was moving back home and convinced Ralph to follow. Knowing that he was going to deploy with the National Guard, the friend told Ralph that he would have a place to live and asked him to look after his family while he was away. The friend’s wife was a student at UHM in the Anthropology department and convinced him to enroll in the program. Ralph is married and has a baby daughter.

**Case 4:** Kevin is originally from Wyoming and served in the military for eight years: two as enlisted Army in the Combat Arms Division and six years in the Air Force as a commissioned officer. He retired from the Air Force as a captain and is currently serving in the Hawai‘i National Guard. He told me that he did six 4-6 month deployments during OIF/OEF as a flight navigator. With regards to being a combat veteran, he felt that his job as an Air Force navigator had given him a different experience. “It’s not the same thing as in the Army…who was on the ground constantly. We were always flying in and out. So, I think it’s anybody who’s been in a combat zone.” Kevin told me that there were different iterations of ‘combat zone.’ He continued, “While southern Qatar is considered a combat area, there’s no real threat all the way up to Afghanistan and Iraq; they’re taking fire every day.” He felt that his perspective was different than most people because they would fly in and then fly back to the relative safety of Kuwait. He says, “For me, I was engaged where the combat was actually happening.” Kevin is pursuing his Masters
in Business Administration (MBA) in the School of Business. The reason he chose UHM was that he had spent the last 6 years in the Pacific and didn’t want to leave. When he was given a job offer to work part time for the Hawai‘i National Guard he accepted it. Kevin chose UHM because he wanted to integrate into the Hawai‘i business community and found that UHM had the only accredited MBA program on O‘ahu. He is married and has four children.

Case 5: Todd is originally from New Jersey and served for a total of ten years in the Navy as a linguist. In 2009 he was deployed for six months to Bagram to write intelligence reports as part of an augmentation effort for the Army, because they lacked enough personnel. He said of being a combat veteran, “Just that you have served in one of the ongoing wars.” In his case, Todd told me that he “sat inside of a palace the whole time in relative safety” meaning that he had no proximity to actual combat. Because he had been stationed for a number of years at Pearl Harbor, Todd had been weighing whether to go to college in Hawai‘i or New Jersey (his home of record). When he separated from the Navy he was an E-6 (Petty Officer First Class). Before deploying to Afghanistan he had met with an advisor in the Art Department and decided to take residency so that he would qualify for in-state tuition at UHM upon his return. He is pursuing a BA in Studio Art. When I asked Todd about the impact of his service on his relationship, he told me that in the Navy it was nearly impossible to have a relationship because of being deployed 60% - 80% of the time. He is single.

Case 6: Brent is originally from Florida. He was an Infantryman in the Army and deployed twice to Iraq during the whole of 2006 and the whole of 2008. He went in as a private and left as an E-6 (Sergeant). He also experienced being ‘stop-lossed’ for five
months. ‘Stop-loss’ is a situation that can occur when a person has reached the end of his contractual agreement with the military but is asked to extend his time in service. The way that Brent explained it to me was that he had signed up for four years, but when doing the paperwork he saw that there was a 4-year Inactive Reserve clause making the contract actually an 8-year contract. When he questioned the recruiter about it, Brent told me that the recruiter had reassured him that he would never have to do that time unless WWW III started. Some people refer to this as a back door draft. In the documentary called Stop-Loss, the filmmaker reports that over 80,000 military personnel had been stop-lossed as of 2008. When I asked him why he had chosen to come to UHM, he told me that during his second tour in Iraq he came to Hawai‘i for three weeks on leave and “kinda fell in love with the place.” He said that being from Florida he needed ‘excellent’ weather – which is not something he got while he was in the military – so he decided to come to UHM. Brent emphasized that school was a tertiary priority, but since the Army was paying for his education he decided to get his degree. He basically wanted this to be a pleasurable time. He maintains the discipline of military life in his daily routine by waking up early and doing physical exercise. As for what being a combat veteran meant to Brent, “It means to have gone to war; well it means to go to war and to have experienced what war entails. People who go over there and they actually contribute to the fight; that’s a combat vet.” He added, “And then combat vets also have to come back home. If you don’t come back home, you’re not a vet. You got lost over there in the cause, so uh, once you’re a combat vet, you aren’t ever not a combat vet. It stays with you for a long time.” Brent is earning his BA in Philosophy and is writing novels about his wartime experience. He is also single.
**Case 7:** Steven is originally from Nebraska. He served in the Marine Corps as an enlisted person doing intelligence work for eight years (five years active and three years in the Inactive Reserve). When he separated from the service, he was a Staff Sergeant (E-6). He told me that he was stationed in Iraq from October ’04-March ’05. To the question of what it meant to be a combat veteran, he shruggingly said, “It’s just something I did. Some people … well, my experience was that I went to Iraq and sat inside a palace the whole time.” He told me that he didn’t ‘see’ combat. “Mortars would come in … usually nothing you could do about it.” To clarify he said, “I think they actually have some kind of a medal when you’re in a firefight. Receiving mortar versus having to exchange fire. No, I am not a combat vet.” Like Todd, Steven felt removed from combat. He decided to come to UHM because it was known to have a good Japanese program. Steven is pursuing a BA in Japanese Language and he, too, is single.

**Case 8:** Barry is a retired officer (Captain) who served as a pilot in the Navy. He is originally from Utah. While he considers himself to be a combat veteran, Barry told me “I’m sure it means different things to different combat veterans – based on their different experiences. You’ve got … for me, although I’m titled a combat veteran, I was not on the ground. I was a pilot, so it was all sight unseen. But, you know. It’s different things to different people, and for me I don’t think it was nearly as extreme as it was for some people like the Marine Corps, the Navy Seals or the Army ground pounders that were down there.” Barry went on to say, “I think when you think of a combat veteran, those are the guys you’re probably thinking about. It’s these guys who are down on the ground versus somebody who’s a pilot flying around in a combat zone. Although I am a combat veteran, a combat veteran in two different wars, I’m probably in a much different
category.” Barry decided to come to UHM to pursue his degree because he had been at PACOM (United States Pacific Command) during the latter part of his time of service. He began taking classes at UHM thinking that he would transfer back to the Mainland but ended up staying at UHM to finish a doctorate in Architecture, since it is the only school in the nation that offers that degree. Barry has seen combat three times: Desert Storm in 1991 and again twice since the sanctions. According to him, while the Army came and left, the Navy has been in the Gulf all along. Barry is married.

By introducing the cases in this chapter, I wanted to illustrate the boundedness of the study. Again, the most important criterion for the study was ‘combat veteran’ status. Because it is useful to further examine what it means to be a combat veteran, I asked Matthew Handel of the Vet Center in Honolulu to define ‘combat veteran.’ This was his reply,

Many Marines would not consider themselves "combat" veterans without earning a "combat action ribbon," meaning they were within so many meters of combat or actually engaged in "combat" with the enemy. This meaning, that many who were logistics or operated without direct contact of enemy wouldn't be considered or seen as an actual "combat vet." Similarly, those in the Navy, if they had not actually engaged the enemy with weapon systems or rifles, wouldn't consider themselves actually in the fight. Airmen...same for the most part...if they didn't engage the enemy...they were just there to support the military effort who was engaged in actual combat. Soldiers from the army...in a combat zone...you're a combat vet for the most part...we even wear it on our sleeves. Gets even trickier identifying coast guardsmen who operate all over the world in actual combat roles, but are never really recognized for it. In all cases, as far as the VA and Vet Center are concerned, anyone in a theater of combat is considered having served in a war zone and is a combat vet. (Personal communication, August, 30, 2011)

The emergent themes from the interviews are reported in the findings section of Chapter 4 of the dissertation. Following is a description of my data analysis process.

*Methods and Procedures for Data Analysis and Synthesis*
Merriam (1998) cautioned researchers to make data analysis and data collection a simultaneous activity to avoid the risk of repetitious, unfocused, and overwhelming data. From the identification of my topic through the ongoing literature to the interviewing process, I was constantly filling in new pieces of the puzzle. Because my design was emergent, as new data presented themselves I analyzed them to see how they fit together with what had already been collected. For example, with the increased attention on addressing the mental health needs of combat veterans for the Department of Defense and the Veterans Administration, I was always looking for the newest policy and research updates and implications. With each news release, I went back to see how it affected what I had already learned. In addition, with the many websites that are now available to support veterans, I continually read and listened to stories posted about and by veterans in which they described coping with the transition from the combat zone to civilian life. I consider this practice to have been a form of data triangulation and validation.

**Analytic Approach**

The following section illustrates the formal process of my data analysis and weaves in the literature on methods and research design. I generally followed the suggestions put forth by Bloomberg and Volpe (2008) who themselves wrote transcript categories on paper and taped them onto walls for a visual mapping of themes and categories as a way to code their data. The tactic of visual mapping was critical for me to refine the coding process and enabled me to see the categories as they emerged. After the first layer of coding, I created categories under which I pasted quotes that I had cut out from my transcriptions and made into piles. I then re-read and re-organized them as I lived with them on my walls. Simultaneous to carrying out interviews, and then during
the transcription process, I kept a separate reflective journal as part of the data collection and analysis process. This also helped me to validate the emergent themes as well as bracket out (Jones & Arminio, 2006) my own thoughts and reactions.

It could be said that my research process followed the 10-step template offered by Bogdan and Biklen (1992) as summarized by Merriam (1998) and adapted by me whereby I: (1) made decisions that narrowed the study in order to think more deeply than broadly like the funnel discussed earlier; (2) made decisions concerning the type of study; and wrote a full description of the case(s); (3) developed analytic questions; (4) let each data collection inform and guide the next one; (5) wrote observer’s notes and thought critically about the data each time; (6) wrote memos to myself and was reflective in order to understand how the data might be related to larger theoretical, methodological, and substantive issues; (7) tried out ideas and themes on key informants catalyzing creative ideas; (8) explored the literature after entering the field to stimulate thinking; (9) played with metaphors, analogies, and concepts to push the envelope on analytic thinking; and (10) used visual devices like graphs on the computer (pp. 162-163). Because the data collection process was an ongoing task, I continually kept the big picture in mind which I accomplished by thinking both analytically and creatively.

**Patterns.** As suggested by Janesick (2004), I was always on the lookout for patterns. She described that the “frequency of codes or code combinations”—would be conceptually more primitive (lower) than the initial ‘how’ and ‘why’ research questions that led to the case study in the first place. In other words, detailing a rich and full explanation—or even a good description of the case in response to the initial ‘how’ or ‘why’ questions—required extensive thinking and analysis.
**Pattern Matching.** I looked for points of tension in the data rather than for a single, consistent explanatory conclusion. I recognized the emerging patterns or themes by the repetition or words, phrases or descriptions of experiences (e.g., physical reactions and long pauses while describing a traumatic event). I triangulated data sources by listening to stories of veterans found in the media (e.g., video, film, blog, personal accounts) as well as bouncing ideas off my peers, teachers, and professionals in the community who work with the veteran population. The development of my analytic statements was based on physical and cultural artifacts as well as my participation on the UHM Advisory Council for Servicemembers and Veterans.

What reinforced and confirmed that I had accurately identified the major themes in the study was my attendance in a week-long training by the Center for Deployment Psychology on Addressing the Psychological Health of Warriors and Their Families, where I was immersed in the most current issues. While this training was part of a larger effort on the part of the Veterans Association to roll out training to civilian service providers—who may be treating military members or veterans, as a researcher I benefited in learning more about the culture of the military, the latest information on mTBI (mild Traumatic Brain Injury), PTSD, and other issues. Surprisingly, I found out about the prevalence of sleep disorders that combat veterans experience. On the fourth and fifth day I attended a clinical training on how to use the accepted protocol for treating PTSD called CPT (Cognitive Processing Therapy) which I discuss in Chapter 5.

**Synthesis.** As stated before, my overall goal was to look for trends, patterns and clusters of categories to emerge from my interviews. As I identified these patterns, I
compared them with the issues raised in the literature toward the goal of synthesis of the data. After using these strategies for each individual case, I then did a cross-case analysis.

**Cross-Case Synthesis.** After looking at each case individually, I did a cross-case analysis through pattern matching to create a word table. For example, the phrase ‘outside the wire’ is one that a combat veteran might use to illustrate his proximity to danger. Yin (2009) elaborated on word tables explaining that, “Complementary word tables can go beyond the single features of a case and array a whole set of features on a case-by-case basis. Now the analysis can start to probe whether different groups of cases appear to share some similarity and deserve to be considered instances of the same ‘type’ of general case. Such an observation can further lead to analyzing whether the arrayed case studies reflect subgroups or categories of general cases—raising the possibility of a typology of individual cases that can be highly insightful” (pp. 156-160). Another example of how this technique was useful was an analysis made by, and across, MOS (Military Occupational Specialty). Those combat veterans who were infantrymen reported a higher rate of exposure to trauma, whereas those who were more removed from it did not. Consequently, those less removed seemed less affected by issues like PTSD.

**Constant Comparative Method of Data Analysis.** Because of the ‘circular nature’ of the research process, sampling, data collection, and data analysis all occurred both simultaneously and continuously. Jones and Arminio (2006) confirmed that, “The strategies of the constant comparative method of data analysis and theoretical sampling make this relationship explicit.” They argued that “the constant comparative method engages the researcher in a process of constantly analyzing data at every and all stages of
the data collection and interpretation process, and results in identification of codes” (pp. 43-45). This process led me to do a meta-analysis of the data, because very often the words used were codes or shorthand for experiences that the participants were reluctant to discuss outright. In other words, I sometimes had to ‘read between the lines.’ At those times I was required to return to the literature to verify that my interpretation of the data was more than just a hunch. Again, reflexivity becomes important during this process.

An important step in all of these replication procedures was the development of a rich, theoretical framework. According to Yin (2009),

The framework needs to state the conditions under which a particular phenomenon is likely to be found (a literal replication) as well as the conditions when it is not likely to be found (a theoretical replication). The theoretical framework later becomes the vehicle for generalizing to new cases, again similar to the role played in cross-experiment designs. (p. 54)

During the proposal stage, I had developed a conceptual framework that later became my map and anchor point as I collected data for each case. As I analyzed them, both within and between the cases, I was always reminded to link my findings to my conceptual framework which ensured that I was answering my research questions. In this way I was able to weave the theoretical framework into and through the conceptual framework.

When I reached redundancy, I felt confident that I had done enough interviews. According to Yin (2009) replication is the goal, not sampling logic, for multiple-case studies. He argued:

The replication logic is analogous to that used in multiple experiments. Each case must be carefully selected so that it either (a) predicts similar (a literal replication) or (b) predicts contrasting results but for anticipatable reasons (theoretical replication). The ability to conduct 6 or 10 case studies, arranged
effectively within a multiple-case design, is analogous to the ability to conduct 6 to 10 experiments on related topics; a few cases (2 or 3) would be literal replications, whereas a few other cases (4 to 6) might be designed to pursue two different patterns of theoretical replications. If all the cases turn out as predicted, these 6 to 10 experiments cases, in the aggregate, would have provided compelling support for the initial set of propositions. If the cases are in some way contradictory, the initial propositions must be revised and retested with another set of cases. Again, this logic is similar to the way scientists deal with conflicting experimental findings. (p. 15)

So far I have explained why I decided to carry out this study. I have also provided my rationale for choosing to use a case study design to collect my data. Beyond that, I have demonstrated the strategies used for analyzing and synthesizing my data. A thick description of each of the cases was also provided in this chapter. The next thing I would like to discuss is how, by always staying true to my conceptual framework, I was able to link the data to my theoretical perspective.

**Criteria for Interpreting Findings – Connecting Case Study to Theoretical Perspective**

According to Jones and Armimio (2006), “Because case study is both a unit of analysis and a methodology without a presumed philosophical tradition attached to it, it is both common and important to see case studies described with an anchor in a particular theoretical perspective” (p. 53). It, therefore, seems important to clarify that constructivism is the epistemology in which my study is located and my role is one of interpreting the experiences of what combat veterans shared with me—about what it means to go to war and then come home. According to Denzin and Lincoln (2000), “Knowledge is socially constructed, so the constructivists believe, and, in their experiential and contextual accounts, case study researchers assist readers in the construction of knowledge” (p. 443). In this way, as the researcher, I was also the
equivalent of translator and could possibly be loosely compared to an ‘embedded reporter.’ Ultimately, my hope is that the reader will draw his/her own conclusions.

**Trauma Stories**

In a previous section I introduced my research participants and tried to paint a picture of what it means to be a combat veteran. According to the literature (Grossman, 2009; Hoge et al., 2004; Tedeschi, Park & Calhoun, 1998; Ramchand et al., 2011), the proximity to combat seems to be co-related to the prevalence of PTSD due to its traumatizing effect. While not every infantryman acknowledged that he had PTSD, three out of the four of them did. Significantly, too, a symptom of PTSD is dissociation or numbing. The participants who were not confronted directly by killing and its effects might still be experiencing, or may one day experience, some of its symptoms. Beyond direct exposure, there is the reflection upon the actual experience later that might cause distress to military personnel. This is discussed at length in the literature (Tanielian & Jaycox, 2008) and is sometimes referred to as a delayed onset of symptoms. While it was never my place to diagnose whether or not someone did or did not have PTSD, nor am I professionally trained to do so, I was looking for any clues that might help me to understand the emotional state of my research participants.

It should be noted that before I carried out this study I met with a psychologist at Tripler Army Medical Center (TAMC) to have her review my interview questionnaire. She was a captain in the Army. I asked her to advise me on what to anticipate with regards to the possibility of someone feeling uncomfortable during an interview. She told me, and I later followed her advice, to normalize someone’s emotional reaction to the
telling of a painful story. She also advised me not to ask directly whether or not someone had PTSD but to let them tell me should they so choose. I found this to be valuable, and I’m glad I took the time to meet with her before I began my project. It made me a more sensitive and empathetic interviewer.

When preparing to explore the needs of combat veterans to better support them, it was important to understand their experiences of combat exposure—as I’ve said repeatedly. I discovered that, in fact, each person’s reaction to having been exposed to trauma varied widely. In the following section I discuss how my participants perceived trauma while deployed. I include these conversations in this chapter in order to set the stage for how issues of trauma, resilience, and recovery are relevant to those seeking to pursue higher education and to those staff and faculty within institutions offering its possibility.

For Steven and Todd, who worked as Intelligence personnel in the relative safety of office space within a palace, they did not have anything to report with regards to trauma. They casually described that there might have been mortar rounds coming in from over the fence once or twice a month, but because they did not have to go ‘outside the wire’ (outside of the base) they did not feel as though their lives were endangered and were frankly blasé about it. In his own words, Todd told me “I basically worked in an office building twelve, thirteen, fourteen hours a day. But there were individuals around me who went outside the base [to do patrols]. Actually a group went outside the base that we knew and they never made it back. I think three or four of them died. Their truck crashed. We were pretty torn up about it, because the search and rescue wasn’t conducted
efficiently. And although we didn’t know at the time, if it had been done better, it … At the time looking for these individuals, it was pretty rough for a lot of people.”

For Mark, ‘traumatic’ was “a lot of hurry up and wait … the mind numbing ‘Ground Hog’s Day’ effect.” He went on to tell me, “I spent 3 years over there and I cannot really distinguish one day from another. I’ve been shot at. I have had explosions around me. And at the time they weren’t scary. It didn’t bother me. It kind of scares me now actually … how much I just let go and just accepted what was … I don’t know.” He added, “I know some people who couldn’t handle it… I did three deployments, and the way I handled it was to separate the parts of my life into two separate lives.” He said that it was like “turning off a light and then turning on a light.” He said that whenever he was deployed he only thought back to the last deployment, as if there had never been a break in between. Then when he was at home, he blocked out the time that he was deployed and only remembered the last time he was at home. While Mark was describing this compartmentalization I observed that he became visibly upset.

The first word that Stanley used when I asked him if anything traumatic had happened to him was ‘losses.’ He went on to tell me, “My first time there our/my unit suffered a lot of losses, so you know between the events and of course the memorial ceremonies, it’s uh, probably emotions … Uh, and when incidents occur, you don’t fully process those. And of course I still remember when a lot of the memorial ceremonies/services … I started going to as many as I could, and then I just stopped going to them. I just didn’t really feel comfortable because of the fact that … I wanted to pay my respects, but these/ it was overwhelming emotionally … So, you know … I didn’t want to get involved anymore. My second deployment … I went to a few… I … I
stopped going … emotional …. For some folks … it’s closure, but for me I just didn’t care to experience that.”

As for exposure to traumatic events, Ralph blurted out, “Lots of dead people. Uh, lots of shit blowing up. Uh, I buried five good friends. Uh, basically you’ve seen the worst of humanity. Uh, without really going into a lot of stuff, probably … [clears throat] … besides you know … kill or be killed, which is just kind of common sense to me.” He described having watched a family go through a checkpoint and “once they got through the checkpoint about 30 meters down the road, their car exploded. So, their dad killed his entire family to try and kill Americans.” He seemed to remember that it happened right after Saddam was captured. Ralph said that at the time he felt as though he was in a different world and didn’t deal with anything. As he put it, “I kind of just shoved it to the back of my head, and now I’m like … mankind is evil and I have no respect for religion. I have no tolerance for politically correct individuals who are all like … Oh well; we’re killing innocent people and blah, blah, blah. I’m like, no they’re killing themselves and you don’t know what the fuck you’re talking about. You have no frame of reference, other than what little you see on TV.” Ralph felt that he had become a cynical person and admitted that the only thing that seemed important now was his baby daughter. “Everything I do is focused on her, so it’s good. It gives me something to deal with, something to make good. I don’t have to think about all my bad stuff, worry about everything I did… It had to be in some way shape or form to make her life better.”

Kevin was a navigator in the Air Force and feels that being somewhat removed from the fight on the ground left him unaffected. He attributed his unaffectedness to his strong religious faith. He said, “If it’s your time go, it’s your time to go.” In this way he
claims that he never panicked over close calls with death, even when he was nearly killed during a flight operation in the Hindu Kush Mountains. The one experience that did impact him was during a time when the fighting was intense. He told me “We started picking up a lot of bodies and that was kind of sobering. You know, especially when, there’s a difference … There are certain places where … it was kind of weird, because if it was an American soldier, the full formalities; whereas if it was an Iraqi soldier and the Iraqis weren’t around to do the formalities, we’d just body bag ‘em in the back of the plane and go. That’s what I mean about the surreal part. I mean, it’s just kind of bizarre. You know … and then we’d do the mission and then we’d come back to relative safety. You know, you’re at a base where you’re not under threat of attack. Everyone just does their thing, and if they’re not the ones flying into it and flying out of it, they don’t really … That was kinda weird in that one sense. That’s the only way I can describe it, just kind of a surreal feeling. I didn’t freak out, I mean I can definitely tell you that there’s stress coming back home, but it’s like I don’t wake up shakin’ at night. You know, people say they have dreams and everything like that; I never had any of that kind of stuff.” As for Barry, who was flying airplanes, he also claimed to be free from the effects of exposure to trauma. Like Kevin, he had been involved in a few near misses and claimed to have seen his life flash before his eyes, but he does not seem to have any of the classic PTSD symptoms. Like Kevin, Barry too felt that it was being on missions when he had to collect and bag dead Iraqi bodies that he felt like he dissociated and could only describe the experience as ‘surreal.’

When it came to discussing trauma, Brent was convinced that everyone had PTSD—“like having been spanked as a kid”—that the term was too overarching and
broad. He claimed that if you had a healthy mindset that exposure to trauma did not necessarily have to have a debilitating effect. He told me “Uh, I’ve been through a couple roadside bombs, a bunch of rocket attacks, I’ve been shot at, I’ve shot my weapon; I’ve pretty much done it all … besides kill anybody.” He admitted that it would be impossible to walk away completely unscathed, but he felt that there should be another way to describe the effect than PTSD. As we went back and forth trying to come up with something that he felt was more agreeable, he settled on ‘Post Combat Stress.’ He emphasized it by saying, “Because to me, I have more traumatic experiences from the Army training than I do from Iraq. I have more just… [laughing] it’s kind of crazy, ‘cause in Iraq you know what you’re doing, but sometimes you go through suffering from the military in the U.S., even on leave. I’ve had bad experiences where people just treated me wrong.” Each person coped in a different way; the way that Stanley told it was that you could live in a state of panic all the time, or you could make a decision that you were not going to live that way and resign yourself to the mission. He described that moment for himself in the following way,

At one point I remember going out on my combat patrols on one of the first few times and you know … the first time I was really worried that I was going to get blown up. We were at that time having one wounded soldier every other day and one soldier killed every week. And I was worried about it. By the second or third time, I’m not going to do this anymore, because if I continue to worry about being killed it’s going to be really distracting to the mission. I just told my guys, ‘Screw it, today’s as good a day as any to die.’ I’d always joke around and say, ‘OK, today’s a good day to die,’ and then I would tell them (the other guys in the unit), ‘OK, what are you gonna say if I get killed?’ Cause that’s one of the things that everybody talks about their leaders when they say, ‘Oh, he was great leader, he was a great guy.’ You know, I said, ‘So what are you guys going to to say about me?’ ‘Oh, we know Sir, we’re gonna tell ‘em that you were such an asshole, you were a pain in the ass, you were a task master, nobody liked you’ … It’s good. And it’s almost like you come to terms, those hard, cold terms that this might be the day. And so you’re like, OK, I’ve done everything that I needed to do, and I’m gonna go out and if it happens, it happens, if it doesn’t … I was lucky.
Stanley was clear that this may be a way to survive in a combat zone, but he admitted that the process of turning off one’s emotion, if done for too long, can result in them staying turned off, which affects one’s life upon return from the battlefield. He told me that he knew that was the reason his marriage had failed. He felt certain that is why there were so many returning combat veterans who had anger issues. To tie this back to what it meant to be a combat veteran, the eight participants seemed to think that the ‘real’ combat veterans were the ones who had ‘boots on the ground.’ Perhaps that is why there is some ambiguity about how one sees oneself, even if having served in a combat zone. I think Barry’s words capture it best, “All these awards and medals I had … it wasn’t for engaging the enemy. There’s an extra sensitivity to the combat veteran who did do that. Whoever goes through that deserves the attention. People who receive these medals don’t feel like they deserve it compared to … or are put in the same category as us who are at arm’s length.”

**Chapter Summary**

In summary, this chapter provides a description of the study’s research methodology. A qualitative case study design was used to explore the phenomenon of combat veterans who may be experiencing some form of disability (whether mental or physical) at UHM. The participant sample was made up of eight individuals selected from among veteran students. The data-collection methods that were employed included individual interviews and participant observation by way of membership in the UHM Advisory Council for Servicemembers and Veterans. The data were reviewed against literature resulting in six emergent themes which are discussed in Chapter 4. Credibility and dependability were accounted for through various strategies, including the use of
multiple data sources. A review of the literature was conducted, and the conceptual framework used for the design and analysis of the study is included.

**Figure 3 Visual Representation of my Research Process**

![Diagram](image)

*Figure 3. Adapted from *Case Study Research: Designs and Methods*, by R.K. Yin, 2009, p. 123. Copyright by Sage Publications Books. Reproduced with permission.*

I hope that this study will make a contribution to the literature in the area of both education and policy, and that the purpose of education (a key issue in the discipline of Educational Foundations) will move toward embracing a more holistic approach—one that includes empathic teaching. Although the focus of this study was to address the needs of combat veterans who may be dealing with issues of posttraumatic stress, it should be kept in mind that many other students who enter the classroom are suffering from life stressors which affect their ability to succeed, and so there may be a broader application for the findings.
CHAPTER 4. PRESENTATION OF THE FINDINGS

Coming back from a combat deployment
is like returning to the three-dimensional world
after experiencing a fourth dimension.
– Charles W. Hoge, MD, Colonel, U.S. Army (Ret.)

This chapter presents the six major themes that emerged from the study. While two of the veterans’ voices may seem to dominate the conversation, I felt it was important to include the fullness of their perspectives. Of my research participants, Stanley and Ralph exemplify the experience of a combat veteran doing multiple tours with the infantry who suffer from PTSD. Because this is the profile of the veteran at risk, I felt that letting their voices speak loudly and fully helped to illustrate the issues pertinent to this research project.

Six Major Themes Emerged from this Study:

1. Culture Shock of ‘We’ vs. ‘me’ – Putting on the Uniform
2. Transitioning from Boots to Slippers – Taking off the Uniform
3. UHM is Military-unfriendly – Veteran-specific Services Lacking
4. Semper Fidelis – Never Leave a Comrade Behind
5. Addressing Stigma – Creating a Safe Haven
6. From Apathy to Empathy – Connecting the Dots

The following table provides an overview of all the research participants (student veterans, faculty, and staff); it can be used as a reference while reading this chapter. The student veterans are listed at the top and the faculty and staff members are listed below by pseudonym alphabetically. In total there were 22 interviews included in the study: 8 combatants, 1 noncombatant and 13 staff and faculty members. While I have not included
a detailed description of each of the UHM faculty and staff members, the matrix below includes each person, their associated department or office, and whether or not they were also veterans.

Table 4

Table of Research Participants: Student veterans, Faculty, and Staff at UHM

<table>
<thead>
<tr>
<th>Psydonym</th>
<th>Gender</th>
<th>Category</th>
<th>Graduate/undergraduate</th>
<th>War</th>
<th>Branch</th>
<th>Enlisted/Commissioned</th>
<th>Job</th>
<th>SVO</th>
<th>AC</th>
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<tr>
<td>Barry</td>
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<td>Vet</td>
<td>Graduate</td>
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<td>Navy</td>
<td>Commissioned</td>
<td>Pilot</td>
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<td></td>
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<tr>
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<td>Undergrad</td>
<td>OEF/OIF</td>
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<td>Enlisted</td>
<td>Infantry</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>M</td>
<td>Vet</td>
<td>Graduate</td>
<td>OEF/OIF</td>
<td>A.F.</td>
<td>Commissioned</td>
<td>Navigator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark</td>
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<td>Undergrad</td>
<td>OEF/OIF</td>
<td>Army</td>
<td>Enlisted</td>
<td>Infantry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michelle</td>
<td>F</td>
<td>Vet</td>
<td>Graduate</td>
<td>OEF/OIF</td>
<td>Army</td>
<td>Enlisted</td>
<td>Health Specialist</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Ralph</td>
<td>M</td>
<td>Vet</td>
<td>Undergrad</td>
<td>OEF/OIF</td>
<td>Army</td>
<td>Enlisted</td>
<td>Infantry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stanley</td>
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<td>Graduate</td>
<td>OEF/OIF</td>
<td>Army</td>
<td>Commissioned</td>
<td>Infantry</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Steven</td>
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<td>Undergrad</td>
<td>OEF/OIF</td>
<td>M.C.</td>
<td>Enlisted</td>
<td>Intel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Todd</td>
<td>M</td>
<td>Vet</td>
<td>Undergrad</td>
<td>OEF/OIF</td>
<td>Navy</td>
<td>Enlisted</td>
<td>Intel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Faculty & Staff

| Allison  | F      | Staff       | Outreach                |       |        |                       |           |     |    |
| Barbara  | F      | Staff       | Student Affairs         |       |        |                       |           |     |    |
| Brian    | M      | Staff / Vet | Security               | OEF/OIF | Army Reserves | Enlisted | Infantry |     |    |
| Cheryl   | F      | Staff       | Kōkua                   |       |        |                       |           |     |    |
| Christina| F      | Staff       | Matsunaga Institute for |       |        |                       |           |     |    |
| Debbie   | F      | Faculty     | Social Work             |       |        |                       |           |     |    |
| Jane     | F      | Faculty     | Hoʻoikaika              |       |        |                       |           |     |    |
| Jeffrey  | M      | Faculty / Vet| Social Work           | Other | Army  |                       |           |     |    |
| John     | Faculty| Social Work| Center for Disability  |       |        |                       |           |     |    |
| Keith    | M      | Faculty     | Center for Disability   |       |        |                       |           |     |    |
| Suzanne  | F      | Staff       | Judicial Affairs        |       |        |                       |           |     |    |
| Tracy    | F      | Staff       | Center for Disability   |       |        |                       |           |     |    |
| Wayne    | M      | Faculty     | Former Ombuds Office    |       |        |                       |           |     |    |

Note. SVO stands for Student Veteran Organization and AV stands for Advisory Council.

Theme 1: Culture Shock/‘We’ vs. ‘me’ – Putting on the Uniform

The first theme that emerged from the interviews with the student veterans involved the challenge of transitioning to civilian (and academic) life because of the distinctly different (military) culture which leaves most of them struggling to adapt.

Ralph described it in the following way, “The easiest way to put the difference between the cultures would be to take someone from 1970 Moscow in the middle of the Cold War
and throw them into NYC.” The participants all agreed that moving from a ‘communal’ culture—one with its own language, structure, norms, rules, and codes of honor—to what many interviewees considered the ‘individualistic’ mainstream American culture, and by extension campus culture, was disorientating. Stanley confirmed this by saying, “Military culture is everything from the rank structure to how we understand how the hierarchy works, understanding the military punishment system and the daily duties, responsibilities, understanding family life, housing, and relocation.” Ralph echoed it by telling me, “That’s the culture difference. It’s night and day. It’s a world of its own. The military has its own language, its own way of doing things, its own punishments. I mean, it’s totally different.” Brent told me that the military culture was more like a ‘gang culture’ or a ‘blood culture.’ He said it could even be compared to a ‘prison culture.’

The majority of the student veterans told me that they couldn’t relate to the other students in their classes. This led them to feel alienated. Brent said, “These kids are young. I have a wealth of experience, so I’m disconnected from them.” The participants all felt that there was a huge difference in the maturity level between the average student and themselves. They felt that they themselves were more serious about their commitment to getting their education. This seems to have come from the discipline that they learned as part of their training. Brent stressed that leadership principles encouraged in the military were still particularly important to him. He told me, “Discipline, being a good person, moral standards, the Army cannot help but rub off on people … soldiers.” He felt that being around others who did not hold these same values was one of the hardest things about adjusting to ‘normal’ [civilian] life.
Todd complained, “I mean, being in Hawaiian class with a bunch of 18 year olds, who don’t care about the subject matter, who have had it their whole lives, um I thought it was a horrible class. The teacher did not maintain control. Yeah, I came from a much more controlled environment, just like ten years, and the way some of these instructors run things, you know. I wouldn’t run things this way; this is ridiculous,” [he said laughingly]. Every one of the participants felt that their civilian classmates were basically unappreciative of the opportunity that they had to go to school, unlike those who had made the sacrifice to serve their country, and felt that they had earned the education they were receiving. Todd scoffed, “For me, I’m like I need to get this done so that I can move on and get my degree. So, our goals are different – slightly.” He went on to complain, “A lot of those people in that Hawaiian class were not doing their homework. You know, there’s just like me and a military wife … we’re always prepared whenever we entered into the classroom. I’m not gonna raise my hand for every question, but then the teacher kind of relies on the people who are doing the work, it’s just very annoying.”

Beyond the attitude towards learning and respect for authority – given their socialization into the military culture – veteran students stressed that their military training included professionalism which they perceived other students were lacking. Kevin discussed this in the following way,

If you have someone from that background, they’re more professional. They show up on time. They look the appropriate part for the appropriate activity that they’re doin’. They know how to carry themselves. You don’t wear a tee-shirt, shorts and sandals to an interview. You know what you need do to be successful. So, yeah there’s a cultural difference. Just like you could pick me out of a crowd, you can pick almost anyone who’s been in the military out of a crowd.
Another observation made by all of the participants was of the lack of respect that their non-military classmates exhibited toward their professors. Mark described this with some disdain.

In a few of my classes, the attendance is ridiculous. I haven’t missed a single class. I’ve been to every single class and 100% throughout the entire class. But a lot of students will pop in, and if an assignment is due they’ll just turn it in late and you know … I find it very disrespectful and kind of a joke that they spend so much money for an education… It’s annoying to see people keep asking questions or e-mail asking when’s the next quiz and is it open book.

From their responses it became clear that it was not just about PTSD, but disillusionment with ‘civilian life’ and related activities that caused distress for veterans. Confronted by these changes, one might feel that one’s identity and core beliefs were being challenged. This could manifest as an expression of irritability and anger toward non-military people which might cause student veterans to feel alienated from others which could then lead to social isolation. It seems to be problematic for student veterans who are set loose to try to figure things out on their own without guidance.

All of my participants acknowledged that this sense of being at a loss was directly related to leaving the military culture—where one has a definite sense of place within the structure and hierarchy of the military—including prescribed norms of behavior, dress, and protocol. In fact in a recent New York Times article, Nicholas Kristof quoted General Wesley Clark as stating, "It's the purest application of socialism there is." Ralph claimed, “You get out here and you’re left to your own devices. You do what you want when you want. Seeking help or seeking advice on how to do things, you get a very limited set of instructions and very limited guidance. Where that’s not what somebody’s used to.” To that Stanley added, “And if somebody’s not used to that and they don’t know how to
work it, then they’re gonna fail.” Taking this into consideration, I asked all of the participants if there was something that the military provided to ease the transition process; some kind of a bridge between military life and civilian life.

**Theme 2: Transitioning from Boots to Slippers – Taking off the Uniform**

All branches of the military have a 90-day transition period during which servicemembers are out Processed. During this time many briefings take place. Brent said, “I was stationed at Fort Carson; I spent three years off and on. As soon as I got out, I processed out there. We had briefings. When I was getting out, it was a little bit different because I was stop-lossed.” Barry told me about the TAP (Transitional Assistance Program) class which everyone is required to go through when they get out. It became apparent that there were different procedures depending on whether one was separating from the military or retiring. Barry was the only one of the participants in my study who had stayed in a full twenty years. For him it was post 20-year career transitioning.

He told me that, “It’s different from postdeployment transition which is the transition period to deal with the psychological stuff. TAP is how you do a resume, how you network; you take the Meyers Briggs personality indicator to find out if you’re a left brain or a right brain, an artist or an engineer, that kind of thing. There are quite a lot of resources out there. There’s a transition unit. [It was] very extensive, very well-done.” In his case, the military was all he had ever known. Like the others, he had gone in right out of high school, but he—like other career military people—who serve 20-30 years in the military…. they have not been a civilian. Barry went on to say, “You’ve not had to take
care of yourself… the military does all those things and now you’re thrown out into the world and have to make all those decisions for yourself.” For the other six guys who got out, they told me it that was just something they were required to do. Todd described TAP this way,

It’s like two days, maybe three. They have this check sheet, it’s an official DoD form and they have to hit every mark on that checklist and they only have so many days to do it. And I’ve actually gotten out twice, I was ‘broken service.’ So, I did it twice. TAP class is good, there’s a lot of good information. Uh, it’s not bad, but they don’t really have the ability to drill down to issues for each person. It’s just … they give out all this information they’re mandated, and they have to get through it, and they only have so much time to do it.

Because I was interested in knowing if there was some kind of a bridge between leaving the service and coming to college, I asked them how they learned about educational opportunities. Brent told me that in his case, “Education was relegated to a lower priority, because there were other important things like suicides, dealing with PTSD … For combat arms guys, it’s more important to address these major issues, so when I was getting out there was barely anything about education.” It seems that learning about how the GI Bill works was just one among many briefings that one was required to sit through. They all told me that when it came down to finding a school, applying and figuring out how to get their benefits going—they were on their own. While there is an education office on base, it provides services to active duty personnel who are pursuing higher education. Quite a few of the participants did remember having seen the for-profit schools around ready and willing to help out with the college process, but there didn’t seem to be anything for servicemembers who were separating from the service and no liaison officer that anyone could remember from UHM ever came to seek them out.
More pointedly, I wanted to know if there was any specific postdeployment support provided for combatants who were coming from the battlefield to ease the transition. Stanley told me that for the Army, it used to be called a 90-day stabilization period meaning that it occurred when a unit came back from deployment to Iraq or Afghanistan; the individual would have to stay with the unit for ninety days before he could actually out-process. Apparently that meant that they went through reintegration briefings. He said that after those reintegration briefings were complete, they usually went on thirty days of leave (terminal leave) or vacation and then they went back to their units. At that point they started clearing the unit, turned in all of their gear, and went to briefings. One of the things that the Army has in place is an alumni program which is designed to help soldiers transition into civilian life and that is where they ask questions about their GI Bill. They also have the chance to ask questions about their veterans’ benefits, and how to proceed with looking for a job. It was at this point that they were plugged into services. They also did resume writing. Stanley went on to say that the important piece, in his mind, was that once soldiers came back they also go through mental health screening which comes in the form of a written questionnaire called the Postdeployment Health Assessment (PDHA).

Stanley told me that if from the screening:

….the soldiers, if for any reason are identified as possibly having a traumatic brain injury, or some sort of PTSD, then that’s a red flag. So the soldier will not be allowed to complete the out processing. In some cases that are severe they hold on to them and go ahead and get them treated, out processed, or if it warrants a medical board, then they go through a medical board… like those systems are in place. Unfortunately, soldiers just want to get the heck out of the Army, so they’re not really truthful when they do these surveys. OK, have you ever seen dead bodies? No. Have you ever been shot at? No. And in truth they have. So, because there are questions like … Do you have nightmares? Do you see dead people? …
Uh … something to that nature, whereas if they were to answer truthfully, then they would get red flagged and they would actually have to go and talk to a counselor. But once again, a lot of them they just want to get out and if it’s going to prevent them from going home to see mama or see their girlfriend or whoever in their life, there’s quite a lot of room for fudge factor. They’ll just go ahead and separate from the military. Of course they end up leaving from the military without being diagnosed with PTSD or TBI.

The result of this postdeployment period trend is that people slip through the cracks during the transition period. Many are separating from the service with no idea what they are going to do next, and in many cases sit at home and drink alcohol. A few of my interviewees told me that they were terrified of getting out of the military and felt paralyzed when confronted with starting over in a new life direction. Stanley, while not separating from the military, described his postdeployment experience to me.

I had about 90 days to work through that when I got back from my first deployment from Iraq, I kept saying … I’m gonna get drunk, I’m gonna get drunk. My First Sergeant lived in the same building, so we’d go out and have a beer or two and talk and talk and talk and talk and talk … and process and process and process. I didn’t know we were processing at the time, but we did process a lot. And I was sooooo angry. I was mad at the world. And you know, when they say that they’re angry when they come home, I understand. And this is the best way that I can describe it and a lot folks will understand it. It’s almost if you come back and it feels like somebody has stolen your compassion. And you feel numb. And there’s a lot of anger. I mean I actually felt that I was robbed….robbed of my sensitivity. It wasn’t there anymore. It was gone. I tried to identify where in the deployment that changed; as the threat grew closer, as the casualties mounted up, you choose. You could deal with it emotionally and be a wreck, or you could turn it off. And lot of guys turned it off. But when you turn it off, it’s a lot harder to turn it on.

And Ralph, who is currently being medically separated from the military, gave a similar description of his transition.

You’re getting out; you don’t want to stick around. So, piss off. And so yeah, there’s certain requirements that you’re supposed to do, you know, to help you transition, but once you get out, you’re out. You’re done. And you’re left to do whatever you want to do. I mean, I drank a bottle of Crown Royal a day for a month and a half. Because I was so scared, I had no idea what to do. I just partied my ass off. I just … I just … drank myself numb, and I didn’t have to deal with
anything. I was still getting a paycheck from the Army, because I was on terminal leave. It didn’t matter. I figured when the paycheck stopped, then it forced me to figure something else out. So, I don’t speak for everybody. Because there’s gonna be some people who don’t. This is what I did. I was so terrified of getting out that when I left and got to Phoenix, I had no idea. I was left flappin’.

Ralph thought perhaps things might have changed since then. He referred to the steadily increasing veteran suicide rate and felt that it was because veterans feel like they do not belong. Whether it’s due to feeling that one is a burden to others or society, or an inability to readjust, he felt that the risk was real because “Veterans have acquired a capability to overcome the fear and pain associated with suicide, and weapons continue to be readily available.”

When I asked him whether or not his relationship with his wife had changed, Ralph told me, “Big time. I’m viewed as a closed off secretive person. And I don’t want to share those things with her, but I’m able to call up a fellow squad member, someone who was in my unit, and I can talk about whatever with him. So...well I don’t trust her or I’m not being open with her, so it leads to tension.” Although Ralph seemed to feel that he had found a way to cope with being back, he also recognized how limited his life had become.

You need somewhere other than boxing yourself in, isolation is like the greatest tool that I’ve used, but it’s also the worst. I’m very closed off about things now, about my experiences, about life. I am a secluded person. I live on O‘ahu, I live on an island, and I don’t ever go to the beach. I find comfort sitting at home ‘cause that’s what I’ve trained myself to do. That’s my comfort zone, I’ll sit at home. It sucks, because I get hounded by the wife ... and then I miss out doing things with her, because I’m more comfortable sitting at home. I didn’t like being around a lot of crowds, I don’t like being crowded. I like my space. I like people to stay the hell away from me. If I want to engage with somebody, then I will come up and do it on my terms.
Still trying to understand whether or not the military provided any kind of reverse boot camp (deprogramming) for combatants, I asked them whether or not there was some kind of training to learn how to be a civilian again. They told me that there really wasn’t. Beyond the 90-day transition period and the TAP classes, there didn’t seem to be anything available to help veterans (re)learn how to be civilians. Stanley described how difficult it was for him to slow down and not think that he had to keep up the pace of the military, which was like going 100 miles an hour 24/7 year in and out whether it be for unit safety, mission safety or a life or death situation. There’s always a sense of urgency in the military. He illustrated it with a story,

I remember coming back from Iraq the first time and standing in the grocery line, and the guy in front of me was spending 15 minutes on deciding on whether he was going to pay with a debit/credit card or with cash. And I wanted to clock the guy. I was so upset, I wanted to yell at him or say something. Then I’m like … OK … you know, no one’s trying to blow me up, there’s no one shooting at me. You know, there’s no reason for me to be upset. I’m gonna get through this line, and go home and watch some TV. So why am I upset about this guy who can’t make up his mind, when all I’m going to do is get through this line and go home and watch TV.

He told me that he had to learn how to ‘reframe’ to be able to manage these impulses, but in the meantime it unfortunately cost him his marriage. This process of redefining who one is—now that s/he is not a service member—can lead to an identity crisis.

Ralph told me, “The transition from the military life to the civilian life is the biggest mind fuck you can ever imagine. I mean, it’s huge.” He went on to describe why,

For nine years of my life, I woke up every morning at … depending on where I was, if I lived on base I’d wake up at 5:00/6:00, I’d go to PT (Physical Training), and I’d be done with PT, I’d go eat. I’d come back in formation and figure out what we were doing for the day. Everything was laid out. I could plan out what I was doing and that’s what I was used to and had; in civilian life, you don’t. You
just take it as it comes. Well what are you gonna do tomorrow? Well, I don’t know. That’s just going from knowing what you’re going to do for the next two months to not knowing what you’re going to do tomorrow … not having something dictated to you what you’re going to do tomorrow. That’s what I mean, that’s crazy. That scares people. It scared the shit out of me.

Brent said going from the combat environment to the States was like a “shock of being with ‘my boys’ to being with loved ones.” He described a time he was on leave at Fort Carson, when his parents flew there to spend three days with him. He feels like he hurt his mother at that time, because he felt as though all he wanted to do was to go straight to the bar and hang with the guys from his unit and tell war stories rather than spend the time with his parents. Because they had flown all the way there just to see him, they were naturally disappointed that he preferred to be with them (his buddies). He told me that it’s a long process, but that he felt that being in Hawai‘i was helping him become a ‘normal person’ again … a civilian.

Kevin, whose rotations with the Air Force were such that he was hardly ever at home, found that when he finally got out of the military that the adjustment to family life was extremely challenging. He said,

It was definitely hard to come back, because my wife’s got a routine established with four kids. You know…and I wasn’t part of that routine, because I was gone. Imagine someone … like your husband, right … is gone and you know, shows back up telling you … ‘Maybe you should do this, maybe you should do that,’ when things have been working fine for you. You know, the way you’ve been doin’ it, so yeah it was like that. We had to learn how to meter those things out. You know, of course I can see where the stress comes out in trying to integrate with the fact of knowing that the reintegration could be a day, or a month or it could be a week, and you’re called back again. So, it’s how we lived. The reintegration process is one of the biggest issues, most definitely.

Theme 3: UHM is Military-unfriendly – Veteran-specific Services Lacking
Learning what I had about the transition from the military to civilian life, I asked all of my participants what kind of services were available on campus and whether or not they had accessed those services. They all told me that there were only generic services available. All of the participants identified the Office of Student Records as being the only service available on campus to assist veterans. However, they clarified by adding that the person who did this job did it along with several other jobs, was not a veteran, and did not have an office of her own to handle veterans’ issues. The veterans all felt that while they did not see themselves as special per se, they did feel that they had unique challenges that made them unlike the general population of students. Brent’s way to elaborate on what was missing was to envision how it could be better. He said,

It could be a good idea to have something on the college campus to augment the reintegration process. You would just talk to the soldiers who were planning to go to college right after. What you could do was help them do their paperwork, help them apply. Um … stuff like that would be super beneficial, ‘cause you know I did all that stuff on my own, and it was fairly easy, but a lot people have trouble with paperwork and like studying and stuff. So, if you could simplify it for the veterans. Help them with their GI Bills, you know … show them how easy it is to get paid to go to school. If you can emphasize that to them; they don’t really sell it well enough in the Army or the civilian world. I think you’re going to get a lot more veterans educated and they’re going to be a lot better off.

Commenting on the available services at UHM, Ralph told me about his experience with Kōkua (the office for people with disabilities).

The only thing that that has gotten me was out of my language requirement. Like I went through Kōkua and I’ve been able to do culture subs um…, because I have PTSD. I don’t have to take a foreign language. Well through Kōkua I can take my tests there and I get a little bit more time, which is helpful. That’s a positive and um, my sophomore year and my junior year, I never could get a parking pass ‘cause they’d always be sold out. But I could always get one through Kōkua, so I guess those are the two things that actually have been positive. I brought in a letter from the VA. Like if you apply for a government job and you claim veteran preference, they print out a letter saying you are X amount disabled.
Again, even though most of them knew about the counseling center, none of the student veterans were inclined to use it if they were feeling anxious or needed someone to talk to. The reason for not wanting to go there was that there was no one with military experience in that office; there were no veterans. When I asked Ralph about it, his response was:

Counseling at UH? I got nothing at UH. All my counseling came from the Vet Center. If there is something on campus, I don’t know about it. I mean if they have a counselor… I mean, if I was a boy who wanted to be a girl or if I wanted to be both, or if I was a woman, oh yeah there’s places right now in QLC (Queen Lili‘uokalani Student Services Center) … You can go and talk to somebody and you’ve got your own little place, you’ve got someone you can relate to. I ain’t got shit. And there’s nothing … Nobody’s told me, if there is something. There is nobody there to address veterans’ issues.

When I asked Steven about support services on campus, he responded, “As for specific support, I think there is one but I’ve never really pursued it. The only one I ever go to is the ‘VA office,’ that’s just to process my GI Bill benefits. I’ve never pursued any other support. I don’t know what’s offered. I didn’t go to the freshman orientation, because I didn’t want to pay the $100 fee. I had to walk around campus to figure it out bit by bit.” Todd told me, “I know there are services here. I have not sought them out. They do make themselves actually known. The SVO (Student Veteran Organization), they represent people. I’ve seen posters up for vet groups, PTSD support groups. I’ve never been to one of them. I wouldn’t go, it’s not my style. I’m a very introspective type of person. I’m generally very happy. I tend to work through my problems on my own.” Brent responded in a similar way, “Yeah, I know where to go, but I wouldn’t … I really wouldn’t seek help. It’s not my style. I love to talk to fellow vets, but I like to meet them spontaneously and naturally … you know … surfing or at jiu jitsu. There’s nothing like a veteran talking to another veteran, especially if he’s on the same page.”
As for the Student Veteran Organization (SVO), it was through Michelle that I gained access to my research participants after having met her through the UHM Advisory Council for Servicemembers and Veterans. She was proactive in trying to get the needs of student veterans met on campus. She and other student veterans felt there was a lack of services on campus and wanted to implement what other military-friendly schools like HPU were doing. Kevin told me that Texas A&M, where he had attended as an undergraduate student, had an excellent program in place for student veterans. When trying to figure out why UHM didn’t have a similar program in place for student veterans he said, “What I saw at Texas A&M, I don’t know if the student veterans population [at UHM] is large enough to support it, maybe that’s the factor of why they don’t have a dedicated office for the first thing, but they do have somebody who takes the GI Bill paperwork. Why don’t they have someone dedicated to reaching out to the military?”

Steven had mixed reviews on the office assigned to process veteran benefits. He said,

Well we have the liaison at the Records Office between I guess us and the VA. She’s been pretty helpful, but … she is wearing several hats. And it’s the Records Office. So, you have all the employees who may or may not have any information on what you need to know, if that liaison is not available or not there. I’ve run into those students and been pretty angry. Because they’ll like say something but not really know. And it’s like … Don’t say anything if you don’t know, let me talk to the person who does. Or they’ll make a wall between you and that person. I’m like … I need to talk to this person. She’s the expert.

From his point of view, Mark told me, “The only support service that I know of, and have used, is Kōkua and I find them to be really helpful in working with Malia over there… I dealt with her a few months before I started school and they have a program where they are able to help people with disabilities, and so it’s kind of you gotta prove that you have a disability to be able to receive support from them. But, PTSD counts as one of them or
if you have a physical disability, they also would help.” He went on to say that they could provide a note taker if you needed one and that through them you could get extra time on tests or even take tests at the Kōkua office to get away from distractions. As for knowing what he needed, Mark told me that Kōkua had tested him. He seemed to like that because, “If they do their own testing, it isn’t transferrable, it’s only with them.” In other words, it’s confidential.

Barry, who claims that he does not have issues with PTSD, said:

I didn’t look into ‘em. I didn’t need ‘em. When you go to the Registrar’s, there’s just someone who is a student assistant who’s helping out, not like other universities. I was surprised to see that at first for a major university; especially in a place like Hawai‘i where military is ‘king.’ I’m surprised … the military is ‘revered’ out here … many military families. I’m surprised that there wasn’t more of an emphasis, an actual office versus just at the Records Office, which has somebody who’s just … has a collateral duty assigned to take care of folks who have VA/GI Bill.

All but Stanley complained about how poor academic advisors were at UHM. Conversely, he raved about his. He said, “The only thing that I had going for me, that was really awesome as far as [services go], was that I had a really great academic advisor. She works with all the military folks who are going through my discipline in the Masters program. She’s been very helpful. She understands how to work with military. [She’s] very mindful of it, very professional. She’s going to be in charge of all the academic advisors.” Stanley told me that he had also taken advantage of the counseling services but said, “I was not a big fan. It wasn’t military/veteran specific. I mean I did get some really good coping strategies, but that’s about it. We did not talk about any wartime issues. I’ve been able to work through that on my own.” One topic that came up repeatedly throughout my study, both from the literature review and my research
participants was the issue of stigma—with regards to asking for help, especially when it comes to mental health challenges. Due to the socialization process in the military, all of my research participants told me that there is an attitude of ‘suck it up’ and move on. They all told me that because military members do not want to appear weak, many of them will not seek help or admit that they may be silently suffering.

The resounding answer from my interviewees was that there was nothing specific for veterans available on campus. This, they felt, was problematic. So what do they need? In talking with my participants, I found that veterans need help with the reintegration process. It seems the military offers a short-term mandatory transition process, but they all told me that it was cursory. Because servicemembers are anxious to out-process, they told me that they tended not to pay much attention to any of the briefings on PTSD and shrugged them off as unnecessary. The fact remains that moving from a culture where everything is prescribed, to one where it is up to the individual to map the course of one’s journey, requires some support. According to the student veterans, an understanding of the GI Bill by the staff, and assistance getting veterans started in the program would also be helpful. They also told me that because TBI (Traumatic Brain Injury) and PTSD are hidden disabilities, more campus awareness was needed. Student veterans who may be struggling with stress, depression or other issues might not be obvious to members of the campus.

Brent felt that a structured process would be very helpful to veterans transitioning from combat to the classroom. His fear was that without it, veterans might fail. He told me that facilitating a way for veterans to find one another would be helpful. As I learned at the beginning of this study, and they confirmed, the campus currently does not give out
the names of veterans openly; they claim that it is protected information. All of the participants thought that adding a box that would identify them as (combat) veterans on the application form for them to check off voluntarily might be a good way to begin. They told me that they would like to be able to find and connect with other veterans on campus. They were used to and felt comfortable with the camaraderie that they shared in the military and found themselves seeking it out on the campus.

This disappointment of the perceived lack of veteran/military-specific services was again echoed by Stanley. He told me that his decision about which school to choose had been between UHM and HPU, because for the most part their Social Work programs were similar. He said,

I was under the impression there was a big veterans support system in place, they had a ROTC program, and uh…I …I assumed. If I would have known that they didn’t have any systems in place to support veterans, I would never have attended [UHM]. I tell you that right now. I would have gone to HPU. And that would have been the deciding factor, but it’s funny because after I was already registered I started asking those questions about the veterans support group, uh for you know of the veterans counselors, and I was told that the that there were no counselors or organizations set up to support veterans. That kind of upset me.

Ralph, too, was disappointed when he realized that nothing specific was in place for veterans. He went as far as to say that he felt unwanted, underappreciated and disrespected at UHM. From his point of view, UHM was an anti-military school. He complained,

I wish I would have stayed in Arizona State. Education-wise, it was the biggest disappointment. When I’m treated as an outcast, this school doesn’t care. I just looked at my fees, and I just paid $50 for athletic fees. The athletes at this school are more important than a fuckin’ veteran and we have to pay because they suck. Why are we paying $50 per semester? That shows we have no importance. We are the bottom of the barrel. I’ll go and get my PhD, and I’ll go and teach at West Point where they want my education. They want my input and it’s someplace that matters, ‘cause UH doesn’t matter. But they make themselves that way.
To summarize, all of the veterans in my study assumed that services would be in place to accommodate and support them and felt surprised and disappointed by the lack of them. Several had pointed to the fact that UHM was considered to be the “flagship” school of the UH system. With such a large military presence on O‘ahu, they told me that they had just assumed services would be in place for veterans. The new GI Bill is also widely promoted as being a benefit that servicemembers have earned and a way for them to be the next ‘great generation’ of veterans. This assumption could be explained by the fact that the promise of educational benefits is a motivating factor for people to join the military. This harkens back to the end of WWII when more than half of all students on college campuses were veterans and services were in place to accommodate them and support their success (Altschuler & Blumin, 2009; Rumann & Hamrick, 2009). The lack of military-specific services for current servicemembers and veterans leaves them feeling overlooked, which could be part of the reason they do not feel welcome on campus.

There were several suggestions put forth by the student veterans to improve the situation at UHM. Brent elaborated on the need to be able to identify who the veterans were,

Unless they’re combat vets, they’re just grasping at straws. They can’t be expected to know. It could be better, but it’s on them. Get the vets interested to make it worth their time. Separate orientation. They should have a block on the application, ‘Are you a veteran’ or more specifically, ‘Are you a combat veteran?’ And then the school can identify who the vets are, ‘cause I think a lot of it is that people just don’t know who the vets are. If you have the block checked, you can send out e-mails to them. Identifying who the VA are. I didn’t know who the veterans were until I saw their little piece of paper by the Student Records Office window.

Michelle was the only female veteran I spoke to who served during OIF/OEF. She was in the Army as part of the rear detachment supporting families and soldiers who were
deployed to either Guantanamo Bay or Iraq. Because Michelle did not fit the criterion of being a combat veteran, and had never deployed overseas to a theater of combat, I did not include her as one of the cases in my study. However, I do include her voice here because she was the gatekeeper to my participants and also gave me a lot of information about being a female veteran. While this could be seen as a potential bias with regards to sample selection, Michelle connected me to people she had met only briefly at the first resource fair which took place on November 17, 2010. During the fair she collected the names of veterans who had come up and introduced themselves. Because the SVO was brand new, she hadn’t had a chance to know much about these newly identified student veterans. Moreover, without being able to get student veteran information from the campus, Michelle was trying to start a database of veterans to invite to join the SVO.

Michelle, like all of the other research participants, expected that UHM would be set up to serve student veterans. She framed her expectations of UHM in the following way, “I assumed that UHM would be military-friendly considering the high number of military here. I found that it was just the opposite. I assumed there would be a veterans’ office on campus, but there wasn’t. Because the Commander-in-Chief is from here, everyone assumes that it (a separate office for veterans) would be here.” Something worth mentioning is an observation made by Michelle regarding the location of the Women’s Center. She felt having it located right next to the LGBT (Lesbian Gay Bisexual and Transgender) Office was problematic, due to the long-held Don’t Ask Don’t Tell policy of the military. She felt that female veterans might be reluctant to use it for that reason. While I do not discuss gender-based need differences in this study, Michelle made me aware that they exist.
Both Stanley and Ralph were the most adamant about the need for a more structured process for assisting student veterans when they come to UHM. Their advocacy might seem more forceful, but it makes sense because of their leadership positions in the military which made them feel responsible for their subordinates. Incidentally, all of the participants in my study came from the ranks of leadership, whether as noncommissioned officers (NCOs) or commissioned officers (COs); from their point of view, the problem with UHM is a lack of leadership.

Stanley was lost on his first day at UHM and felt that if he could have had a fellow veteran to show him around he would have felt less anxious. He told me,

When I first got here, I had a map and I was like … what’s, where are the classes, what was what. That was a little bit frustrating. I was like, man I wish there was somebody here to show me around, but it happened that way. I think my anxiety level would have been cut in half, if I had had that. I would have thought … Wow, this is not that bad, there’s guys/students who care about me. They’ve been there and done that. They know what I’m feeling. They’ve been there, and it would be great to hear that ‘front man’ saying, ‘It’s going to get better; it’s going to get better.’

The theme of wishing there were other veterans around to tap was consistent throughout the interviews. All of the interviewees told me that they wished that they had been ‘briefed’ by other veterans—who knew the ropes—and could tell them what to expect and help set them up for success, instead of them having to reinvent the wheel. Several of the participants told me that taking care of one another is something that is encouraged from the first day of basic training. Mark said, “It’s without a thought that the moment they need me, I’m there.”

Nearly all of the student veterans felt that there was a lack of respect for veterans on campus which went as far as antimilitarism. Generally speaking, student veterans felt
that UHM was not military-friendly. It seems that if they were willing to volunteer to serve their country, the least the university could do was to help facilitate them as they strove to use the educational benefits that they had earned and wanted to use to improve themselves, so that they—in many cases—could find ways to continue to serve their country. Most of them felt that the tension on campus toward veterans was because of the unique history of the islands and Hawai‘i’s relationship with the United States, which manifested in an anti-military sentiment on campus. Brent told me “It’s hard to be a veteran here. You just have to keep it low. I just recently got my hair cut ‘cause it was starting to bug me. Usually I have facial hair or long hair to avoid that judgment sometimes.” Mark said, “I’ve made a few mentions about being places, but not to the effect of …. I just don’t feel like I want to share those things. It’s something a lot of people can’t relate to and might have mixed feelings about and so I don’t feel like ….”

In probing about experiences in the classroom, again Ralph’s experiences seem to have been the most negative of all of the participants. He told me that he had had several unpleasant encounters with his professors.

Um, I’ve had a couple professors who have been very grim… I’ve been through some stuff, you know, give me a little more respect and there hasn’t been. It’s been very … ‘you’re a student; you don’t know anything, shut up, and sit down.’ Here’s how it is. Stuff with the military, um, I had a professor just very recently. Hey, this the 69th Anniversary of Pearl Harbor, this is something that I’ve done since I’ve been here, I just wanted to give you the courtesy to let you know that I won’t be in class and here’s why, and their response was like, ‘Well it’s your choice.’ It’s my choice to be patriotic and to honor the memory of what happened here versus come to the center of the universe to your class and listen to you drone on about something that makes no sense or that I don’t really care about. You put it in that context, you…you’ve basically turned your back on me and… not given me the openness or the respect … Instead of just not coming to class, I had the courtesy of letting you know. Hey, I won’t be in class and here’s why. I’m not just not showing up, this is something that matters to me and you don’t care.
Trepidation is what student veterans feel about sharing their experiences openly in the classroom. Brent said, “I haven’t told a war story in class. I’ve made reference to lessons I’ve learned in the military very, very selectively. It seems like teachers and students don’t want to hear that kind of stuff. So, once you get a couple cold stares uh, looks like you’re a monster, you learn your lesson fast.” Steven also found out through trial and error that the classroom was not a place where a balanced discussion could take place. He had taken some classes in American Studies, and thinking that his experience was relevant to the subject matter being discussed, he felt compelled to try to dispel the stereotype that soldiers are just ‘morons with guns.’

Some professors only have academic experience from a shelf of books about how the United States … helped with the overthrow of this government or abused these people in the Philippines, or the Philippines was at the end of the 19th Century part of the empire of the United States. That doesn’t really work well with how the military works today. And so even her (that prof) and some other students will use a lot of … oxymoron [military intelligence] all that type of …. I guess of …. It doesn’t really come across in some classes that … We’re not in the military just because we couldn’t go to college. The academic institution itself … OK, you’re not here, you’re stupid. They don’t really appreciate other intellectual pursuits or even skilled pursuits. And sometimes being in a class it’s hard to get sympathizers when I can say that I was in the military, where we do a lot of really interesting things, and we have a lot of people that are some of the most amazing people that I’ve met. And that doesn’t come across in this atmosphere at all. We’re basically held as the enemy… or it’s idealistic … or they’re seeking peace, and it’s as if the military was between that goal. Especially when you’re talking about ethics, they really look at it like … you know there is this no moral war. And then … the military side … there’s how you want to describe that. … That particular class, we just stopped when I said that, “Yes, there is a moral war.” ‘Cause she came over to our group discussion and asked, “Well, is there really a moral war? I said, “Yes.” And she looked shocked and just walked away. She didn’t want to pursue it further. It was just kind of like, ‘You’re wrong.’

Brent also felt that he had to be careful especially in Hawai‘i. While there is anti-military sentiment in places, he said that it was particularly bad here in Hawai‘i. “So, to be a red-headed combat vet in Hawai‘i has a lot of stigmas to it, particularly because
Hawai‘i is very heavily military-entrenched.” Mark has had similar experiences and was warned even before coming to Hawai‘i not to go to certain places and to be extra careful about not going to clubs without a group of people. “It’s because I have a haircut and certain stickers that they know I’m military, so I was told not to go to certain areas. And having that be the first thing told to me when coming to Hawai‘i and then coming to UH, I do have a little … apprehension …. paranoia about local culture. I haven’t had a bad experience … yet.” Steven explained it in this way, “Population-wise, so few people have actually been in the military (1%) that it leads to animosity.” Ralph told me, “I got spit on a couple of times when I came back from Iraq.” Again, Ralph seems to have had the most extreme experiences.

UH is a very liberal campus and they hate the military. The campus in general has no respect for the amount of sacrifice the military has given. If they did, they would be jumping through hoops to do everything possible to make life as simple and as easy for us as they could. But they don’t. HPU has a better relationship with veterans than UH. They have Yellow Ribbon Program; they’ve got Masters Programs that deal strictly with Military Diplomacy. They’re just military-friendly. They have remote campuses on bases where active duty can take classes. UH is too worried about holding up their Hawaiian culture, whatever. And by holding up that Hawaiian culture, they can’t hold up the military because those two contradict…somehow. The way they view things and teach things, it’s just set up to be hateful and if you’re not a Hawaiian, then you’re the enemy. I mean, have you been down to Hawaiian Studies? I went down there to try to find books on the Bubonic Plague that happened in Chinatown in 1900; and I was … how do I put this? I feel … I think I know how a black man felt in the South in the ‘60s, now from being here…being in Hawai‘i. I can understand that look and that undertone of hatred and racism, like I get that now. I think I understand that a lot better than I ever have before. White, male, military…that’s like the worst three-in-one combination.

Mark said, “I was a little nervous about starting school. Ahhhh … well, I know that schools tend to be very liberal and... I was concerned about how my involvement in certain actions … what people would think and how they would accept me or not….In some of the classes I’m really careful about what I say; I don’t want to put myself out
there too much. Hawaiian Studies is what I imagine as antimilitary and talks about how Hawai‘i was—depending on how you look at it—taken over illegally and military action, so I was apprehensive.” Michelle told me that, “There are some people who are antimilitary so you know not to do your paper on that topic, others who are more open. There are people on campus who are anti-military. They blame veterans for institutional decisions, because we are easy targets.” As for Kevin, he told me, “I’ve never heard a comment at me but I’ve heard from others that they have from the radicals on campus who have an agenda.” Due to the lack of services on campus, and the fearfulness that some of the student veterans feel about being despised for their military service, many of them find refuge in one another.

**Theme 4: Semper Fidelis – Never Leave a Comrade Behind**

The student veterans I interviewed felt that only a veteran would care about or be willing to help another veteran with the same zeal. Due to their shared culture and experience, all of the veterans told me that they felt most comfortable being with, supporting and being supported by other veterans. Mark said, “I do know quite a few veterans. Any veteran is like an instant friend, like an instant best friend. Any fellow... I have no problem talking to them about what I’m feeling or about what is going on, even though I’m just meeting them. It probably wouldn’t be the same with a counselor.” I asked them to speak directly to the notion of ‘love of comrade’ to help me to understand the uniqueness of the relationship of what has become known as ‘brothers in arms’ or ‘band of brothers.’ As though he was telling me something I might not have suspected, Ralph told me emphatically:
It’s not all red, white and blue, guts and glory, country. You know, it’s all that shit at home, but you don’t care about any of that. You don’t care about why you’re there, what bullshit led you there. It’s strictly this dude and that dude. If he dies, it’s my fault. If he dies, I have to explain to his family why I let him die. [Long pause] See … and it’s been 6 years since a good, good buddy of mine was killed in Iraq. And this guy, we’d BBQ before 9/11. We did all kinds of shit together. And I still send $5 per month to his kids’ college fund. I mean, it’s $5, but it’s what I can do. Because, it’s not my fault, I let…something got let down and Jake didn’t come home. And I owe it to his kids to do whatever I can to help them out, because their dad’s not there. There’s things that nobody on that campus besides other veterans…that no one can relate to. You can fuckin’ study all the books and shit that you want, and you don’t know the experience of hearing a round crack as it goes by your head, or having to deal with someone dying who’s your fuckin’ brother … they have no idea.

Stanley emphasized the importance of one’s battle buddy numerous times throughout the interview. “Once again, the challenge is because a lot of the individuals in the military, quite a few are not diagnosed with PTSD or readjustment disorders, anxiety disorders or depression that is related to the deployment. Being able to actually help these guys out by giving them a place to connect and I tell you, having a good battle buddy, and I use that term loosely, but somebody you can depend on can mean the difference between life and death. If you create a good system and someone’s having a bad day and they have a battle buddy, they’re going to seek out that person for help.” He was adamant about having me watch a video called Shoulder to Shoulder: I will never quit on life about the story of a battle buddy saving his roommate from committing suicide by secretly removing the firing pin from his weapon.

The way Kevin described it was “Wherever you’ve got someone from that similar background … so you have a mutual thing in common. And you have two things in common. One, you’re a veteran and two, you’re going to school. So now you have that bridge and if you have questions they can flow you in the right direction. So that was one of the benefits that I saw at Texas A&M, but veterans in general. They don’t take ‘No’
for an answer the first time. They’ll just keep prodding. ‘No’ in the Air Force, there’s never a ‘No,’ there’s always a ‘Yes,’ so you keep going. So it was nice, because not only would they guide you to the right person, but if you said, I’ve got … they’d say, ‘Try this option.’ They’d have ideas. So, yes veterans helping veterans. The common bond … One, you’re getting out of the military, and two you’re going to school.”

Stanley laid it out for me poignantly:

Camaraderie in the military is you live with these guys, you train with these guys, and you bleed with these guys … You get to know these guys’ strengths and weaknesses. OK, and at times you put your life in their care, you know when you go out on a mission and these guys are pulling security for you. You expect these guys to cover your back while moving forward, and that’s a whole lot of faith that they’re going to provide security for you while you’re moving across a dangerous area. You know in your heart that while you’re doing it, they’ll cover you and if you get into contact, they’re going to do everything that they can to save your butt even if it means giving their life. There’s no doubt in my mind that I would give my life for one of my soldiers. There’s none.

Brent told me that the love of comrade—stressing that he did mean guys—because women aren’t permitted in Combat Arms. He said that it was a culture of masculinity… just like prison. “They’re your co-workers, your bosses, your minions, everything. If I don’t know your life story, you mean nothing to me. And that basically sums it up. You’re with these guys so much, you’ve seen ‘em in every single state. You’ve seen them at their worst and at their best. You know them so well that you have no choice but to love ‘em even for all their faults.” To that Stanley exclaimed, “You know, these people underestimate the camaraderie and the bonds between these folks, they really do. I mean, heck, if a guy called me up and said, ‘Hey, I really need to borrow your car for a few days, you know, I’m getting my vehicle repaired.’ [I’d say,] ‘Here, take the keys. That’s just the way it is. You know?’” All of the interviewees told me that
they saw the value in having support services specifically for veterans including ways for them to connect to one another. Stanley exclaimed,

It’s all about networking, about your friends. Um, there’s vets out there. I don’t know them all, but I think if the university facilitated some sort of Veteran Resource facility vets would be allowed to congregate, interact and create that support system that they need. ‘Cause I tell you there are some bad days when if I didn’t have Michelle, or some of the folks in my class who I’m really good friends with, it would have been tough. It really would have been tough. You know, contrary to popular belief, a lot these vets can’t make it on their own. They may think, ‘Hey I’m a lone ranger, I can do this on my own.’ They need social support. They had that and they miss that. They had that camaraderie in the military and there’s no reason they couldn’t carry that on through a veteran support system on campus. That would allow them to feel comfortable because they are already out of their element, like a fish out of water, especially if they just completed a 60-day stabilization period and now they’re out and they’re a student on campus. They’re gonna need that support system. I mean ‘cause that puts them at greater risk, greater risk for failure, not being able to deal with the transition; they’ll drop out of school … or [be] at risk for self-harm. ‘Cause I don’t know what trauma these young men and women have experienced in combat, but if they didn’t have somebody they can go to or call in the middle of the night or reach out to talk with to maybe get some advice, you know…it puts them at greater risk.

When I followed up by asking about what the Veterans’ Administration (VA) offers,

Stanley told me that that there were services out at the VA (behind Tripler Hospital) or at the Vet Center down on Kapi‘olani Boulevard. His concern was that if for example, somebody got a call while he was on campus about one of their buddies committing suicide that he was not going to get into his vehicle and drive to one of those places for help. He said, “They need help then and there.”

In Stanley’s mind, they need a ‘battle buddy’ to lean on, and with a VRC on campus they would be able to access immediate care. All of the participants told me that having a meeting place or a central location, a ‘check point’ or ‘watering hole’ where they could converge to share the latest information, was something they were used to and
felt could be created on the campus. Every one of the participants thought it would be tremendously advantageous to have a specific location that was designated for them to negotiate issues that were relevant to them. Beyond that, they imagined that there could be a whole support system in place to link the people to the services if they were in crisis. Stanley compared it to the buddy system of the military which keeps people alive, “When we start off in the Army system, it’s all about the buddy system. You know … you learn about battle buddies, you having them take care of you, all the way through basic training, the whole thing. Well, it’s about support groups within the military... They’re in a safe zone.”

Again, it reinforced the notion that veterans want to help other veterans and be supported by them. They seem to know how to find a lot of their own solutions through the resourcefulness inherent to a military person’s identity. Of the VRC, Brent said that it should be “a mellow, low key place. I mean no sign outside. I mean if there’s a sign … a little one. If a veteran wants to take a nap between classes, have some couches in there maybe. Nothin’ elaborate.” He told me that while he probably wouldn’t use it himself, except to take a nap between classes, he still saw a benefit of having it as a place of ‘refuge’ for veterans who needed to decompress. Stanley thought that a VRC offered even more possibilities. He saw it as being a practicum site for students in Social Work or Psychology. He went on to describe it,

If you get vets together with a facilitator for PTSD, if they can understand the process. Group processing, get trained and then be able to do that with the veterans, it would be awesome, because number one, I think the veterans would love it. If it’s in their safe zone, they’ll come because they’re with buddies, they’ll feel comfortable left and right and the facilitator is just doing the facilitating. They’re the ones doing the hard work sharing. So the possibilities are endless. It’s valuable for the school because by training these student social workers to do
group work with veterans then that leaves them that much closer as MSW students in working with the military population on the island. The majority of people who are working with the veterans are civilians. They have no veterans. So you’ve got these young men and women going through the MSW program working with veterans that puts them that much more ahead of the competition, because they understand these issues. They’ll understand the stressors, they’ll understand the triggers, they’ll understand the feedback, and they’ll be able to facilitate the process with different groups in different settings. I tell you right now, they’re bringing social workers in from the Mainland; you can get them right here. If UH played this right, it would set conditions to have jobs for folks right here on this island. And they get the experience working with veterans. It’s a win/win situation.

The idea discussed by all of the participants was that creating a Veterans’ Resource Center would allow veterans to support one another and find solutions to their own problems without having to constantly recreate the wheel. It also had the potential to be the ‘safe’ zone for people if they were in crisis or wanted to talk anonymously about an issue that might be bothering them.

**Theme 5: Addressing Stigma – Creating a Safe Haven**

The overwhelming answer to why military members and veterans did not seek help for psychological issues was stigma. No one wanted to be perceived as weak. Ralph told me that it was a long time before he reached out for help.

I didn’t deal with PTSD … any mental health issues for three years, because I’m the alpha male and I’ll figure it out. And uh, that’s a mental weakness. You can’t be told everyday that you were the biggest, baddest thing that walked the face of the earth and then, ‘Hey by the way … I’ve got these weird thoughts … and all these dreams’ … You know, suck it up. Keep your mouth shut and suck it up, because you’re told that you’re Genghis Khan, and now you wanna be Neville Chamberlain. I mean it’s totally … at least in ‘05 it was totally fucked up. I don’t know what it’s like now. I mean, I think maybe with all the deployments and people comin’ back killing people and going ape shit on people. Maybe things have changed.

Veterans told me that they did not want to go to the counseling center, because they did not want to be judged. This, too, was the reason that they did not want to share war
stories in the classroom. So part of what they are looking for in a Veterans’ Resource Center was a safe zone. Of this Stanley says,

You create the safe zone, most of those guys telling their little story, and it’s one of those things. It’s a safe zone and they feel comfortable…. You have to remember they went from being in a military community to being a student. Now they’re going back to a veteran community. They feel comfortable talking and addressing their issues … More comfortable than at Tripler or the VA. One, they’re veterans, and two, students. They understand the stressors associated with getting their degree, turning in papers, trying to interact with people who don’t understand who they are, where they’ve been, what they’ve done. It’s a viable solution to the stigma.

In discussing how support might be set up for veterans on campus, Kevin had the following to say.

‘Safe environment,’ obviously you need to have someone who is certified? Is that the right word for a psychiatrist? Qualified, whatever those credentials definitely helps. Uh, it’s a touchy subject for me, as I said because I use faith based, but even on the secular side, you want someone who’s gone to school, not just someone who’s read a bunch of self-help books, right? Someone who’s familiar with the issues to facilitate that kind of session. Support groups are nice. Even in the military, there’s that you know … self-reliance, they teach you too. So to reach out is really hard for people especially in the military, because you’re taught that … go figure it out for yourself, you know. I think stigma, if they have to find it on the military side, it might be a little bit harder. Veteran [facilitator] is always a bonus; again it’s your capability. Safe environment – you need to build up this service. You have to get the word out and tell people.

To summarize what I learned from the student veterans. The only way that they would discuss anything that had to do with the war, and how they were feeling about the war, would be in an environment that was restricted to veterans and run by a veteran—or at least someone who was professionally trained and had extensive experience working with the military. For example, how would anyone else know what a student veteran might be feeling like when Ralph was confronted by an anti-war protester on campus? In his mind seeking someone out from the campus to discuss the rage he was feeling inside was not an option.
A benefit of veterans working together would be that if one veteran found that things were working well, he would share it with other veterans. On the other hand, if veterans found that something was not working, they would similarly share that broadly. This is why when trust is established, a recommendation from a veteran is like a pass. It was how this study was even possible. Each of my participants agreed to meet with me for an interview based on another veteran telling them that I was alright. Conversely, when trust is lost, it may not ever be regained. This was something I also witnessed between the Student Veteran Organization and the staff on campus. Stanley used the counseling center as an example. He, like all of the other participants, told me that they knew there was a counseling center on campus but that they would not use it. As mentioned earlier, the reason they gave was that there wasn’t anyone there who was a veteran. Stanley added,

I just didn’t feel comfortable talking about wartime issues; I just talked about anxiety issues. I was not going to open up that can of worms with them. If there had been a military person or a veteran, it would have been much easier. We’ve been exposed to the same dangers, we’ve lost important people in our lives—you know in combat operations—so there’s that connect. And like I said, there’s that comfort, that feeling of safety that they’re going to to be heard, that they’re going to be understood, because of that connection.

The only way that perception might change is if one veteran had a good experience at the counseling center. Stanley exclaimed,

More people would come forward especially through word of mouth. If a vet is going to counseling and feels good about the changes, he’ll tell another guy. ‘Hey, I’m going to counseling and it’s awesome. You ought to think about it.’ The only reason I went to counseling is because there was an active duty soldier who went through the program who told me, ‘If you’re having an issue, make sure you go to counseling to get help. And seriously, go get counseling, I’ve done it.’ Probably the only reason I went. If [my advisor] would have gone [you should go] … I probably would have done it. If you had a VRC, the group got
together, why don’t we go ahead and try to use the counseling center and have our meetings…might even work. But until that community comes together, and they know each other and trust each other, like we’re all going to do this together. We feel comfortable … strength in numbers … they feel comfortable. You can change the menu, but as long as those guys are together, they’re going to feel comfortable with each other.

When I specifically asked about where the veterans felt they could go now if they were feeling anxious, their unanimous response was that they would not use the counseling center. Ralph’s reason for not using the center was that he knew he would not be understood and could be kicked out of school for what went through his mind. He scoffed and laughed when I brought it up. He tried to illustrate it for me in the following way.

I don’t know 10, 15, 30 times I’ve wanted to go up and rip somebody’s throat out and stomp their face on the curb…I was so… you know, college campus is all about free ideas…this and that. And you know, it’s not. It’s about pushing one side and not listening to the other. And so I basically put on sunglasses, put on headphones. I had a class on one side of campus in the morning. As soon as that class was over, I walked a B-line straight to my next class, found some quiet secluded spot, sat down and waited for a couple of hours for my next class. When class was done, same thing for the next one. That’s how I got through it and working on my steps, and working on my issues. It slowly got better and now it’s like uh, OK. You know, with time and a lot of counseling. I’m not, you know… I still seclude myself, but you know my fits of rage and what not, still they exist… I’m just like you’re a bunch of unlived idiots. You might be smart, you might have a 4.0, but you know life in Southern California and now Hawai’i and you’ve known it what, a total of nineteen years? I’ve forgotten more shit than you’ve learned. So, a lot of shit just rolls off my back.

Mark similarly ‘hides out’ in Hamilton Library between classes. He also preferred the comfort he felt being around other veterans, “Maybe they weren’t there with me but what they’ve been through, it’s similar. They have some knowledge. They’ve been there. Sometimes it’s not for me to tell my story but just to listen to theirs and know what they’re doin’ … it’s strength.” When I asked them what they would want to see in place, they all told me that a Veterans’ Resource Center would be ideal. When I asked whether
or not they would ever consider sharing their story in a classroom setting, the unanimous answer was not about the actual war experience itself. Brent told me, “I would never talk a bomb or bullet in class.” Ralph told me pretty clearly that he would not discuss war experiences unless it was a class for combat veterans by combat veterans, only. He said emphatically,

You would have to lock that class down to make it combat veterans only in that class, because I’m not gonna share my trials with some fuckin’ 18 year old kid who’s gonna go back to the dorms and fuckin’ talk shit. And the word gets out and trickle down and then I hear something and I’m just all like, and I just go straight for him. I wouldn’t do it. I don’t even share with my wife. I don’t talk… and that’s been a big fighting point between us. I don’t want to put my bad thoughts in your head. I don’t want to share that because I don’t want it, why would I give it to you as well? And well, I’m just not gonna do it. A third party person, I don’t have to worry about my skeletons. I can open my closet; let him take a peek in. It doesn’t go any further than that. That’s the way I like it.

When I explored the idea of sharing their experiences in the classroom what I found was that the classroom was about the last place that student veterans would be willing to divulge war stories or any painful memories associated with having lost buddies in combat. Brent described his outlet to me. “I talk to one of my buddies – that’s how I decompress or at home with my family and friends. I can trust them. I have a solid group of ten guys I went to war with that you can’t get anywhere else. I’ve seen so many women do them wrong, I don’t trust women.”

Stanley kept advocating for a central location for veterans to work together to resolve their own issues, because he felt without a common place it was hard to galvanize the student veteran population. He, and others, felt that things currently were too fragmented. He questioned, “How can we do that now if there’s no place for us to meet to help each other out?” The way he saw it, the possibilities were endless. “When it’s all
said and done, there’s nobody else that will help a veteran like a veteran. I was telling you these stories how these guys will go above and beyond to help in combat. How much more will they help each other out here when, you know, there’s no bullets flying? These men … they’d give the shirts right off their backs, as far as I’m concerned. I mean, if they’re gonna lay down their life in combat, why not help someone out with a registration issue?”

As a social worker, Michelle was particularly concerned about the fact that there wasn’t anyone at the counseling center who was a veteran. “If they go to the counseling center and find out there are no veterans, they won’t seek help. Veterans want to talk to each other. It’s like Alcoholics Anonymous; nobody cares if you’re an alcoholic. Some people have killed people, accidentally killed children. No one is going to tell that to a civilian, even if that person had a PhD or was certified. You’re going to see a reaction on their face when you tell them that you’ve killed someone. Another soldier is not going to judge you.” Michelle felt that there was a systemic problem in getting the leadership to address veterans’ issues. She and another student veteran had a meeting with the Vice Chancellor of Student Affairs to advocate on behalf of student veterans. Before going she told me that she read the 40-page strategic plan for 2007-2012 and found that there was not one word about the military. “How is that possible?” she exclaimed. “I almost wanted to demand that it be amended. If you leave this out, it has to be on purpose. They even mention the children of students. We don’t exist….extracted like a cancer. They’ll cash those GI Bill checks, but they won’t even acknowledge that we exist. That reflects the whole campus.”

Theme 6: From Apathy to Empathy – Connecting the Dots

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This brings me to the next major theme which emerged from my interviews with faculty and staff members. When I mentioned the themes brought to light by the student veterans, there seemed to be an agreement by the faculty and staff confirming that their concerns were valid. Using a modified version of the questionnaire I used with the veterans students, I wanted to gauge what the faculty and staff knew about available resources on campus, their understanding of veterans’ issues, and how they understood how campus procedures were coordinated around these issues, if at all. The first response given by the majority of them was that the service available for student veterans was the counseling center. Most of them also mentioned Kōkua services, and about half of them mentioned the Office of Student Records. The majority of faculty and staff themselves felt uninformed about veterans’ issues and the challenges that veterans might be facing as they transitioned from the military to the campus, and they all felt that the campus was ill-prepared to be able to recognize issues that might be affecting veterans. They unanimously agreed that training was needed to raise awareness about veterans’ issues on campus. In our discussion of veteran students, Suzanne from Judicial Affairs, confessed, “Faculty might be afraid of them. They look a certain way – crew cuts, they walk in a certain way.” In discussing whether or not the faculty were prepared to deal with veteran-related issues, Wayne, a faculty member in Political Science, told me:

While there is an emergency response committee, there is nothing specific in place for PTSD. Like Gender Equity issues, there should be a raising of awareness. Faculty should be sensitized to be able to recognize symptoms. There is no current training for that. Training on campus is not mandatory. We just don’t offer it. Faculty members learn about these issues on their own. You can’t require people to go to training, but if you get it out there there will be a snowball effect.

Tracy, from the Center for Disabilities Studies, responded to the question, “Kōkua Office and Student Counseling & Development Office. Those are the two that I know
of.” I spoke with Cheryl from the Kōkua Office and she told me that, “Kōkua is the office for students with disabilities, be they combat veterans or non-veterans. So it’s a generic service for any student with a documented disability.” While a few of the participants in my study had used Kōkua services and did find them helpful, the requirement of disclosure was an issue and even an obstacle. When I asked her specifically about supporting veterans who might have PTSD, Cheryl, from Kōkua, said,

I would say that the services I would imagine most useful to them would be services like priority registration, faculty notification … We would not be specific to say PTSD. Other services might be available such as for example lecture note taking, or testing accommodation. There might be a possibility for other accommodations as well, depending on how their PTSD was affecting them. This is a standard approach of our office with students who have disabilities. With presentation of their disability … we review it with them, talk over with them how they are restricted. How they are impacted by the disability in terms of their academic work and then go about the business of providing the appropriate access. Other services that they might find helpful would be to come here and use our equipment to study. So they’re free to use the facilities here for studying. We have a lounge, we have lockers that they could be assigned to, and they would be assigned also to work with a specific Kōkua counselor that would be their primary contact here….That [person] would oversee, depending on whatever other restrictions they might experience, for example … the foreign language requirement in four semesters of study in one foreign language. No matter what their major is that is a standard requirement. And there may be concentration issues, and there may be memory issues with PTSD. So, if that is the case, then we would work with the student and the college to obtain the approval of the college for the student to substitute culture courses for the four semesters. Again, depending on what other barriers they may encounter, because of their disability, we would be able to identify resources or services they could connect with.

But according to Jane, who is a faculty member at UHM in the Medical School and works in the community at the Pacific Basin Rehabilitation Research and Training Center for the Ho‘oikaika Project which supports people with Traumatic Brain Injury (TBI), “People don’t want to self-disclose.” This point resonated with the vets, too, who were hesitant to self-disclose a ‘hidden disability’ because of perceived stigma. While people have positive things to say about Kōkua services, to be able to use them you must
be willing to self-disclose. John, from the Center for Disabilities Studies, confirmed this when I asked him about services available on campus,

There is a Disabilities Office here: Kōkua. This is an office where if a student chooses to disclose their disability and there is …. In the case of a mental health disability, you’d have to have an evaluation. For some students they don’t want to go through that process. Secondly, they don’t want everyone to know that they have a disability, so they choose not to disclose. So, it’s really hard to know how many people like that are out there and no obvious way to identify or counsel them. But the office does provide accommodations for people with disabilities including veterans with disabilities.

Wayne answered the question about veteran-specific services this way, “There is no separate place or office for veterans. The only place I know of is the counseling center and maybe financial aid. The fact that they were vets … there are no specialized services [for vets], only generic services. You couldn’t say that there’s a support group.”

Beyond the Office of Student Records, the counseling center and Kōkua, no other services were identified as being available to student veterans by any of the research participants whether student veteran, faculty or staff. In fact, John told me that he thought getting faculty members interested in veterans’ issues might be challenging, “Because when one looks at what drives faculty members, they seem to be driven by their course content. And if they are on the tenure track, they are driven by the need to publish and do research in their field.” He didn’t see that faculty members had much incentive to become more knowledgeable about the needs of students who might need accommodation. Tracy, from the Center for Disabilities Studies, told me, “Of course, if Kōkua sent a letter to a faculty member advising them that the student was in need of special attention, the faculty member would be obligated by law to comply, but as far as faculty members going out of their way to become more informed of an issue like
‘hidden disabilities,’ she felt fairly pessimistic. John, also from the Center for Disabilities Studies, exclaimed,

A lot of faculty doesn’t know that there is a student with a disability in their class. They certainly don’t know that they’re a disabled vet. Particularly if it’s a mental health disability, because the student might not want to disclose that to the faculty member. There are a lot of cases of that. A whole bunch of issues bundled together to … veterans with these disabilities. There just aren’t currently ways for faculty to become involved or even interested or motivated.

According to John, the Center for Disabilities Studies itself currently had no official services available, but he told me that there was an informal service offered by Tracy. She is a person with a disability who runs the informal group on campus to support people with mental health challenges. The name of the group is “Hidden Disabilities.” John emphasized that there was stigma and discrimination associated with people who had mental health issues. He added, “Now they pay incentives that support student outcomes, but emotional intelligence is not required to be a professor. It’s strictly based on knowledge of field of study.” Of this Tracy seemed to feel the same way about the faculty and staff, “I don’t think they’re prepared at all in the broader spectrum of issues of disabilities, and it seems that the longer someone is here – tenured – the harder it is for them to think in a certain way.” A number of the faculty and staff echoed this by saying that the only mandatory training that faculty and staff were required to attend was sexual harassment and workplace violence. Cheryl described it in the following way,

The campus community is often accused of living in silos. What happens when you offer these trainings… it’s like preaching to the choir, so when you offer the training, a faculty member will think they really should go. It’s very frustrating. All faculty, TAs (teaching assistants) – this effort needs to be throughout the system: faculty, staff and students.

In seeking to understand whether or not the campus was prepared to deal with spontaneous acts of violence, I talked to Christina, who works at the Matsunaga Institute
of Peace and Conflict Resolution at UHM. She told me, “Where we are effective is before it gets to the point of violence. We are hoping to train people to think about bringing us in at the beginning of the problem. So in the case where there seems to be a problem brewing in an office, or a particular incident comes up, it seems like it’s very common in the university system to assume that time will take care of it; this is the mentality that a lot of the chair people have in the departments and some of the deans.” There was an overall concern that the campus was unready for an incident should a shooter come onto the campus.

Suzanne told me that through Student Affairs, they had what was known as ‘Monday Morning Team’ meetings to address any open [problem] cases on campus. The team is made up of representatives from Judicial Affairs, the Dean of Students, Student Counseling, Campus Security, and occasionally someone from Housing. Allison, from Outreach, knew about these weekly meetings but did not think that they constituted a campus readiness to deal with a major disaster. She told me that some additional training was provided on campus after the Virginia Tech incident, but nothing since then. When I asked whether such training was available on a regular basis for prevention, or whether the campus had an emergency plan, Suzanne answered, “No, the campus is not ready for a disaster on the scale of Virginia Tech.” Christina said, “It’s a rare faculty member, chair, or dean with a lot of foresight and good people management skills [to prepare].” As part of the task of Judicial Affairs, Suzanne told me that she was the ‘end of the line’ for ‘problem’ students. She told me that she had quite a few combat veterans who ended up in her office each semester for behavioral problems. Here is how Suzanne described one such case to me.
I just had a student, and to this day we don’t really know if it was PTSD from being in the military or having been in the war, or if it's just something else. Because from our understanding, we think the person was into drugs, as well, or there may be a combination. But it was in the classroom. Suddenly he wanted to kill his teacher and another student in the classroom. So, it was in the middle of the class and he threatened to kill them. So we had to call campus security, and thank goodness he didn’t have a gun. But he was just ill. School was just too much at that point, so we did an interim suspension … together with the parents and then, before he comes back, there are certain criteria. One of them is that he has to go to a counselor and undergo treatment. And if he wants to come back, he needs to also get checked by our counselors to make sure he’s well enough to come back. He’s high risk, now, right?

When I asked her how situations like this have traditionally been handled on campus, she told me that until recently there had been an Ombudsman Office, which acted as a first line of defense for the campus in that anyone who was having a conflict could go there first to get help. While only open for a few years, it was hoped that the Ombudsman Office could have played a bigger role in mediating conflict issues on campus. With its closure in the Fall of 2009, she admitted that there was a big gap. This was echoed by several of the other staff members I interviewed.

Christina told me that with the closing of the Ombudsman Office, the Matsunaga Institute for Peace and Conflict Resolution was expected to pick up the slack, but she admitted that they were unprepared to take on the anticipated increase of campus members without additional resources. They were also not able to provide any kind of psychological services, so if someone was having a PTSD-related issue, there would be very little they could do but to refer the person to the counseling center. She reiterated, “So even though we’re the ones who are supposed to deal with the conflict crises, we are not staffed. We are not prepared to deal with a 25% increase of students of which a number [of them] might have PTSD lining up.” She was adamant that the value in their services was in prevention and working at the front end to ensure that issues did not
escalate. She was supportive of developing a comprehensive training program to raise awareness across the units on the campus. Dismayed by the situation, Suzanne told me:

Students are getting the run-around. Just yesterday we had a person here who wasn’t even a student trying to find out what to do and she’s getting the runaround being sent from office to office to find out where she has to go to get the information. So that’s one thing to get information. And we’re missing that neutral party (the Ombudsman’s Office) to help resolve issues.

The majority of faculty and staff members interviewed felt that some kind of training should take place to raise awareness about mental health challenges or hidden disabilities, so that they could feel better prepared in case they were ever confronted by an issue involving a student from the military. Christina felt that a good approach would be to create a network of the existing services on campus and then coordinate their currently separate efforts into a larger effort. It could include identification of what each unit offered in the way of conflict management and then collectively offer campus training as an ongoing effort to build a community that was more empathetic. This aligns with what the student veterans were telling me, because they thought once the network was established on campus of existing services, and the VA was plugged in by possibly sending someone to the campus, that a partnership could be developed with the VRC. There wouldn’t be any need to go outside of the campus community to get their needs met unless a serious crisis occurred whereby the person needed to be sent out to the VA hospital at Tripler.

The second step beyond linking the existing services would be to provide campus training. John, from the Center for Disability Studies, told me that while making training mandatory for faculty was impossible, providing training to Teaching Assistants (TAs) and new faculty was gaining some traction. Suzanne had some hope for a new effort that
was gaining momentum to train the chairpersons of departments on conflict management strategies, but at this point it had only gone as far as helping them address difficult students. Based on the responses from students—and confirmed by the faculty and staff—it appears that the campus services are fragmented; this makes it difficult for the students to navigate the system, and challenging for the campus to provide training to its faculty and staff on veterans’ issues. Because of this fragmentation it is difficult for the campus to provide a supportive environment for military members—whether active duty servicemembers or veterans—to come together to support one another.

Tracy thought that the Center for Teaching Excellence might be a good place to start organizing training. She felt that the faculty was currently unaware of how to perceive whether or not a student veteran was having a problem, let alone how to approach him or her. She added, “I’ve heard a faculty member express feeling afraid because the [veteran] student sat in the back of the room and said absolutely nothing.”

Having worked with student veterans in her program, Debbie expressed her concern by saying, “The special experiences of the military and the people who have been overseas, lately especially, Iraq and Afghanistan, are not that well understood by a typical campus counselor who’s more attuned to grade stress and relationship stress than they might be to someone who’s seen their best friend blown up by a roadside bomb.” She has been part of an initiative over the last year and a half to encourage UHM to develop some specialized mental health services for active military and veterans, military spouses, and relatives who were dealing with these issues.

Debbie, a faculty member from Social Work, felt that she understood firsthand that veterans preferred specialists who were either military themselves or perhaps who
worked in the VA. She emphasized that counselors trained especially in this area of combat-related issues were needed. Moreover, she told me that the School of Social Work had already indicated its willingness to be involved in an effort to establish a site and then find a way to work with folks in the VA and UHM student services. She thought it could be organized jointly with a Veterans’ Center on campus where support and expert services could take place. As for whether any specific services were available now on campus to support veterans, she told me, “If there are things, I’m just not aware of them.”

In fact, she expressed surprise that UHM had not done more to provide training to department academic advisors. She asked rhetorically, “But then why would we single out another special needs population where you know … we can’t have a separate training for every subgroup of people with special needs?” She argued against this reasoning by exclaiming,

> Just by sheer numbers of people in Hawai‘i who are affiliated with the military, I just think it’s an awfully big group to not have some acknowledgement about some of the issues that they may have. I guess I could understand if we had … you know … 3 people on campus who had PTSD, but we probably have more like 3,000. And frankly what scares me are these occasional incidents at the other university campuses, and in other parts of Hawai‘i, where you hear of a difficult situation that’s occurred on campus. And you think our chances … numerically for something like that to happen in Hawai‘i are great. It seems like at a university it needs to be more than just identifying and getting rid of people who have issues, we need a better plan than that. Sometimes you could swear this whole thing wasn’t even about students and students’ welfare.

Allison, from the Outreach College, seemed concerned about the plight of student veterans, but she thought theirs was part of a larger problem with how students were treated on campus. Her concern was more about the time and attention given to advising students.
Not everybody goes to trainings, not everybody knows what these things mean or how you interpret the post 9/11 GI Bill as to how it can be used. Can it be used for noncredit? Can it be used for a repeat course? Can it be used for any major? Is there something for housing? You know … regarding financial aid, there are various questions that the veterans ask us. I’m not sure everybody knows how to answer those questions. The tendency is to send people to the other offices. And some of us are too quick to refer a student; I think people in general, not just veterans.

Jeffrey, who is also a faculty member located in Social Work and a veteran from the Vietnam era replied, “I don’t know of any specific services available to veterans, so when vets in our program brought up that there were no services, I thought that made sense. I think of the Center for Student Development & Counseling for the short term.”

As a veteran himself, he wanted to see the university make an effort to get a sense of which faculty/staff were veterans. He thought that a survey could be pushed down from the administration so that faculty and staff could volunteer to identify themselves as resources on campus.

Brian, another veteran on campus working in the security office, said, “It’s hard to tell what’s available, because they don’t really advertise nothing out there….there’s nothing really here on campus that I’ve seen personally that says, ‘Come on in, this is your office for veterans, so you can try to find out what kind of educational programs are here or what not.’ There’s really not much on campus for that.” He seemed to feel that other student populations on campus were being served more readily and gave the example of LGBT students. His assessment was, “There’s really a lot of resources and assistance lacking for veterans to be able to say, ‘Hey, let me go look into this. I see the office.’” He confirmed that the VA provided mental health assistance, but told me that “there’s a stigma.” He elaborated, “There’s a big stigma in that soldiers don’t want to seem weak. They don’t want people to think they’re crazy. The biggest thing is they
don’t want people to think they’re weak. You know a lot of ‘em are afraid because they think people are going to label them. ‘Oh, that guy’s crazy. So, a lot of ‘em don’t want to talk to anybody because of that.”

As someone who deployed with students from UHM to Iraq, Brian felt that he understood them well and knew what they needed. He suggested facilitating “something that’s run by soldiers. Something where another veteran could talk to the guy, you know … especially if they’re a veteran.” Like the student veterans, he was of the opinion that veterans would feel more comfortable talking to other veterans than to a counselor. As he said, “Somebody who knows, somebody who’s felt the same thing … who’s been there.”

As a security guard he told me that there had been instances on campus for which he was called to deal that involved soldiers. He felt as though he had an advantage in being the one to respond to those calls because he told me, “We start talking, and I’m like ‘Look brah, I’m a veteran too; I’m a combat veteran…. I’m gonna try and help you out. Just listen to what I’m telling you.’” He explained that as soon as a rapport was established soldier-to-soldier that they’d start opening up and cooperating.

Brian described that “It’s whole lot better than with another officer who can’t really relate to them. But being military, I can relate to them and they can relate to me a whole lot better. They can trust [me], because they know I’ve been there. It’s a bond that you can’t break. You always see the Marines are Sempre fi (always faithful) and all this, and that’s true. This bond goes across all of the branches. We’ve both been chewing the same dirt. I can trust him, because he’s been there.” He explained that there were other veterans who worked as part of the security team and felt it was a real advantage when it came to facilitating difficult situations with student veterans. Brain explained,
We’ve got two veterans who were in the latter part of Vietnam. Another who was a Marine wasn’t in combat, but he’s also a veteran. Two guys retired from the Navy, so we’ve got quite a few personnel who’s from the military, quite a few with that background. And there’s two of us who worked together in Iraq in-country in the same unit, so can you imagine the bond between us when we respond to a case and there might be something dangerous. Right away we look at each other like … ‘Just go.’ We know what we’re doing … like ‘Let’s go … me and you.’ We’re going to resolve this situation. It’s an instinct. You’ve been there together. All your training, it’s instilled in you. So when you look at each other, you know.

When I asked him about the readiness of the campus to deal with a violent outburst, he told me that the campus still has a long way to go before it has a ‘real’ plan. The role that security personnel would play would be similar to one played in the military. That would mean ‘securing the perimeter’ or in other words, creating safety for the members of the campus while sealing off the area around the potential perpetrator. At that point they would have to wait for HPD (Honolulu Police Department) to show up. His point was that security guards on campus were not allowed to carry weapons, so they had to rely on their people skills to neutralize the situation. Brian told me that they would use the same tactics that were used in the military. He told me, “I would have to approach him in a way that wouldn’t make him feel threatened. There are no tools that anybody could give me other than what I have inside me and the bond of a military person.” He described how he would talk to a troubled person. “I know where you’re at. I’m a veteran also. What can I do to help you?”

**Chapter Summary**

In this chapter I discussed what kind of support services are available at UHM from the point of view of student veterans, faculty, and staff and what services seem to be missing. This chapter presented the six major themes that emerged from this study. They
were organized according to the research questions. Data from individual interviews revealed the current perception of the preparedness of the UHM campus and the attitudes of the members of the campus. As is typical of qualitative research, extensive samples of quotations from participants were included. By using the participants’ own words, my aim was to bring the reader into the conversation.

The primary finding of this study was that the military has a unique culture of its own which is rarely understood by those who have not experienced it. As a result, those attending UHM, and coming from the military culture, often feel alienated and misunderstood. The second theme was related to the first one; and that is that the transition from the military to civilian life entails more than taking off the uniform. From my discussion with student veterans, it became apparent that they would like help with the integration process. The third theme brought to light the perception that UHM is not a military-friendly school and lacks services to address the specific needs of servicemembers and veterans. The fourth theme was that because of the strong camaraderie found in military life, veterans know that they can trust one another and they remain loyal to the ideals they learned in the military, especially to never leave a comrade behind.

The fifth theme revolved around the difficulty that veterans have asking for help, due to the stigma associated with possibly having a hidden disability like PTSD, TBI, depression or substance abuse. All of the student veterans, and many of the faculty and staff, supported the idea of creating a ‘safe’ space on campus to address these issues and others. The sixth and final theme that emerged from interviews with the faculty and staff revealed a lack of initiative on the part of the campus to address the needs of student
veterans. Everyone felt strongly that training was needed campus-wide to raise awareness about veterans’ issues.

In the next chapter I will synthesize and interpret the findings of this study, weave in the relevant literature, reflect on the research process, and make suggestions for ways the campus could address the issues raised in this study. In addition, I will detail the limitations of the study, highlight future research potential, and finally present the conclusions I have drawn from conducting this research project.
CHAPTER 5. DISCUSSION & CONCLUSION

A defining condition of being human is our urgent need to understand and order the meaning of our experience, to integrate it with what we know to avoid the threat of chaos. – Jack Mezirow

In this chapter I bring together multiple data sources to show how they substantiate the themes presented in chapter 4. The overall finding in this study revealed that UHM has yet to prepare itself in a comprehensive way to address the perceived needs of veterans. This chapter discusses, interprets and synthesizes the findings. The chapter is organized under the following two broad categories: psychosocial and academic support.

1. Under the category of psychosocial support research questions 1 and 2 are addressed: In what ways is the University of Hawai‘i at Mānoa campus aware of or sensitive to the unique psychosocial needs of combat veterans? In what ways do combat veterans feel informed about psychosocial services available on campus?

2. Under the category of academic support research questions 3, 4 and 5 are addressed. In what ways do faculty and staff feel informed about how to address potential mental health issues of combat veterans? How do students and faculty interact around these issues? How might the campus improve its services for both combat veterans and those serving them (i.e., faculty and staff members)?

The prior two categories are tied directly to each of this study’s research questions and were used to code the data. In the analysis, I searched primarily for connecting patterns within the categories, as well as the themes that emerged among the categories. As a secondary level of analysis, the relevant theory and research has been tied in, as these themes are compared and contrasted to issues raised by the literature. After ‘chunking the data’ and finding the themes, I used the participants’ voices to tell the ‘story of the research’ (Bloomberg & Volpe, 2008, p. 139).
The discussion is intended to create a more integrated picture, and what emerges is a textured synthesis. The conclusions from this study follow the research questions and therefore address six areas: (a) the unique culture of the military; (b) the challenge of transitioning from the military to civilian (academic) life; (c) the perception that UHM is not military-friendly; (d) the moral code of military members whereby a comrade is never left behind; (e) the stigma that is a barrier to seeking help; and (f) the consensus among UHM faculty and staff that they feel unprepared to address the needs of student veterans. The discussion of the major findings and conclusions drawn from this research takes into consideration the literature on trauma, resilience and transformative learning. The implications of these findings are intended to augment an understanding of the needs of combat veterans and the ways in which the university might prepare itself to meet those needs. This discussion is followed by my recommendations and a final reflection on the study.

**Discussion of the Findings**

People who have served in the military are used to the experience of strong unit cohesion which is necessary for the operation of the command structure, and it is also what keeps people alive in battle. Burnam et al. (2008) described it as a “culture of interdependence” (p. 278). Chappell (2010) wrote eloquently of it from the perspective of a retired Army captain who was deployed to Iraq in 2006.

The soldiers in World War II and the Korean, Vietnam, Afghanistan and Iraq wars fought for their brothers and sisters. They fought to protect the person to their left and their right, and they often risked their lives to bring their comrades home safely. The best military units are like a close family, and soldiers perform courageous feats on the battlefield to protect their family. (pp. 125-126)
The camaraderie veterans are used to—from having deployed together—can seem missing when they separate from the military and return to civilian life. The ensuing isolation can lead to depression and sometimes suicide. Combat veterans of today’s wars have higher suicide rates than at any time in U.S. History. Military personnel with multiple tours of duty in combat are at an even higher risk for PTSD, but many military men and women do not seek professional help due to the stigma associated with self-disclosure. Not only do servicemembers and veterans not want to appear as weak, but many of them fear that they may lose their security clearances (Ramchand et al., 2011, p. 49). This was confirmed in the literature (Burnam et al., 2008) as a perceived “barrier to care” (p. 280). However, Meredith et al. (2011) reported that in 2008 Secretary of Defense, Robert Gates revised the policy of self-disclosure with regards to the question of whether a person has ever sought out care for a mental health care concern (p. 4).

Unfortunately, even if veterans do opt to seek out services, Devi (2011) reported that the VA is so overwhelmed by claims that there are currently several law suits in the courts against them.

The data suggest that the needs of combat veterans attending colleges and universities include psychosocial support as well as academic support. Making an investment in first understanding the unique challenges that servicemembers face when leaving the military to return to civilian life, and then being willing to accommodate those needs in a systematic way, will require buy-in at the administrative level. Student veterans are used to a chain of command and need to know who is going to lead them toward success. Those identified campus members ideally would be veterans themselves who understood the UH system and how to navigate it.
The research (Buck, 2011; Padin-Rivera, 2011; Schupp; 2011) points to the fact that combat veterans have trouble transitioning from the combat environment to civilian life which includes the campus. Having been accustomed to support from their comrades-in-arms, they feel isolated when they return home—alone. The camaraderie they experienced in the military was something that gave them strength, and even saved their lives; its loss from their life may leave them in state of disorientation and fear. Add to that the traumatic events of living for extended periods of time in a war zone where behaviors that served to keep them alive, like hyperalertness, may have an opposite effect when they are back in the States. If PTSD or TBI are issues present for them, whether diagnosed or not, maladaptive coping strategies might include the abuse of drugs or alcohol, violent outbursts and an intolerance of crowds. It could manifest as a problem with concentration in the classroom.

The academic, structural or institutional needs of the student are related to the psychosocial needs. For example, if a student is disoriented or fearful, and is used to being told what to do—s/he might find the navigation of the university system to be a daunting task which could lead to him/her to give up altogether. The campus currently has no unified system in place, no office dedicated to dealing directly with veteran benefits, no veteran-specific counseling, or advising. While it is understandable that the services available to student veterans are the same ones available to the general student population, the general student population has not just come from being in a war zone or the strict culture of the military, where every aspect of life is prescribed. Student veterans and servicemembers have challenges and needs that are unique to them. To address these challenges, it will require a response from the campus community to help them transition
back into civilian life. UHM has the opportunity to play a vital role in helping these men and women ‘normalize’ the return to civilian life by setting up processes that ease the transition with sensitivity and care.

**Category 1: Psychosocial Support**

The first general category under which the needs of combat veterans falls is known as psychosocial support. In this section I draw on pertinent literature to make the case for psychosocial support as a preventive and protective factor for combat veterans returning to civilian life. Research (Bloom, 1998; Defense R & D Canada (DRDC), 2006; Drescher et al, 2009; Figley et al., 2009; Finley, 2011; Grossman, 2009; Janoff-Bulman, 1992; Kelly & Vogt, 2009; Peterson et al, 2009; Pietrzak et al. 2010; Tedeschi et al., 1998) suggests that psychosocial support is considered to be the most important protective factor for recovery from PTSD and the prevention of suicide. In general, psychosocial support is understood as the way the community of people – around the person who suffers – reaches out to provide a network of compassionate care and empathy. It could help to mitigate a person’s use of maladaptive coping strategies and even save someone’s life (Schupp, 2011). Regarding suicide, Ramchand et al. (2011) reported that besides wanting to die, the biggest reason for committing suicide was a feeling of not belonging or “perceived burdensomeness” (p. 39). Interestingly, DRDC (2006) found that ‘belongingness’ was the biggest protective for resilience (p. xvi).

Positive coping strategies could be developed through a network of caregivers and peers collaborating to fill the gap experienced by servicemembers from the loss of camaraderie. Peer or mentor support seems to be the most effective level of intervention
and an aid to fostering resilience in someone who suffers from exposure to trauma. Going back to Vietnam veterans, Boscarino (1995), found that “After controlling for combat exposure, military veterans with high levels of social support were 180% less likely to develop PTSD compared with those with low levels of support” (p. 330). While exposure to trauma may vary, resiliency is a factor that will determine how combat veterans move forward with their lives. For those who are known to have PTSD, the degree to which they receive psychosocial support could have a profound effect on their recovery.

Janoff-Bulman (1992) defined several key dimensions related to psychosocial support which include: integration, peer support, and a sense of belonging. Commenting on support services identified by Cohen and Wills’ (1985) which were “esteem support, instrumental support, informational support, and social companionship,” Janoff-Bulman (1992) described the significance of each one. “In the case of esteem support, other people provide information that an individual is accepted, valued, and esteemed. Instrumental support involves the ability of others to provide financial assistance, material resources, and needed services. Information support entails providing information that helps a person understand or cope better with a problematic event. This may include information or advice about the problem itself or about available resources. Social companionship is defined as having other people as companions for pleasurable, informal leisure activities, such as parties, travel, sporting events, or visiting” (p. 145). This suggests that social support acts as a buffering mechanism against stress.

Finley (2011), a medical anthropologist and investigator at the Veterans Evidence-based Research Dissemination and Implementation Center (VERDICT) confirmed that, “Higher levels of social support… have been found to mediate the effects
of combat exposure and to predict lower susceptibility to PTSD and greater resilience to stress” (p. 70). Kelly and Vogt (2009) elucidated, “A consistent factor linked to positive outcomes in the face of military stressors, and especially combat exposure, is perceived social support following the stressful or traumatic event” (p. 98). Lt. Col. Grossman, a former Army Ranger, paratrooper, and psychology professor at West Point (2009) pointed out that, “Social support after war had been demonstrated in a large body of research (by psychiatrists, military psychologists, Veterans Administration mental-health professionals, and sociologists) to be more crucial than even the intensity of combat experienced” (p. 279).

In Tedeschi, Park and Calhoun (1998), Bloom discussed ‘Groupmind’ in the social transformation of trauma. She wrote, “The social transformation of trauma can be seen in its early form in the highly developed rituals of our ancestors. Rites of mourning, rites of healing, and rites of passage were all vital in helping us to resolve the traumas of the past and move ahead into the present and future” (p. 179). She went on to argue that “All important rites were accomplished in social settings, usually involving the entire group as participants. These rites provided a sense of group identity and cohesion and were essential to the life and well-being of each tribal group.” (p. 179).

Like Bloom, Tick (2005) advocated that without the ‘cleansing ceremonies’—traditionally used to help the ‘warrior’ reintegrate into the society—we would continue to see persistently high rates of PTSD in the currently returning combatants. Peterson, Cigrang and Isler (2009) asserted, “It is feasible that greater public support at a national level could help buffer to some degree the psychological consequences of trauma.
exposure, but currently no published studies have been examined between social support and PTSD among OIF/OEF soldiers” (p. 474).

**Becoming Military**

The first major finding of this research was that the military has its own culture and therefore when veterans come onto the campus they are directly confronted by the experience of these cultural differences. Finley (2011) explained that joining the military was like joining a tribe that has its own set of language, values, and rules. In the military, some of these ‘core values’ include collectivism, hierarchical structure, time orientation, and service values. Indoctrination into military life begins in boot camp for the enlisted and officer schools for the officers. It could be said that military training is a form of socialization that is intended to serve several purposes.

Finley (2011) elaborated, “First, it supports the group cohesion and bonding that are considered essential for maintaining trust and efficiency in combat settings. Second, it supports the internalization of a disciplinary hierarchy in which orders will be followed without question, even under conditions of crisis and threat. Third, socialization instills servicemembers with the values of a total institution—and is thus intended to overcome previous socialization, particularly that which might impede the use of lethal force” (p. 107). Finley (2011) claimed that it was an ongoing process that was reinforced “as the relationships themselves continue, reemerging in the interactions between servicemembers and those they love, respect, emulate, and train” (p. 108). This group cohesion can be likened to the close-knit feeling a person experiences in his/her family (Chappell, 2009).
Sherman (2010), who grew up in a military family and was trained as a philosopher and psychoanalyst, is a professor at Georgetown and has served as the Inaugural Chair in Ethics at the U.S. Naval Academy. She wrote, “Preparing for the threats of battle demands skill, weaponry, strength, and moral leadership. It also demands emotions that put soldiers in touch with their humanity and the sacred bond that connects them with other soldiers” (p. 29). I heard this time and again from my research participants when they told me that what motivated them was the ‘guy on my left and right.’ In further describing the military/civilian cultural differences, Christian, Sammons and Stivers (2010) explained:

….military culture differs significantly from the majority U.S. culture in that the military expresses a collectivist vs. individualistic ethos, has clearly defined and codified social hierarchies, explicitly regulates the expression of emotion in many circumstances, does not use material wealth as an index of social standing or power, and promotes a self-concept rooted in history (tradition)….Each branch of the armed services instills “core values” that its members are expected to represent and the military attempts to do so systematically, and immense pressures are exerted to ensure compliance with these values. (p. 31)

Sherman (2010) went as far as to say that “Militaries work by coercion and command structures” (p. 45). Speaking directly to the communal aspect of military culture and its effects on identification and unit cohesion, Christian et al. (2010) noted:

The emphasis on a group orientation also facilitates group identification and unit cohesion. High cohesion encourages prosocial behavior among members of the group. This degree of cohesion is an important element of small unit combat readiness, as individuals must learn to trust group members with their very lives. Strong unit cohesion may serve as a protective factor against stress. (p. 32)

Much of the training that occurs in the military involves the breaking down of individual thinking as well as religious and ethnic identity. As Stanley put it, “At the end of the day, all we see is green.” Tick (2005), a psychologist who has been working with veterans for over thirty years wrote, “As much as war depends on the creation of otherness, it also
fosters an intimacy based upon sameness. “We are of the same unit, nationality, and cause, and we share the same threat to our lives. This intimacy under the constant threat of death engenders for some the deepest love they ever experience” (p. 89). The willingness to die for one’s brother is thought to be the greatest gift that could be given and may contribute to the reason combat soldiers feel lost when they return. It could also explain why when faced with the death of a comrade-in-arms, the guilt a military person feels can be devastating. Sherman (2010) wrote of this in the following way,

Soldiers are genuinely torn by the feelings of war—they desire raw revenge at times, though they wish they wanted a nobler justice; they feel pride and patriotism tinged with shame, complicity, betrayal, and guilt. They worry if they have sullied themselves, if they love their war buddies more than their wives or husbands, if they can be honest with the generation of soldiers that follow. They want to feel whole, but they see in the mirror that an arm is missing, or having bagged their buddies’ body parts, they feel guilty for returning home intact. (p. 3)

Learning to live with war disabilities can be one of the biggest challenges to one’s identity, but the hidden disabilities are the ones that are proving to be the most devastating. These include reactions to exposure to trauma and its aftermath. Trauma exposure experienced by OIF/OEF combatants is another area of difference from experiences in previous wars. Drescher et al. (2009) explained, “Aside from initial battles in the first weeks of the war, and sporadic intensive battles within constrained geographic areas (i.e., Fallujah), a great number of the life-threatening experiences individuals are exposed to appear somewhat random. Many deaths have occurred from improvised explosive devices (IED), rocket propelled grenades (RPG), and suicide bombers. As a result, those who, in previous wars, might have been considered noncombatants (e.g., truck drivers) are now subject to high risk of traumatic exposure and injury.” (p. 301). The way most combatants cope with these experiences is to shut down (Dao, 2011).
Finley (2011) described a scene from the movie *Band of Brothers*, in which there is a line where one of the lieutenants is standing on the battlefield and he says, “‘You know, Clyde, the thing you have to realize is that you’re already dead. Once you realize that, then you can function as a soldier. And it’s very true. Once you grasp the fact that you’re already dead, you might as well just do your job and drive on. It makes the job easier over there. It makes it a real bitch coming home. Because you’re used to being dead and now you’ve got to be alive again.’” (p. 52). In one way or another I found that all of the combat veterans in my study described having experienced this kind of resignation to fate. Again, Brom (2010), who illustrated potential post-trauma reaction trajectories: stress resistance, resilient recovery, protracted recovery, decline, post-traumatic growth, and severe persisting distress (PTSD), warned that up to 50% of combat soldiers would be in need of some kind of psychological services.

Reporting in a webinar through *Innovative Educators* called “When Johnny Came Marching Home” (2011); Edgardo Padin-Rivera Ph.D., Chief of Psychology Service, and Louis Stokes from the Cleveland DVA Medical Center found that combatants from the current two wars reported having experienced the following:

**Table 5**

*Combat Exposure*

<table>
<thead>
<tr>
<th>Soldiers Deployed to Iraq</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received artillery fire</td>
<td>86%</td>
</tr>
<tr>
<td>Fired at the enemy</td>
<td>77%</td>
</tr>
<tr>
<td>Saw dead bodies or remains</td>
<td>95%</td>
</tr>
<tr>
<td>Event</td>
<td>Percentage</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Were attacked or ambushed</td>
<td>89%</td>
</tr>
<tr>
<td>Know a troop injured or killed</td>
<td>86%</td>
</tr>
<tr>
<td>Saw injured women/children and were unable to help</td>
<td>69%</td>
</tr>
</tbody>
</table>

*Note: Adapted from “Veteran Students: Creating a Trauma-Informed and Military friendly campus,” by R.P. Buck, 2011 [Webinar], Innovative Educators. Used with permission.*

Padin-Rivera’s (2011) research reinforces what my participants told me about being in Iraq and Afghanistan by saying that there was no true ‘safe zone’ or ‘rear.’ He described that there was a sense of danger in all areas and occupations all the time which resulted in constant stress and multiple demands on cognitive and emotional capacities. “The soldier brings home the idea that the world is not a benign or safe place after all.” Because one is constantly “alert” for “dangerous” things about to happen; one is always “ramped up.”

Padin-Rivera (2011) went on to describe that “the soldier does not have energy or time to process events until after leaving the battlefield.” At the VA many returning soldiers were reportedly feeling that the violence was scary, but also exhilarating and immediately rewarding. Combatants were describing to Padin-Rivera their feeling that war was the most exciting and important thing they that had ever done, and consequently many were complaining of being bored when they come home. On top of that, many faced the loss of comrades which was emotionally devastating, because nothing is more important to a soldier than his war brothers. Padin-Rivera went on to explain that for many servicemembers, a comrade’s death is an overwhelming experience which can often lead to prolonged unresolved mourning and anger. If the person has put off processing the emotions and then is faced with them during postdeployment, s/he might
might experience an overwhelming range of emotions and fear which could affect sleep, intimacy with loved ones and could manifest in impatience and outbursts of anger.

While there is more understanding of PTSD today than ever before, much of the public and even many mental health professionals are still relatively uninformed about the lifelong impact of trauma (Hoge, 2010). In some cases, trauma victims have been known to become perpetrators – as has been witnessed in the spike in veteran perpetrated homicide and domestic violence of returning veterans (Karney et al., 2008; Keany, 2010). According to Karney et al. (2008) divorce rates and failed relationships are also higher among people with trauma history (p. 148). What needs to be understood, according to Buck (2011), is that the whole person is affected by traumatic events: Physical, Cognitive, Emotional, Behavioral, and Spiritual. Moreover, the closer a person is in proximity to an event the more severe the response (LeardMann et al., 2009) which seems evident from my interviews for this study.

The more prolonged the exposure to combat stress, the more the person might practice maladaptive coping strategies—like dissociation and numbing (Sheppard, Malatras & Israel, 2010). Soldiers are under constant stress over long periods of time with deployments of 12 -15 months, so there is a heightened awareness, otherwise known as hypervigilance, from exposure to multiple types of terrorism and life threatening events (Padin-Rivera, 2011). Due to the nature of living in this type of environment, combatants may have developed a mindset of “act immediately, debate later” (Buck, 2011). Being habituated to the rigid and highly structured “military” concrete thinking, it may be difficult to unlearn thinking in the black and white terms of life and death. Being on constant alert or experiencing ‘hyper-arousal’ on the battlefield may serve to ensure
survival; but, its continuation at home can become problematic as behaviors such as constant checking (Tuerk et al., 2009) manifest. Returning from deployment, combatants often report checking doors to see whether or not they are locked and ‘walking the perimeter’ of their yards to ensure safety, but these behaviors can become compulsive and counterproductive. In the classroom, student veterans might feel the need to ‘clear the room’ before they can sit down for a lecture (Schupp, 2011).

As mentioned earlier, the proximity to a traumatic event seems to be correlated to PTSD prevalence. This proved true for the participants of my study; three out of four of the infantrymen told me outright that they had PTSD and had either been part of killing or witness to its effects. The other five participants, two of whom worked inside the relative safety of a base and two who were in the air, did not believe that they had PTSD; but they did use words in their storytelling that could be construed as evidence that some dissociation had occurred as a way to cope with their handling of corpses or seeing them. Grossman (2009) claimed, “There is a significant body of evidence that indicates that nonkilling military personnel on the battlefield suffer less psychiatric causality than those whose job it is to kill” (p. 62). He went as far as to say that “the essence of the whole physical distance spectrum may simply revolve around the degree to which the killer can see the face of the victim” (p. 128).

Even so, Tanielian and Jaycox (2008) confirmed that the handling of human remains could be considered a common stressor while deployed (p. 5). Hoge et al. (2004) found that “there was a strong reported relation between combat experiences, such as being shot at, handling dead bodies, knowing someone who was killed, or killing enemy combatants, and the prevalence of PTSD” (p. 16). Finley (2011) stressed that the trauma
experienced by fellow soldiers whose comrades had been killed or wounded was due to a conviction in their inability to save or help them. “Thus the meaning of events creates much of their resonance, and their cultural embeddedness—in this case, in the communal socialization and strict power structures of the military—is partially responsible for the emotional overload that defines trauma” (Finley, 2011, p. 50).

While veterans are trying to sort out all that has happened to them while deployed, they are also trying to figure out who they have become; thus, issues of identity can exacerbate the anxiety and fear that they may already be experiencing—whether or not PTSD is a problem (Buck, 2011; Padin-Rivera, 2011; Schupp, 2011). I found this to be true with all of my participants, because they saw themselves as warriors and had a hard time imaging who they might be(come) beyond that identification. Finley (2011) described one of the people she worked with as saying, “I feel like I lost my identity that I had, predeployment. Who I was doesn’t exist anymore. And I gained a new warrior identity, and I became that. And I’m almost afraid—I’m very much afraid of letting it go. Because now that I’ve been removed from Iraq and I’ve been removed from the team that identity changed in me, I’m afraid of the pain and suffering that’s going to come with changing again”’ (p. 145). One soldier exclaimed to Dao (2011), “Hero one day, faceless grunt the next.”

Tick (2005) confirmed this from his experience working with large numbers of veterans over the years. “Many veterans with PTSD are psychically, shell-shocked teenagers unable to enter adulthood with its demands and rules. They have not figured out who they have become. They cannot shape their new self into an identity that can give them inner order, strength, and meaning and help them find a place in society and
the cosmos” (p. 108). Thus, PTSD could be construed as an ‘identity crisis’ (Fred T, 2009). While not everyone can agree on how to label what combatants are experiencing, PTSD is generally considered a mental illness. There are those, though, who shy away from pathologizing what for them is a normal reaction to exposure to an abnormal set of circumstances. Some (Figley, 2009; Figley & Nash, 2006; Finley, 2011; Tick, 2005) argue that ‘Postcombat Stress’ (PTS) might be a more appropriate description. Jaffe (2010) reported that General Chiarelli, Vice Chief of Staff of the U.S. Army, had dropped the ‘D’ from PTSD because, he said, “I believe it is more of an injury than a disorder.”

Padin-Rivera (2011) described some of the symptoms suffered by those with PTS: intrusive thoughts/memories, nightmares, avoidance/isolation, anger/angry outbursts, hyper-startle response, flashbacks, hyper vigilance, feelings of grief, guilt, and loss. Accordingly, he claimed that returning to the daily routine of American life at home could be disorienting. Regardless of the lack agreement on nomenclature, the Department of Defense Task Force on Mental Health (2007) reported the following statistics regarding combatants: “problems with spouse and children 36%; significant depression 27%; alcohol abuse issues 24%; and anger issues 43%” (p. 57).

**Transition**

The second major finding of the study was that transitioning from the military culture to civilian life is challenging, which I interpret to mean as ‘foreign’ and scary. I thought of Ralph when I read in Finley (2011) a description given to her by one of her clients of the ‘Afghanistan mind-fuck.’ He told her that it dawned on him “that moment sitting in his recliner when he found himself utterly at a loss, unsure of what he was
supposed to do next.” When she asked him how long it took him to get over that feeling, he told her, “It took a year at least to get back to some sense of normalcy.” The only way he could explain it to her was in comparative terms. “Being deployed is easy. You just have to stay alive” (p. 51). All of my research participants confirmed this sense of being unsure of what to do or be next. For some of them, like Ralph and Stanley, they wanted to isolate themselves and drink heavily upon return from Iraq. Of this Reger and Moore (2009) wrote:

Uncertainty about the appropriate course for one’s future is a common conflict for many young adults. For the service member, decisions about career, education, and family often coincide with the return home and can present additional stress during the adjustment to the home front. Army personnel typically spend anywhere from 12-15 months in a deployed setting… Depending on how long one has been in the military, it can be difficult adjusting to the freedom, social norms, and looser structure of the civilian world. Such tasks as finding and interviewing for jobs and buying a home may be unfamiliar to the service member. (pp. 62-63)

As has already been mentioned, drug and alcohol use (and abuse) are common maladaptive coping mechanisms. If they are not addressed, they could lead to long term problems with the law, homelessness or even death by suicide (Harrell & Berglass, 2011; Keany, 2010; Ramchand et al., 2011). It is for this reason that I probed my research participants to try to find out what the military provided to facilitate the transition process.

All of them described having gone through a 90-day transition period during which they attended briefings and health assessments, again it is known as TAP. One aspect of the transition is the required health screening known as the Postdeployment Health Assessment (PDHA). Moore, Hopewell and Grossman (2009) described the screening process in the following way:
The PDHA consists of a thorough health screening with a credentialed provider conducted for all personnel from 90-180 days after their return to their home station from deployment. The assessment is designed to be completed before the end of 180 days to afford Reserve Component members the option of receiving further treatment using their TRICARE health benefit. Reserve Component members also have the option to seek treatment in a military treatment facility, to use their TRICARE benefit, or to seek care through the Veterans’ Administration. In addition to the mandatory screenings for PTSD already done for all redeploying personnel, all servicemembers are not screened thoroughly for possible mild TBI per Department of Defense mandate. All servicemembers who are separated administratively are also mandated to be screened for both PTSD and mild TBI. And finally, all servicemembers and their dependents are authorized to complete up to six counseling sessions on any issue and with minimal red tape with Military OneSource, a benefit usually managed by the TRICARE contractor. (p. 323)

What I was told by several of my research participants was that everyone knew what was on the survey and that it was easy to fudge the answers to avoid being ‘red flagged.’ This was confirmed in the literature (Harrell & Berglass, 2011; Milliken, Auchterlonie & Hoge, 2007; Tanelian & Jaycox, 2008). Tanelian and Jaycox (2008) reported, “Although the military does screen for post-deployment health issues, health officials have speculated that soldiers leaving the war zone often minimize or fail to disclose mental health symptoms for fear that admitting any problem could delay their return home” (p. 7). Finley (2011) confirmed this in her book, “Among the military clinicians I spoke with, it was generally accepted that the PDHA was largely useless because so many soldiers were hesitant to report symptoms. Word went around among servicemembers that if you reported negative symptoms, you would be held back from returning home for a week or two while you underwent evaluation by the mental health people. In one deployment health workshop I attended, the presenting clinician admitted flat out, ‘I lied on mine because if you mark anything you can’t go on leave’” (p. 105). The data suggest, and I remember Stanley’s and Ralph’s words especially, that many people are ‘falling through the cracks.’
If the 90-day transition program is not considered to be effective, I wondered if there was anything else that served as a bridge between the battlefield and the classroom. Several of my research participants told me that for a short time the Army was offering a program known as *Battlemind*. This seems to have been an attempt to create a program to help soldiers recognize behaviors that were once helpful on the battlefield to stay alive, but were taught to adapt (or temper) so that they would become skills useful in civilian life. According to Meredith et al. (2011) *Battlemind* was one of 77 programs designed by the different branches of service and DoD to promote resilience. Peterson, Cigrang and Isler (2009) further described it, “The BATTLEMIND program is a relatively new approach that is being used by the Army to help prepare soldiers for deployment, redeployment, and postdeployment. The focus of BATTLEMIND training is how skills that help soldiers survive in combat may cause problems if not changed or adapted when they get home” (p. 486). Moore, Hopewell and Grossman (2009) added, BATTLEMIND training, developed by the Walter Reed Army Institute of Research was created specifically for the ‘acquisition of a new habit, or the leaving off of an old one.’ BATTLEMIND training was designed to be administered immediately at redeployment as part of the Deployment Cycle Support Program with a follow-up training module at 3 to 6 months after deployment. The warrior is taught that BATTLEMIND is his inner strength to face fear and adversity in combat, with courage, and that he has well acquired and demonstrated these strengths during his combat tour. Psychological experiences, including combat stress and in-the-zone issues are normalized as a normal reaction to an abnormal environment and the warrior is taught to rechannel to new, more adaptive habits. This reorientation is begun as the warrior winds down his combat tour and begins the medical review process to return to his home garrison station. Emphasis is upon relearning adaptive civilian habits as an ongoing process upon return to the United States while at the same time retraining the discipline, safety habits, and mental focus that were the determinants of a true warrior in the first place. (p. 324)

Remembering the numerous times that Stanley mentioned the importance of a ‘battle buddy,’ it was interesting to find Meredith et al. (2011) indicate that the battle buddy was
a major component of Battlemind. In fact, someone from the VA recently gave me an ACE card which was designed for soldiers to carry in their pockets; it looks just like the Ace in deck of cards. ‘A’ stands for Ask your buddy, ‘C’ stands for Care for you buddy and ‘E’ stands for Escort your buddy. It has a website and emergency information on it. Meredith et al. (2011) further explained, “Soldiers are encouraged to talk to each other to identify potential sources of stress. This approach prepares soldiers and leaders mentally for the rigors of combat and other military deployments, assists soldiers in their successful transition back home, prepares soldiers with the skills to assist their battle buddy during deployment as well as to transition back home” (p. 46). In spite of its proven success in building resilience, the Battlemind program has recently been replaced by an online resilience training course (Ramchand et al., 2011). This might be due to financial constraints or to the newly established Comprehensive Soldier Fitness program currently being developed by Martin Seligman of the University of Pennsylvania and the U.S. Department of the Army (http://csf.army.mil/index.html).

A program recently developed by social workers in the Army working with the Warrior Transition Unit (WTU) at Fort Shafter is currently being rolled out with returning combatants. It also addresses the ‘fight or flight’ response considered adaptive while on the battlefield, but possibly maladaptive back at home. Its goal is to help soldiers normalize the transition process when they return home and includes a module for grief processing which is probably the most important feature, in my assessment. At Tripler Army Medical Center (TAMC), the PTSD Recovery Residential Program (PRRP) is another Hawai‘i-based program having positive results. It is an 8-week structured program for veterans and active duty or reserve OIF/OEF soldiers who have PTSD.
treatment program uses a holistic approach based on the principles of resilience and recovery where participants learn coping skills while experiencing the supportive bonds of fellow soldiers. A ground rule for admission is that an entrant must be clean and sober before entering the program. When the program fills up, the U.S. Vets program at Barbers Point offers shelter in an intensive nine-week residential clinic. Evidence-based treatments are used there to help address PTSD by helping patients in order to modify their thought processes by evaluating their validity, which changes emotional responses (Keany, 2010). Harpster, Green and Dawson (2011) described a Canadian program called The Veterans Transition Program (VTP) which emphasized the creation of a safe environment; normalization of military experiences and transition issues; provision of information on trauma and how to cope; stress reduction strategies; psychosocial education to improve communication and interpersonal skills; career planning; and connection to family (p. 6). Unfortunately, wait lists for these programs are long.

As mentioned earlier, when combatants return home they are often still ramped up and ready for action. The adrenaline that kept them alert and aware is still very much present in their system and things can seem pretty boring by comparison. Many of them seek out high-risk behavior in order to maintain the edge. With all of the training that soldiers go through to become efficient and effective at their jobs there really doesn’t seem to be anything comprehensive available to prepare them for the afterlife of war. Sherman (2010) described the banality of life after living in a war zone for years.

….the snail-like pace of life without life-and-death decisions; the absence of high adventure and extreme bonding; the absence of the adrenaline rush, and the ramped-up state of readiness and terror, and the guilty thrill of killing and protecting one’s own…. the need to stay ramped up will lead to risky and aggressive behavior: motorcycle accidents on bases, bar-room brawls,
domestic violence….as is evident, some responses to no longer being a warrior are maladaptive in the extreme. Hyperarousal and vigilance are responses necessary in war but less so in life outside a war zone. (p. 209)

With the increase in suicides and PTSD, the highest ranking officers in the military are stepping up efforts to tackle the issue. General Chiarelli has taken a lead in response to the alarming rise in suicides (Miller, 2010). A panel discussion following the release of the film *Wartorn 1871-2010* included comments made by General Chiarelli which were reported in a DOD news release entitled, “Army Officials Work to Treat Invisible Wounds of War.”

What we see is a soldier who's down range for 12 months in a very high adrenaline environment, where every single day, he or she finds themselves facing an enemy. And they come home, and many times, want to replicate that, he said. We're looking at programs that, first of all, ensure that we are identifying early on those who are going to have a rough time reintegrating. And then taking soldiers and putting them in high-stress kind of events that are safe for them, such as water rafting and outdoing those kinds of sports to burn off that adrenaline, rather than getting on a motorcycle and traveling down the road at 100 miles an hour without a helmet on. (K. Pope, personal communication, December 27, 2010)

A major issue not unrelated is the difficulty returning combatants are having with anger. Several of my research participants described their own issues managing anger which could be a result of what was described earlier as the leftover adrenaline that is still pumping through their systems; but, it can lead to impatience with civilians and the pace of civilian life, because it lacks the life or death intensity of combat. This, unfortunately, is leading to a rise in the cases of domestic abuse (Keany, 2010), interpersonal violence (Milliken, Auchterlonie & Hoge, 2007), and child maltreatment (Sheppard et al., 2010).

Finley (2011) explained, “Although rates of partner violence among most active-duty military personnel are comparable to those in civilian populations, veterans with
PTSD have consistently been found to commit partner violence at rates as high as two or three times the national average.” She found that in the National Vietnam Veterans Readjustment study that “33 percent of veterans with PTSD reported having been violent with a spouse or partner in the previous year, while only 13.5 percent of veterans without PTSD made such a report. She continued, “PTSD had also been found to predict violent behavior among World War II veterans who were prisoners of war, as well as among more recent veterans with other severe mental illness” (p. 80). Keany (2010) reported that in Hawai‘i Judge Broderick had seen 1,000 cases of domestic violence specifically dealing with military personnel and veterans in a four year period, which led Representative Takai to sponsor a bill to create a veterans court. At the time of the article, the bill had not make it to the Senate, but the article went on to describe that “then-Chief Justice Ronald Moon saw enough merit in it that he appointed Judge Ed Kubo to head a committee to explore the creation of a vet court” (Keany, 2010). While none of my research participants admitted to ever having engaged in violence against their spouses or girlfriends, one did admit having been impatient and raising his voice.

Another issue that gets very little attention—and one that only one staff member (Allison) seemed to recognize—was the fact that many returning combatants live with debilitating pain. There are many reasons for this, but one explanation for the back and knee pain has been associated with carrying heavy packs for extended periods of time. Another reason is that many combatants have been wounded or injured while deployed. Otis, McGlinchey, Vasterling, and Kerns (2011) claimed that “Chronic pain is a significant problem among US Veterans, with nearly 50% of male Veterans and as many as 78% of female Veterans reporting that they experience pain on a regular basis.”
Lew et al. (2009) confirmed this by pointing to the numbers of service personnel injured by combat or non-combat injuries who have been deployed to Iraq and Afghanistan. They explained that the triad of persistent pain, posttraumatic stress disorder (PTSD), and post-concussive symptoms have been reported to be extremely prevalent in military personnel who have received injuries during OEF/OIF. In the documentary, Baghdad ER, it was revealed that with the progress of today’s battlefield medicine, 90% of personnel injured in combat today survive.

While I did not speak with anyone from the UHM Student Health Services, Allison felt that the student medical records at the Student Health Center should clearly indicate whether or not a student was a veteran. She thought that Student Health Services might possibly be the first line of treatment for veterans in many cases, especially for those reluctant to use the counseling center. Whether UHM is prepared to address the issue of polytrauma is beyond the scope of this study, but it is worth noting that Melamed and Cubic (2011) strongly suggested that, “Our academic health centers must be prepared for the massive return of ‘wounded warriors’ seeking treatment as the culture of de-stigmatization continues to change. The invisible wounds of service, whether PTSD, loneliness, fear, insomnia, reliance on substances to cope, or minimal brain dysfunction, must merit our compassion and treatment” (p. 113). The conclusion I draw from this is that building a bridge to facilitate the transition process in a coordinated manner seems necessary.

Military-friendly?
The next major finding from the study was that UHM is not perceived to be military-friendly. I interpret that perception to mean that there are obstacles to supporting this population of students which leads me to a discussion of what it means to have a ‘military friendly’ campus. I will also address some of the negative experiences reported by my participants in Chapter 4. According to the literature (Knapp, 2010, Lederman, 2008; Radford, 2009; Redden, 2009; Schupp, 2011; Steele, Salcedo, & Coley, 2010; Veteran Success Jam Report, 2010), a ‘military-friendly campus’ would have a comprehensive approach to supporting veterans. It would include a veterans office, a veterans resource center, a yellow-ribbon program, a student veterans organization as well as membership in the Student Veterans of American (SVA), a peer support program made up of identified faculty, staff and students who are veterans, a counseling center that had a counselor who was a veteran or who had at least worked with the military; an outreach program to the military, staff thoroughly trained in the educational benefits of servicemembers and veterans, and academic advisors who were veterans with an understanding of the institution. Here is the 2011 Military Friendly Schools List which includes 1,231 schools (http://www.militaryfriendlyschools.com/list-2011.aspx). The schools listed for Hawai‘i are: Chaminade University of Honolulu, Hawai‘i Pacific University, Kapi‘olani Community College and University of Hawai‘i –West O‘ahu. UHM is not among them.

‘Military-friendly,’ according to the Veteran Success Jam Report (2010) included “Faculty training programs, student veteran orientation programs, peer mentoring programs, outreach strategies to local bases, one-stop resource centers, and development of community-based collaborations.” The key findings in their report were that successful
programs had: “top down support; a workgroup or task force; separate programs for women veterans; provision for housing options; provision of faculty and staff training on veterans’ issues; tracking of veterans; creation of veteran-specific orientations or break-out sessions; and included veterans as part of the diversity discussion” (p. 7). A few examples of ‘military-friendly’ schools mentioned specifically by Schupp (2011) as well as my research participants included: Cleveland State University, University of Michigan-Flint, University of Minnesota, University of Arizona, Washington State, Texas A&M, University of Texas at Austin, Perdue University, and Montana State University.

In this part of the discussion I summarize what is known so far about combat veterans. Generally they entered the military right out of high school. Of my research participants, seven out of eight of them separated from the military after having served in either Iraq or Afghanistan and one of them retired after having served for 20 years, which in his case included three deployments to combat zones. They all considered themselves to be warriors who voluntarily signed up to serve their country. They feel proud of their service and left the military in positions of leadership. Some of them participated in battle; most of them have seen dead bodies and/or lost close friends. A few of them were deployed to a combat zone, but did not engage the ‘enemy.’ All of them were used to being given a lot of responsibility, making quick decisions and handling expensive equipment.

Each one of them experienced degrees of difficulty with their transition from military life to civilian life and all of them were extremely motivated to successfully earn their college degrees. Finally, all of my research participants felt that they had earned the
educational benefits for which they were now eligible and had come to UHM with expectations that the campus would have systems in place to support them on their academic journey. These expectations ranged from being certain that there would be a dedicated office for veterans on campus to help them navigate their journey and process their educational benefits to wanting a Veterans Resource Center that would be more of a one-stop shop for coordinating benefits, vocational rehabilitation, counseling, interface with the VA and help with job opportunities. All of them felt that UHM was lacking a comprehensive approach to serving servicemembers and veterans, but they had ideas about how to overcome the perceived gaps in service and were willing to be proactive to work with the administration.

As I argued earlier, psychosocial support is the most important factor in building resilience and supporting recovery for people who have been exposed to combat. While not everyone suffers from PTSD, and the estimate is that somewhere around 30% of combatants who might, the way that the community reacts to this population can have a positive or a negative effect. As my research participants told me, they were already feeling vulnerable when they returned to the United States. They already felt fearful about what they had experienced and did not know who they could trust. They were sensitive about how others perceived them and all of them told me that they made a concerted effort to ‘stay under the radar’ and ‘lay low’ so as not to draw attention to themselves, especially at UHM where they perceived there to be antimilitarism on the campus among some members of the faculty. This tension could exacerbate the tenuous feeling they already experience having just left one hostile environment, because now perceive they may be in yet another one.
As I wrote earlier, in the military they know who they can trust. In the civilian world, they do not. Finley (2011) explained that there exist feelings of awkwardness on both sides. Civilians do not know what to talk about with servicemembers and veterans feel the same way vice versa. Questions can arise like: What will they want me to talk about? What can I talk about? How will they react to a story or event? The most disturbing question of all, and one that veterans fear being asked, is ‘Have you killed anyone?’ In her research on the topic, Sherman (2010) suggested that part of what these returning combatants might be feeling could described as ‘taint,’ although not one of my participants even suggested such a feeling. She went on to explain that:

‘Taint’ implies pollution, staining, fouling. In the Vietnam era, returning soldiers sometimes met jeering crowds who yelled, ‘Baby killer’ and ‘Murderer,’ even though the enlightened public, and probably many of the jeerers, know that not all returning soldiers committed atrocities and that many fought hard to prevent them. Still, honorable soldiers felt vulnerable to the criticism, for they viewed the remarks as not only about how they fought the war, but also that they fought the war. Being blamed for conduct was a way to get at the fact that they fought at all. The soldiers were held, in some way, complicit, even if the preponderance of public criticism was reserved for those higher up, in particular, the civilian administration. (pp. 52-53)

This would explain why veterans prefer to avoid any of that altogether. As several of them told me, they just go to class and then find a quiet place to ‘hide out’ alone until the next class. They all would like to find other veterans with whom they could spend time, because again it goes back to the fact that they know that they can trust other veterans and feel comfortable in their company. They can let their guard down. From this finding I conclude that unless more is done to change the perception that UHM is not military-friendly that currently enrolled student veterans could fall through the cracks and that potential students may not choose to come to UHM.
Veterans Helping Veterans

The fourth major finding was that military members have a code of ethics that includes never leaving a comrade behind. As discussed earlier, this is something ingrained from boot camp and is the foundation of unit cohesion in the military. My interpretation of this is that military members honor and value their relationships with one another and hold those relationships on a par with familial ties. All of my research participants echoed this regardless of their branch of service. They know that if a comrade is willing to lay down his/her life in a combat zone that certainly s/he can be trusted in other ways and harkens back to my earlier discussion on camaraderie. Schaefer and Moos (1998) wrote, “The trauma of war nurtured deep and lasting friendships, some of which endured many years after war ended” (p. 106).

These strong attachments are described in the Journal of Clinical Psychology in Medical Settings (June 2011). Melamed and Cubic (2011) wrote, “The core commitment of Battle Buddies is to not only protect but to recover bodies if death occurs” (p. 112). This carries over to whom they are willing to share difficulties with when processing their experiences. The way Michelle put it, “There is the Counseling Center, but veterans will not talk to a civilian. We are our own culture.” For emphasis, she added, “A Hawaiian who wants to talk about Hawaiian issues won’t talk to a white man.” In his book, Grossman (2009) echoed this, “The only person you can discuss these things with is another veteran. Only someone who has seen combat can understand the deep fraternity of the brotherhood of war” (p. 238).
The student veterans envisioned finding their own solutions to problems and felt that all they needed the university to do was to facilitate this by providing a space for them to gather. The Veteran Resource Center (VRC) was something that everyone said they wanted to see put in place. They envisioned it as a one-stop shop for registration, advising, counseling, vocational rehabilitation, benefits and a meeting place for veterans to support one another. This finding was confirmed by Cook and Kim (2009), who concluded that, “the presence of a dedicated office is an indication of institutional commitment” (p. 17) and that “institutions with a dedicated office are more likely than those without such an office to offer services tailored to the needs of military personnel and veterans” (p. 18).

As it stands now, the only thing available for veterans at UHM is the same window at the office of Student Records that is used by all students who line up to get their questions answered. The person assigned to process GI Bill paperwork is a civilian who does this in addition to several other jobs. Incidentally, she just resigned from UHM. All my interviewees found this arrangement to be problematic. When I asked them to describe why they felt a VRC was a good solution, each had a lot to say about it. My conclusion is that military members want to help each other to be successful at UHM and want to be recognized by the campus as having different needs than the general student population.

Category 2: Academic/Structure/Institutional Needs

With some understanding of what combat veterans experience on a daily basis, and recognition of the limitations of the 90-day transition, it behooves us to ask how the
university might begin to prepare itself to serve this group of individuals. Ackerman et al. (2009) worked with student veterans transitioning to college and warned:

> For many with whom we spoke, this was the most difficult transition of all. Problems, when they arose, came from several sources. The Veterans Administration, which handles educational and medical benefits, is not an easy bureaucracy to understand, although some negotiated it well. We learned, too, that not all campuses have functioning programs in place to assist veterans who have become students. Then there were the challenges of fitting in, of just being a student. At the end of deployments, the military provides debriefing opportunities as part of the activities of processing out of the combat zone. It was apparent from our interviews that these sessions vary in quality and effectiveness. (p. 8)

Ackerman et al. (2009) found that students who mentioned ‘veteran-friendly campuses,’ meant “campuses where programs and people were in place to assist with the transitions between college and the military” (p. 10). The campuses noted earlier have made an active commitment to the success of veterans as students.

In the previous section, I discussed the psychosocial needs of combat veterans as they transition from the military culture to civilian and academic life. I tried to illustrate, through the voices of the veterans themselves, that military personnel are socialized into a brotherhood where one is trained to sacrifice the self for the greater cause. I argued that there were few formal structures set up for this transition by the military and as a result trauma experienced by servicemembers might go unidentified or is potentially overlooked. Symptoms may not manifest immediately upon separating from the service and might get triggered later in unexpected ways. Services on campus are generic services that do not take veterans’ needs into account. This was generally how the faculty and staff saw the situation at UHM, too. Christina described the attitude of the campus regarding veterans as there being, “no sense that their needs are different.”

**Stigma & Safety**
The fifth major finding of the study was that stigma is a barrier to seeking help. It seems student veterans do not want to appear weak and would rather hold things inside than share them openly and risk feeling vulnerable. Lorber and Garcia (2010) attributed this fear of being seen as weak as part of the socialization process in the military that reinforces traditional masculinity which could explain why veterans from OIF/OEF are reluctant to seek out help or to open up. As mentioned earlier, upon return from deployment soldiers are screened for PTSD at varying intervals, although it is suspected many of those suffering symptoms are not reporting for fear of being stigmatized. Stigma and barriers to care in soldiers postcombat mean that less than half of the troops in distress report a willingness to seek mental health services (Wright et al, 2009). While talking to my research participants, the topic of stigma was indeed a big one. They told me that no one wanted to be seen as weak and that the ‘suck it up’ attitude was prevalent throughout the military.

Of all the voices, Ralph’s voice was the loudest on this point and illustrates the deep conditioning that one goes through in the military to learn to be ‘tough.’ He told me that regarding mental health issues, there was a “total stigma.” He admitted that it took him three years to finally get help. He admitted, “I didn’t want people to know my faults. I was an Army Ranger. I was the Jolly Green Giant of the world. I stepped on shit and it died, and I’m gonna go talk to somebody ‘cause I’m having nightmares or that my head’s not fuckin’ working right [laughing]. Mental weakness. You are a barrel-chested, steely-eyed killing machine. That’s what you are trained to do, that’s what your life revolves around and if you stray from that, then what good are you?” But there is a big price to pay for this “stoicism” (Sherman, 2010). In fact, Chiarelli warned, “You know, the
problem with post-traumatic stress is that in the United States, the National Institute of Mental Health will tell you, for regular civilians, it is 12 years between the initiating event and when someone first seeks help. Now the issue there isn't that they finally seek help. It's all the things that happen in between” (Miller, 2010).

Regarding active duty servicemembers, Wright et al. (2009) asserted, “Positive leadership and unit cohesion can reduce perceptions of stigma and barriers to care, even after accounting for the relationship between mental health symptoms and these outcomes” (p. 108). Bryan (2010) maintained that mental health stigma continues to be a significant barrier to seeking help by servicemembers, highlighting the need for newer modes of thought. A significant factor contributing to this stigma is the fundamental difference between traditional mental health approaches and the warrior culture. Contrary to what much of the research tells us about stigma in the military, Naparstek (2011) argued that stigma was not the main barrier to care. She claimed, “It’s actually distrust of mental health providers, both civilian and military. 50% won’t go for treatment in the first place. And of the 50% who actually do go, 60% drop out - many after their first session (or during it).” She explained that the reasons for this were two-fold. “First, edgy warfighters with combat stress are easily spooked by clueless therapists who don’t understand enough about warrior language and culture to communicate or get where they’re coming from; and, two, although there are treatments that work for PTS, that’s not what most of our providers are offering” (http://belleruthnaparstek.com). In other words, it doesn’t seem anyone is offering these folks what they really need.

As I mentioned earlier, a panel discussion took place at the Pentagon after the showing of Wartorn 1871-2010 in November, 2010. The post-film panelists included:
General Peter Chiarelli, Vice Chief of Staff, U.S. Army Dr. Katie Chard, Cincinnati VA Medical Center Gregory Goldstein, M.P.H., USMC Combat and Operational Stress Control -Lt Col Greg Harbin, U.S. Air Force (Ret.). Here are a few excerpts from the panel discussion that illustrate the issues of concern especially since the call is for more education.

Mr. Goldstein said,

I can pretty much sum it up in one word, education. I mean, knowing helps defeat the stigma, and it creates an understanding. It's – taking this from where it was – what you saw from the Civil War to World War I, World War II – to where it is today, is really, really fascinating how far we've come. But we have a long way to go as well. So learning about this will ultimately create an awareness – people will understand that something's happening to them – hopefully before it turns into a diagnosis.

Ms. Chard added,

But there's also stigma against our combat veterans that PTS is something that only happens to people in the military. And I think the thing we can educate society about is that PTS is something that affects people from natural disasters, from interpersonal traumas, from horrific car accidents. And if we can reach people and help them understand that, then perhaps they can have more empathy and sympathy for what our combat troops are going through.

In their report, Meredith et al. (2011) argued that stigma was still a major obstacle to military members seeking psychological help. “Despite recent changes in DoD policy, some servicemembers still do not enjoy complete confidentiality in seeking help for emotional and behavioral problems” (p. 4). This was confirmed as a major finding by the Blue Ribbon Work Group on Suicide Prevention chartered on May 5, 2008 to advise the VA (U.S. Department of Veterans Affairs, 2008, p. ii). The conclusion from this finding is that student veterans will not seek out services if they do not feel safe and even less so if the service provider is a civilian who does not have experience working with the military.
Connecting the Dots

The last major finding from this study came from my interviews with staff and faculty members of the campus, who all told me that they knew UHM was far from being prepared to address the needs of student veterans. It seemed as though they collectively felt that there was a sense of apathy toward student veterans, and it became apparent that there was currently no comprehensive plan on campus for supporting servicemembers or veterans. During my interviews I heard over and over again that training was needed on the campus to raise awareness about veterans’ issues. Everyone agreed that training should be provided for faculty members to apprise them of the challenges that veterans, especially those who had been deployed, might be facing as they pursued their college education. Most important for them was to be able to recognize when a student might be having an issue so that they could respond in a timely fashion.

Beyond physical disabilities, it was recognized that accommodation for pain and addressing hidden disabilities would require a coordinated effort on the part of the campus community to identify and pool existing resources. Christina, from the Matsunaga Institute of Peace and Conflict Resolution, and Suzanne, from Judicial Affairs, both offered to coordinate training on issues of conflict resolution and crisis mitigation. Brian, the campus security guard who served in Iraq, offered to make himself available to be a part of a separate orientation for veterans. He even said that he would volunteer to come in on his own time to give student veterans campus tours and point out the security office to them so that they knew where to go if there was ever an issue that required security.
Additionally, Allison pointed out that student veterans—like other non-traditional students—might require help brushing up on their study skills. Perhaps the Center for Learning Assistance at UHM could play a greater role in this regard. As to re-entering civilian life, and becoming a student, Ackerman et al. (2009) found a wide range of challenges for veterans as they attempted to pursue a college degree, even for those who had attended college prior to being deployed which included relearning study skills. Schupp (2011) recommended that academic advisors keep this in mind when they helped student veterans to map out their coursework. Another suggestion Schupp made was to let Sign Language be considered as a substitute for the foreign language requirement, because he argued that veterans coming back from OEF/OIF were used to communicating with each other using non-verbal gestures. Along the same lines, he also suggested the substitution of culture classes for the foreign language requirement, because he found that student veterans were already well-versed in navigating other cultures. The idea was to find ways to build on the strengths that the veterans had coming into their programs. Another issue reported by a veteran of two tours in Iraq from Ackerman et al.’s (2009) study was that ‘he could no longer sit for extended periods of time and that he had to explain his need to get up and walk around the classroom to his professors’ (p. 10). Whether this was due to pain or being unused to staying still, if a professor isn’t aware of these issues then misunderstandings are likely to occur.

Bridging the gap will not be possible without empathy; the campus has to collectively decide that it recognizes student veterans as valuable members of its community with unique experiences, contributions and challenges. Noddings (1984) admonished, “The primary aim of every educational institution and of every educational
effort must be the maintenance and enhancement of caring” (p. 172). She claimed that this is only possible when “feeling with the other” is encouraged and practiced by everyone (Noddings, 1992, p. 31). The Dalai Lama recently posted the following on his Facebook page, “Modern education pays attention to the development of the brain and the intellect, but this is not enough. We need also to be able to develop warm-heartedness in our educational systems. This we need from kindergarten all the way through university” (Sept. 9, 2011). Caring and empathy should be cultivated as a part of the campus ethic. “Emotional intelligence” could be made part of the evaluation criteria for faculty tenure. As Sherman (2010) argued, “Soldiers, both men and women, often keep their deepest struggles in waging war to themselves. But as a public we, too, need to know how war feels, for war’s residue should not just be a soldier’s private burden. It ought to be something that we, who do not don the uniform, recognize and understand as well” (p. 8). We must come to recognize that ‘their’ story is actually ‘our’ story.

Stalcup (2011) claimed that social support was not simply about making college more comfortable, but that it was important for making veterans more successful. As mentioned earlier, there are examples of successful programs set up for veterans. Rose (2009) created The Veterans Special Education Program for Vietnam veterans for a college in California. Today he calls for educators again to create “Programs thick with human contact. Programs that meet veterans where they are and provide structure and guidance that assists them toward a clear goal. Programs that build a community while leading these young men and women back to their own communities” (p. 143). At Cleveland State University John Schupp set up the SERV program which has student veterans go through classes in cohorts. His success can also be attributed to having
reached out to partner with the Cleveland VA. These are examples of transformative learning in action.

As mentioned earlier, transformative learning is a theory that “attempts to identify and make accessible the underlying principles of how adults learn to change their frames of reference” (Mezirow, 2000, p. xiv). It is about examining worldviews, which very often only happens in response to a crisis or trauma. Such disruptions force us to try to make sense of how the change impacts our sense of identity. This reevaluation requires us to reframe our assumptions in ways that must allow for the grieving process. This specific area needs more attention and is seldom addressed on a college campus. In her work with people who were dying, Kübler-Ross (1969) concluded that there were five stages of grieving: denial, anger, bargaining, depression and acceptance. She believed that if we didn’t grant ourselves permission to move through these stages, and rather chose to ignore or suppress them, that suffering would inevitably occur. Grief work is about making sense out of loss, whether it is loss of a comrade, loss of identity, or loss of innocence. The integration of a (re)new(ed) worldview requires moving toward new meaning schemas through the use of cognitive processing strategies.

While transformative learning theory—as a process—was envisioned for an academic setting, its methodology is synergistic with the evidence-based treatments used by the VA to treat veterans suffering from PTSD. Both frameworks are built on a foundation of positive psychology. In the therapeutic setting, researchers and advocates (Conoscenti, Vine, Papa & Litz, 2009; Resick, Monson, & Chard, 2008) claim that Cognitive Processing Therapy (CPT) is effective in reducing suffering because of its methodology. The 12-session protocol works to help the patient change the meaning of
the traumatic event and thereby change the response to the memory of the event, making the memory less distressing.

Resick, Monson and Chard (2008) explained that in CPT, therapists guide patients in identifying schema conflicts, maladaptive beliefs, or “stuck points” and help them to reinterpret memories and appraisals to reduce these forms of conflict. It instructs individuals to create a vivid narrative of the traumatic experience and repeat the narrative until it is no longer distressing; however, it adds another component drawn from the information processing theory (p. 1). The steps of CPT include: self-awareness, self-regulation, optimism, mental agility, character strengths, and connections. Gilman, Schumm and Chard (2011) explained, “A fundamental goal of cognitive-behavioral therapies in the treatment of PTSD is to promote healthy schemas by helping the client cognitively reframe the traumatic event” (p. 6). CPT mirrors the processional steps of transformative learning.

According to DRDC (2006), resilience theorists refer to this as “constructivist self-development theory” which advocates that the symptoms of a survivor of traumatic stress are “adaptive strategies” that arise to “manage threats to the integrity and safety of the self” (McCann & Pearlmann, 1992). Five areas of the self are thought to be affected by traumatic events. First is the “frame of reference,” which includes spirituality; second, and important for veterans, is “self capacities”—defined as the “capacity to recognize, tolerate, and integrate affect and maintain a benevolent inner connection with self and others”; third, “ego-resources necessary to meet psychological needs in mature ways”; fourth, “disrupted cognitive schemas in five areas: safety, trust, control, esteem, and
intimacy; and finally, perception and memory” are affected (DRDC, 2006, p. 17). Again, it could be said that transformative learning theory addresses these same issues.

Returning to posttraumatic growth, the most essential element in the model of PTG is also cognitive processing (engagement or rumination) that allows for a rebuilding of more resilient core beliefs. A variable in the PTG model, that facilitates the constructive processing of reflective rumination, includes disclosure to ‘supportive others’ of concern surrounding traumatic events and their reactions. The supportive other has also been described as an “empathic companion” (Romanoff, 2001; Tedeschi & Calhoun, 2006). Tedeschi (2011) used the term ‘expert companion’ to describe someone who helped in “fashioning a narrative together with the trauma survivor that respects the horror of trauma while at the same time opening areas of change and development” (p. 137). This person might also be referred to as a ‘critical friend’ (A. Freese, personal communication, August 23, 2011). Berman (2004) elaborated, “…befriending skills necessary for empathic teaching require listening attentively, suspending judgment, and being compassionate.” He went on to explain that, “People acquire these skills through experience, rather than at birth, and like other skills, they can be sharpened with practice” (p. 365).

It becomes clear that transformative learning, cognitive processing therapy and posttraumatic growth have common elements that promote transformation beyond resilience through similar modes of cognitive processing. The potential result is a greater sense of personal strength, a new appreciation of life, recognition of new possibilities or opportunities in the aftermath of trauma, improved interpersonal relationships marked by more compassion and emotional connection, as well as possible spiritual development.
(Tedeschi & Calhoun, 2006). All of these theories are concerned with changing meaning ‘schemas’ for the sake of facilitating a new worldview—one with less suffering by way of the “narrative nature of self-construction” (Arvay, 2001, p. 216).

**Implications and Suggestions for Practice**

*Colleges and universities might just be the agent of change and re-integration for our military veterans returning from combat and deployment.* – Roger P. Buck

This brings us back to the college campus, specifically UHM. Ultimately, all of us are trying to make sense of what the last decade has meant to us—as a nation. At the ten-year anniversary of 9/11, it is through the sharing of stories that we struggle to understand “why?” As a nation, and as a world, we face the challenge of defining ourselves at a time when ‘terrorism’ has come to be perceived as our common enemy. For those who volunteered to serve on our behalf, it is their story that this study sought to understand. What I learned was that combat veterans long to share their stories, but only in a safe environment with people they can trust. This is the real beacon call of my dissertation.

As I described earlier, there are practitioners who have seen success in their classrooms or offices when a safe haven was created. Mezirow (2000) pointed out, “It is good to remember that critical reflection in the context of psychotherapy focuses on assumptions regarding feelings pertaining to interpersonal relationships; in adult education its focus is on an infinitely wider range of concepts and their accompanying cognitive, affective, and conative dimensions. This distinction is important in differentiating between these two professional fields” (p. 23). With that in mind, I would argue that there is plenty of room for both.
For our purpose, a question remains: where does the responsibility of the military end and the responsibility of the campus begin? It is my assertion that collaboration is needed to build a bridge between the battlefield and the classroom. While Tick (2005) argued for the use of “myths, ritual cleansing, and storytelling to complete the initiation into warriorhood,” Berman (2004) found that his use of writing therapy in the classroom to “confront traumatic knowledge” was helping students to cope with trauma and loss. Again, any strategy must be carried out with protocols in place and with the explicit buy-in of veterans; veterans must be met where they are.

Berrett (2011) cautioned that there are student veterans who may not want to share their war experiences. He described an incident in which a student veteran dropped out of an English Composition class after being asked to write about a personal experience. Walker (2011) described another student veteran who was barred from the Community College of Baltimore County in Catonsville (CCBC) for writing candidly on killing. My research participants also expressed reservation about sharing and even felt that it was risky. Ralph feared that if he revealed what went on in his mind that:

They [laughing] would kick me out of school. I’m supposed to go there and tell them… Oh yeah, this guy who’s at the student Center holding up signs calling us baby killers and all this stuff. I wanna just like … I want to stab him in the face. … Actually I didn’t go to school for a couple of days because I was like, what the fuck? I mean how is this guy going to talk all this shit and not back it up and not be able to engage in a conversation? What am I supposed to do? I have to internalize all my stuff. I can’t do it at school, so I go to the Vet Center. I talk to them, I hammer things out.

We might look to Smith College’s School of Social Work for an example of a program that seems effective in helping veterans who do want to share to their experiences. Wilson, Leary, Mitchett, and Ritchie (2009) described that first-person
stories were being encouraged with a positive effect on veterans’ lives. Staff and faculty were being trained in how to facilitate story sharing by ‘normalizing’ feelings and by helping them to understand that “narratives about traumatic events should be shared within safe environments, with trusted listeners” (p. 398). This kind of thing can foster “meaning reconstruction” which is considered central to the grieving process (Neimeyer, 2001). Janoff-Bulman (1992) wrote that “rebuilding shattered assumptions involves somehow integrating the old and the new, and this process is far easier when the distance between the two can be bridged” (p. 117). Therefore, I conclude that the most important aspect of this study was the discovery of the need for the creation on campus of a ‘safe haven’ for veterans.

Storytelling requires self-disclosure and self-disclosure requires the perception of safety (Tedeschi, 2011). Shame could be an explanation for not wanting to discuss war experiences (Harris, 2010; Rosenblatt, 2010; Tyree, 2010). Harris (2010) highlighted the need for safety by emphasizing that ‘shame,’ if that is what is present for someone, leaves one feeling unsafe, exposed, and vulnerable. “Safety in this context does not mean simply being safe physically from harm or violation. The deeper aspect of this concept entails safety in one’s experience—to be free from judgment, criticism, social constriction, and paralyzing shame” (p. 82). “Safe,” according to Burnam et al. (2008) means “confidential” (p. 298). Jourard (1971) explained that there were many factors involved before a person decides to self-disclose. “For example, the subject matter to be disclosed, the relation of the audience to the discloser, characteristics of the audience, and individual characteristics of the potential discloser are all factors known to influence whether or not an individual will reveal his experience to another….but authentic writing
is risky” (p. 59). Palm (2011) advised, “When it comes to what they did in the war, don’t ask; wait for them to decide if and when they want to tell.”

UHM—as a community—should become more open to learning about the needs of student veterans and recognize that their issues are different from those of the general student population. Transformative learning might be a good paradigm with which to meet this challenge. Mezirow (2000) reiterated, “Learning theory must recognize the crucial role of supportive relationships and a supportive environment in making possible a more confident, assured sense of personal efficacy” (p. 25), especially since self-efficacy is one trait that can come into question by a veteran. Drescher et al. (2009) made clear, “Military personnel frequently have great self-efficacy around their core military duties. The transition home to an environment that now feels unfamiliar can sometimes shake one’s own capacity. Helping servicemembers recognize the skills that they still have and supporting them as they recover confidence in their own abilities will be very useful” (p. 456). The irony of the situation is illustrated beautifully by Buck (2011) who said, “The greatest need after traumatic experiences is for active engagement, affiliation, and comfort available through supportive relationships. The greatest (unrealized) fear of most returning soldiers is engagement, affiliation, and intimacy.”

Strengths-Based Approach/Build on the Skills that Veterans Bring to the Campus

It should be obvious by now that this dissertation argues for a strengths-based approach to facilitating student veterans. Most of them will return home without any major issues and will enter school with a sense of mission (Horton, 2011). Therefore, acting on the premise of positive psychology, the campus should build on the attributes
that these students bring to the campus. Maturity, leadership, teamwork, real-world experience, and other resources make the presence of servicemembers and veterans valuable assets in the classroom and to the larger campus. Initiative and decision-making are considered positive traits in the military and are constantly reinforced through a reward system and can be built upon academically. Rewarding student veterans for their leadership will resonate with them. A preview of an article soon to be published by Fallesen, Keller-Glaze and Curnow (2011) on leadership explains this:

The Army, as well as the other military services, is a unique organizational context for leader development for two reasons. First, the Army uses an "up or out" system, in which soldiers who fail to be promoted must ultimately leave the Army. This stands in contrast to civilian organizations, in which an employee can attain a certain level and then remain at that level until retirement. Second, the services do not hire leaders outside of their organizations. Instead, senior-level positions are filled by individuals promoted from within the organization. These two characteristics highlight why it is particularly critical for the Army to devote resources to developing leaders. Today's junior staff will be developed into tomorrow's senior leaders. Given this context, it is not surprising that the Army is a world class training institution as well as a major contributor to research on leader development. (K. Pope, personal communication, September 9, 2011)

Returning to civilian life—and the bureaucracy of a university—can be frustrating for student veterans who are used to being with people who have a ‘can-do’ attitude. In his experience with group work in his classes where students were asked to make decisions, Kevin described, “A lot of hemmin’ & hawin’ and it’s driving me insane.” Both Barry and Kevin encountered the same lack of ingenuity in their programs. They each gave different examples of multiple campus units called to work in collaboration on projects where no one had ever worked together. In these cases the students didn’t know one another. What was noticeable to both of them was the lack of initiative or leadership shown to pull people together to move the projects forward. In the
end, it was the military members or veterans who stepped up to organize and get the ball rolling. Being proactive is encouraged in the military. Kevin told me that, “In the U.S. military, they expect everybody to be able to make a decision if they’re put in that position. So that means they’re actually engaging you even if you are not in a leadership position at all times.” Klein (2011) wrote, “The returning veterans are bringing skills that seem to be on the wane in American society, qualities we really need now: crisp decision-making, rigor, optimism, entrepreneurial creativity, a larger sense of purpose and real patriotism” (p. 28). These skills are transferrable and can be tapped by the university.

While the participants in my study were reluctant to share war stories in the classroom, they were willing to share information that was on topic. This is something the professor can capitalize on. Todd affirmed, “If it pertains to the class, for instance if you have a history class that is dealing with those issues that you can help bring another perspective that people don’t know. I think sharing is always good.” Military members have a lot of ‘real world’ experience that can be shared with the campus community, because they travel extensively. Their knowledge of other cultures is something they are willing to share with others in the classroom; because, they feel competent about sharing this and feel compelled to do so especially with those who have only been exposed to book knowledge or the media on such topics. Again, Todd described a case in point.

I deployed a lot in the Navy on ships. When I was in the Hawaiian class we talked a lot about nuclear expansion in the Pacific and what it’s doing to certain places, and certain islands don’t want to have anything nuclear. And I had a very real correlation to that. I talked to the professor after one class and said, ‘Hey,’ ‘cause I was in the Navy, ‘you can only go into a country with nuclear vessels, because all of our ships are nuclear-powered, so like you can’t go to N. Zealand. They don’t allow anything with nuclear power in their ports … weapons or propulsion, it doesn’t matter.’ So, I talked to her about that and she said, ‘Yeah that’s really good first hand information, if you’d like to share that with the class one day, I can give you 5-10 minutes at the end of a class, and you can just kinda
… ya know, show pictures if you want and stuff like that.” So, I did it. I thought it would be good information, ‘cause you get it from somebody who experienced it, instead of just hearing about it from a book. So I did that.

Mark told me that he had made a few mentions about places that he had been and confirmed that he thought that it was important for people to know what servicemembers had experienced.

I’m really hoping to speak to people like a person, somebody who expresses an interest, or even a group of people who expressed an interest, sit down and hear stories and talk about things. But, just to a group that’s just passing by or who didn’t ask for it, I don’t think I would…In my general studies so far I find that’s where my military experience can be really helpful, because I have been around the world and I have experienced other cultures. So when they start talking about things on other parts of the map, I’ve been there and I know what they’re talking about and how to deal with it.

Stanley confirmed the importance of veterans being able to be the ones to initiate whether or not they want to share their experiences in the classroom.

Actually, I brought it up, I have talked briefly about it, but it was relating some of the things I’ve seen in combat to them. It was a 5-minute deal. I think it’s important for people to understand. The reason I was talking about Iraq was to try to put it into context about the population and cultural awareness, so it was an example for those folks because we were talking about cultural issues and some of the issues that I dealt with Iraqi Security Forces. But it wasn’t anything to where I…to the effect of PTSD or loss of life or combat or anything like that. It depends if it was applicable to what was being taught at that time. If it was a mental health class where the subject matter was PTSD then, yeah, you know I would feel comfortable.

Again, what makes veterans or servicemembers reluctant to share their stories is the uncertainty about how the stories might be perceived. This highlights the importance of faculty sensitivity. No one wants to be misunderstood or judged. Ralph tried sharing an experience as a way to bolster the class discussion, but he felt it backfired in a negative way.
The one time that I did it worked out both ways. I gave a presentation on the history of the Rangers from Colonial times up through the Civil War and at the very end I showed a video of Army Rangers jumping into Afghanistan. [I also talked about] my experiences in the Ranger battalion and my experiences living that life. And then the professor basically equated his [laughing] drug abuse and his PTSD from adolescent self-inflicted drug abuse to mine. And I just laughed and told him there’s no equation. I told him, how are you gonna relate to these experiences and try to compare it to mine. That was kind of messed up.

Some kind of cross-cultural, diversity or sensitivity training could potentially reduce unfortunate incidents like these from occurring.

Not only do veterans bring motivation, dedication, leadership, and real-world experience into the classroom, they bring money to the campus from either the GI Bill or the assistance tuition that pays their way if they are still on active duty. Not surprisingly as an MBA student, Kevin did a cost benefit analysis on what military personnel bring to the campus, not only in intangible ways but also in terms of finances. By describing the circumstances of two of the Army guys in his class, who were pursuing their Masters degrees in his program, he illustrated how we could better understand this point of view.

“You know, if you get 10-20 guys a year from the Army spending in your masters programs, not only do you get the benefit of their experience doing it as a full-time job that raises the bar, but you’re also getting out-of-state tuition with 20 guys, right? So not only do they bring monetary resources to the campus, servicemembers and veterans also raise the bar on standards of excellence in the classroom.” On a conference call with the UHM Advisory Council for Servicemembers and Veterans, John Schupp presented a 5-year business plan he had created for UHM in which he calculated the potential income to the campus if the enrollment rate of student veterans continued on its current trajectory. He forecast that if UHM were to put a Veteran Resource Center in place, the
class of 2012 would bring in $7.5M in total tuition. His figures were based on the fact that campuses nationwide were finding that the presence of a Veteran Resource Center supported student veteran retention and graduation rates (J. Schupp, personal communication, August 6, 2011).

Discipline is another trait that these folks bring into the classroom. Through their maturity and leadership servicemembers and veterans are motivated and prepared thereby enriching the classroom. All of my participants felt as though they took their education much more seriously than their younger counterparts in the classroom. Brent put it poignantly,

School is wasted on young people. I like to prop up and support the professor. Once you become a leader, you are a teacher. You train and lead soldiers. To train is education. When I was in, I spent years perpetually learning. I was perpetually teaching. I know I could be a teacher… I always raise my hand and contribute. 80% of the people are just sheep, they don’t even talk.

Mark reinforced this sentiment by emphasizing the rigor he saw other servicemembers and veterans display in the classroom. He affirmed it by saying that the skills learned in the military were definitely transferrable and felt that other veterans were good students.

“We know we’re always there working hard. We have our own little support group.”

Brent told me that as an NCO he felt himself bristle every time a student came in late for class and had to hold himself back from yelling at them to drop and give him 100 pushups. Laughingly he added, “But I never act on it. After all, the soldier suffers so that the civilian doesn’t have to.” In all of these examples, it becomes apparent that there is a clash of cultures occurring between people from the military and civilians, but there is a great opportunity for each to learn from the other. With some cross-cultural training, the campus would certainly benefit and be enriched by this cross-pollination.
with Buck (2010), who claimed that “the perception of positive community support whether or not it is used is one of the best known antidotes to chronic mental health problems after a traumatic event. If given the right environment student veterans will succeed in greater number than civilians.” He affirmed General Petraeus’ conviction that OIF/OEF (student) veterans could be the next great generation of leaders.

**Limitations of the Study**

As I conclude this report, I am ready to address what could be considered the limitations of the study. They include access to student veterans, challenges with data collection, access to resources and gender diversity in the research sample. A limitation identified while conducting my pilot interviews was gaining access to combat veterans on campus. As described earlier, due to confidentiality, the campus was unwilling to share any information with me regarding how to find student veterans. To overcome this limitation I was able to access student veterans through Michelle who was a member of the UHM Advisory Council for Servicemembers and Veterans. Whether or not another researcher would be able to replicate this study, I think it would be difficult if the university continued with its current policy. Moreover, if a school does not track veterans in their system, a study like this one becomes laborious to carry out and possibly unfeasible. As it stands, UHM does not currently separate out the veterans from dependents using GI Bill educational benefits. Another perceived limitation was the cost to access the Innovative Educator 2011 Veterans’ Series. Because of my participation on the UHM Advisory Council for Servicemembers and Veterans, I was able to demonstrate the value of the series to the Dean of Student Affairs and she found the money to pay for
the webinars which allowed me to view them. Otherwise, an excellent source of data triangulation would not have been available to me.

The third limitation of the study was achieving a maximum variation of perspectives. While I did have representation from all branches of the services, and a good mix of enlisted and commissioned persons, I did not have anyone in my study who was specifically from the National Guard or the Reserves nor did I have any female combat veterans. Considering the geographic location of the study, the fact that no Native Hawaiians or local students were in my study could be considered as problematic. Nonetheless, I do feel that the study has made an important contribution to the growing study of this subject and specifically to UHM. I believe everyone has benefited from my effort to bring this issue out into the open. In the end, the job of an educator is to raise awareness.

**Recommendations**

What came out of this study was a deeper and richer understanding of the lives, feelings, and needs of student veterans. The findings go beyond what I anticipated learning about the preparedness of UHM to address these issues; it also gave me a window into their feelings of anger, resentment, and lack of support. As a way to begin to bridge the perceived cultural gap and based on the “findings, analysis, and conclusions of this study” (Bloomberg & Volpe, 2008, p. 160), I offer the following recommendations for: (a) staff and faculty at UHM, (b) student veterans, (c) the Veterans Administration, and (d) further research. (See the matrix in Appendix G.)
UHM faculty and staff should make the campus military/veteran-friendly by considering the following:

1. Create a safe environment that includes all of the nuances discussed in this paper.
2. Identify existing services and programs on campus and create an umbrella or support network of services and tailor them specifically for student veterans.
3. Create a one-stop-shop Veteran Resource Center that can be a nexus for the network of services identified above. This should include career counseling, tutoring, peer mentoring and advisement. Because businesses want to hire veterans, they need to have a central place to be able to connect with them.
4. Create partnerships with the VA so that they can provide benefits counselors and certification, transitional services, vocational rehabilitation, and crisis and PTSD services.
5. Appoint a person to act as a liaison between UHM and the VA who would also outreach to the larger community including the military bases, the business community, the medical community, etc. as a way of building a bridge.
6. Provide professional training to faculty and staff on veterans’ issues. This should include academic advisors who must be well-versed in both the GI Bill and the military culture.
7. Create a class that would facilitate a cross-cultural dialogue between the military and campus culture. This could take place in multicultural or diversity education.
8. Develop an interdisciplinary program on Trauma Studies that would include partners from the community like TAMC and the VA. Incidentally, the only class available on PTSD is one course offered by the Department of Psychiatry (PSTY 545N), but it is restricted to medical students in that major.
9. Establish programs for military social work and military psychology on campus for students in those specializations to do their practica.
10. Make volunteering and work-study opportunities available for student veterans.

Student veterans at UHM should:

1. Know your educational benefits and be proactive about preparing yourself for the college experience.
2. Familiarize yourself with postdeployment issues; learn about risk factors for stress, anxiety, depression; and, seek out ways to become informed about programs if symptoms should arise.
3. Be willing to meet the campus community halfway. Find ways to contribute to community building at UHM. Join the SVO and support other student veterans.

4. Be proactive about making your needs known to the UHM faculty and staff.

5. Participate in ‘intercultural’ training for the campus so that the campus community might learn more about the military culture and the issues that student veterans face.

6. Build on the skills and leadership training that you received in the military. These are assets that will serve you as students and beyond. Be willing to share your knowledge with others.

7. Be good ambassadors.

The Veterans Administration should:

1. In cooperation with UHM, appoint a liaison person to work with the campus.

2. Provide training to the counseling center on warrior-based mental health approaches. Send a counselor from the VA to the campus to work with student veterans who may be facing mental health challenges.

3. Work with the military to improve the TAP program by suggesting that it start earlier in the transition process and encourage them to reconsider the ‘terminal leave’ policy which is currently too loose; this is a vulnerable time for servicemembers and more structure seems to be needed. This time should be used to focus on psychosocial education, healing, integration, and bridge-building.

Recommendations for Further Research:

I recommend further studies be conducted to gain a more comprehensive understanding of the needs of student veterans. The following should be considered in light of the fact that they emerged as limitations of the study:

1. The needs of female student veterans.

2. Issues of dependents of student veterans.

3. How the university could capitalize on the strengths and skills that the student veterans bring to the campus.
4. Tracking of student veteran retention, once a program is put in place whereby the system separates out servicemembers and veterans from dependents using educational benefits.

5. Ways to facilitate understanding between student veterans and Native Hawaiians to address the tensions that exist as a result of the unique history of Hawai‘i and the challenges the community experiences as a result of this unresolved issue; target Native Hawaiian student veterans’ experiences as combat veterans coming to UHM and how that intersects with cultural issues of identity.

6. Continue to explore ways to support story sharing; consult veterans for ideas.

7. Polytrauma. This will be an increasingly urgent issue on college campuses.

**Overall Significance and Contribution of the Study**

This study is useful to several audiences through its attempt to assess the preparedness of UHM to address the psychosocial and academic needs of veteran students—particularly those who have seen combat. First of all, it places UHM in the larger national context of a problem currently faced by administrators and faculty members everywhere as they struggle to understand the needs of combat veterans returning from the wars in Iraq and Afghanistan (Radford, 2009; Veteran Success Jam, 2010); thus, the timeliness of the study cannot be overestimated. From their survey of 723 institutions, Cook & Kim (2009) found that most campuses are planning to provide training to their faculty and staff about issues that affect veterans and servicemembers as part of their 5-year plans for becoming more veteran-friendly (p. viii). The research in my dissertation confirms all of their findings (Cook & Kim, 2009, p. ix). It also confirms the findings of the study done by Steele et al. (2010), which assessed the first year of the GI Bill in schools across the country; UHM is one of many schools where students had trouble processing their GI Bill benefits. The VA claims that the glitches from the initial rollout on August 1, 2009 have been identified and corrected.
A Final Reflection on the Study

As a way of reflecting on the experience of carrying out this study, it is useful to revisit the five assumptions underlying this study. The first assumption was that being exposed to trauma can be a destabilizing experience; therefore creating a safe environment for the traumatized person is key to recovery. This assumption was confirmed in my study by the discovery that the participants in my study who had been exposed to trauma were reluctant to discuss it; because, they felt that UHM was not a safe environment. Many of the research participants even felt there was some degree of hostility toward them because of their affiliation with the military. While I went into the study assuming that student veterans would be keen to have the opportunity to share their experiences in hopes of processing loss and grief, they all told me that they would only be willing to talk to a fellow veteran about their experiences. This leads me to believe that if a Veterans’ Resource Center was established, and a network of services were coordinated, that conditions could be created whereby student veterans might feel more comfortable to come together to share their experiences, remember their fallen comrades, mourn their losses, and make meaning out of their stories.

A second assumption was that it is possible to transcend a traumatic experience and grow from the experience. From having done the study, I still believe that through story-telling, writing, talking, and sharing that a person can transcend a traumatic experience. Transformative learning might be a possible framework for the campus, but at this point UHM is not prepared to offer this type of environment to its student veterans and will only come about when the administration approaches the issue in a proactive way that includes professional development for faculty and staff. Interestingly, at the end
of each interview I asked the research participants to tell me how they felt about our interview together. All of them expressed that it was a good experience for them. I attribute this to the fact that I put protocols in place to create a safe environment as the context for the interview. If more veterans have positive experiences like this, they may let down their guard and be willing to share more openly of themselves. Most of them admitted that they did want other people to understand them better, but that they would only do so if they sensed a sincere interest on the part of the inquirer.

The third assumption was that strategies used to support children in school who have been exposed to trauma may have a larger application for adult learners. I still believe that this is possible and necessary, because issues of resilience, self-efficacy, optimism, hope, and success are just as relevant for college students as they are for younger schoolchildren. And while it is beyond the scope of this study, many of the traumatic issues that children face are ones that student veterans have also faced but have never confronted. In fact, exposure to war may have exacerbated any kind of possible pre-war trauma in their lives. Many of the techniques used by the DoD and the VA mirror techniques used in schools that attempt to address the needs of younger students who are survivors of traumatic stress and include adaptive strategies for meaning-making through CPT. Again, I refer back to several of the practitioners of this study who used opportunities in the classroom for self-disclosure through journaling to facilitate this process. The cultivation of an empathetic community can foster resilience on the campus which could begin by creating places in the curriculum for cross-cultural or multicultural perspectives. Professional development based on transformative learning would also be an optimal approach to creating a connected school.
The fourth assumption was that being proactive about ensuring that services (for both combat veterans and those serving them) are available on campus may reduce the chance that violence toward self and others will occur and could serve as a model for other institutions in their efforts to assist students who have been exposed to trauma (whether on or off campus). This assumption was confirmed through my interviews especially with Brian, who felt certain that his role as a security guard—with the background of a veteran—was a tremendous asset to the campus community. Everyone agreed that training was a key component to the creation of a comprehensive campus safety plan. While an outbreak of violence might never occur at UHM, many of the faculty and staff who I interviewed gave me the impression that UHM has an attitude that it is immune from such dangers ever happening. This is probably naïve. A fortuitous outcome of the process of having conversations with the different faculty and staff members for the study was a raised the level of awareness about the importance of ensuring that a comprehensive plan was in place that included violence prevention.

The fifth and final assumption was that providing psychosocial support for combat veterans may help retention rates of these students and support their reintegration into the larger community. At this point in the study, I can confidently confirm that this assumption is a valid one based on the literature (Coll et al., 2009; Schupp, 2011). Whether or not this turns out to be verifiable at UHM will require the campus to set up procedures that identify and track student veterans in the system. This may happen by default because of a recent change to the Post 9-11 GI Bill (August 1, 2011), which includes a requirement that colleges and universities provide the VA with progress and attendance reports for everyone using the GI Bill educational benefit. Retention rates for
student veterans at UHM were not available to me for this study, because this information was not being tracked in the system. As I mentioned earlier, it was one of the limitations of the study.

On a personal note, I feel privileged that I had the opportunity to carry out this study. While I believe someone else could have carried out the study, I am certain it would have been a different study than mine. There is a myriad of reasons for that, but I feel confident that this study is unique because of my background. From the beginning I came into the study with a sense of the place. Hawai‘i has been my home for thirty years, and I am well aware of its unique culture and historical issues. Therefore, I already understand the nuance of a ‘relationship-based’ community, and I know how to navigate the local culture. This kind of sensitivity can only come with living long term in a place. Having said this, I do not think that someone coming freshly to Hawai‘i without this insight could have gained the same access. Moreover, I inserted myself into the study in a way that I was truly a participant observer. While not an appointed advocate for the cause of veterans, I was told many times from them that they saw me as someone who was helping to give them a voice.

My conversations with all of the faculty and staff members had a cathartic effect in getting them to open up their hearts and minds to explore issues that sometimes get suppressed or ignored. People at many different levels of the university system have begun to discuss the issue of veteran students—and their concerns—in a more engaged way, which is beginning to build bridges out to the larger community including political leadership and the VA. An important fact to be highlighted is that UHM receives a lot of other states’ veterans and has an opportunity to render a service to the rest of the country
by helping them reintegrate into the society. The healing potential of Hawai‘i could play a unique and vital role for veterans making the transition from the battlefield to civilian life. Most of my research participants told me that it was being in Hawai‘i that was helping them become ‘normal’ again.

Finally, I think the importance of the study goes beyond providing psychosocial support to combat veterans. It opens a way to address the larger trauma of the society in which we are currently living. The country is still trying to heal from the attacks of September 11, 2001. One could make the claim that we are a traumatized society. What is interesting to me is that I was in New York City on the day of the attacks, so doing this study has contributed to my own healing. It could be said that I have been transformed by what I have learned in the process. In the end, isn’t that the whole point of transformative learning?

Postscript

This study was carried out over the course of one academic year (Fall 2010 – Spring 2011). I would now like to report what has happened at UHM since I finished collecting my data. On March, 26th 2011 a conference dedicated solely to veterans’ issues took place at UHM. It was called Responding to Student Diversity: Understanding Servicemembers and Veterans. The conference was opened by the Vice Chancellor for Student Affairs. The Chancellor of UHM welcomed the keynote speaker, Representative Mark Takai, who is a 12-year veteran of the Hawai‘i Army National Guard and an alumnus of UHM. I was the plenary speaker and presented the findings of my study along with information gleaned from the webinars I attended through Innovative Educators.
This was a wonderful way for me to reciprocate the generosity of the Dean of Student Affairs for payment of the webinars. Breakout session followed during which members from the VA shared information about their services and benefits. Representatives were also available from the Registrar’s office, Kōkua, Student Advising, Counseling & Student Development, and the Office of Student Affairs who had student workers available to present a beta version of the new Veterans’ website (http://studentaffairs.manoa.hawaii.edu/veterans/). The conference was well attended and has spawned other activities since then.

Over the summer the Advisory Council continued its monthly meetings. Plans are underway for ‘Veterans Week’ (November 7-10) which will include a veterans panel with veterans from the Korean War, the Vietnam War, World War II, the Gulf War and OIF/OEF. ‘Women at War’ will be the theme for a film and panel and discussion. There will be a WWII display at the Hamilton Library and a re-dedication of Johnson Hall. An honorary certificate recognition ceremony for UHM students, who left UHM to participate in WWII and died, is also planned for the week.

From the UHM newsroom on August 12, 2011, it was announced that as of academic year 2011-2012 UHM would participate in the Yellow Ribbon Program, which is a program that allows institutions of higher learning (degree granting institutions) in the United States to voluntarily enter into an agreement with the VA to fund tuition expenses for Masters level programs that exceed the highest public in-state undergraduate tuition rate. The institution can contribute up to 50% of those expenses and the VA will match the same amount as the institution. UHM is offering awards to 15 Masters Degree students who meet the eligibility requirements on a first come, first served basis. State
Representative Takai expressed pleasure at UH Mānoa having been approved as a Yellow Ribbon Program institution. In the same news release he exclaimed, “This clearly demonstrates the University’s commitment to our veteran and military students. I am proud to collaborate with UH Mānoa as it continues to improve access to and success in higher education for our veteran and military servicemembers.” Additionally, the National Association of State Approving Agencies (NASAA) offered a one-time scholarship of $3,000 to a qualified veteran student attending the University of Hawai‘i at Mānoa for Fall 2011.

The Student Veteran Organization (SVO) is also gearing up under new leadership with many activities planned for the new school year which include: monthly meetings, an Involvement Fair, a Homeless Outreach, a ‘Meet, Greet, and Eat’ dinner, participation in Vet Week and a PRRP (PTSD Residential Rehabilitation Program) BBQ for the Fall 2011 semester.

Finally, as of this summer, UHM hired a female veteran as its Student Fellow for Veteran Affairs. The Office of Student Affairs also offered two separate orientation sessions for the first time to student veterans and a Resource Fair on August 17, 2011 during which information was made available at a shared table for VA and campus resources. It looks to me that UHM is gearing up to meet the needs of student veterans, which is what happens when someone high enough in the administration recognizes its importance. Fortunately, such a person has come forward and things are starting to happen.
APPENDIX A

University of Hawai‘i at Mānoa

College of Education, Department of Educational Foundations

Part I: Research Description

Principal Researcher: Katherine Li

Research Title: Combat Veterans experience at University of Hawai‘i at Mānoa

You are invited to participate in a research study that will explore the student experience of veterans at University of Hawai‘i at Mānoa. Your participation in this study requires an interview during which will be asked questions about your opinions and attitudes relative to your military life and your academic experience at University of Hawai‘i at Mānoa. The duration of the interview will be approximately 60 minutes. With your permission, the interview will be audio taped and transcribed, to capture and maintain an accurate record of the discussion. Your name will not be used at all. On all transcripts and data collected you will be referred to only by way of a pseudonym.

This study will be conducted by Katherine Li, a doctoral candidate at the University of Hawai‘i at Mānoa. The interview will be undertaken at a time and location that is mutually suitable.

Risk and Benefits:

This research will hopefully contribute to understanding, and providing support for, the psychosocial needs of combat veterans coming to University of Hawai‘i at Mānoa to pursue a college degree. Participation in this study carries the same amount of risk that individuals will encounter during a usual classroom activity. There is no financial remuneration for your participation in the study.

Data Storage and Confidentiality:

Under no circumstances whatsoever will you be identified by name in the course of this research study, or in any publications thereof. Every effort will be made that all information provided by you will be treated as strictly confidential. All data will be coded and securely stored, and will be used for professional purposes only. At the end of the study all collected data will be destroyed including audiotapes.
How the Results Will Be Used:

This research study is to be submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at the College of Education, University of Hawai‘i at Mānoa, Honolulu, Hawai‘i. The results of this study will be published as a dissertation. In addition, information may be used for educational purposes in professional presentation(s) and/or educational publication(s).

Part 2: Participant’s Rights

- I have read and discussed the research description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.
- My participation in this research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to future medical care, employment, student status, or other entitlements.
- The researcher may withdraw me from the research at her professional discretion.
- If, during the course of the study, significant new information that has been developed becomes available that may relate to my willingness to continue to participate, the investigator will provide this information to me.
- Any information derived from the research that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- If at any time I have any questions regarding the research or my participation, I can contact the researcher, Katherine Li who will answer my questions. The researcher’s phone number is (808) 348-7789. I may also contact the researcher’s faculty advisor, Dr. Hannah M. Tavares, at (808) 956-8624.
- If at any time I have comments or concerns regarding the conduct of the research, or questions about my rights as a research subject, I should contact University of Hawai‘i’s Internal Review Board. The phone number of the IRB is (808) 956-5007. Alternatively, I can write to the IRB at University of Hawai‘i at Mānoa Committee on Human Studies 1960 East-West Road Biomedical Building, Room B-104 Honolulu, HI 96822.
- I should receive a copy of the Research Description and this Participant’s Rights document.
- Audio taping is part of this research. Only the principal researcher and her advisor will have access to written and taped materials. Please check one:
  - (     ) I consent to be audiotaped.
  - (     ) I do NOT consent to be audiotaped.
My signature means that I agree to participate in this study.

Participant’s signature: ___________________________ Date: __________

Name: (Please print) ______________________________

Investigator’s Verification of Explanation

I, Katherine Li (Researcher), certify that I have carefully explained the purpose and nature of this research to [__________]. S/he has had the opportunity to discuss it with me in detail. I have answered all his/her questions and s/he provided the affirmative agreement (i.e., assent) to participate in this study.

Investigator’s signature: ___________________________ Date: __________

APPENDIX B

U N I V E R S I T Y   O F   H A W A I ' I

Committee on Human Studies

August 18, 2010

TO: Katherine Li
Principal Investigator
College of Education - Educational Foundations

FROM: Nancy R. King
Director

Re: CHS #18352- "Assessing the Preparedness of UH M to Support Combat Veterans Using GI Bill Money in Pursue a College Degree: A Case Study"

This letter is your record of CHS approval of this study as exempt.

On Aug 18, 2010, the University of Hawai'i (UH) Committee on Human Studies (CHS) approved this study as exempt from federal regulations pertaining to the protection of human research participants. The authority for the exemption applicable to your study is documented in the Code of Federal Regulations at 45 CFR 46 (2).

Exempt studies are subject to the ethical principles articulated in The Belmont Report, found at http://www.hawaii.edu/irb/html/manuals/appendices/a/belmont.html.

Exempt studies do not require regular continuing review by the Committee on Human Studies. However, if you propose to modify your study, you must receive approval from CHS prior to implementing any changes. You can submit your proposed changes via email at uhirb@hawaii.edu. The subject line should read: Exempt Study Modification. CHS may review the exempt status at any time and request an application for approval as non-exempt research.

In order to protect the confidentiality of research participants, we encourage you to destroy paper information which can be linked to the identities of individuals as soon as it is reasonable to do so. Signed consent forms, as applicable to your study, should be maintained for at least the duration of your project.

This approval does not expire. However, please notify CHS when your study is complete. Upon notification, we will close our files pertaining to your study.

If you have any questions relating to the protection of human research participants, please contact CHS at 956-5007 or uhirb@hawaii.edu. We wish you success in carrying out your research project.

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Telephone: (808) 956-5007, Facsimile: (808) 956-5585, Website: www.hawaii.edu/irb, Email: uhirb@hawaii.edu
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APPENDIX C

Questionnaire for Veteran Students

1. What does it mean to be a combat veteran?

2. Are you a combat veteran? In which war did you fight?

3. What kind of traumatic experiences did you have during the war?

4. Why did you choose the University of Hawai‘i at Mānoa to pursue your degree?

5. Did you attend any college courses while you were deployed? How was the experience and did the credits transfer to UHM?

6. What are the post-deployment procedures for your company with regards to going to college?

7. Is there a liaison between your base and the University of Hawai‘i at Mānoa?

8. What kind of support services are available here at the University of Hawai‘i at Mānoa? Have you used any of them? If so, how was it for you? If not, why not?

9. Do you find the pursuit of a college education to be an additional stressor in your life or an enhancement, or both?

10. If you are feeling anxious, with whom can you talk on campus?

11. Have you taken any classes in which you felt you could talk about your combat experience? If so, can you please describe the experience? If not, might such a class be helpful?

12. How is it to be in class with students who have not been in the military?

13. What are the cultural differences between military and non-military students?

14. How is your relationship with your professors? Which ones stand out as having been particularly helpful and in what ways were they helpful?

15. In your opinion, what services are missing for combat veterans at the University of Hawai‘i at Mānoa?

16. How would you describe the ideal college experience?
17. Have you shared your combat experiences with anyone on campus? If not, why didn’t you?

18. In what ways would it be beneficial, if at all, if your classmates and teachers knew more about the combat experience?

19. Would you want to share your story with others?

20. How would you want to, if you did?

21. Would you like to participate in a focus group to brainstorm about ways that UHM could be more supportive of combat veterans?

22. Would you be willing to ask other combat veterans that you know if they would be willing to participate in this study?
APPENDIX D

Questions for the Faculty and Staff

1. What services are available for combat veterans on campus who may be suffering from PTSD or other mental health care concerns?

2. What other kinds of services, besides mental health services, are available?

3. How do you assess the mental health needs of your students?

4. What kind of training have you received with regards to identifying and advising students in your class who may be experiencing mental health concerns?

5. How do you broach the subject of mental health issues with students in your classes?

6. In what way do you consider your classroom a safe environment for students to discuss personal issues that they may be bringing with them to the classroom and thus impacting their ability to perform academically?

7. What would you do if a student erupted in your class and began to act out in a violent manner?

8. In what academic venues might it be appropriate to discuss personal life stories?

9. Is there any place in your classroom for using a pedagogy of self-disclosure?

10. Would you feel comfortable sharing personal information about a traumatic experience that happened to you with your students?

11. Do you consider yourself to be an empathic teacher? If so, how so? If not, why not?

12. In what way do faculty and staff collaborate on issues of the psychosocial well being of the campus community?
APPENDIX E

Conceptual Framework

Trauma-Sensitivity at UHM

- Understanding the combat veteran
- Campus awareness of trauma
- Explore empathy

Combat Veteran Perceptions of UHM

- Needs of the combat veteran
- Culture of the combat veteran
- Challenges of the combat veteran

Preparedness of UHM

- Services and resources available to combat veterans
- Willingness to accommodate combat veterans
- Ways to share and grow
### APPENDIX F

Figure 4 Findings Through Recommendations

<table>
<thead>
<tr>
<th>Findings</th>
<th>Interpretations</th>
<th>Conclusions</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>“If I find this …”</td>
<td>“Then I think this means…”</td>
<td>“Therefore I conclude, or what I know to be true is…”</td>
<td>“Thus I recommend that…”</td>
</tr>
<tr>
<td>The Military has its own unique culture.</td>
<td>There are cultural differences.</td>
<td>Misunderstandings and miscommunication will occur.</td>
<td>Cross-cultural training.</td>
</tr>
<tr>
<td>Transitioning from the military to civilian (academic life) is challenging.</td>
<td>Starting something new can be scary.</td>
<td>Building a bridge would be helpful and necessary.</td>
<td>In consultation with student veterans programs are set up to ease the transition process.</td>
</tr>
<tr>
<td>UHM is not military-friendly.</td>
<td>There are obstacles to supporting this population of students.</td>
<td>People could fall through the cracks.</td>
<td>Efforts should be made by UHM to reach out to this population to learn about their needs and find ways to accommodate them.</td>
</tr>
<tr>
<td>Military members have a moral code of never leaving a comrade behind.</td>
<td>Military members honor and value their relationships with one another.</td>
<td>Military members want to help each other be successful at UHM.</td>
<td>Facilitate student veterans’ ability to support one another.</td>
</tr>
<tr>
<td>Stigma is a barrier to seeking help.</td>
<td>Student veterans do not want to appear weak.</td>
<td>Student veterans will not seek out services from civilians if they do not feel safe.</td>
<td>Invite someone from the military community to provide counseling for student veterans.</td>
</tr>
<tr>
<td>UHM faculty &amp; staff feel unprepared to address the needs of student veterans.</td>
<td>There is a sense of apathy toward student veterans.</td>
<td>UHM lacks an empathetic community that cares about student veterans.</td>
<td>Link up the existing services on campus and provide training to faculty &amp; staff to raise awareness about veterans’ issues.</td>
</tr>
</tbody>
</table>

*Figure 4. Adapted from Completing Your Qualitative Dissertation: A Roadmap from Beginning to End, by L.D. Bloomberg & M. Volpe, 2008, p. 156. Copyright by 2008 by Sage Publications Books. Reproduced with permission.*
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