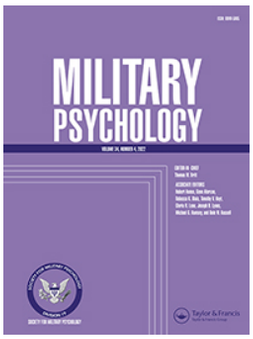

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# The experience of Veterans with disabilities: A grounded theory study on coping with trauma and adapting to a new life

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**ABSTRACT**

Research and knowledge related to psychosocial processes experienced by Turkish Veterans with disabilities and the factors that facilitate adapting to life with a disability are insufficient. This study aims to explore the psychosocial processes and coping resources experienced by Turkish Veterans with disabilities. A grounded theory design was used in the study. Snowball sampling and theoretical sampling were used to recruit participants. In-depth interviews were conducted with 20 male participants. The data were analyzed through open, axial, and selective coding and formed into themes and categories. The results were explained within the framework of the following themes: the moment of returning from the threshold of death, treatment process, returning to life after war, acceptance, and holding on to life. The analysis revealed that the participants experienced problems, such as post-traumatic stress, the inadequacy of psychosocial functioning, social disapproval, and alienation during the adaptation to life after war. Further, coping resources such as positive personality traits, spiritual coping, making sense of experience, state assurance, and family and fellow Veterans support were found to facilitate the adaptation process.

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**KEYWORDS**
Veterans with disabilities; war trauma; coping; adaptation; grounded theory

**What is the public significance of this article?**—This study provides qualitative evidence for a model which examines the psychosocial processes experienced by the Veterans with disabilities and their coping resources. Based on the findings of the study, a psychoeducational program, which may facilitate the psychosocial adaptation process of the Veterans with disabilities, was suggested.

## Introduction

Traumatic events such as war, terror, and natural disasters make people experience various psychological, social, health, and economic problems. Events that are consciously carried out by people like war and terror traumatize people the most and usually have long-lasting effects (McFall et al., 1991; Njenga et al., 2004). Veterans are likely to be exposed to traumatic events such as war and terror, which might cause various psychological problems aside from post-traumatic stress disorder (PTSD; Fontana & Rosenheck, 1999) and these events negatively affect individuals' psychosocial functionality (Ahern et al., 2015).

Previous research has shown prevalence rates of PTSD of 37% for World War II Veterans, 40% for Veterans who fought in Iraq (Afari et al., 2009), 68.2% for Veterans who fought in Afghanistan (Lew et al., 2009). Rates of PTSD and depression have been reported to be higher for Veterans with loss of limb/function compared to Veterans with no loss of limb/function (Aflakseir, 2010; Berghuis & Jongsma, 2010; Reiber et al., 2010).

Injury and loss of limb/function greatly influence the emergence and spread of psychological problems and have an impact on adapting to postwar civilian life (Gilbar et al., 2010; Sayer et al., 2010). Research studies conducted with Turkish Veterans with disabilities also indicated high rates of PTSD. The prevalence of PTSD was reported as 6.5% in the study conducted by Keten et al. (2014), while it was found to be 29.6% by Guloglu and Karairmak (2013) and 46.7% by Guloglu (2016). Furthermore, the prevalence of depression among these Veterans was found to be approximately 16% (Guloglu, 2016; Guloglu & Karairmak, 2013). The adaptation and integration problems of Veterans were also highlighted in the research studies. Veterans with severe

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disabilities also face familial problems regarding economic difficulties, domestic violence, and divorce (Aciksoz, 2011).

Veterans experiencing integration problems to life after war report feeling like "strangers" in the society (Ahern et al., 2015; Beals, 2000; Sayers et al., 2009). In qualitative studies conducted by Beals (2000), and Purcell et al. (2016), Veterans who think they are not understood by other people and have problems with their families and friends, become alienated to the society and employ negative strategies such as avoidance and withdrawal from their social life. In this respect, Aciksoz (2011) highlighted that Turkish Veterans were often stigmatized as beggars because of their disabilities, and isolated themselves from the society.

Psychological, social, cultural, religious, and familial factors play a significant role in the process of coping with trauma, disability, and adaptation problems, as well as reintegration into the psychosocial life. Veterans, who have high levels of resilience and optimism (Araten Bergman et al., 2015; Larner, 2013), social and family support (Aflakseir, 2010; Martz et al., 2010), and religious coping strategies (Aflakseir & Coleman, 2009; Reiber et al., 2010; De Zoysa & Wickrama, 2011), can successfully adapt to life after war trauma. Research studies conducted with Turkish Veterans with disabilities have revealed various findings. For example, Duran and Unsal (2014) did not find a significant relationship between resilience and depression scores and explained this situation by the fact that Veterans had a strong family support. It is emphasized that family support increases the quality of life (Bascillar, 2017). In line with this finding, Aciksoz (2011) revealed that the support from family members was important for Veterans in terms of meeting their basic needs and helping them to cope with stress. The other essential source of support is fellow Veterans (Ahern et al., 2015; Rumann & Hamrick, 2010). Veterans with disabilities highlighted that they feel understood thanks to the social support of other Veterans (Aciksoz, 2011).

In light of the relevant literature, the number of studies conducted with Veterans with disabilities in Turkish setting is insufficient. The majority of studies mostly employed quantitative methodologies and scales adapted from different cultures. Previous research examined PTSD, depression, and anxiety (Guloglu, 2016; Karairmak & Guloglu, 2014; Keten et al., 2014), as well as the phenomenon of veteranism in terms of variables such as social relations, economic status, resilience, self-esteem, and quality of life (Bascillar, 2017; Duran & Unsal, 2014; Oznur, 2013). Two previous qualitative studies examined the experience of Turkish Veterans with disabilities. In the phenomenological design study conducted by Aciksoz (2011) with 34 Veterans with disabilities, veteranism was discussed as a phenomenon from a socio-political perspective. The results revealed how disability caused by the trauma of terror in Veterans turned into a militarization and ultra-nationalist protest. Another phenomenological study conducted by Bascillar (2021) with 10 soldiers, only two of whom were Veterans with disabilities, reported that they experienced PTSD, economic, social, and family problems.

The concept of Veteran [*ghazi*] in Turkey is not just used as a title given to an experienced soldier who has participated in the war and returned alive. The concept of *ghazi* is related to historical, cultural, and religious concepts such as religious struggle, holy war, heroism, and patriotism, and it refers to someone who fights for the religion and the homeland (Cetinoglu, 2005). The experiences of Veterans with disabilities, their self-perceptions, positions within the society, and the ways of coping with problems are affected by the cultural and spiritual values of Turkish society.

Considering the lack of studies in Turkish context, and subjective experiences of Veterans with disabilities, it is essential to examine what difficulties they experience in terms of transition to the life after war, health, psycho-social and physical issues. Further research is needed to examine how they make sense of their war experiences and living with a disability, and how they cope with adaptation problems. This knowledge will contribute to the establishment of psychological support, rehabilitation service and social policies, which will facilitate a healthy integration of Veterans with disabilities into the society and psycho-social life. Therefore, the aim of this study is to explore a theoretical model of Veterans' experiences with disability using grounded theory design. Veterans' trauma experiences, factors that ease or obstruct the treatment, psychosocial adjustment problems, sources of coping/social support, and indicators of adaptations to life after war with a disability were investigated.

## Method

This study used grounded theory design to explore and explain the participants' experiences of being a Veteran with disabilities. The grounded theory design was used to discover the basic categories "embedded" in the raw data, collected and analyzed systematically to reveal how the research phenomenon was experienced. This process creates a theory or a theoretical model from the data (Corbin & Strauss, 2008; Strauss & Corbin, 1998).

### Participants

Participants were individuals who were injured and suffered from loss of limb/function during the war against terrorism within or beyond the borders of Turkey, and who had legal status as a Veteran with disabilities which is over 20% according to their health reports. A snowball sampling, which is generally used for reaching critical situations or people (Creswell, 2012), was used to identify participants. Theoretical sampling method was used to determine the number of participants in this research. Corbin and Strauss (2008) defined theoretical sampling as a data-collection method based on the concepts or themes derived from the data. At the beginning of the research process, the author had no initial information about how many people would be interviewed. However, a sufficient number of data sources was reached when the categories reached a saturation. The repetition and saturation of the concepts and processes that emerge determined the number of participants in the research. In-depth interviews were performed with 20 participants who were between the ages of 30 and 57 during the research. Participants' demographic information is presented in Table 1.

## Instrument

Data were collected by the first author through face-to-face interviews and an open-ended semi-structured interview form. In-depth interviews enabled obtaining more detailed and in-depth information through questions addressed to understand the phenomenon, identify how the process had been experienced, and discover the stages within the process (Patton, 1990). The semi-structured interview form was prepared by the first author. Sample interview questions are presented below

- What did you experience in the armed conflict that caused you to become a Veteran with disabilities?
- How was your treatment process? What made your treatment process easier or more difficult?
- What did you experience during the transition to life after war? How did the loss of limb/function affect your life?
- What did you need most in the process of adapting to life after war?
- How do you evaluate the society's attitude toward Veterans with disabilities? What do you expect from the community?
- How did you cope with the adaptation problems? What facilitated the adaptation process the most?
- What all these subjective experiences of yours had taught you? What have you gained from those experiences?

### Procedure

Before the first author started interviews with the participants, he had visited The Veteran Associations, and established a trust-based relationship with them. He also

**Table 1.** Demographic characteristics of the participants.

| Participants | Marital Status | Children | Age | Education Status | Loss of Limb/Function | Years following physical injury | Employment Status |
|---|---|---|---|---|---|---|---|
| P1 | Married | 2 | 32 | High school | Left elbow rupture | 11 | Public employee |
| P2 | Married | 2 | 51 | Primary school | Hip and tibia fracture | 30 | Retired |
| P3 | Married | 2 | 41 | Secondary school | Heel rupture | 22 | Self-employed |
| P4 | Married | 3 | 42 | High school | Head injury | 22 | Public employee |
| P5 | Married | 2 | 40 | Primary school | Below-knee amputation | 20 | Retired |
| P6 | Married | 2 | 34 | High school | Loss of sight in both eyes | 10 | Unemployed |
| P7 | Married | 3 | 45 | Primary school | Loss of tissue and function in hands and feet | 24 | Public employee |
| P8 | Married | 3 | 44 | Primary school | Paraplegic | 23 | Public employee |
| P9 | Married | 3 | 37 | Primary school | Loss of sight in both eyes | 16 | Retired |
| P10 | Married | 2 | 30 | Primary school | Kneecap rupture | 10 | Public employee |
| P11 | Divorced | 2 | 45 | High school | Loss of arm and feet function | 24 | Unemployed |
| P12 | Married | 3 | 31 | Primary school | Loss of sight in both eyes and loss of function in left foot | 11 | Unemployed |
| P13 | Married | 3 | 41 | Primary school | Below-knee amputation | 20 | Retired |
| P14 | Divorced | 1 | 39 | Primary school | Below-knee amputation | 20 | Retired |
| P15 | Married | 0 | 31 | Master's | Above-knee amputation and hearing loss | 12 | Active military |
| P16 | Married | 2 | 46 | Graduate | Loss of sight in both eyes and below-knee amputation | 23 | Public employee |
| P17 | Divorced | 3 | 42 | Secondary school | Loss of sight in both eyes | 22 | Public employee |
| P18 | Married | 1 | 46 | High school | Below-knee amputation | 21 | Retired |
| P19 | Married | 2 | 35 | High school | Paraplegic and loss of arm function | 16 | Unemployed |
| P20 | Married | 2 | 39 | Master | Loss of tissue and function in feet | 10 | Active military |

attended September 19 Veterans Day celebrations along with various organizations for Veterans. In this way, the author had the opportunity to observe participants in various settings, and gained an understanding about how the phenomenon of being a Veteran with disabilities was experienced. During the data collection process, the researcher first introduced himself to the participants, provided them with information about the purpose of the study, and received their informed consent. The interviews were conducted at cafés, in the Veterans' associations, and at the participants' homes. The author held individual face-to-face in-depth interviews with the participants and collected the data by conducting multiple interviews with some participants. The interviews were audio-recorded after the consent of the participants.

### Data analysis

The first author transcribed the audio-recorded interviews verbatim in Microsoft Word format. Then, he analyzed and coded the transcribed data through MAXQDA 12, a qualitative data analysis program. In grounded theory design, data collection and analysis are closely related. The data analysis process, which is a constant comparative analysis, begins immediately after the first phase of the data collection. The phenomena, concepts, and processes emerging as a result of the analysis are included in the subsequent data collection processes (Corbin & Strauss, 2008; Strauss & Corbin, 1998).

In grounded theory, writing theoretical notes makes analyzing the data and connecting the categories easier (Corbin & Strauss, 2008). In this study, the author kept field notes in each interview with participants immediately after the interviews, and during the data analysis. This study followed the data analysis processes of the grounded theory proposed by Strauss and Corbin (1998). The author initially identified the conceptual categories of the data by using open coding, and revealed the relationships among the categories using axial coding, and explained the relationships among the categories by using selective coding. In this way, the researcher analyzed the data three separate times by coding each time at a different level. The categories and subcategories were organized by comparing them in terms of their similarities and differences using the continuous comparative analysis during the selective and axial coding in this research. Explaining how and in which processes the basic phenomenon of the research is critical. That's why the more abstract concept of "the experience of being a Veteran with disabilities"‘ was identified as the core category.

### Credibility and consistency

Choosing the concepts of credibility instead of internal validity, transferability instead of external validity, consistency instead of internal reliability, and confirmability instead of external reliability is recommended in qualitative studies (Lincoln & Guba, 1985). In-depth interviews were conducted, member checking was employed, and the data analysis was checked by the experts to provide credibility of the study. To ensure the transferability of the research, the purposeful sampling method was used, and participants' experiences were described by using direct quotations. Providing consistency in the research, the data were recorded with a voice recorder, coded consistently, and associated with the concepts and categories reached as a result of the analysis. The concepts, categories, and emerging themes were evaluated by two experts. Two experts who are from the field of psychological counseling and guidance, and educational programs conducted various research through phenomenology and grounded theory designs.

## Results

This study focused on the participants' psychosocial processes from the time they were injured in the armed conflict until the time of the interviews, their adaptation problems and coping resources. Study findings were explained within the framework of the following themes: (1) the moment of returning from the threshold of death, (2) the treatment process, (3) returning to life after war/adaptation problems, and (4) acceptance and holding on to life. Explanations and direct quotations related to the constructed themes and categories are explained in detail below. The model summarizing the experience of being a Veteran with disabilities (Figure 1) was explained briefly.

The Veterans with disabilities took part in armed conflicts against terrorism, and almost came face to face with death. When the participants' experiences of the moment of injury were examined, it was seen that they were found to heavily exposed to war trauma; experiences included injury in various parts of their bodies, loss of limbs/functions, and witnessing traumatic events during the conflict. In this process, the participants intensely experienced feelings such as shock/panic and fear of death, and tried coping with the moment of trauma by seeking shelter in Allah and keeping themselves calm. Treatment processes of the participants began in the field of the armed conflict and later on continued at the nearest military hospital. For most participants, the treatment process was an exhausting experience. This was because the treatment process took a long time due to loss of limb/function. In line with this

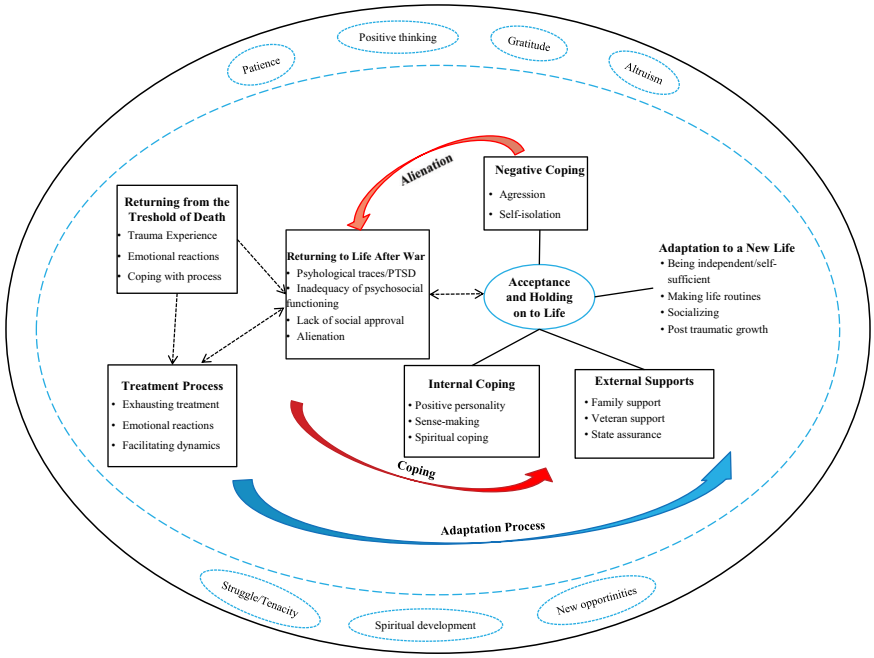


**Figure 1.** The experience of being a Veteran with disabilities.

demanding process, severe surgeries, physical pain, and living bedridden for a long time were experienced. In addition, participants had negative emotional reactions during the treatment process such as shock, anxiety, and hopelessness. However, factors such as being psychologically resilient, being satisfied with the treatment service, and the support of fellow soldiers were found to facilitate their treatment processes.

The transition to civilian life was experienced as "returning to the life after war and adaptation problems" by the participants. They encountered transition problems such as PTSD, inadequacy of psychosocial functioning, and lack of social approval when they returned to their daily life after being discharged from the hospital. The participants, who were not able to overcome their adaptation problems, were alienated by society, resorting to negative coping such as aggressive behavior and self-isolation. Coping and social support resources played an important role in accepting limb/function loss and overcoming adjustment problems. Participants who had positive personality traits, who made a positive sense of the experience, who resorted to spiritual coping strategies, who got support from family and other Veterans, and who had state assurance were able to more easily cope with their adaptation problems. The most important indicators of adaptation to the new life for participants was the ability to live independently without needing too much help from others, establishing routines in life, and socializing within the community. Additionally, the experience of being a Veteran with disabilities was found to be causing positive changes such as patience, gratitude, positive thinking, altruism, spiritual development, new opportunities, and tenacity; in other words, the participants experienced post-traumatic growth.

The model showing "the experience of being a Veteran with disability" is presented in Figure 1. In the inner layer of the Figure, the themes of psychosocial processes, adjustment problems, coping, and social support resources experienced by the participants are shown. In the outer layer, areas where the participants have experienced PTG are presented.

## *The moment of returning from the threshold of death*

This study took the moment when Veterans were injured as the starting point in terms of psychosocial processes. This process was conceptualized as "The moment of returning from the threshold of death." This theme consists of the following categories: Traumatic experience, emotional responses, and coping with the process.

### *Traumatic experience*

Some participants experienced the loss of a limb/function by severely injuring their feet, heel, leg, and/or eyes; others lost functions due to injuries sustained over various parts of their bodies. The participants expressed their experiences as follows: "Because of stepping on a mine, I have a prosthetic left leg, and I cannot see because pieces of shrapnel also struck my eyes" (P16). Veterans also

stated witnessing traumatic events during conflict as follows: "I turned right, there was one Veteran with his legs gone, I turned left, there was another vet with his arms gone, they were dying at my side, wheezing" (P5).

### Emotional responses

During the armed conflict, the participants who were exposed to war trauma, experienced intense emotions such as shock, panic, and fear of death. Participant 1 expressed his shock/panic state when getting injured as "There was hollering to the left and right, I was shouting, I actually experienced a severe shock there." This participant also described the terror he experienced in the following way: "I couldn't look after myself with that frame of mind." One of the strongest emotions experienced by the participants at that moment was reported to be the fear of death: "I said, 'I've died' when I stepped on the mine; I made my testimony to Islam crying and sobbing." (P5)

### Coping with the process

How Veterans coped with their trauma experience is a notable topic. P6, who lost both eyes because of a mine explosion, expressed taking refuge in Allah by praying at that moment as: "My eyes were gone; I opened my hands to Allah, and I prayed to him." P4 stated taking refuge in Allah by making the Islamic testimonial of faith when faced with death as follows: "When I was first shot, I thought I was going to die, I raised my hands and made the Shahada." P14 reported keeping calm in the moment of battle by saying: "Friends were shouting, I said at the moment, 'Calm down, don't shout, get me to the hospital!' They even appreciated my coolness and resilience."

## Treatment process

The treatment process generally goes on for years after being released from the hospital. The treatment process consists of the following categories: exhausting treatment process, emotional responses, and dynamics facilitating the process.

### Exhausting treatment process

The treatment process is exhausting due to difficult and prolonged surgeries, and particularly for living bedridden for long periods because of excessive limb/function loss: "My treatment took a long time, I had 18 surgeries ... I suffered a lot, so I'm exhausted now" (P3). The participants, who lived bedridden for a long time, expressed how this process affected them psychologically in the following way: "I laid down for at least 8 months, I could never get up from bed, and I had no idea of how sitting on a chair or walking was" (P19). Another reason for the exhausting treatment is the dissatisfaction with the treatment service and this feeling was verbalized as: "When I got to the hospital, there was no place to lay down; even though I'm an orthopedic patient, they sent me to neurosurgery because there was no room." (P5). The participants were observed to need psychological support due to the long and difficult treatment process, and psychological problems: "We did not receive any therapy or psychological support" (P18).

### Emotional responses: Difficulty accepting the loss

The Veterans, who were transferred to the hospital after being injured, initially experienced uncertainty and anxiety about the seriousness of their loss and the way it would affect their lives: "I am unable to see because my eyes are gone, I was unaware of the wounds on my body and my physical loss. I was anxious" (P6). P19 expressed the sense of shock and anxiety when he learned he'd been paralyzed in the following way: "My world was destroyed as if running shivers down my spine!" Participants experienced hopelessness due to limb/function loss. P13 expressed his despair about being able to get married no longer because of the loss of limb as: "I thought maybe no one would marry me"; P15, whose leg had been amputated due to a mine explosion, expressed being fit to work with his limited mobility no longer as: "I am not fit for any work from now on." The Veterans whose lives became meaningless due to this despair experienced depression. Some Veterans stated that they were considering options such as suicide and euthanasia to get rid of the depression: "I wanted to kill myself because I spent 22 months in the hospital and found out that I was paralyzed" (P8).

### Dynamics facilitating the treatment process

Factors such as being psychologically resilient, being satisfied with the treatment services, and having support from other Veterans were found to facilitate adapting to the treatment process. P6, with appreciation and gratitude, expressed his satisfaction with the treatment process as follows: "There was a nurse, God bless her. She was like an angel. She was wiping my wounds with cotton in her hand." When Veterans with severe limb/function loss observed other Veterans with disabilities who were hopeful, cheerful, and had a positive attitude on life, the loss of limb/function began to normalize: "If you can't walk, you assume that you're the only person who can't walk in the world. But after seeing the other Veterans in the rehabilitation center, this situation becomes more normal to us." (P16)

### Returning to life after war: Adaptation problems

Returning home with loss of limb/function after getting released from the hospital was experienced as returning to life after war. Because Veterans encountered various difficulties in their new lives they had not experienced before. This theme consists of psychological traces of trauma, inadequacy of psychosocial functioning, lack of social approval, and alienation.

### Psychological traces of trauma

The participants reported symptoms of PTSD such as avoidance, anger reactions, reexperiencing the trauma, forgetfulness, sleeping and eating disorders. P16 expressed his avoidant reactions and becoming more withdrawn from the society as follows: "When you return home, you can't find anyone like you around, there is no one who can understand you, and therefore you become more withdrawn." P10 stated that he could not control his anger, and behaved aggressively: "I argued with my wife a lot, I couldn't get rid of my temper" The participants also stated that they could not forget their trauma experiences for many years with triggering events and nightmares: "I was affected in normal life; for example, even if a balloon pops next to me, I have felt as if a mine exploding" (P1). The Veterans stated not being able to sleep as an effect of the trauma at first: "My sleep pattern was disturbed, I was unable to sleep" (P17) and was not able to eat properly as "I certainly couldn't eat anything" (P19).

### Inadequacy of psychosocial functioning

The participants, who returned to civil life, could not actively participate in the psychosocial life due limited living space, inadequacy in life roles, and economic problems. These limitations were reported to be greater for Veterans who had suffered from severe limb loss and were in need of care: "Due to my health conditions, I was away from my family and friends." (P19). The Veterans with loss of limb/function were found to consider themselves as inadequate in their life roles for different reasons such as negative self-perceptions about being insufficient or half a man, needing care, being unable to meet their own needs, and relationship problems with their wives: "You're unable to work to support your family. Because you are half a person, you cannot work efficiently anymore even if you work" (P1). Because of limb/function losses and negative self-perceptions such as deficiency and inadequacy, the participants could not establish their future job plans: "Economic conditions are very important for us because overcoming both disability and economic problems is very difficult." (P16).

### Lack of social approval

One of the significant challenges in the participants' civilian life is not receiving the approval from society as a Veteran. When returning to civilian life, the participants were found to feel forgotten and left alone because no one had visited them or listened to their needs or problems: "After my treatment was over, they tossed me out, I could not adapt to society" (P5). The participants stated that the society treated them like an ordinary person or a beggar rather than a Veteran: "Sometimes people see us as beggars, they humiliate us." (P9). The participants were also found to have encountered a variety of difficulties when they wanted to get married because they were seen as defective or malformed by the society: "You meet a woman, the conversation is going very well; once she realizes you have a prosthesis, she distances herself from you" (P15).

### Alienation

Due to PTSD, the inadequacy of psychosocial functioning, lack of social approval, the participants were disappointed, and pessimistic about themselves and their future. Unable to overcome pessimism and disappointment, the Veterans were found to apply negative coping and thus alienated to society. The participants stated their pessimism about themselves and their future in the following way: "Being a Veteran with disabilities is very difficult ... What will happen to my children, will my wife be able to carry me?" (P19). Participants were also disappointed because they could not get the interest and respect from the society as a Veteran: "We were disappointed after seeing the negative attitude of society towards us. Then, for whom did we become Veterans?" (P10); "Almost every day, we hear about soldiers who were injured or martyred due to terrorism. However, this situation has become normal for the society, no one reacts" (P3).

The participants also stated that they behaved aggressively as a consequence of negative perceptions of the society: "When I got on the subway, the security guard said to me, 'Beggars are here again!' So, I punched him and he rolled down the stairs" (P11). One of the applied negative coping ways was the isolation from society: "I distanced myself from people because they did not respect and value me." (P10). Another way of self-isolation was to hide their physical disability from society: "I was trying to walk upright, and wore loose-fitting clothes so that no one would understand me or look at me with pity, I did not go out much" (P15).

### Acceptance and holding on to life

The participants were able to accept their traumatic experiences, and physical loss, and adapt more easily to their new life due to coping and social support resources. The theme of acceptance and holding on to life consists of the categories including positive personality traits, spiritual coping, making sense of the experience, family support, associating with other Veterans, state assurances, and adaptation to new life.

#### Positive personality traits

This study considers positive personality traits such as positive thinking, resilience, contentment, and self-evaluation as powerful coping resources for the participants. Positive thinking means not getting stuck with the problems, seeing the positive aspects of life, looking at the future with hope, leaving the problems behind and continuing to live: "These are the things I can do, so I thought I would be the best at what I could do." (P15). Resilience, which means not giving up in the face of adversities, being determined, looking at the future with hope and thinking positively, was found to facilitate their adaptation process: "After leaving the military, I went to work on two crutches; my foot was disabled, nevertheless I worked; namely, I did not give up on life" (P2); "There is no problem you can't solve as long as you don't give up" (P8). Contentment, which means accepting what you have, having realistic expectations, taking steps in line with these expectations, and ultimately being happy with what you have, was found to have an important role for Veterans adapting to their new life: "If you have an unrealistic expectation, you get unhappy when this expectation is not met. In other words, you should try to be happy with what you do have" (P16). Another positive personality trait was self-evaluation, which means that Veterans evaluated their feelings, thoughts, and behaviors related to their conditions: "Often I have been talking with myself in front of the mirror; I evaluate myself. Had I done well? Had I done bad? People who critique themselves make fewer mistakes." (P8)

#### Spiritual coping

Spirituality is a vital coping resource for the participants in the acceptance and adaptation process according to their statements. Some Veterans accepted the loss of limb/function and various difficulties as a destiny provided by Allah: "I was a little sad, but this is my destiny; I've never rebelled about why it happened to me, my belief has had great impact" (P12). Seeking shelter in Allah was found to increase the sense of trust and relief in the participants: "After losing my eyes, I have sought shelter in my Allah and trusted in my Allah" (P6). Some Veterans expressed finding the strength to live through prayer and Salat: "I perform my Salat and say my prayers; it is our belief that keeps us on our feet" (P14). Being patient with life difficulties was a form of spiritual coping as well as a positive personality trait: "We believe the trouble came from Allah, maybe this event is a blessing for me. I've been patient because I think this way" (P1). Thankfulness was functioning as an important coping mechanism in the face of difficulties. P6 expressed the importance of thankfulness as follows: "One's heart opens up by giving thanks; the one who can be thankful wins, and I am thankful for my situation."

#### Making sense of the experience

The findings of this study revealed that a positive making sense of the traumatic experiences and limb loss was an important coping strategy facilitating the adaptation process of Veterans. The participants made sense of their loss of limb and problems as a destiny: "These are from Allah Almighty, and a test for us. There is no escape from the fate" (P14). The participants made sense of their injuries and loss of limb as sacrificing for homeland, flag, and religion: "In my opinion, it [being a Veteran] means sacrificing for the homeland without expecting anything" (P15). P11 stated that the wounds on his body meant pride and honor for himself because he was fighting for his homeland: "I did some things for the homeland, and I feel proud of myself." The participants made sense of being a Veteran as a reward and gift given by Allah: "Becoming a Veteran was a gift to me, it is the highest rank after martyrdom" (P4). Veterans also made sense of the medal given to them as a legacy that could be left to their children: "I think the greatest legacy I can leave to my children is the medal of Veteranship" (P20). In summary, making sense of traumatic events was found to be effective in the process of coping with trauma.

#### Family support

After returning to civilian life, the family and especially spouse support were found to be extremely important for the Veterans. Because getting married, and having a child improved the sense of responsibility, the feeling that they were understood, accepted, loved, and being not alone was explained as follows: "I can say that my marriage made it easier for me to accept and adapt to life" (P12). For Veterans, being understood meant being seen as a normal person, not feeling disabled, being seen and supported for their strong traits: "My wife is the reason I hold on to life. Other people looked at me with

pity, but my wife saw my strengths" (P19). P6 expressed the importance of family support as follows: "They spoke beautifully and did their best to keep my mood up; I feel wealthy." With family support, the Veterans found solace in the face of difficulties, and increased their patience and endurance.

### State assurances

The state provides various personal rights such as compensation, Veterans salary, right to work, free treatment services, tax reduction, free travel rights, educational scholarship for their children. For Veterans, being under the guarantee of the state was found to be a powerful source of support, as it helped them feel valued and positively made sense of and accept their loss: "I received the Veteran salary, I received compensation, may Allah not harm our State" (P12). The Veterans, whose socio-economic status improved thanks to their personal rights, adapted more easily to their new lives that had formed with the change in conditions: "The personal rights afforded to me after becoming a Veteran made my life easier" (P15).

### Associating with other Veterans

The participants, who were not valued and understood by the society as a Veteran, were found to distance themselves from society because they felt alienated, but they established associations with other Veterans. Associating with the other Veterans was a valuable coping and social support resource. Associating with other Veterans facilitated the participants' normalization of the loss of limb/function: "Some people have no legs, some have no arm, and others are visually impaired. As we saw them, we got used to it, we got adapted" (P19). Being with other Veterans was also found to increase the participants' hopes about living: "I saw people in wheelchairs resuming their normal lives at the rehabilitation center. Then, I said to myself, if someone in a worse condition than me can be much happier, then so can I" (P15). Being together with other Veterans helped the participants feel understood and happy: "Getting together with my Veteran friends is good for me and makes me feel happy. No one apart from my Veteran friends can understand me, and I also understand them the best" (P6). Associating with other Veterans allowed the participants to guide each other when faced with the problems by enabling them to overcome the problems together in solidarity: "We support each other, we overcome our problems together. Being together makes us stronger" (P1). The Veterans also reported contributing to socialization of each other through associations and various activities.

### Adapting to the new life

The most essential indicators of adaptation to a new life for the participants were found to be independent/self-sufficient, keeping routines, socializing, and experiencing PTG. Veterans who got disability-specific training, learned new skills, and utilized technological tools, became self-sufficient without being too dependent on the others: "After I bought a car designed for disabled people, I was relaxed and became free" (P8). P17, who was visually impaired, expressed being able to walk independently thanks to the training he received at the Association of the Visually Impaired. P16, who had lost both his two eyes and a leg as a result of a mine explosion, reported learning to move independently. P8, who was paralyzed from the waist down, stated that he became independent by learning how to meet his own needs.

The Veterans were found to want to keep a routine life by participating in various activities. Having a routine in life made and helped them keep busy. The Veterans reported establishing routines in their lives in various ways, such as by maintaining their previous lifestyle: "I keep living the same as before I was injured" (P7); by acquiring hobbies with their fields of interest: "I keep busy with things such as training and sports" (P15); and by working: "I got better when I started to work, I was busy, chatted with friends, relaxed, this is the biggest therapy" (P18). The participants shared their experiences with other Veterans and helped each other in the adaptation process, so they also had the opportunity to socialize: "I'm actively working in The Associations of Martyr and Veterans to support my friends" (P1). Participating in social settings signaled a return to normal life: "I wasn't avoiding social settings, I was getting involved in friendly settings, and thus, I felt relieved" (P14).

The participants, who were able to cope with the trauma and adapted to their new life, expressed positive psychological changes in their lives. For example, P15 stated: "My perspective about life has changed, being a Veteran taught me to accept the existing situation and be happy with the way I live" (P15). They were also found to learn to struggle in case of difficulties rather than giving up: "I learned that there is no problem that people cannot solve unless they give up" (P8). The experience also allowed the participants to be patient and grateful for their conditions: "I was not that patient before, my patience and gratitude increased" (P12). Some Veterans reported that they experienced a spiritual development after the trauma: "After becoming a Veteran, my most valuable gain are spiritual values, I have become more attached to my religion, my

spirituality has increased" (P17). It was revealed that the participants' quality of life increased because they had new socioeconomic opportunities: "After becoming a Veteran, I studied at the university, began to do sports, participated in world championships, worked with ceramics, and participated in three exhibitions" (P16). Furthermore, some participants reported that their altruistic behaviors increased after they became a Veteran with disability: "I volunteer in non-governmental organizations, we arrange charities and give scholarships to the children of martyrs. I try to be beneficial to the people with disabilities" (P16). In summary, the findings showed that the participants experienced PTG.

## Discussion

The aim of this study was to explore a theoretical model regarding how the phenomenon of being a Veteran with disabilities had been experienced. The findings of this study showed that the participants were heavily exposed to war trauma and went through a difficult treatment process. During transition to life after war, the participants experienced various adaptation problems. Participants were able to accept their limb/function loss and adapted to their new lives more easily due to their internal coping and social support resources.

### *The moment of returning from the threshold of death*

Research studies conducted with Veterans who served in the Vietnam, Afghanistan, and Iraq wars (Murthy & Lakshminarayana, 2006; Sayer et al., 2014) and with Turkish Veterans (Bascillar, 2017; Keten et al., 2014) emphasized the problems of loss of limb/function. This study has overlapping findings with previous research which documented that the participants witnessing the death or injury of their friends were traumatized and experienced emotional bluntness due to the horror of armed conflict (Aloi, 2010; Beals, 2000). However, this study yielded further findings as the Veterans coped with the experiences of shock and fear of death during the conflict by taking refuge in Allah and keeping calm.

### *Treatment process*

Due to the long-term treatments, severe surgeries, staying in bed for a long time, and insufficient psychological support, the treatment process were found to be exhausting for the participants. In addition, emotional reactions such as shock, anxiety, hopelessness, thoughts of suicide and euthanasia were experienced during the treatment processes. However, factors such as being psychologically resilient, satisfaction with the treatment service, and support from other Veterans were found to facilitate the treatment process. In the previous studies, the problems such as the long treatment processes decreasing the quality of life (Bascillar, 2017; Gregurek et al., 2001) and insufficient treatment conditions were reported (Caplin & Lewis, 2011; Smith, 2015). Psychological support was the utmost important factor for the participants. The findings regarding the insufficiency of psychological support in the treatment process overlap with the literature (Caplin & Lewis, 2011). However, the findings of this study differed from previous studies by including situations such as the feeling of shock and hopelessness, thoughts of suicide, and euthanasia during the treatment process.

### *Returning to life after war: Adaptation problems*

Upon returning home after being discharged from the hospital, the Veterans encountered various problems they did not experience before, such as PTSD, the inadequacy of psychosocial functioning, lack of social approval, and alienation. Comparative studies with the injured and uninjured Veterans found higher rates of PTSD, depression, and anxiety among the injured Veterans (Berghuis & Jongsma, 2010; Reiber et al., 2010). Previous studies conducted with Turkish Veterans with disabilities also indicated that PTSD and depression rates are high (Bascillar, 2021; Guloglu, 2016; Karairmak & Guloglu, 2014; Keten et al., 2014). Injured and amputee Veterans feel hopelessness and their life satisfaction levels decrease due to their negative body perception (Berghuis & Jongsma, 2010). The Veterans experience problems such as being unable to adapt to the responsibilities required from a civilian life, family conflicts, issues in close relationships, divorce, and parenting (Bascillar, 2017; MacLean, 2010; Sayers et al., 2009). Due to the loss of limb/function, unemployment and economic problems are more commonly experienced (Berghuis & Jongsma, 2010). The findings showed that the Veterans were left alone and did not receive social support from the society and encountered various difficulties during close relationships with the opposite sex and getting married. These findings also overlap with the relevant literature (Aciksoz, 2011; Aloi, 2010; Fontana & Rosenheck, 1994). Additionally, the findings regarding the alienation of the participants are consistent with the literature. In the qualitative studies conducted by Beals (2000), and Purcell et al. (2016), it was found that Veterans who thought they were not understood by other people and had problems with their families and friends, became alienated from society. In

this respect, Aciksoz (2011) also highlighted that Turkish Veterans who were stigmatized as beggars because of their disabilities, isolated themselves from the society.

### Acceptance and holding on to life

The results revealed that the participants were able to cope with their disabilities and adaptation problems due to internal coping and social support resources. Positive personality traits such as positive thinking, resilience, contentment, and self-evaluation were understood to be a significant coping resource for them. Previous studies show that hope, optimism and psychological resilience support Veterans' adaptation to civil life (Araten Bergman et al., 2015; Larner, 2013). It was seen that the studies on Veterans with disabilities did not mention the concepts of contentment and self-evaluation. However, the concept of contentment, which means accepting current conditions and having more realistic expectations (Larner, 2013), can be explained in relation to resilience and the concept of self-evaluation can be explained by the positive rumination in relation to PTG (Calhoun & Tedeschi, 2006).

Some Veterans were found to use spiritual coping such as belief in fate, seeking shelter in Allah, pray, Salat, patience, and thankfulness. According to Pargament and Brant (1998), religion is one of the most effective sources in situations of high anxiety. The studies conducted with Veterans have revealed that belief in destiny, sense of gratitude, religious worship and rituals have a significant role in coping with PTSD and depression, and a positive relationship with quality of life (Aflakseir & Coleman, 2009; De Zoysa & Wickrama, 2011).

The findings of this study indicated that making a positive sense of the experience and limb loss, facilitated the acceptance and adaptation processes. Previous studies indicated that making a positive sense of the trauma experience was an important coping strategy (Aflakseir & Coleman, 2009; Larner, 2013). For example, Nir et al. (2012) found that Iranian Veterans, who made sense of their postwar difficulties as fate, and war wounds as a source of pride, accepted their physical losses more easily and coped with stress. Aciksoz (2011) stated that Turkish Veterans considered being a Veteran and getting injured as patriotism. However, the author did not consider making sense of experience as a coping strategy.

Family support, especially spousal support, was found to have an important role in facilitating hope and holding on to life. Because families try to help decrease PTSD, depression, and anxiety (Evans et al., 2010; De Zoysa & Wickrama, 2011), and increase quality of life (Bascillar, 2017). The findings of this study indicated that associating with the other Veterans was a significant and powerful source of coping with trauma. The support from the other Veterans was found to be much more effective than the support of family and civilian friends. Because they were able to disclose combat events to other Veterans, and so they felt being understood and relieved (Aciksoz, 2011; Ahern et al., 2015; Caplin & Lewis, 2011; Rumann & Hamrick, 2010). The current study indicated that having state assurance was a powerful source of support. Turkish Veterans with disabilities were provided with various socioeconomic opportunities by the Turkish state. According to previous studies, the free treatment services and economic opportunities provided to Veterans played an important role in increasing their quality of life (Bascillar, 2017).

Being able to live independently without too much need from the others, establishing routines in life, and socializing were found to be the most important indicators of adapting to the new life. Gaining independent life skills and working are important components of integrating into the life after war for the Veterans (Berghuis & Jongsma, 2010; Caplin & Lewis, 2011; Reiber et al., 2010). Psychosocial adjustment levels and quality of life were found to be higher in the Veterans who have a job (Araten Bergman et al., 2015; Salamati et al., 2015). Additionally, the experience of being a Veteran with disabilities was found to have caused positive changes in the participants' viewpoints, ways they perceived themselves and the future, their behaviors, and their relations with other people. These positive changes in the participants are explained through PTG (Calhoun & Tedeschi, 2006; Larner, 2013; Tedeschi & McNally, 2011). These findings are aligned with the previous research studies with Veterans where significant relationships between PTG and the level of exposure to trauma have been found (Erbes et al., 2005; Tsai et al., 2016). In summary, all these improvements regarding the experience of the Veterans with disabilities played a significant role in enabling the participants to hold on to life and adapting to changes in life conditions.

### Limitations

This research has several limitations. The participants of this study were only male Veterans since female Veterans could not be reached. If the soldiers are injured in the fight against terrorism and their health report indicate disability over 20% or more, they are officially recognized as Veterans by the Turkish Government. For this reason, only participants who

are officially considered as Veterans were included in this study. Future research can perform comparative studies with the participants who have experience with war/terror and the ones who are not officially considered as Veterans. Future studies can also focus on how trauma and the process of adapting to civilian life are experienced by male and female Veterans. This study was conducted using only the grounded theory design. Mixed design and empirical research can be performed with a similar group. The obtained results and the emerging model in this study can be tested using a structural equation model. In this study, the families of participants were excluded. However, future studies may reveal richer data by including families in the research process.

### *Conclusion*

The findings of the current study partially overlap with the previous studies in the literature. The participants who were exposed to war trauma faced various difficulties while adapting to civil life and became alienated from themselves and society. Additionally, it was revealed that support and coping resources such as positive personality traits, making sense of the experience, spiritual coping, family support, and associating with other Veterans facilitated the process of adapting to civilian life. The results obtained from this study are considered to contribute to the relevant literature. This study is an attempt to contribute to psychoeducational programs and psychological counseling practices that will be prepared with the aim of supporting Veterans' well-being and adaptation processes and helping them participate in psychosocial life more effectively.

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## Data availability statement

Data not available due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data is not available.

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