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Military to Civilian Transition: Experiences of Male Canadian Armed Forces Veterans Living with Operational Stress Injuries

RESEARCH

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ABSTRACT

The military-to-civilian transition (MCT) can pose challenges for veterans of the Canadian Armed Forces (CAF), particularly those who have been involuntarily released due to operational stress injuries (OSI), as they often face exacerbated mental health issues and feelings of alienation. There is a pressing need for further research to better understand their experiences and identify effective support strategies. This interpretative study explores MCT experiences of male CAF veterans living with OSIs.

Methods: Using purposive convenience sampling, four male veteran recruiters were chosen to use snowball sampling to recruit four male participants. Qualitative data were collected using virtual, semi-structured interviews. Interpretative phenomenological analysis was selected to analyze the data.

Results: Six superordinate themes were identified: lack of decompression between stages of transition, interacting with civilians as an unrelatable experience, peer support networks are helpful, realization of changing identity, Veterans Affairs Canada (VAC) requires an acclimation process, and Depart with Dignity (DwD) as having significance in morale. This article highlights various challenges CAF veterans face upon reintegration and merges them with findings similar to previous literature. Additionally, the study presents recommendations based on the analysis and suggestions from the veterans, emphasizing the most significant factors that need further consideration.

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The military-to-civilian transition (MCT) is defined as transferring existing strengths and skills to a new role in civilian life or losing a familiar identity in exchange for an unfamiliar one (Buechner, 2020). The MCT is recognized as a highly challenging and stressful period for military veterans (Ahern et al., 2015; Albright et al., 2018; Brunger et al., 2013; Buechner, 2020; Mobbs & Bonnano, 2018; Rose et al., 2018). The period immediately following a veteran's release can be particularly challenging, as pre-existing mental health issues may become exacerbated (Brunger et al., 2013; Derefinko et al., 2018). The initial months after a member's release can be characterized by feelings of alienation, increased substance use, and conflicts with others (Ahern et al., 2015). Compared to those released from the Canadian Armed Forces (CAF) for other reasons, those involuntarily released for mental health diagnoses, including operational stress injuries (OSI), report issues related to readjustment stress that go beyond the first initial months (Ahern et al., 2015; Brunger et al., 2013; Buechner, 2020; Marshall et al., 2005).

An OSI, as defined by the Government of Canada (2024), is any persistent psychological difficulty resulting from operational duties performed while serving in the CAF or as a member of the Royal Canadian Mounted Police. It is used to describe a broad range of problems, which include diagnosed psychiatric conditions such as anxiety disorders, depression, and post-traumatic stress disorder (PTSD), as well as other conditions that may be less severe but still interfere with daily functioning (para 3).

Knowledge of transitional stress remains an under researched topic (Ahern et al., 2015; Brunger et al., 2013; Derefinko et al., 2018; Mobbs & Bonanno, 2018). Furthermore, much of the research on transitioning away from the military tends to focus on those who have voluntarily released, even though many veterans leave involuntarily (Kleykamp et al., 2021). For instance, an involuntary release in the CAF may be a medical release category due to having sustained an OSI. Those who were medically released from the CAF are often younger than those who retired voluntarily from the Forces and were also less financially prepared for the release (Marshall et al., 2005). Medically released veterans have had to face psychological challenges post-release due to feelings of stigmatization of not being strong enough to continue serving (Rose et al., 2018).

CAF veterans believe their challenges extend beyond just mental illness, indicating a need for a broader understanding of their experiences (Buechner, 2020). To identify the factors that contribute to a successful MCT for medically released CAF veterans, the Office of the Veterans Ombudsman initiated a literature review of peer-reviewed studies from academic and government sources (Rose et al., 2018). Rose et al.'s (2018) literature review on the determinants of a successful transition found only two articles investigating transition issues for medically released CAF veterans compared to their non-medically released peers. Rose et al. 's (2018) review suggests that medically released veterans reported more significant transition challenges than those released for other reasons. More specifically, they reported less satisfaction with their current experience, lower levels of income, higher levels of unemployment, higher levels of non-participation in the labour market, and higher rates of health challenges than other veterans.

Rose et al. 's (2018) review concluded that "the largest limitation found in the literature is the scarcity of articles related to identifying the factors that facilitate a successful transition for medically released CAF veteran" (p. 90). This lack of knowledge may contribute to the difficulty of determining best practices for supporting these individuals. Furthermore, one of the least understood and under researched aspects of OSI research is the perspective of those with OSIs (Smith-MacDonald et al., 2020).

METHODS

This qualitative study examined the experiences of medically released CAF veterans as they transition from military life into civilian life. This phenomenological research is guided by a social constructivism framework. According to Creswell (2013), social constructivism seeks to understand the world through the complex and varied meanings individuals assign to their experiences. Creswell (2013) explains that social constructivism "starts with a theory or pattern of meaning with a question so broad and general that the participants can construct the meaning of the situation" (p. 25). The research question posed to the participants was: How would you describe your experience of the military-to-civilian transition? The data was analyzed using Smith et al.'s (2009) Interpretative Phenomenological Analysis (IPA). The primary purpose of phenomenological research is to understand the commonalities and differences in individual experiences related to the same phenomenon. IPA is an interpretative approach aimed at understanding participants' experiences (Smith et al., 2009).

RECRUITMENT AND PARTICIPANTS

Recruitment involved both purposive convenience and snowball sampling methods. Sampling began by recruiting a purposive convenience sample of four members of the sample group who sought to recruit among their own personal circles to build the sample. Purposive

convenience sampling can support minimizing researcher bias by recruiting participants whom the researcher did not previously know. Snowball sampling is beneficial when participants are hard to find and appropriate because a list of potential respondents is unavailable (Faulkner & Faulkner, 2016). The recruiters were either serving or had served in the CAF, were informed of their selection as recruiters, agreed to take on this role, and received thorough one-on-one guidance regarding their duties and responsibilities as recruiters. Recruiters were individuals who had served with the researcher's spouse who had previous experience in the CAF. Despite having fit the inclusion criteria themselves, the initial recruiters were not eligible to participate in the research as previous knowledge of their experiences may have skewed the researchers' capabilities to remain objective throughout the interview process.

Recruitment began with a purposive convenience sample of CAF veterans who were not connected, lived in different provinces, and served in different trades. Doing this minimized the chances of the initial recruiters selecting people from the same social group (Faulkner & Faulkner, 2016). The recruiters had access to hard and electronic copies of the Letter of Information to share among their contacts. To guarantee role clarity and alignment, individual Zoom meetings were scheduled with each of the four recruiters prior to package distribution. This allowed them to understand their responsibilities before the recruitment materials were sent to their contacts. A guide was followed to ensure the recruiters understood and clarified their roles. For example, the recruiters were not in a position of power over the participants, were not providing a service to the participants, and did not have either service provision or decision-making authority. When the recruiters felt comfortable in their roles, they were given a Letter of Information to share among their circles to build the sample. The Letter of Information contained background information on the researcher and the intent of the study.

Four CAF veterans responded to the recruiters' Letter of Information. All four of those who responded were chosen for the interviews. Interviews ranged from 1 hour to over 2 hours long. Incorporating more diverse perspectives, including those of women in the CAF, is crucial. All participants identified as male, but it is important to recognize the potential insights a female perspective could have brought to the findings.

All the veterans who responded were facing not only a medical release but also had experienced OSIs. Interestingly, although 50% of the sample were combat arms and 50% support, all of them were linked to different aspects of OSIs. For example, some were tour-related, some training-related, and some OSIs were reported to have possibly stemmed from general treatment received while serving. There exists a wide variety of reasons individuals are medically retired, including physical injuries. However, in the current study, all the participants' reasons included having experienced a service-related OSI. IPA aims to understand how each participant experienced the MCT phenomenon and uses small sample sizes because an in-depth analysis of each case can be time intensive. Data was collected from a specific group of participants who met the following criteria: they lived in Canada, spoke English, and were released while in the Regular Force with a minimum of 6 months of service. Also, they reported having experienced an involuntary release from the military and a psychological difficulty that informally or formally fell under the construct of an OSI (Table 1).

DATA COLLECTION

Before data collection, an interview guide was developed and piloted with a reviewer who had served in the CAF. This reviewer had a social connection to the researcher and agreed to provide feedback to ensure the questions were appropriate for this population. The interview guide consisted of open-ended, general questions about the

PARTICIPANT PSEUDONYM	GENDER	LENGTH OF SERVICE AND COMPONENT	BRANCH	OSI (SELF-REPORTED)	MEDICAL RELEASE DATE
Khonsu	Male	11 years RegF	Navy	Anxiety, depression and PTSD	2020
Atman	Male	16 years ResF, 15 years RegF	Army	Anxiety, depression, PTSD, adaptation disorder, and a possible mild traumatic brain injury	In the before release/ transition stage
Jason	Male	14 years RegF	Army	Anxiety, Major Depressive Disorder, (and physical injuries)	2016
J. R.	Male	2 years ResF, 15 years RegF	Army	Depression and a possible mild traumatic brain injury	2012

Table 1 Participants' Demographic Information.

Note. All names are pseudonyms. Khonsu, J. R., and Atman chose their own pseudonyms, while Jason was a pseudonym selected by the researcher to provide anonymity to the participant. Regf = Regular Force; ResF = Reserve Force.

central phenomenon. In line with IPA, participants were selected based on their willingness to have their interviews recorded and transcribed. All participants were informed of the study's objectives and design, and written consent was obtained before conducting the interviews. Data collection involved in-depth, semi-structured interviews conducted remotely via Zoom. Transcriptions were shared with participants for review and a final report of the data was shared with participants for approval before final submission. An application to the Laurentian University Research Ethics Board was submitted and approved (file number 6021232) before the study commenced. No additional research ethics board approvals were necessary.

DATA MANAGEMENT

Given the topic's sensitive nature, measures were taken to minimize risks to this potentially vulnerable population. For instance, the interview data was anonymized to protect participants' confidentiality. Each participant was assigned a numerical code based on their enrollment order in the study (e.g., 001, 002, 003, 004). Electronic consent forms were securely stored on a protected drive.

DATA ANALYSIS

Social constructivists must be engaged with participants' experiences rather than their own and be open to the possibility of another perspective of the experience other than the one they know (Creswell, 2013; Smith et al., 2009). Therefore, IPA is a method of analysis that emphasizes the participant's experience in exception to what may be known or assumed to be known by the analyst (Smith et al., 2009). The goal of IPA was to capture the most salient factors discussed about each experience of the MCT. Smith et al. 's (2009) IPA includes six steps. The first step requires a close, line-by-line analysis of the experiential claims, concerns, and understandings each veteran had of their experience with the MCT. Each transcript was read several times while listening to the audio recordings, and a chart was created with two wide margins to organize the data sets. The first margin contained a copy of each original transcript grouped according to the participant's number.

The second margin allowed space to annotate exploratory comments alongside the section of the transcript they were about. The second step of Smith et al.'s (2009) IPA was to develop exploratory comments. The exploratory comments were shaped from descriptive, linguistic, and conceptual comments guided by a social constructivist epistemology. The third step of the analysis required creating a third column to the left of the original transcript. The reason for this was to focus on conceptual comments to begin shaping emergent themes (Smith et al., 2009). This purposeful focus on conceptual comments is an attempt to reduce the volume of detail and start to capture the essence of the experience. This process was repeated for each data set. The fourth step involved finding connections across the established emergent themes (Smith et al., 2009). This step was a collaborative process, with emergent themes being labelled with the participant's number to track where the emergent theme originated. They were then manually printed and cut out, resulting in a physical pile of emergent themes from each case. An ample space was then used to move the themes around, enabling spatial representation of whether they seemed to relate to each other. When the researcher connected, grouped, and interpreted all emergent themes, they were labelled as superordinate themes.

The fifth step was determining whether patterns occurred across all cases (Smith et al., 2009). To achieve this particularly creative task, all superordinate themes were listed in a chart to determine whether a theme that emerged in one case could provide insights into another. The final chart included six themes (Table 2). The sixth and final step of the analysis was to illustrate each superordinate theme using quotes from the original transcript. This resulted in a master list of superordinate themes illustrated by direct quotes (Smith et al., 2009).

SUPERORDINATE THEMES	001	002	003	004	EMERGENT THEMES CONNECT TO/ILLUMINATE OTHER CASES?
Lack of decompression between stages of transition	Yes	Yes	Yes	Yes	Yes
Interacting with civilians as an unrelatable experience	Yes	Yes	Yes	Yes	Yes
Peer support networks are helpful	Yes	Yes	Yes	Yes	Yes
Realization of changing identity	Yes	Yes	Yes	No	Yes
Veterans Affairs Canada as requiring an acclimation process	Yes	No	No	Yes	Yes
Depart with Dignity as having significance in morale	Yes	Yes	No	No	Yes

Table 2 Chart of Superordinate Themes Created to Identify Recurrent Themes.

REFLEXIVITY

Phenomenological methods such as IPA require the researcher to actively attempt to remove their subjective preconceptions by bracketing or separating themselves out of the experience. During the proposal and recruitment stage, the researcher was a participant in the Operational Stress Injury Social Support (OSISS) Family program and a longtime military spouse of a medically released CAF veteran. During the analysis, the researcher was employed as a registered social worker on a military base. Tufford & Newman (2010) describe bracketing as a method used in qualitative research to protect and strengthen the research process by mitigating transmission of the researchers' own preconceptions within and across the research project. The intention of bracketing is not to take the researcher completely out of the study but instead allow them to recognize and actively set aside their prior knowledge and assumptions of the phenomenon (Creswell, 2013; Tufford & Newman, 2010). Bracketing can occur at any stage of research (Tufford & Newman, 2010). Bracketing was monitored through memos from recruitment to writing. For example, during analysis, when participants expressed frustration about communication gaps that can occur when navigating programs and services within the military culture, the researcher bracketed similar experiences. Bracketing also supported the direction of the interview questions. For instance, while all participants valued peer support, the researcher sought to minimize bias by asking, "What specific peer supports do you use?" rather than leading questions about their own experiences with peer supports.

RESULTS

Superordinate themes were identified following the steps outlined in Smith et al.'s (2009) IPA. These findings were enriched by including participant quotes. The superordinate categories found were:

- Lack of decompression between stages of transition,
- Interacting with civilians as an unrelatable experience,
- Peer support networks are helpful,
- Realization of changing identity,
- Veterans Affairs Canada (VAC) requires an acclimation process, and
- Depart with Dignity as having significance in morale.

LACK OF DECOMPRESSION BETWEEN STAGES OF TRANSITION

The veterans medically released from the CAF with OSIs describe their MCT as having three distinct stages. The first stage is the before transition (Khonsu), or before release (Jason), and the second stage is the process of leaving (Khonsu and Jason). The final stage of transition is the after-transition (Khonsu) stage. Notably, the first two stages occur within the CAF. In contrast, the third stage begins when the release is complete, and they enter civilian life. When asked to describe their experience of the MCT, Khonsu explained, "So it's like your study is kind of, to me, it kind of has that two-point study: like what happened before and then what happened after." As the analysis progressed, substages within each stage of transition also emerged (Table 3). For example, at the time of the study, J. R. was in the after-transition stage, but their time and focus were on attempting to find success within "the working transition" substage. J. R. characterized the working transition as a period in a veteran's life when they began civilian-based employment.

Upon notification that they can no longer serve, they enter the first transition stage before release/transition. Atman shares their thoughts on entering the before-release/transition stage: "So, I'm diagnosed with all this stuff like there's no way they're gonna…well, what would I do in the military? Yeah, like there's no question that I'll come back at all." Before release/transition, the veterans were aware their release was imminent. Still, none discussed defending the release nor mentioned set timelines regarding when their release would be finalized. Atman, who had already been diagnosed with an OSI, knew he would be released but was unaware of exactly when, stating, "I just got my permanent category this week, actually, and so whatever the wait time is now, seven months, nine months, and that should be it."

The veteran then enters the second transition stage immediately after receiving notification that they will be released, but without any specific factor to delineate the

Before transition/release stage
• Discuss having received a diagnosis
• Posted to the medical release unit
The process of leaving
• Determine a post-release pathway (i.e. school, work, retirement)
• Clear out of wing/base
• Have a Depart with Dignity ceremony
After transition
• Attempt to adjust to civilian led institutions (schools, workplaces)
• Attempt to acclimatize to VAC

Table 3 Three Distinct Stages of the MCT and Various Substages Within Each Stage.

Note. Not all medically released veterans choose to attend all substages, and each member's release will have its unique factors.

stages. The process is where they are expected to clear out of the military, choose a post-military path, and take active steps towards activating those paths before their full release. The pressure to make life-altering decisions, along with a lack of decompression, is identified as a major challenge for them. Jason recalls that the paperwork during the process was overwhelming: "It was still overwhelming and there was a lot of paperwork." Khonsu recalled the experience:

> There is no support in that aspect of moral support in a sense, and that is lacking because you know, it's not just all about paperwork, it's also how is all this affecting you. No one bothers to ask you how is this affecting you.

Khonsu and J. R. recall pressure to complete the process for fear of having their services and benefits revoked. Specifically, if they were unable to complete the process in an unspecified amount of time:

> So, when you transition out, and you get approved to go back to school, you literally, for you to be entitled to it, you have to start like after you get out like, you know, I would say probably no more than a month because they have that time frame where if you wait, you won't get it right? They won't get the funding and support! (Khonsu)

> There was this massive urgency to pick a program for school because, you know, even when you're applying to school right, you will apply pretty much the year before to get into the year later. This has happened to me since then, but not at that time, but if you find out that you don't get on your program, then you have to wait another year to apply, and now you'd be outside of the Service Income Security Insurance Plan (SISIP) window completely you know? (J. R.)

To support a more expedited leave, Jason suggests the CAF streamline the paperwork involved within the process:

> You know, the paperwork and everything it was overwhelming. If they could cut it down, like a lot of the work, even if it was like three paragraphs and then at the end it was like just some checkboxes. It was just too much. If they can find a way of condensing it so it's not a lot of military jargon or redundancy. I've seen a lot of that. There was a lot of redundancy in it. I've actually had to say the exact same thing or check off the exact same things for two or three different paperwork that is just worded a little differently!

The veterans discussed their chain of command as a transitional factor. This support was discussed as a factor within the process stage of release. For example, as the final release may require an extent of internal CAF personnel support and guidance, Jason recalls having support from one's chain of command was crucial for a positive release experience:

> I had a very good team that was looking after me. I was having weekly meetings with them to go through the progress or the process and how I was progressing on what needed to be done…The support from chain of command was a big, big help. Everybody from my major to my company sergeant major. Both company sergeant majors cause at the time we had a transition between them. But they were still both really supportive.

The veterans require support to fill out paperwork throughout the process and into their civilian reintegration. Khonsu recalled the release process stalling due to a lack of involvement in the chain of command. Khonus suggested those released on medicals not only have support in navigating paperwork requirements to complete the process, but also have that paperwork prioritized for those released on a medical:

> Okay, fine, what do you need? Okay, did you get this done yet? No? Okay, well let me make a phone call. Right? And say hey buddy, this person needs this, get your ass moving right? You need someone like that, an authority on that same level, to get things done because when you're a lower rank and they are higher and you're trying to get something done, they are just like, oh well, not today, you know maybe tomorrow and there shouldn't be any of that, it should be like oh medical release? Okay guys give me 10 minutes alright? Let me deal with this. I think there is a lack of responsibility and respect for people transitioning out.

OSI's can occur through a wide range of experiences while serving in the CAF, stemming anywhere from tours, to training, to treatment within the institution. Given the only option to clear out is to engage with a chain of command, it may result in a veteran with an OSI choosing to disobey or risk being re-triggered. Khonsu described encountering issues during the process of leaving:

> My mental state is also, you know, stay away from the base and the uniform and stuff, but they want me to come in and put the uniform on to see the commanding officer…I shouldn't even be here a week before I leave, I shouldn't even be on base. Right? But I have to go, put on a uniform and go sit up, go see this guy and then have him asking me some dumb-ass questions. So why are you leaving and blah blah blah? If you read my paperwork, you would know why I'm leaving!

In reflecting on the advice they received to prepare for their medical release, Khonsu now sees that it may not have been helpful for all veterans, particularly those who are older or dealing with more severe OSI-related symptoms:

> So basically, they tell you when you come out, you know, try to have six months' worth of money put away. Okay, thanks for the information, but I shouldn't have to do that, right? I mean, you know, I did that, but let's think about the guys that are much older than me or have more issues you know? That's going to create some issues for them! They shouldn't have to go out and be on the phone with people! Because I'd spend like days, sometimes half the day, on the phone trying to talk to Pension, trying to talk to Sunlife. Hey, when might I be approved? When is my, did you get my paperwork? Try and call around all the clinics you know? Hey, I'm ex-military can you get me in? I need a doctor! So, you know? You're stressing yourself out even more trying to get all these things done that, you know, should have been done before you got out.

Finally, the after-transition stage encompasses all experiences that occur after the veteran is released and those encountered in reintegration. Although all three stages lack clear delineation between stages, decompression time between the identified stages did emerge as a factor of concern for those managing OSI symptoms. Most notably the lack of decompression between the stages. For example, Jason was discharged in August and started attending a civilian educational institution in September. J. R.'s experience was similar: "I was released in 2012, and with the SISIP program, I went to school for 2 years right away." Khonsu recalls their time between their final release and reintegration: "The day I released was the day I started my university program."

Khonsu described the experience of moving so quickly into civilian life and how the lack of decompression aggravated already present transitional stressors, which are also listed:

> You have no time to unwind or get a little break, like especially if you're coming out with trauma. So I went right into this program, I'm dealing with how do I get my money? How do I get my medication? How do I get a doctor? I'm sitting now in front of a computer for 8–10 hours a day doing schoolwork. We're doing virtual classes as well. So, my coming out from the military and then it just kept my trauma, just kept getting worse and worse and worse and worse and worse with all of that.

The MCT for veterans, particularly those with OSIs, was complex and multifaceted. The experiences shared by them during the distinct stages of their medical release highlight the urgency, pressure, and emotional challenges they face. Support from the chain of command can significantly impact the transition experience, offering guidance and assistance during a vulnerable time. Ultimately, the transition process emphasizes the need for understanding, as they navigate the path from service to civilian life, often without the adequate time or support to decompress and adjust.

INTERACTING WITH CIVILIANS AS AN UNRELATABLE EXPERIENCE

The veterans, despite being civilians once, struggle to relate to civilian life, finding it unfamiliar and feeling misunderstood by civilians. Khonsu explained:

> I find some, they have no clue and it's hard to have someone that has no clue about the environment you're in and then try to help you. Like if you have no experience, how are you going to help me?

Khonsu and J.R. mention having only recognized the cultural differences between military and civilian life after their release:

> When I got out is when it really, really hit me because people don't understand you anymore, your own family can't relate, your friends can't relate to your experience. You feel alone, like nobody understands you, you can't talk to your friends and they're like "what are you…what are you talking about, I don't get it." (Khonsu)

> The most challenging part of transition, the working transition is working with civilians and not just the teamwork, not just values and crises and all that sort of stuff you know? I'm also recognizing that the civilian interpretation of the word 'teamwork' is so far different than my interpretation of the word that

> I'm recognizing that we're not compatible in that way. (J. R.)

Veterans reintegrating into civilian life, including workplaces and schools, face transitional stress due to their unfamiliarity with these environments. After having served in the Forces, J. R. described the view they have of civilian workplaces.

> Veterans have a background where they have a job that is relevant and important. So not only do I look at (civilian workplaces) as adversarial and not looking out for the best interests of its lower ranks, but they are also not very relevant or important.

Jason elaborated on their perceptions of civilian life and explains how the unstructured nature of civilian life contributes to transitional stress:

> Military makes you think one way and civilians think in a different way…and to pretty much retrain my brain. Like, especially going to the college. We're taught in class you're supposed to shut up you know? Pay attention to the teacher, stuff like that and that wasn't happening in class. So, it really, really actually caused challenges I would say in the first month.

Jason recalled that a minor removal from the CAF environment before the full release contributed to enhancing the overall release experience and provided reasons for this suggestion:

> I actually had to be moved to the Return-to-Work Program through the JPSU, and I transferred over to the church as an office assistant. That really helped because I would say the military aspect was a little bit more relaxed. It was because the fact that the Padres weren't there to, you know, be there as discipline; they were there for spiritual, but also for emotional help if you needed someone to talk to.

J. R. and Jason discussed how reintegration could be improved if it took place before they are fully released from service. Jason proposed, "The solution would be to place a veteran in civilian situations prior to their full release." J. R. suggests reasoning to support reintegration prior to full release:

> I was discussing with someone else who was ex-military, because he had a difficult transition as well, and I think part of that factor that him and I were talking about is; you take someone who spent half, or most of their adult life in the military and the (transitional related program) to go to school… that 2 year window begins the moment you are released and so that gives you literally no time to first of all; adjust to civilian life which is way different than you think it is going to be and then, to get an understanding of what a civilian job market even looks like and from there, maybe decide on a path, you know?

The veterans were presented with challenges where they found themselves struggling to relate with civilians. Their experiences suggested a societal dissonance where military values clashed with those suggested to them in civilian life. They emphasize a need for earlier and more gradual reintegration into civilian roles.

PEER SUPPORT NETWORKS ARE HELPFUL

The strength of peer support within the veteran community is a well-recognized method for them to connect. In discussing support systems, they highlight peer support as a key factor within the MCT. Khonsu explained that the preference for peer support stems from the understanding and connection it offers: "The only people I have found so far that can understand is veterans themselves, or you know, a therapist that has experience with a bunch of us. Other than that, you are pretty much alone." They describe peer support networks as helpful and shared, often turning to Facebook to connect with peers and obtain transitional related information and awareness. J. R. described a Facebook group as positive support:

> Veterans 3B, that is a really good group though. People doing their posts like 'I am releasing, this is my paperwork issues, what should I do here or there?' That is a really good group for people with questions and stuff.

Atman also described the online group: "These are just members with a lot of initiative and a leadership who are starting stuff and taking the time to actually… you know, correctly answer the questions." He explained, "So, it is mostly you know, kind of venting to other veterans about the issues you are having. And then they are giving you input because they have the experience already of someone that has helped them." Despite the existence of federally funded (formal) peer support structured to provide psychosocial support to them, they overwhelmingly identified informal

(independent from federal funding) peer support networks as a beneficial transition factor.

Although there are many benefits to online peer support, the veterans expressed frustration if the information is only sometimes correct due to base or provincial discrepancies, Jason explained,

> I went to, again, one of the Facebook groups, and people there helped me. It's a very... especially for doing the transition, peoples experiences it's all good. But there is a setback because you could get conflicting information because I do see that there is a bit of difference between bases. There's no set way things should be across the board.

To improve the online peer support system for sharing MCT related information, Atman suggested:

> I think that what is important is that the information be absolutely correct every time. Then you can have different forums; you could have mental health, you could have claims, or pay, or VA. I am pretty sure that is something a little bit better and more informative, you know?

Jason recalled the paperwork during the process as overwhelming but also mentioned that by doing the process, as he remembered it: "The paperwork was overwhelming, I learned as I went and retained." He discussed how knowledge of the MCT process is valued in the veteran community, as he can now support his peers in navigating their medical release, stating:

> I actually had this experience to help somebody. I did get a chance to help somebody else before I left, but it was only for navigating the Veterans Affairs account, getting that ready for him. But pretty much I would tell them about getting paperwork done, certain ones to make sure they are done properly. It is about getting right onto Veterans Affairs and getting those claims done up because it is easier for them to get the information when you are still in the military than it is when you are out. That was my experience.

The role of peer support was identified as a transitional factor that could ease transitional stress. The informal peer-led groups on platforms like Facebook provide an invaluable space for sharing experiences, navigating the complexities of the transition, and fostering a sense of community.

VAC AS REQUIRING AN ACCLIMATION PROCESS

The veterans in the study rely on VAC to provide support in managing their OSI-related symptoms. Those with OSI-related medical releases require VAC support to ensure care coordination. They described logistical issues navigating the VAC system. For instance, as VAC is federal, Khonsu assumed their claim approval process was also federal:

> I just had a gentleman I spoke to that was dealing with a claim of mine and he keeps telling me why the claim gets rejected, and I'm like 'why is the claim being rejected in one province, but it's approved in another?' Oh well, because the doctors here don't want to approve it, but in other provinces, it gets approved, like what? That defeats the point... it's one agency. If it gets approved in one province, it should be approved in another!

They described being led through VAC-related programs and services. J. R. described a lack of confidence in the system for supporting potential civilian goals:

> I am also getting really frustrated because they are like, 'Yeah, we can coach you on resume writing and help you find places to apply,' and I am like, 'You know what? I am not doing that because this is already turning into a massive sh*t show.'

J.R. also recalled a VAC program that had changed, resulting in their option to pursue a personal goal being no longer available. The rigidity of VAC programs may not adequately consider individual interests, strengths, or autonomy. J.R. shared that changes in the program structure limited the ability to pursue personal goals. J.R. suggested the program would be more useful if the program would focus on the individual's interests and strengths when deciding post-release goals:

> I was going to go to school to be a paralegal because I was looking for something that would tap into my organizational interests, my research interests and something that was easier on my body than trades, you know? So, I was initially looking at that. It seemed all very feasible, but starting with that program again, their format had changed, and frankly, to my mind, it became something quite useless! Where instead of looking at you, and your interests, and your strengths, and finding a career path there, they look at your experience, they decide a path for you there.

J. R. mentioned that veterans had discussed the association between feeling betrayed and VAC:

> So I guess in the world of mental health, I forget what it is called, but there is some, there's some diagnosis that relates to feeling betrayed or feeling let down by people who are supposed to support you, and people have talked about this for veterans who have had bad experiences with Veterans Affairs that maybe this is part of their mental health issues is this diagnosis of this betrayal thing, whatever is it.

Khonsu mentioned that VAC has made him feel guilty:

> And now you know, being not covered for things you may be covered for due to your injuries while serving, once again, makes you feel as if they are doing you a favour. They make you feel guilty, so you don't apply for stuff you are entitled.

Khonsu has expressed feelings of guilt surrounding entitlement to benefits, influenced by the perception that VAC treats support as a favour rather than an inherent right. This viewpoint may be unintentionally discouraging veterans from seeking the assistance they need.

The veterans report experiencing a sense of betrayal or disappointment with VAC, with J.R. hinting at a psychological diagnosis linked to this feeling of mistrust. Such negative experiences could potentially exacerbate broader mental health issues within the veteran community, suggesting a need for VAC to re-evaluate how they communicate with and provide support to medically releasing veterans with OSI-related symptoms.

REALIZATION OF CHANGING IDENTITY

All participants started as civilians and transitioned to active CAF members and none of them discussed issues integrating into the CAF. After experiencing OSI-related symptoms, they were labelled injured members of the CAF. During their release, as they moved toward veteran status in civilian life, they reported distinctions among other veterans. For instance, having to rely on the support of VAC for their OSI-related symptoms. Consequently, unlike veterans released on their terms without chronic OSI symptoms, this subgroup of the veteran population has been involuntarily released and are now living with service-related injuries. Medically released veterans with OSIs described practical reintegration into civilian life as a post-transitional factor; for example, Khonus explained:

> Have you ever watched Star Trek? You know the Borg? So, it is a collective and all their minds are to the queen, okay? So that is kind of like what happened. When you go into service, you become a collective, kind of like that, and you have been taught one way. There is no, it is black or white, there is no gray, and there is no freedom to the extent that you think you may have freedom because you are being told what to do and you are given guidelines of what to do. Your life completely does a 360.

Veterans reported that the stress of the involuntary release, coupled with a lack of civilian life integration prior to full release, results in questioning their place in civilian life. Khonsu captured this dissonance, stating, "Now you see things different when you are out. When that uniform does not happen anymore, you are seeing things clearer and different, and you are stuck now on how to pursue it." They discussed challenges related to a lack of clarity on pursuing their goals in civilian life. They described their shifting identities as a continuous MCT challenge. Khonsu illustrated,

> One time, you used to do it, depending on when you joined. Right? So, I mean, I joined late so I kind of knew myself, what I was before I joined. But when I came out, I completely forgot who that person was…I'm not what I was, who I was, who I thought I was. And there was a lot of stuff about that person I liked, but now I do not know that person, so it is like I have to refind that person, and it has been a struggle. It has been a struggle and still struggling, you know, still struggling with that.

Jason recalled how stigma related to mental illness exists and can be internalized after a diagnosis:

> It was kind of like, you know, this is it. It is that thought process of, you know, especially in the military mentality, that if you have mental health problems, you are weak. So, I had that in my mind that I was weak for the longest time.

Khonsu explained the stigma can often be intensified and internalized when the member is being released on a medical discharge:

> You are coming out on a medical, and you are seeing you are put in a box, and you're seeing that you are completely different. That you are a piece of sh*t, you are a fuck up, you are lying, you are probably pretending, and you, as the individual, you are now closed in. You do not want to talk about what is actually happening with you.

Jason suggested a more client-centred approach to medical releases may be beneficial in reducing stigma related to medical releases as each member will have different needs:

> Be understanding. I think one really big key is because there's still a lot of old school, because of the fact mental health is weakness. If you could just understand that not everybody is the same, even though the military tried to make you the same. I think that would be a big thing!

J. R. described working in civilian life, referring to it as the working transition (a subgroup within the after transition stage): "This has been a very big thing to come to terms with for me in my post-military career. Doing something that mattered, and now what I do does not matter… it makes you feel quite useless."

Notably, Atman was the only participant who had not indicated issues related to their changing identity. Atman was in the process of leaving and had yet to receive full release from the CAF. Atman's data set contained many linguistic comments about the benefits of meditative practices, such as:

> The more anxious I feel, the more I meditate; I do transcendental meditation. I have done a lot of different types of meditation, depending on what I needed; I was doing a lot of body scans and stuff like that.

Integration into the military did not stand out as an issue among the veterans. Atman suggested military integration should include psychoeducational opportunities to enhance understanding of mental health prior to serving. Atman reflected on the possible advantages incoming members of the forces may benefit from if the military considers adopting and integrating a structural approach to mental well-being, starting from basic training:

> I was sometimes platoon commander, platoon second in command in command of section commanders. So, you were like scheduling every minute of their lives. You know what I mean? Even at night, you are giving them tasks that you expect to be completed the next day, so even if you are not there supervising, you are going to check or inspect the next day. You could include meditation twice a day in the program and speak a little bit about mindfulness. I mean, if you can teach somebody how to make a bed and then check it five days a week, I do not see why you could not include something like that, and then maybe you have these techniques that are proven to work other than resilience is what we always learn you know?

Medically released veterans with OSIs report a significant struggle with their shifting identities post-service. They describe a disconnection from their former selves and the challenges in redefining their identity in civilian life. For instance, J.R. described difficulties in finding meaning in civilian jobs and feeling a sense of uselessness compared to their military service. Overall, the findings underline the complex emotional and psychological challenges faced by veterans, particularly regarding identity, stigma, and the MCT.

DEPART WITH DIGNITY AS HAVING SIGNIFICANCE IN MORALE

The intent of the Depart with Dignity (DwD) program is to formalize the process and to ensure that CAF members are given the appropriate recognition upon completion of their military service (Government of Canada, 2025). Jason described the DwD program as morale boosting:

> But even though it makes you very emotional because of it… it is very… what's the word I'm looking for… it is morale boosting, I think too. Not just for the member but for everybody else because there could be some people within the organization that will be very upset for you leaving.

Jason highlighted the significance of the DwD program, mentioning that due to chain of command issues, the ceremony nearly did not occur.

> Depart with Dignity is I think one of the most important things to kind of go out on when you're releasing. I almost didn't have one because of certain people in the chain of command. Not my higher ups that were dealing with me, but some of the lower ones like Warrants and Sergeants were causing issues with it.

The benefits of including the family in the release process were not a theme that stood out. However, Jason did mention one of the highlights of his release was having his wife in attendance at his DwD ceremony: "Even my wife was able to come too, and they gave her flowers and everything, which they normally do for the DwD, but it was very special having my wife there as well."

According to the Government of Canada (2025) operating principles of the DwD, the DwD program applies to all members who have completed Basic Military Qualification or Basic Military Officer Qualification and who will, in accordance with Queen's Regulations and Orders article 15.01, be honourably released from the CAF. Khonus specifically mentioned not having a DwD ceremony. This oversight further aggravated their transitional stress:

> Usually, when you leave a unit and if you are seeing a CO, you know they will thank you for being there, blah blah blah, give you a coin of the unit, he just asked me a bunch of questions, and then okay, thank you, didn't even get a coin. Whatever. Make it a good moment, but it was just the opposite. You are still walking out of there, going, "Jesus Christ, man! "You know? Like fu*k, Jesus Christ, it's supposed to be a happy day, and I'm pissed off even more!

Khonsu's and Jason's experiences suggest a possible connection between feelings of organizational betrayal and the importance of the DwD ceremony, which may affect member' morale. For example, Jason describes the DwD as a ceremony that allows exiting CAF members to reflect on their service with peers and family, indicating that a DwD ceremony could be a significant factor in fostering a positive release experience. When veterans feel that their contributions to the organization were overlooked or disregarded, as was the experience reported by Khonsu, overlooking their opportunity to have a formal DwD ceremony may present an additional transitional challenge.

DISCUSSION

The data relies on retrospective information from those who are released or were medically released from the CAF and living with OSIs. The potential for recall bias and re-interpreting past experiences differently than those experienced at the time is possible. The researcher's spouse is a member of the group being examined which created opportunities for bias into the analysis. Since this was an inductive qualitative design, the findings cannot be generalized to all veterans. Given the scarce amount of research on the lived experiences of CAF veterans navigating the MCT with OSIs, it is challenging to discuss these findings with others that might be relevant. The veterans discussed the MCT as having three stages. The middle stage, where they intend to determine post-release plans, was consistently described as the most hurried phase of the MCT. This stage, the process of release/transition, has also been referred to by Kleykamp et al. (2021) as the anticipatory socialization stage. Described as involving self-discovery and planning for the future, Kleykamp et al. (2021) note that veterans who do not engage in planning during this stage fare less well in civilian life.

Insufficient preparation for civilian life can have particularly negative consequences for clients of VAC, but veterans who were medically released have reported not having enough time to prepare for the change (Rose et al., 2018). Despite some veterans establishing their civilian life plans in this stage, all veterans who moved into civilian life mention they do not have adequate time to adjust from the CAF to civilian life and VAC. Ahern et al. (2015) suggest that veterans typically need about a year to adjust to civilian life. Veterans have noted that the values and lifestyles in civilian life differ significantly from those they experienced during military service (Albright et al., 2018; McCormick et al., 2019). Without the strong sense of collectivism found in the military, they may face social isolation within civilian life (Brunger et al., 2013; Buechner, 2020; McCormick et al., 2019).

The sharp contrast between the highly structured military environment and the more flexible civilian setting presents challenges for veterans as they attempt to organize their lives after service (Ahern et al., 2015; Buechner, 2020). Managing resources for individuals who are medically released due to OSIs can also be complex (Rose et al., 2018). Finding support tailored for them can be difficult, as some service providers struggle to fully understand the nuances of military culture (Buechner, 2020; McCormick et al., 2019; Wilbur, 2018). Civilians often find it hard to relate to military culture and the unique challenges veterans face (Buechner, 2020; McCormick et al., 2019; Wilbur, 2018).

Due to the inescapable association with military culture, veterans may communicate their symptomatology in a unique way, unfamiliar to civilians (Wilbur, 2018). Although family members and civilians often struggled to understand MCT experiences and provide adequate support, the assistance veterans offer each other tends to be more impactful (Ahern et al., 2015). For example, combat veterans have indicated that they have shared their own experiences with mental health challenges to peers as a relational tactic to support peers struggling emotionally (Wilbur, 2018). Many military personnel may experience an OSI in their lives, but many do not seek help right away, if at all (Duranceau et al., 2022). Veterans who have received help from a peer or a veteran-specific support system to navigate civilian life have substantial advantages (Ahern et al., 2015). Although the Department of National Defence (DND) and VAC facilitate the OSISS program to support

those with OSIs, relatively little remains known about OSISS program use within the CAF (Duranceau et al., 2022).

The veterans also suggest that reintegration can be less challenging when peers are involved. To ease challenges relating to civilians and civilian-based institutions, they have indicated a need to be in contact with their peers to better prepare for reintegration (Buechner, 2020). In the current study, the veterans sought reintegration and transition support from their peers rather than seeking help from civilian resources. Veterans have reported challenges completing the necessary documentation for accessing healthcare and compensation evaluation procedures within their VA system (Albright et al., 2018). Those in the current study report difficulty navigating the VAC system and report seeking out their peers to help them complete the necessary documentation for assessing their healthcare and support.

The veterans voiced frustrations concerning programs and services offered through VAC. In the past, veterans have reported the VA as a crucial resource but felt a disconnection from the VA leadership and skepticism regarding the helpfulness of the services they received for their mental health and medical care (Albright et al., 2018). As with the current study, veterans have voiced frustration with the VA system after discovering that the services they intended to use are no longer available when they are ready to participate (Albright et al., 2018; Derefinko et al., 2018).

Veterans have reported facing barriers in the VA system that limit their access to care and indicate that it often lacks the structure and support needed to meet their healthcare needs (Derefinko et al., 2018). Despite VAC being a federal agency, veterans in the current study mention a discrepancy in claims approval from one province to another. Thompson and Lockhart (2015) suggest that the burden of proof may help explain why transitional issues are more prevalent than in earlier eras. Given the significant policy and program changes implemented since the New Veterans Charter Act, there is a compelling need for more Canadian research to determine the effectiveness of the Charter in supporting outcomes for this population (Rose et al., 2018).

The veterans in the current study equated words such as guilt and betrayal alongside VAC. Military experiences that clash with core values can be closely related to the concept of moral injury (Buechner, 2020). McCormick et al. (2019) analyzed the following:

> Veterans describe experiences where they felt betrayed (e.g., betrayed by politicians/bureaucracy or leadership/superior officers) and/or perceived transgressions of values or beliefs by self and others (i.e., internal conflict of killing, incongruent behaviour with values) during their military service. Such descriptions align with the emerging construct of moral injury (p. 292).

The DwD findings of the current study highlight its potential to either restore or harm morale when releasing from the forces. For instance, Jason values the DwD ceremony as a chance for departing CAF members to reflect on their service, while Khonsu felt overlooked and unappreciated during this period. Khonsu's experience aligns with institutional betrayal, as Knutson (2015) described, where individuals feel abandoned by the organization to which they devoted themselves and believe their sacrifices have been disregarded.

Military betrayal can be extremely injurious to CAF combat veterans who had OSIs related to their military service (Smith-MacDonald et al., 2020). In defining experiences of military betrayal, Smith-MacDonald et al. (2020) suggest the following:

> Experiences of betrayal by the military originated from a variety of sources, but the soldier always had a definite sense that peers, superiors, or the military as an institution did not act in ways congruent with implicit norms, values, and morals. Active betrayals could include abuse, bullying, or the shifting of guilt and blame from superiors to lower soldiers, whereas passive betrayals included leaders being perceived as incompetent, soldiers being placed in unnecessary risk, or peers being deemed as unwilling to die for another (p. 238).

Ahern et al. (2015) have indicated that a lack of support from institutions can create and worsen feelings of alienation. They found that some veterans felt they could not connect with institutions that should have provided support, leaving them feeling mistreated and unappreciated. Understanding our time's moral conflicts and learning about them from veterans is crucial (Buechner, 2020).

RECOMMENDATIONS

The MCT represents a pivotal event in veterans' lives as they prepare for and reintegrate into civilian life. Veterans with OSIs should have timely access to accurate transition-related information to support their unique needs and mitigate the risk of exacerbating their OSI symptoms. Ideally, those experiencing OSIs should complete their transition only after receiving adequate time and assistance to enhance their well-being. Describing the shift from CAF support to civilian support can be daunting, particularly

since much of the required assistance requires some coordination with CAF, VAC and interaction with civilians. The complexities of the CAF and VAC processes, coupled with the intricacies of military culture, can be challenging for civilians to comprehend. This lack of understanding can hinder civilians' ability to support veterans effectively during their MCT. To bridge this gap, innovative methods for connecting them to necessary information are crucial, especially for those struggling with service-related symptoms.

The results indicate that medically released CAF veterans living with OSI-related symptoms require multidisciplinary support throughout the MCT. The findings highlight an urgency for DND and VAC to consider individualized, transparent, and accessible support for these veterans. However, it is understandable that this level of assistance may require additional resources and coordination beyond DND and VAC. It also extends to civilian-based healthcare practitioners, the veteran's family and others who may be supporting their psychosocial requirements during their MCT. A comprehensive support system is essential to address their service-related injuries, supplemented by understanding and encouragement.

Initiatives are evolving to better understand MCT and streamline the programs and services offered by the DND and VAC (Rose et al., 2018). However, to the researcher's knowledge, no existing programs are designed to harmonize support between DND, VAC, and those who will support veterans' reintegration (i.e., family members, caregivers, and civilian healthcare providers). Neglecting to determine veterans' needs beyond their service is a disservice to those involuntarily released with OSI related symptoms.

Jason expressed that navigating the civilian job market without prior exposure is difficult. The participants recommend fostering opportunities for veterans to experience civilian life before their release. As suggested by J. R. and Jason, one potential solution was to immerse veterans in civilian environments before their official release. Pre-reintegration would provide the members with valuable insights into civilian life while concurrently allowing those in the civilian sector to better understand the unique needs of medically released veterans, ultimately promoting greater empathy and support. By doing so, veterans can cultivate a pre-release support network, comprising family members and civilian healthcare practitioners who can support the transition process and assist them in understanding and addressing their MCT needs. Strong coordination between DND, VAC, and civilian service providers would be necessary for this approach to be practical.

Ensuring that everyone who served in the forces is appreciated for their service fairly is essential. Research exploring the DwD as a transitional tool to enhance or limit morale in leaving the forces could not be found. Further research into the DWD's impact on the morale of exiting members could provide valuable insights into MCT research. Peer support is invaluable for veterans as they journey through the MCT. All of the research participants discussed that being in the company of peers with similar experiences fosters understanding and camaraderie. However, it is necessary to acknowledge the stigma around mental health that permeates both military and veteran communities, making it difficult for some to discuss their mental health challenges openly. This stigma may prevent some from seeking peer support, thereby isolating them from MCT resources. Exploring alternatives to OSI peer support may be beneficial for those who do not wish to share their experiences with peers.

Familiarizing with post-release and civilian environments while serving may alleviate transitional stress. An ideal approach would allow veterans to start engaging with the VAC system as early as their basic training, enabling them to manage their healthcare independently without relying heavily on others for navigation. It is also crucial to incorporate comprehensive stress management and preventive techniques while serving. Introducing these practices early in one's military career may help diminish the stigma surrounding mental health within CAF and assist veterans in developing a healthier post-service identity. Future research may explore structured approaches that encompass mindfulness and goal setting. Normalizing mental health support during military service may also empower personnel to effectively manage OSI related symptoms early on.

Finally, it would benefit all incoming military members to receive clear information about the various options available, such as the ability to change trades or pursue higher education, among others. Planning for a future that includes alternatives beyond their initial commitments may also improve morale in the long term. Furthermore, Kleykamp et al. (2021) emphasize that early planning for civilian employment encourages retention, as new recruits realize they are relatively well compensated and enjoy job stability.

CONCLUSION

Recognizing the complexities of each veteran's transition journey and ensuring they have a support system post-release is crucial for successful reintegration into civilian life. The well-being of medically released CAF veterans with OSI related symptoms should be viewed holistically and addressed promptly, with the stages of transition approached sequentially rather than overlapping or seen

as a single event. It is important to recognize that transition is neither linear nor singular. For example, two veterans experiencing the MCT do so in vastly different ways. One described their transitional experience as an ongoing effort to adjust to working in a civilian-led environment. At the same time, another is returning to post-secondary education despite experiencing symptoms related to their OSI. Veterans often navigate new experiences that civilians typically take for granted, such as applying for social services, renting an apartment, finding a dentist, or paying utility bills. Additionally, they are adapting to aspects of civilian life that may be difficult for the general population to understand, such as managing an illness-related claim, handling a pension in their 30s, and navigating unfamiliar systems for post-transition support. Although this study provides preliminary insights into the experiences of these CAF veterans, the findings indicate that this topic requires more in-depth exploration by those who have experienced it themselves.

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COMPETING INTERESTS

The author has no competing interests to declare.

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