

“Holding Space”

A Phenomenological Exploration of Mindfulness-Based Practice With Veterans Who Have Experienced Trauma

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ABSTRACT

The current phenomenological study examined the lived experiences of Veterans who completed a 4-month mindfulness program. One-on-one interviews were conducted with 12 Veterans using a Socratic method of interviewing, which yielded rich contextual narratives. Analysis was guided by a hermeneutic process to disclose concealed meanings. Findings demonstrate how holding space allowed deep healing and are presented under two distinct themes: *It’s a We Thing!* encompasses what being in a community with nonjudgmental others afforded participants; and *Quiet Your Mind, Quiet Yourself, Your Body* is related to how practices of mindfulness taught participants to cope with daily challenges. Nurses working with Veterans may use mindfulness and peer support interventions to help transform trauma into profound healing and help Veterans find new meaning in life. [Journal of Psychosocial Nursing and Mental Health Services, xx(xx), xx-xx.]

Veterans often struggle with residual traumatic military experiences as they reintegrate into society. *Moral injury*, mostly known as trauma caused by perpetrating or witnessing violence during combat, can

have a profound impact on Veterans as they try to heal and find new purpose and meaning in their lives, especially during the transition to civilian life (Buechner, 2020; Nash, 2019). Moral injury can result from a wide range of egregious expe-

riences while serving and includes military sexual trauma (MST) perpetrated by comrades who were entrusted to protect their fellow service men and women (Buechner, 2020; Northcut & Kienow, 2014).

Traumatic experiences can result in posttraumatic stress (PTS) and may manifest as mild to severe depression, insomnia, anger, and difficulty feeling safe (Müller et al., 2017) (Table 1). Measuring the true incidence of PTS in Veterans is challenging, and estimates vary. The U.S. Department of Veterans Affairs (VA; n.d.) has estimated that 11% to 20% of Gulf War and Iraqi Freedom Veterans experience posttraumatic stress disorder (PTSD) symptoms each year. In addition, Veterans who experienced MST experience PTS at rates as high (or higher) as those who were exposed to combat (González-Prats, 2017). Although exact rates of MST are unknown, with approximately 76% of cases believed to be underreported (Protect Our Defenders, 2021), the U.S. Department of Defense (2021) estimated that in 2019 a total of 20,500 military members (13,000 women and 7,500 men) were sexually assaulted or raped. Moreover, Roberts et al. (2020) performed a study with >50,000 women and found that those with high PTSD scores and probable depression had a four-fold increased risk of mortality.

Veterans are confronted with other psychosocial challenges, including high

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Disclosure: Dr. Meade is a U.S. Army/Gulf War Veteran and co-facilitator of the Anchor Program. Dr. Nosek has disclosed no potential conflicts of interest, financial or otherwise.

Acknowledgment: The authors acknowledge Lee Klinger Lesser and Chris Fortin, co-founders of Veteran’s PATH, and Lee Klinger Lesser and Laura Martin as Anchor Program facilitators, and thank the University of San Francisco Faculty Development Fund, Veteran’s PATH, and Anchor Program Veteran participants.

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Received: March 24, 2022. Accepted: July 28, 2022. Posted online: February 1, 2023.

doi:10.3928/02793695-20230126-01

TABLE 1**DESCRIPTION OF POSTTRAUMATIC STRESS-RELATED TERMS^a**

Posttraumatic Stress Disorder (PTSD)	Posttraumatic Stress (PTS)	Posttraumatic Stress Injury (PTSI)
Use of PTSD suggests the ailment is pre-existing	Predictable reaction to combat stress, more situational	Suggested term by Ochberg and Shay (cited in Post Traumatic Stress Injury, n.d.) that supports General Chiarelli's position
	Recommended by top-level military officials, including former Vice Chief of Staff for the U.S. Army, General Peter Chiarelli (ret)	
	Preferred by authors and used throughout when not citing other researchers	

^a *Post Traumatic Stress Injury, n.d.*

divorce rates (Pethrus, 2019), homelessness (Stasha, 2022), chronic physical conditions (Boersma et al., 2021), mental health issues (Vogt et al., 2020), and alcohol and illegal substance use (Teeters et al., 2017). Furthermore, a total of 6,261 Veterans were lost to suicide in 2019, representing 13.7% of total U.S. suicides (Office of Mental Health and Suicide Prevention, 2021).

In the United States, the VA is the main source of support for American Veterans; however, demand for services outweighs resources, and many Veterans' needs remain unmet (Farmer et al., 2016). Moreover, average dropout rates from traditional psychotherapy for Veterans can be as high as 42% (Goetter et al., 2015). Nongovernmental organizations (NGOs) attempt to fill the gaps in treatment and try novel ways to address the specific needs of Veterans. Mindfulness-based interventions complement traditional methods of cognitive processing therapy (CPT) and prolonged exposure (PE) and have been used to heal the psychological wounds of moral

injury and include techniques such as meditation, mindfulness-based stress reduction (MBSR), and mindfulness-based cognitive therapy (MBCT) (Fjorback et al., 2011; Gallegos et al., 2015; King et al., 2013; Marchand et al., 2021; Nassif et al., 2019; Polusny et al., 2015). The recent National Health and Resilience of Veterans Study of >1,000 trauma-exposed Veterans revealed that mindfulness practice mediated the number of lifetime traumas and PTSD symptoms, alcohol and drug use, quality of life, and suicidal ideation (Kachadourian et al., 2021).

Mindfulness is rooted in Buddhist practice but has become widely adopted by the West and applied in myriad ways (Brown et al., 2007). Mindfulness can facilitate emotional regulation by gaining insight into the moment-to-moment body sensations, feelings, and thoughts that may surface during an emotional response (Gallegos et al., 2015; Nassif et al., 2019). Mindfulness is believed to moderate the effects of maladaptive beliefs (e.g., those that detect "threat of harm, self-worth and judgment, and reliability and

trustworthiness of others") on psychological symptoms through acceptance as opposed to avoidance (Shipherd & Salters-Pedneault, 2018, p. 96). For those who have experienced MST, internal disconnectedness can cause a fragmented or loss of identity, thus therapeutic measures that include mind-body awareness, such as mindfulness practices, can help facilitate reintegration of aspects of one's self (Northcut & Kienow, 2014).

Therapies that focus on interpersonal relationships and social or peer support have also found success in healing PTS comparable to the commonly accepted exposure therapy, especially when addressing issues common to trauma victims, such as mistrust of, and withdrawal from, relationships (Markowitz et al., 2015). Survivors of MST in particular can restore the residual disempowerment and disconnectedness resulting from their assault experience by recreating a sense of safety and empowerment through the development of new forms of attachment with others (Northcut & Kienow, 2014). Westerners have also adopted the Buddhist sangha, a community of practitioners, as a means to find safety and strength with others on a similar path (Nhất Hạnh, n.d.).

Veteran reintegration interventions that aim to decrease isolation and increase socialization focus on creating opportunities to participate in community activities that are affirming and use Veterans' skills, especially as lack of social support has been seen as a barrier to successful reentry to civilian life (Besterman-Dahan, 2021; Sherman et al., 2015). Research on outdoor sports and activities has also demonstrated positive effects on camaraderie building and social integration (Craig et al., 2020; Leighton et al., 2021). van der Kolk (2015) highlighted the importance of community to heal trauma: "Being able to feel safe with other people is probably the single most important aspect of mental health.... Social support is the most powerful protection against becoming overwhelmed by stress and trauma" (p. 79).

Although research supports the use of mindfulness and social support programs for Veterans, lack of understanding of how these nuanced practices facilitate Veterans' healing and successful reintegration exists. Therefore, the purpose of the current phenomenological study was to examine the lived experiences of Veterans who completed a comprehensive mindfulness and peer support program titled the Anchor Program. Specific aims were to gain a deeper understanding of how the program has helped Veterans heal from past trauma and how a continued mindfulness practice and membership of a peer support group has helped them navigate everyday challenges and create lasting bonds with fellow Veterans.

VETERAN'S PATH ANCHOR PROGRAM

Veteran's PATH is a non-profit organization that provides services for Veterans who have served in the military from 1990, the first Gulf War era, through the most recent era, up to and beyond the wars in Afghanistan and Iraq. Its many programs aim to open a pathway of healing (through peace, acceptance, transformation, and honor) (Veteran's PATH, n.d.). In response to Veterans' request for more time to develop their practice, Veteran's PATH began to offer the Anchor Program, a comprehensive 4-month long program, incorporating mindfulness training, outdoor physical bonding activities, and continuing peer support. The Anchor Program was developed by women (Veteran's PATH facilitators and women Veterans) and initially offered exclusively to women Veterans, subsequently opening up to men (unlike many Veterans' programs that are initially created for male Veterans and adapted for women). Each program is gender specific and aims to help Veterans make a serious commitment to their growth and healing and help them deepen their meditation practice. The first two programs took place in California in 2017 and included 23 female and 21 male Veterans, respectively. Since then, an additional five Anchor Programs have

Program Period	Elements
Opening Intensive Retreat (5-Day Retreat)	<ul style="list-style-type: none"> • Mindfulness and meditation practices, in stillness and movement • Large and small group work • Journaling • Emotional literacy and communication skills • Rituals • Self-compassion practice • Gratitude and appreciation practice • Physical activity • Solo walk • Three facilitators (includes at least one Veteran facilitator from the Veteran Leadership Program) • Sharing significant stories while being witnessed and honored by other Veterans in groups of eight that stay consistent through the 4 months • Two follow-up calls in between the 5-day retreat and the beginning of the practice period
9-Week Practice Period	<ul style="list-style-type: none"> • Begins and ends with a 3-day in-person retreat 1 month after the Opening Intensive Retreat • Three online group video calls • Individual goals and plans of action during the practice period and once it ends • Readings and resources posted on Schoology® • Check-in with facilitator every 3 weeks • Bi-weekly practice to integrate into daily living, and Veterans can share feedback via email or Schoology on how the practice is working in their lives • Audio/video guided meditations sent every 2 weeks • Peer circle follow-up group

been offered in California and Colorado to 120 participants between 2018 and 2021. Attrition rate has been low at 2.4% (4/164), with all four dropping out after the first retreat of the 4-month program (Veteran's PATH, 2022). **Table 2** shows details of the program.

METHOD

Study Design

The current study used an interpretive phenomenological design, introduced by Martin Heidegger (1964), who stressed that the ontological existence of the social, cultural, and historical backdrop of humans is integral to "Being"

and cannot be stripped away from experience. Narrative text, the data of qualitative research, captures this rich context of people's lives as well as what is important to the person as a "self-interpretive being" who experiences the phenomenon in question (Heidegger, 1964).

Sample Recruitment

Participants were recruited from a convenience sample of Veterans who attended an Anchor Program. The Veteran's PATH program director contacted program attendees and asked if they would be willing to share their experiences of the Anchor Program with an

TABLE 3**ANALYSIS OF NARRATIVES****Steps Followed to Encounter Concealed Narrative Meanings**

Analysis of text began with the in-depth reading of each participant's transcript

Notes were taken during the preliminary reading regarding what stood out as meaningful and what was described as having a profound impact on the Veteran's life

Transcribed text was re-read methodically numerous times, reflecting a prolonged engagement with the data and a "sensitive interpretation" while noting the salient meanings that surfaced across narratives (van Manen, 2006, p. 719)

Hidden/concealed meanings lingering beneath the surface were revealed through careful examination of nuanced language (Heidegger, 1964)

New interpretations and rich descriptions of participants' narratives were written under thematic headings, weaving together structural and textual meanings (van Manen, 1990)

Most theme titles (main themes and subthemes) were words or phrases used by participants (van Manen, 1990)

Rich and varied participant quotes and exemplars were selected to provide authenticity and credibility of interpretations

Both authors read the text and gave input into the interpretation and identification of themes and the writing of the manuscript, providing triangulation of analyses and assuring confirmability (along with the provision of self-reflexivity statements)

independent researcher (the current study's PI and first author [M.N.], a non-Veteran phenomenologist). Contact information for self-selected respondents was forwarded to the PI who then contacted each willing participant to inform them of the purpose of the study, the process of informed consent, and options for being interviewed. The second author (V.E.M.) is a Gulf War Veteran and facilitator of the Anchor Program, and had no contact with participants during recruitment or data collection.

The final sample included eight women and four men who participated in an Anchor Program 1 year prior to their interview, and included heterosexual and gay Caucasian, African American, and Latinx persons from across the United States. They served a range of time in various positions in the military, with 30 years the longest reported. No demographic information was formally solicited for this study.

Protection of Human Subjects

Prior approval from the University of San Francisco Institutional Review Board was acquired. A detailed informed consent describing the purpose, potential risks and benefits, and resources for services if needed was emailed to each participant. Immediately prior to the interview, the informed consent was reviewed and confirmed with participants with the verbal understanding that consenting to the interview was consenting to participate in the study. In this way, an oral informed consent was achieved equally across all participants whether the interview was conducted in person or remotely. Pseudonyms were used to maintain confidentiality. Recordings were secured in a computer under locked password.

Data Collection

One-on-one interviews in person, via Zoom, or telephone were the sole

source of narratives, all of which were conducted by the PI. Interviews were digitally audio-recorded and transcribed verbatim by professional transcriptionists. A Socratic method of interviewing where the interviewer looks for hidden meanings, contradictions, or assumptions shared by the interviewee was used (Dinkins, 2005).

Data Analysis

Heidegger (1964) proposed that a phenomenon "...is something that does not show itself at first and for the most part...is concealed" and that the "point of departure of the analysis, the access to the phenomenon, and passage through the prevalent coverings must secure their own method" (pp. 82-83). Detailed steps that were followed to encounter the concealed narrative meanings are described in **Table 3**.

FINDINGS

Although participants were not specifically asked about prior experiences, nor was it an aim of the current study, many voluntarily spoke not only of living through combat or sexual assault and challenges with integration, but also about how childhood experiences contributed to a trajectory of hardship. A brief summary of trauma and reintegration experiences is given first to provide this contextual background. Findings specifically related to the Anchor Program and study aims will follow.

Trauma Experiences and Reintegration

A few participants relayed how combat became a pervasive threat that permeated their psyche and was exacerbated with the requisite repression of emotion. Some women relayed that they were sexually assaulted while in the military, with one reporting that she was "...raped five times in three countries including on the operating table" (Gabby). Many, if not all, also spoke of the everyday challenges of reintegrating into society after having been exposed to high levels of anxiety and distress during their military time. Triggered emotions mixed with

daily stresses of securing employment and a new purpose occupied them upon their return. One woman spoke of finally seeking help after withdrawing more and more as a result of interpersonal struggles with coworkers, believing that only she herself could understand the pain of her past. Many participants began their interview speaking of the past to lay the foundation for what made them seek a program such as the Anchor Program. The hardships they endured while in the military and afterwards were juxtaposed against the transformation they felt after having participated in the program. **Table 4** shows additional supportive quotes.

Experiences of the Anchor Program and Ongoing Practices

Findings specifically related to the Anchor Program are presented under two distinct themes: *It's a We Thing!*, which encompasses what being in a community with others afforded participants; and *Quiet Your Mind, Quiet Yourself, Your Body*, which includes what the practices of mindfulness and other centering activities provided them. The themes share elements of each other, or may even presuppose the other to exist or occur. **Table A** (available in the online version of this article) shows additional quotes that support each theme and sub-theme.

It's a We Thing! The comprehensive activities and retreats of different lengths afforded participants the opportunity to develop trust over time. The development of trust, a purposive element of the program, contributed greatly to its unique success because it enabled Veterans to engage in multiple intense periods together, which ultimately led to a deepened sense of connection. They were not accustomed to opening up to others and sharing their inner core, so painful, and at times, shameful. Tina shared: "We were all fragmented so badly that we had no trust for each other.... We were able to release some of the toxins that we were holding on to...and see that it wasn't just us. It's not just an 'I' thing, it's

TABLE 4
EXPERIENCES OF CHILDHOOD, COMBAT, MILITARY SEXUAL TRAUMA (MST), AND REINTEGRATION

Category	Supportive Quotes
Childhood Trauma	<p>"I grew up in a very dysfunctional, abusive—physically abusive—family. Went through that for about 10 years of my childhood. A lot of my experiences, emotions, I sucked it down and I built a wall up." (Teo)</p> <p>"I realize now in looking at things that, as a youngster, we used to run around the orchards here and shoot BB guns at each other and I had no problem with that. My mom was shot and killed in about '78." (Gabby)</p>
Combat Trauma	<p>"When you're in a combat zone and there's mortars flying in every day and you drive down the road and people die every day and you're just under this huge anxiety of, 'Is it me, next? Is that trash going to blow up? Is that tree going to blow up?...'that anxiety every fucking day." (Alex)</p> <p>"[Emotion]...gets in the way of getting the job done." (Gabby)</p> <p>"You got to be in control...and you can't show weakness. That wears on you." (Justin)</p> <p>"One individual was a father of four. All under the age of 10. I did not want to send him [to the Gulf War]...I was trying to send myself in place of him, but I couldn't. He did go, he came back.... Yeah. It turned out to be a blank when I pulled the trigger, but I pulled the trigger. It's not the same level but it is sort of the same." (Gabby)</p>
MST	<p>"[I was] raped five times in three countries including on the operating table...no one can say I enticed them." (Gabby)</p>
Reintegration	<p>"I spent most of 2016 on red flag at the VA for suicidal ideation because of how lost I was.... Been in some really close calls where I've rolled the dice and didn't know if I was going to wake up." (Justin)</p> <p>"...And just feeling disconnected from my family, and my old friends, and my immediate environment.... It's like I don't know where I'm at kind of in a way. It all looks familiar, but nothing feels the same." (Teo)</p> <p>"That's when the reality comes crashing down on you like, 'Oh, my God, I've been isolating. I'm hypervigilant. I have all these triggers and I've got suicidal thoughts'...I started isolating because you don't feel like you can reach out to anyone because no one gets it and they think you're weird...so, you go through all those things by yourself and you're on this journey and on this path and you don't know what to do with all of it." (Tina)</p>

a ‘we’ thing.” As they slowly witnessed others sharing, they also joined in. It is this sense of vulnerability that they had in common, which often caused barriers to intimacy; yet, it was this ability to be vulnerable with each other that led to profound bonding.

I Had a Place/I Feel Safe. The community that developed became a foundation to participants’ healing. Some of that healing was experienced simply as an existential comfort of being somewhere where they felt accepted, honored, and valued. Gabby shared: “It was the first time in decades that I felt I belonged on this earth, that I had a place. I didn’t know what that place was, and it didn’t matter, but I felt like I belonged—that I had a place.” Gabby repeated the words, “belonged” and “place,” emphasizing the profound impact of being with others with whom she felt accepted and connected. For Veterans, being with others who share a common bond seems to resonate as a crucial element particularly because of what the military provided for them, and what is lost once discharged.

Replacing the isolation that occurs after military discharge with a sense of place and belonging provided a solid foundation for self-restoration to occur. The bond created over time was welcomed, yet different than that in the military. Justin relayed this well: “...I think [the camaraderie] takes on a new form. It’s not so rigid. It’s fostering compassion, kindness, forgiveness.” Once participants developed a community of trust and safety, they were ready to open up, as Teo relayed: “The small groups really help you to go into those dark places... You’re in a safe place within the circle...” In everyday life, this armor protected them from being vulnerable for fear of being judged or misunderstood; yet it was this exact vulnerability they needed to assuage the effects of these isolating memories. Many had spoken about how these secrets maintained a gap between them and their loved ones as they resisted sharing them either to protect the recipient from the horror, or to protect

themselves from the shame embedded deep within those untold memories.

Hold Space/Being Held. The term “hold space” was used by several participants to describe an essential element that helped them let their guard down. The sharing and witnessing of each other’s pain and suffering created a nonjudgmental ambiance that carried them through the emotions that surfaced and fostered the requisite safekeeping to opening up. Justin shared that when he went through a traumatic event he wished to be held. He continued: “... All, at the end of the day, I really, really, wanted is somebody to just sit with me with the pain that I have, whether I was angry or sad, just hold that space for me to go through it.” Repeatedly, Veterans highlighted the value of being open and present while holding back the tendency to judge others. Gabby shared: “Everybody is there for everybody.” The power of holding space for each other was salient throughout the narratives and cannot be underestimated.

Quiet Your Mind, Quiet Yourself, Your Body. The healing through interpersonal connection that occurred for many participants is a cornerstone of the Anchor Program, as is helping Veterans find effective ways to cope with life after military trauma. Matt shared: “[The Anchor Program] is needed because most of us have so much going on in our heads all day...and it teaches you how to quiet your mind, quiet yourself, your body.” All participants shared experiences of this benefit, operationalized in varied ways but with the goal to know that a sense of calm was possible, and to learn various techniques to get there.

Emotional Bootcamp. Veterans often used military analogies to elaborate the similarities between combat training and their intensive mindfulness retreats. Alex reiterated this: “Like in boot camp, you get comfortable with being uncomfortable.” Anchor Program participants were not purposefully put through emotional strains; rather, as they deepened their practice of being present and accepting what arises in the moment (in them-

selves and others), they often became more aware of their emotions, which at times were distressing. Gabby spoke of a story she had written long ago about her sexual assault in the military, and explained that she had read the story aloud many times with varied audiences and never expressed any deep emotion. She then relayed that she read it aloud during one of the Anchor retreats: “For the first time ever...I was completely awash in tears.” This example captures what can occur in a bonded group where a common humanity holds them together in an open, nonjudgmental space.

Embrace It and Breathe Through It. Veterans are taught mindfulness to understand the impermanence of embodied human experience as a means to calm an unsettled mind. They shared what they do during intense emotions, invasive thoughts, or moments of panic to be with what surfaces. Deedee succinctly relayed the power of the breath: “It all comes back to taking those three deep breaths.” Focusing on the body and the breath is a pillar of mindfulness to bring one into the present as an anchor to a safer moment.

That Sense of Calm. The culminating experience of a 1-week retreat in a peaceful setting in nature naturally offers serenity, and many referred to this unprecedented opportunity with gratitude and longing. Jane described how her life generally lived in isolation was also juxtaposed to being in nature, implying that her everyday life was lived not only separate from others, it was also separate from nature. She began “to appreciate more things that [she] was...missing.” The 1-day retreats aim to rekindle connections to each other and nature. The unique feature of the program recurrently immersed in nature fostered a continued effort to provide human connection, as well as connection to nature and self.

Thick description of the thematic findings vividly portrays a deep appreciation for a safe space enabling Veterans to develop a renewed sense of belonging with those who shared a similar past and who were dedicated to their own and

each other's healing. In relation with others, Veterans explored their experiences and developed and sharpened their mindfulness skills. They also found a sense of calm and connectedness in nature.

DISCUSSION

The 4-month intensive Anchor Program offered by Veteran's PATH affords a depth of healing for Veterans with past trauma as described in the narrative findings. Key themes of *It's a We Thing!* and *Quiet Your Mind, Quiet Yourself, Your Body* capture two salient pathways to this healing through building a safe, nonjudgmental place of belonging, along with the tools to sharpen awareness and acceptance of one's inner world. This discussion will focus on understanding the interconnected thematic findings from the perspective of what may be unique to the Anchor Program under the broad phenomenon of holding space.

Holding Space

The term "holding space" denotes an intention to provide a safe, nonjudgmental ambiance for one to explore what may be surfacing within. This term implies an expansive acceptance (space) as opposed to a judgmental (contracting) attitude or aversion to the present moment, allowing an empathic exploration of phenomena. The term presupposes a compassionate being-in-the-moment "presence," which has been referred to as *presencing* in humanistic and existential psychotherapy, as well as *chaplainscy* (Floyd, 2016; Geller & Greenburg, 2002). Floyd (2016) described the therapeutic benefit of holding space: "When we hold space for others, we choose to stay with them on their journey through trauma... in a way that passes no judgement... and helps a person come to their own insights" (p. 59).

Therapeutic presence often pertains to a technique used by individual psychotherapists (Geller & Greenburg, 2002); however, researchers have examined the effects of this in group therapy as well (Crane-Okada, 2012; Duffell, 2019). Crane-Okada (2012) found that

its benefits develop over time culminating in a cohesive dynamic "...as the group gradually moves toward a sense of intimacy and closeness..." (p. 160). The notion of a cohesive dynamic may capture what takes place in the Anchor Program during ongoing group circles. By holding space for each other, an inner spaciousness unfolds, which affords an increased awareness of emotional and bodily sensations perpetuating the healing that may occur in some group settings (Geller & Greenburg, 2002).

To be *vulnerable* means being capable of being physically or emotionally wounded (Merriam-Webster Dictionary, n.d.). The Veterans in the current study had built self-protective psychological guards that persisted as barriers to interpersonal intimacy, perpetuating their isolation even further. The juxtaposition of this guarding is that when they chose to be open and share their deepest held secrets, they had to risk being vulnerable. Fellow Veterans' ability to hold space for each other afforded this essential vulnerability. Vulnerability can be seen as an inner courage in the face of change, and may act as a threshold to freedom to choose a creative response resulting in a creative transformation (Sathe, 2020). Veterans in the current study were given the safe "space" to confront a darkness perhaps laden with shame and moral injury, and reported profound transformation as a result. To view vulnerability as a strength reduces the stigma that stems from associating mental health conditions, such as PTS, as weakness or incompetence and thus reduces the barriers to transformative healing (Nash, 2019). Boubilil (2018) posited that to enhance the transformative and healing outcomes of vulnerability, not only does there need to be a sense of safety but that this safety is built upon others' vulnerability.

Mindfulness of breathing is a method to focus on the present moment by shedding awareness on a naturally occurring phenomenon in the body—the breath. The shift from mental reasoning to embodied sensation "helps to relativize the

conditioned ways of perceiving, feeling, and thinking," allowing things to be and to pass (Virtbauer, 2016, p. 76). Findings of the current study support this benefit as well as benefits found in other research that examined the effects of a mindfulness practice with Veterans, such as King et al.'s (2013) study that found decreased PTSD scores in combat Veterans post 8-week mindfulness training when compared to treatment-as-usual. Furthermore, Gallegos et al. (2015) strongly endorsed mindfulness-based interventions for MST due to a growing body of evidence that mind-body practices facilitate the healing of deep embodied wounds common in experiences of MST. Gabby's full-bodied emotional release experienced while reading the story of her assault demonstrates such healing.

LIMITATIONS AND STRENGTHS

Although the current phenomenological study provides a deeper understanding of the experiences of Veterans who attended the Anchor Program, a formal evaluation of the program is needed to examine quantitative outcomes that generate evidence of its overall effect and to make quality improvement changes. Moreover, to generate evidence to change practice on a larger scale, a randomized controlled trial is warranted. The current study revealed rich nuances of the transformational effects of the Anchor Program's activities on its participants, which was the aim of this study, and adds to the body of knowledge on the topic. Rigorous methodology was used and findings are highly transferable due to the diverse sample.

IMPLICATIONS FOR NURSING

Nurses who work with Veterans may use the understanding gained from the current study to inform their practice whether they work in a large health care system or a small NGO. Nurses may consider some key elements of the Anchor Program, such as using a relational approach, assuring a safe space for Veterans to bond and build trust over time, providing in-depth instruction and extend-

ed time to practice mindfulness skills, offering retreats and activities in nature, fostering ongoing peer support beyond the program's timeframe, and advocating for increased resources to develop comprehensive programs. To enhance healing and the creation of new meaning in life, nurses may exhibit, facilitate, and encourage a compassionate presence that holds space in an open nonjudgmental manner for Veterans with past trauma (Hansen, 2019).

CONCLUSION

Evidence is growing for innovative techniques that complement the medical model to address Veterans' needs, and nurses who practice holistic care are well poised to implement creative methods that take into consideration the power of interpersonal healing and mind-body awareness. More studies and resources may be warranted to support and scale up the availability of successful comprehensive programs for Veterans.

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Table A.
Quotes Supporting Thematic Analysis Related to Experiences of the Anchor Program.

Theme/Subtheme	Quotes
<i>It's a We Thing!</i>	<p>“We were all so broken and in such different places and in different stages at each retreat, it took all three retreats for us to really be able to blend and mesh together and be one, big family. We were all fragmented so badly that we had no trust for each other. We wasn't letting anyone else in. We were able to release some of the toxins that we were holding on to...and see that it wasn't just us. It's not just an ‘I’ thing; it's a ‘we’ thing” (Tina).</p>
I had a place/I feel safe	<p>“It was the first time in decades that I felt I belonged on this earth, that I had a place. I didn't know what that place was, and it didn't matter, but I felt like I belonged—that I had a place” (Gabby).</p> <p>“...I think [the camaraderie] takes on a new form. It's not so rigid. It's fostering compassion, kindness, forgiveness. Things that, for a lot of us, I think are almost...awkward. They're raw. I just know for me that going throughout the day, it is that sense of community and it's something that I've wanted since I left the military” (Justin).</p> <p>“I feel safe.... You feel like, ‘Oh, I can let go for this 8 hours’” (Alex).</p> <p>“Because you feel like...you're going crazy and nobody gets it. Then...you get to meet other veterans who are feeling and experiencing the same thing as you, so you start to feel, ‘Okay, maybe I'm not crazy’” (Justin).</p> <p>“The small groups really help you to go into those dark places.... You're in a safe place within the circle...” (Teo).</p>
Hold space/Being held	<p>“There was just something truly unique about doing it with other brothers that were experiencing something relative in their nature. The ability to <i>hold space</i> like that and feel witnessed, I think, is something that I've been able to identify a lot more, now, than so many different periods in my life when I went through a traumatic event. I didn't have the proper support to <i>hold me</i>, which is all, at the end of the day, I really, really, wanted. Is somebody to just sit with me with the pain that I have, whether I was angry or sad. Just <i>hold that space</i> for me to go through it” (Justin).</p> <p>“I want to be able to talk to people, hear their story, and then be able to tell them my testimony, which I think personally is one hell of a healthy thing to do. You know what I'm saying?” (Teo).</p> <p>“With you being down here, we can help pull you up here, or we can learn some stuff from you that we can give and move ourselves forward” (Tina).</p> <p>“It's a no-judgment zone and most of us know that each of us have gone through this in some capacity.... Everybody has their path, and everybody has their movement, and everybody is there for everybody” (Gabby).</p>
<i>Quiet Your Mind, Quiet Yourself, Your Body</i>	<p>“[The Anchor Program] is needed because most of us have so much going on in our heads all day...and it teaches you how to quiet your mind, quiet yourself, your body” (Matt).</p>

Emotional bootcamp	“Like in bootcamp, you get comfortable with being uncomfortable. So, now mentally I need to get comfortable with being uncomfortable with these thoughts and emotions and all that” (Alex).
	“For the first time ever...I was completely awash in tears and my body was wracking and all of that, which had never happened in, let's see, the 4 years before” (Gabby).
	“Combat veteran dudes talking about really vulnerable stuff that...can't talk to their wives about it because it's just too hard for them” (Teo).
	“And maybe unpack it. So, we...get a little deeper into our bodies and something surfaced for me that was really real and present still.... And I kind of was able to dislodge it, work with it, and then also then nurture the child within that was wounded” (Matt).
Embrace it and breathe through it	“Wait a minute. Wait a minute. I need to stop what I'm doing, sit down, and just breathe and get in touch with my body” (Teo).
	“It all comes back to taking those three, deep breaths” (Deedee)
	"Accept who you are. Be in that moment. Embrace it, whatever it is, because you can't continue to run and hide from it. You have to embrace it and breathe through it” (Deedee).
	“...I have a high level of anxiety around crowds and traffic and things, so it's helped me to take a few breaths while I'm driving, and somebody cuts me off. I feel like I'm back in Baghdad and something's going to explode, and I want to kill them. I let it go” (Alex).
	“So, what can I do? I can breathe, I can allow my shoulders to fall down. And then things...I get some space. There's some space now. Okay, now I can actually see more clearly what's kind of ailing me” (Matt).
That sense of calm	“It's just you and nature.... It helped to quiet my mind and make me still and appreciate more things that I was probably missing because I was isolating or whatever” (Jane).
	“[The small retreats] recharged that sense of calm [and we] have enough time to immerse in it and get back into that state of mind...and flow state...” (Alex).