

VETERANS' PERCEPTIONS OF REINTEGRATION CHALLENGES
AND THEIR MOST VALUABLE SOCIAL SUPPORTS

by

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ABSTRACT

With an increasing number of veterans returning to civilian life after deployment in combat, it is important to analyze what challenges they face during reintegration, what resources assist them with coping with these challenges, and which of these resources they perceive as the most helpful. The literature indicates that the most common challenges faced by returning veterans are employment difficulties, family readjustment problems and mental health issues which are shown to be positively affected by the presence of social support networks (Burnell, Coleman, & Hunt, 2009). There exists a gap, however in the research regarding the extent to which each particular social support network affects veterans' reintegration.

This qualitative study explored veterans' perceptions of the challenges faced during reintegration, and the social supports which assisted the most during the reintegration process in order to try to bridge the gap in the research. The findings indicate that veterans struggle the most with reconnecting emotionally with family and friends, managing strong emotions (such as anxiety and alienation), missing the military after discharge, and dealing with the negative effects of deployment on daily life (such as difficulty sleeping, anxiety, and difficulty finding employment). Unit support was overwhelmingly expressed as the most helpful social support, while family and friends were seen more as a challenge than a help. Many veterans went on to surround themselves with fellow veterans and/or join the reserves after their active duty was up.

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INTRODUCTION

In October 2001 the United States deployed troops to Afghanistan in response to the attacks of September 11th beginning Operation Enduring Freedom (OEF). In 2003 additional troops were deployed to Iraq initiating what is known as Operation Iraqi Freedom (OIF). Since 2001 over 2.2 million U.S. veterans have served in and returned from the OEF and OIF conflicts (SAMHSA, 2012). This has resulted in an increasing number of soldiers returning to civilian life after their tours of duty are over, and they must all face the task of reintegration into life with their families, friends, and communities. Many struggle with balancing military and family responsibilities, readjusting to civilian life in the U.S. after living in unfamiliar surroundings during their deployment, all whilst trying to process their exposure to the combat experiences they faced (SAMHSA, 2012). These can all lead to various reintegration issues and challenges, the most common of which are employment difficulties, family readjustment problems, and mental health issues such as depression, post-traumatic stress disorder (PTSD), co-occurring disorders, and traumatic brain injuries (TBI); (Bowling & Sherman, 2008; Demers, 2011; Hoge et al., 2006; SAMHSA, 2007).

It is important for society to be aware of these challenges which they face, as well as the different means of assistance available to veterans who are coping with these challenges. According to Yazicioglu (2006) the most helpful method of assistance received by veterans during this difficult time is composed of the various forms of social support. Unfortunately, however, there exists a gap in the research regarding which challenges veterans perceive to be the most challenging, as well as which social support networks veterans find the most helpful in dealing with these reintegration challenges.

This study explored veterans experiences during reintegration to civilian life after combat in the Operation Enduring Freedom and Operation Iraqi Freedom conflicts including:

1. What are the social support networks which affect veterans' reintegration into civilian life after combat?
2. Which of these do veterans perceive as the most helpful in the reintegration process?
3. What obstacles do they face in their reintegration to society?
4. Are the social support networks that are found in the literature regarding veterans the same ones which they perceive to be helpful?

Data is taken from recorded interviews from the UCF Community Veterans History Project with permission from the RICHES of Central Florida Project (UCF, 2013). Throughout the interviews veterans discussed their military experiences in an informal setting, including their experiences with reintegration and social supports which they utilized during this challenging time. They discussed the reintegration challenges they found the most trying, as well as the social supports they utilized and found helpful during their reintegration process. The data explored in this thesis will not only assist in filling the gap in research regarding this topic, but will provide social workers and other mental health professionals working with this population with valuable information on how to better assist veterans in this reintegration process.

REVIEW OF THE LITERATURE

With over 2.2 million of our nation's veterans having returned from the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflicts since 2001 (SAMHSA, 2012), and the numbers of veterans returning from combat still rising, it is becoming increasingly important to investigate the challenges which these veterans face and the factors which ease these challenges and assist with the reintegration process. The most common of these challenges include mental health issues such as depression, post traumatic stress disorder, co-occurring disorders, substance use disorders, and traumatic brain injuries. Other difficulties faced when reintegrating into society include employment issues and family readjustment issues (Bowling & Sherman, 2008; Demers, 2011; Hoge et al., 2006; SAMHSA, 2007). Each of these major challenges has been shown to be positively affected by various forms of social support including but not limited to community support, friends, family, spouses, and unit support. The presence, or lack of presence of social supports can either aid or hinder the processing of different war experiences and the reintegration process by affecting the attitudes towards these experiences (either positive or negative) (Burnell, Coleman, & Hunt, 2009). By further researching and understanding the extent to which each of these different types of social support networks affect the reintegration process of veterans clinicians and mental health professionals can better assist veterans to face the challenges associated with reintegration after being in combat. A better understanding of these challenges and social support networks can be gained not only from the literature regarding this issue, but also from research regarding veterans perceptions of which challenges present themselves as the most difficult, and which social supports they perceive to help the most in overcoming these challenges.

REINTEGRATION CHALLENGES AND THEIR IMPLICATIONS

Although there are countless challenges which veterans face when attempting to reintegrate into American society after being in combat abroad, the most common ones faced include employment difficulties, family readjustment problems, and mental health issues - all of which have various implications for the social functioning of these transitioning veterans (Burnell, Coleman, & Hunt, 2009). This section aims to discuss each of these challenges individually, as well as point out the implications associated with them.

Employment

In a study conducted by Adler et al. (2011) 18% of returning veterans from the conflicts in Afghanistan and Iraq report having difficulty holding a job. Bowling, & Sherman (2008) identified a reason for this as many veterans facing difficulty controlling impulses and aggressive behaviors as a direct result of their service in combat, which can make readjustment into civilian life difficult, as well as cause problems with retaining civilian employment. Mental health issues associated with deployment such as depression and PTSD are also shown to affect employment performance and can result in employees who suffer from more job loss, job turnover, premature retirement, work absences, and on-the-job limitations, as well as problems finding a job, difficulty with coworkers, and more missed work days in any given month (Adler, et al., 2011). The economic situation of our nation has also affected the ability of veterans to retain employment. Many returning veterans report struggling with finding new employment, while returning Reservist and National Guard veterans have difficulty settling back into their previous employment (Adler, et al., 2011). This may be due to increasing levels of strain on workers in the current economic climate, psychiatric illness and various other factors. Adler et al. (2011) also discovered that unemployed veterans were significantly more likely than employed

veterans to be unmarried or un-partnered, suggesting that the presence of social support from a spouse or partner may potentially help provide better coping skills and resiliency in veterans, affecting their ability to retain employment.

Family

Another important challenge experienced by veterans reintegrating to civilian life after combat is difficulty readjusting to family life. Soldiers often identify returning to family life as the most difficult aspect of reintegration (Demers, 2011). There are three main reintegration issues associated with families including the redefining of roles and expectations of division of household responsibilities, managing strong emotions, and abandoning emotional constriction in order to create intimacy in relationships (Bowling & Sherman, 2008). When veterans return from combat, they often experience feelings of alienation and loneliness within their families and communities, feeling as though they are no longer needed because the roles they served were filled by others during their absence (Bowling & Sherman, 2008). In some cases, families will attempt to compensate for this by giving them too many responsibilities for them to handle at one time, furthering the stress placed upon them and leaving them feeling overwhelmed.

Redefining Roles, Expectations, and Division of Labor

While a service member is deployed, the spouse remaining at home must learn to adjust and assume all responsibilities previously shared between spouses on their own (Bowling & Sherman, 2008). These may include paying the bills, household chores, mowing the lawn, cooking, and caring for the children, among others. They must learn to make important decisions on their own which may affect the household long term. They must also develop new family routines and new household chore management in order to adjust to the service member's absence. When the service member returns, the family must then renegotiate these routines and

responsibilities, and readjust to their returned presence in the household (Bowling & Sherman, 2008).

With the service member's renewed presence in the household, couples must then renegotiate roles and the division of labor in the household. This requires a lot of flexibility on both spouses' parts, as well as healthy and frequent communication (Bowling & Sherman, 2008). This may entail the spouse who stayed at home releasing control of the way things are done, and allowing for the returning service member to have a say in renegotiating the way tasks are performed in the household. If the couple has children, the spouse who remained at home must renegotiate parenting tasks and roles. In the service member's absence the remaining spouse performed all of the parenting while children underwent many developmental changes. They were in charge of discipline and other parenting practices which may need to be renegotiated upon the service member's return.

These are all challenging enough tasks on their own, however without flexibility and communication they become much more difficult, and present a roadblock to reintegration for the service member (Bowling & Sherman, 2008). It may result in the service member feeling that he or she is no longer needed in the household, as their spouse managed the household just fine in their absence. It may also cause the service member to feel insecure about his or her civilian role. Challenges can also be faced, however, if the service member is given too many responsibilities to handle at one time, while still trying to balance reintegrating into other aspects of civilian life (Bowling & Sherman, 2008).

Abandoning Emotional Constriction

Another reintegration challenge which can strain family relationships is difficulty letting go of *emotional constriction*. Emotional constriction will be defined by this study as the suppression of emotions developed as a coping strategy used in combat. Emotional constriction is often developed as a necessary coping strategy in combat (Bowling & Sherman, 2008). This is because allowing emotions other than anger (such as sadness, worry, and fear) to present themselves can distract a service member from the mission at hand and hinder one's ability to perform the tasks necessary in a combat zone. This distraction can become very dangerous for them while engaged in combat. As a result many service members resort to emotional constriction to protect themselves from these distractions becoming dangerous for them (Bowling & Sherman, 2008). When service members return home, they are then faced with the task of releasing this emotional constriction and reconnecting emotionally to their loved ones (National Center for Post-Traumatic Stress Disorder, 2007). This is necessary in order to maintain intimacy within these relationships, and many veterans struggle with this readjustment task. Releasing this numbness may seem daunting and frightening to service members, as this coping mechanism is often what helped keep them alive in a combat zone. Without this they may feel vulnerable or insecure, and without it they often feel outside of their comfort zone (Bowling & Sherman, 2008). Family members may not understand this however, and may struggle with accepting why service members are having difficulty connecting with them on an emotional level the way they did before the deployment. A lot of patience and communication is needed on both sides in order to rebuild their emotional bond to what it was before, as well as ample and effective communication between both parties in order to assist in relinquishing this emotional constriction and re-create intimacy within the relationship bond.

Managing Strong Emotions

Returning veterans also often suffer from very strong and often overwhelming emotions. These may include high levels of anxiety and hyper-vigilance, both of which are associated with the stress of constant risk of danger while deployed. Returning service members are often faced with difficulty in trying to manage these feelings (Bowling & Sherman, 2008). This is because behaviors that are appropriate and encouraged in a war zone, such as maintaining a constant state of alertness, can result in problematic behaviors when returning to civilian life like feeling on-edge or jumpy and being easily startled (SAMHSA, 2012). They may even result in the service member withdrawing socially or exhibiting reclusive behaviors. After living with constant hyperawareness of surroundings in the war zone, service members may be challenged with learning to release this and relax (Bowling & Sherman, 2008). Life at home may even seem boring compared to the rush of military operations (Hoge et al., 2006). Because of this they may engage in adrenaline-seeking behaviors in an attempt to recreate the fierce emotions experienced during combat (Center for the Study of Traumatic Stress, 2007). These may include playing violent video games, reckless driving, drug use, or various other high intensity activities (Hoge et al., 2006). At the extreme side of the spectrum it can result in “road rage” or even physical altercations with loved ones or others (Clark & Messer, 2006). This can result in a lot of stress and tension placed upon familial relationships and can sometimes lead to an inability to reconnect with loved ones and friends. Irritability and angry outbursts may also be present as a result of readjustment to civilian life and difficulty with managing strong emotions, which can hinder a service member’s ability to reconnect with loved ones (Bowling & Sherman, 2008). Weins and Boss (2006) also discovered that families with little to no support, young or new

families, and families that suffer from other stressors are at increased risk for distress in relationships and issues associated with mental health. Issues associated with mental health are also challenges veterans face when readjusting and reintegrating to civilian life after combat.

Mental Health

According to research from Hoge et al. in 2006, approximately 17% of veterans returning from Iraq suffer from some kind of emotional problem, and surveys have found that there are extremely high rates of PTSD, depression and other health-related conditions which can negatively affect psychosocial functioning and quality of life in this population (Tanielian & Jaycox, 2008). The diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) include exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters (DSM-IV, 2000). These clusters include intrusive recollections, avoidant or numbing symptoms, and hyper-arousal symptoms. More information regarding the specific diagnostic criteria for PTSD can be found in the Diagnostic and Statistical Manual of Mental Disorders IV. Depression is a mood disorder in which one experiences a depressed mood for an extended period of time (varying depending on what kind of depressive disorder one has) (DSM-IV, 2000). Symptoms may include loss of interest or pleasure in life activities, a depressed mood for most of the day, significant unintentional weight loss or gain, insomnia or sleeping too much, agitation or psychomotor retardation noticed by others, fatigue or loss of energy, feelings of worthlessness or excessive guilt, diminished ability to think or concentrate, or indecisiveness and recurrent thought of death (DSM-IV, 2000).

Veterans suffering from mental health challenges such as PTSD, depression and TBIs report feelings of loss of self, burdensomeness, embarrassment, and often suffer from higher suicidality than those who do not have mental health issues (Brenner, et al., 2009; Pietrzak, et al.,

2010). In 2007, Kilbourne et. al. found that veterans with serious mental illness were 1.5-2 times more likely than those without serious mental illness to report having limited emotional support. These findings suggest that social support plays a vital role in the development of mental illness, as well as the level of social functioning of veterans returning from combat.

Depression, Traumatic Brain Injuries (TBI) and Suicidality

Research shows that populations which are at an increased risk for suicidal behavior include veterans (Kaplan, Huguet, McFarland, & Newsom, 2007) as well as individuals who have a history of traumatic brain injury (TBI);(Simpson & Tate, 2007). Data suggests that U.S. male military veterans are at two times the risk for suicide as non-veteran American males (Kaplan et al., 2007), and individuals with a TBI history are between 2.7 and 4.0 times more likely than the general population to commit or attempt suicide (Teasdale & Engberg, 2001). There exists a gap, however, in the research regarding suicide rates in veterans with a TBI, which is an increasingly important field of study considering data shows that the TBI rate within service members returning from OEF and OIF range from 15.2% to 23% (Hoge et al., 2008; Tanielian & Jaycox, 2008; Terrio et al., 2009). This suggests that with a higher number of veterans returning from combat with a TBI, so increases returning veterans' risk for suicide ideation and attempt. Veterans returning with a TBI may also suffer from symptoms such as headaches, sleep disturbances, and sensitivity to light and sound (Okie, 2008). They may have cognitive changes in the form of disturbances in memory, attention, or language or delayed reaction time when problem solving. They may even have behavioral changes such as changes in mood, depression, anxiety, impulsiveness, emotional outbursts, or inappropriate laughter (Okie, 2008). Some TBI symptoms also overlap with symptoms of Post-Traumatic Stress Disorder, and in many cases returning veterans have both conditions. Any of these symptoms can severely

hinder one's ability not only to readjust and reintegrate to civilian society, but to function within society.

Post-Traumatic Stress Disorder (PTSD)

Veterans with PTSD report having more difficulties with reintegration than do those who do not suffer from PTSD according to a study by Sayer et al. in 2011. This study suggested that PTSD also puts returning veterans at a higher risk for problem drinking or drug use. In this study one quarter of participants had received a diagnosis of PTSD from the Veterans Administration. This data suggests that PTSD rates in returning veterans are overall high compared to the general population, and that it can present many barriers to successful reintegration. According to a study by Tanelian and Jacox 31% of veterans overall have PTSD.

Co-Occurring Disorders

Based on studies of OEF and OIF veterans in the VA healthcare system about 36.9% and 50.2% of them have a mental disorder diagnosis such as PTSD or depression (Brancu & Kudler, 2011; Cohen et al., 2010). A study of VA healthcare users shows that 11% of veterans from OEF or OIF conflicts suffer from a substance use disorder (alcohol, drug use, or both) (SAMHSA, 2012). Some veterans even use alcohol to self medicate. It is not uncommon when dealing with PTSD for a co-occurring mental disorder to be present such as depression and traumatic brain injury (SAMHSA, 2012). This coupled with the high rates seen in PTSD, depression, and TBI indicate that despite a hole in research regarding rates of co-occurring disorders in OEF/OIF veterans, a need for this research exists. It is common for veterans of OEF and OIF to use hazardous or binge drinking as a means to numb the feelings and memories related to their war experiences (SAMHSA, 2012). This is one of their forms of self-medication, as referenced

before, and often only furthers the difficulty of facing reintegration to family and civilian life. Between 2004 and 2007 it was estimated that 9.3 percent of U.S. veterans between the ages of 21 and 39 were diagnosed with at least one major depressive episode in the past year (SAMHSA, 2008). Over three quarters of those who participated in the study claim they had a severe or very severe impairment in their home, work, or interpersonal relationships. Unfortunately it is not uncommon for a co-occurring disorder to further alienate returning veterans from a society which often does not understand the challenges they face, nor the difficulties behind a co-occurring disorder. A co-occurring disorder often only alienates a returning veteran even more from the social support they need to readjust, and become a part of civilian society.

SOCIAL SUPPORT: THEORY, RESEARCH, AND IMPLICATIONS

Social Support Theory

Social support is a broad, complex term which has been known to encompass many different concepts (Wilcox, 2010). It can be considered an interaction, person or relationship (Veiel & Baumann, 1992), and can be broken down by type of support provided, recipients' perceptions of support, intentions or behaviors of the provider, reciprocal support and social networks (Hupcey, 1998). It is also made up of different supportive behaviors which are intentional acts of support or assistance that occur in a relationship (Vaux, 1988). Social support has also been defined as the existence or availability of people who care about an individual and on whom that individual can rely when needed (Yazicioglu, 2006), and was also defined by Pietrzak and colleagues as an individual's perception or experience of helpful and unhelpful social interactions in 2009. As is evidenced above, there are many different definitions and interpretations of what exactly social support is, and what all it encompasses. This study will define it as the interactions experienced within relationships with different people, and will be dissected to explore how these interactions affect coping strategies, mental health, self-image, and overall quality of life.

Social Support Research and Implications in Veteran Reintegration

Ample research exists exploring the correlation between social support and successful reintegration of veterans after combat. Abbey, Abramis, and Caplan (1985) discovered that the greater the amount of social support received from personal relationships resulted in lower levels of anxiety, depression, and interpersonal sensitivity experienced, and the higher the quality of life experienced by veterans. Social support may also moderate the effects of stress on well-

being informing individuals about improved coping strategies, providing encouragement to continue healthy coping attempts, or by providing reassurances which reduce the sense of threat experienced by veterans (Wortman, 1984). It has also been shown to promote cognitive and behavioral coping, facilitate a sense of meaning, enhance self-esteem, foster a sense of belonging and increase available coping resources (Yazicioglu, 2006). These findings hold important implications regarding the difficulties of reintegration, suggesting that social support can help to eradicate the issues challenging veterans and ameliorate their quality of life.

Major Types of Social Support

The major types of social support identified by veterans in a study performed by Wilcox (2010) include family, friends, significant others (including spouses), military peers and community support. All of these types of social support have been shown to either aid or hinder the processing of war experiences and reintegration, and they all affect the development of either positive or negative attitudes towards these experiences. Research suggests that social support from spouses and significant others is directly associated with lower stress levels, and higher coping capabilities in an individual (Abbey, Abramis, & Caplan, 1985), while other research suggests that support from the entire family is crucial to successful reintegration and adjustment after combat (Burnell, Coleman, & Hunt, 2009). Many veterans also express a desire to talk with others who have served overseas because they can relate to each others' experiences (Demers, 2011), and unit support has been found to increase resilience in veterans suffering from PTSD and depressive symptoms by promoting feelings of personal control and self-efficacy (Pietrzak, et al., 2010). Although research suggests that social support from friends is not directly related to the level of PTSD symptomatology experienced by veterans (Wilcox, 2010), it was shown to positively buffer an individual from stress and depression (Abbey, Abramis, & Caplan, 1985).

Lastly community and dominant public attitude have been shown to aid with reintegration and help veterans come to terms with their war experiences, often aiding in them developing a positive perception of themselves (Burnell, Coleman, & Hunt, 2009).

METHOD

After researching the literature it has been made clear that there exists ample research on the correlation between social support in general and its buffering effects on stress and other mental health conditions with regard to reintegration of veterans into civilian life after being in combat. It is evident, however, that there exists a gap in the research on which particular social support networks veterans consider to be the most helpful during their time of reintegration. This study explored which social support networks veterans consider to be the most helpful during their reintegration into civilian life after combat by viewing a total of 20 interviews of male veterans regarding their experiences, which have been recorded by the University of Central Florida Community Veterans History Project (UCF, 2013). This number was later narrowed down to 15 based on the existence of usable data in only 15 of them. Access to the data was granted to perform this qualitative study by RICHES of Central Florida, who was in charge of the UCF Community Veterans History Project (UCF, 2013). The results of this qualitative study were analyzed using the grounded theory approach, which is an interactive process that involves the constant comparison of data collection, analysis, and theory (Gingerich, Abel, D'Aprix, Nordquist, & Riebschleger, 1999). Throughout the interviews the different social support networks which veterans identified were recorded and later analyzed to identify general themes, as well as categories and subcategories within these themes.

Sample

The interviewees of this study included 15 veterans of varying demographics who served in Operation Iraqi Freedom and/or Operation Enduring Freedom. These demographics were collected at the time of the interview, and were available to view on the UCF Community Veterans History Project database where the interviews can be found. Veterans interviewed all served in either Operation Enduring Freedom, and/or Operation Iraqi Freedom. Veterans were of varying races. 53% identify as white non-hispanic, 20% identify as white hispanic, 6.7% identify as Asian, 6.7% identify as Alaska Native/American Indian, and 13% were of unknown race. All interviewees used in the study were male, as there were no female interviewees who served in either OEF and/or OIF whose interview contained data appropriate for this study. 87% of the interviewees were served as enlisted in the military and 13% served as commissioned officers. The sample also contained interviewees from varying branches of the military. 33% served in the U.S. Army, 27% served in the U.S. Marines, 13% served in the U.S. Army National Guard, 6.7% served in the U.S. Air Force, 20% served in the U.S. Navy, and 6.7% served in the Coast Guard. 80% of the interviewees report not receiving a service-related injury while deployed, while 13% report receiving a service-related injury and 6.7% is unknown whether they received a service-related injury. 6.7% of interviewees served in both Operation Enduring Freedom and Operation Iraqi Freedom, while 13% served in only OEF and 80% served in only OIF.

Table 1 *Types of Demographics and Their Categories*

Category of Demographic	Types of Categories	Percentage of Sample
Sex	Male	100%
	Female	0%
Race	White Non-Hispanic	53%
	White - Hispanic	20%
	Asian	6.7%
	Alaska Native/Am. Indian	6.7%
	Unknown	13.3%
	Type of Service	Enlisted
	Commissioned	13%
Branch	Army	33%
	Marines	27%
	Army National Guard	13%
	U.S. Air Force	6.7%
	Navy	20%
	Coast Guard	6.7%
Service Related Injury	Yes	13%
	No	80%
Conflict	OEF	13%
	OIF	80%
	Both OEF and OIF	7%

Table 1

Design

A qualitative design was used for this study in order to better identify veterans' own perceptions of their reintegration process, challenges, and social supports during this difficult time. Interviews conducted by the UCF Community Veterans History Project (UCF, 2013), which are available on a database on the internet to anyone, were utilized in order to gather the data. The interviews were conducted by undergraduate students from different majors at the University of Central Florida and range in length from 30-60 minutes. These students conducted the interviews in a semi-structured manner, in which veterans were allowed to talk about that which they perceived as most important regarding their combat experiences, while the interviewer facilitated the direction of conversation using different open-ended questions. Each video chosen for this study was watched in its entirety, and

Data Analysis

The interviews were content analyzed using the grounded theory approach, in which an interactive process is used to constantly compare the data collected, analyze it and apply it to theory (Gingerich, Abel, D'Aprix, Nordquist, & Riebschleger, 1999). Each interview chosen to be a part of the sample was watched in full length, and relevant data was collected including expressions of challenges faced during integration, and mentions of social supports which helped during the reintegration process. Major general themes were then identified from the gathered data and recorded. They included Difficulty Reconnecting Emotionally with Friends and Family Combined, Difficulty Managing Strong Emotions, Missing the Military After Discharge, and Negative Effects of the Deployment were Experienced Which Affected Daily Functioning. Once general themes were established from the data, various categories and subcategories were identified including difficulty reconnecting with friends (specifically), difficulty reconnecting

with family (specifically), and difficulty reconnecting with a spouse, partner, or significant other, difficulty managing specific strong emotions including anxiety, alienation, and boredom with civilian life. In addition the subcategories of support from the specific categories of family, friends, and spouse or partner were analyzed. The subcategories of specific affects on daily functioning (including difficulty sleeping, general anxiety, anxiety in large crowds, anxiety while driving, and difficulty finding employment) and reactions to missing the military (including individuals surrounding themselves with other veterans and joining the reserves after active duty was up) were analyzed. The major themes will later be analyzed and written in a narrative form to better communicate the veterans’ own perceptions of these themes and how they affected their reintegration.

FINDINGS

Table 2 *Major Themes: Challenges Encountered During Reintegration*

Challenge Expressed	Percentage of Sample Expressing Challenge
Difficulty reconnecting emotionally with friends and family combined	67%
Difficulty managing strong emotions	60%
Experienced negative effects of deployment on daily life	60%
Missed the military after discharge	40%

Table 2

Table 3 *Major Themes: Social Support*

Source of Social Support Expressed by Sample	Percentage of Sample Expressing Source
Unit Support	47%
Family, Spouse (or Significant Other), Friends	27%

Table 3

Table 4 *Difficulty Reconnecting Emotionally: Subcategories*

Subcategory of Difficulty	Percentage of Sample Expressing Difficulty
Difficulty reconnecting with friends	40%
Difficulty reconnecting with family	27%
Difficulty reconnecting with spouse/partner	13%

Table 4

Table 5 *Difficulty Managing Strong Emotions: Subcategories*

Subcategory of Difficulty	Percentage of Sample Expressing Difficulty
Difficulty managing anxiety	20%
Found civilian life unexciting/mundane	13%
Feelings of alienation	13%

Table 5

Table 6 *Social Support from Family, Friends, Spouse/Significant Other*

Type of Social Support expressed as helpful	Percentage of Sample Expressing Type
Social Support from family	13%
Social support from friends	6.7%
Social support from spouse/significant other	6.7%

Table 6

Table 7 *Negative Effects of Deployment on Reintegration*

Type of Negative Effect	Percentage of Sample Expressing Effect
Difficulty sleeping	20%
General heightened anxiety	13%
Anxiety in large crowds	13%
Anxiety while driving	6.7%
Difficulty finding employment	6.7%

Table 7

Qualitative Analysis

Throughout the interviews, five major themes arose from the data. Ten out of fifteen (67%) of the sample expressed difficulty reconnecting emotionally with friends and family combined. Nine out of Fifteen (60%) of the sample expressed difficulty managing strong emotions (such as anxiety, alienation, and boredom with civilian life). Nine individuals (60%) of the sample expressed having negative effects of deployment on daily life. Seven out of fifteen (47%) expressed unit support as being a helpful social support and six individuals expressed missing the military after discharge (40%). These major themes will be discussed in a narrative form in the sections below, in order to inform the reader of veterans perceptions of their reintegration experiences.

Difficulty reconnecting emotionally with friends and family combined

Sixty Seven percent of the interviewees expressed difficulty reconnecting with friends and/or family when they returned home during their interviews. It was manifested in different ways for some, including one veteran who claimed he felt as though his friends and family “treated [him] like [he] was on a pedestal” and he hated being treated differently by the people he used to be close to before deployment. One of the veterans explained that it was “harder to talk to friends now” because their friends didn’t know or understand all that they had seen and been through, while another veteran explained it was “harder to talk to people because they don’t know” by which he meant that they do not know or understand what one goes through and sees during deployment. Another veteran explained that it was “hard hanging out with civilian friends” after returning for the same reasons. One veteran claimed that his deployment put a huge strain on his relationship with his girlfriend, almost ending his relationship. Six of the veterans who fell within this theme expressed difficulty reconnecting with friends specifically, while four specifically expressed feeling difficulty reconnecting with family. Two of the veterans said they had a hard time reconnecting with a spouse or significant other. This totaled to twelve of the fifteen veterans used in the sample expressing difficulty reconnecting with friends and family after their return, making this theme the most challenging reintegration issue as perceived by veterans.

Difficulty Managing Strong Emotions

Sixty percent of the veterans interviewed in this study expressed difficulty managing some strong emotions after their return from deployment. Two veterans found civilian life

unexciting compared to life on deployment, and had difficulty settling down into daily life after their return claiming “its become mundane again.” This made readjustment more of a difficulty for them. Two other veterans expressed feeling alienation from their friends, family, and/or community. This resulted in them not feeling a part of civilian life. One expressed feeling “out of touch”, while another felt “on [his] own.”

Throughout the interviews, various negative effects on daily life were expressed. Three veterans specifically addressed having difficulty sleeping at night as residual effects of their time served. Two veterans reported feeling higher overall anxiety, with one claiming he “felt [he] had to have a weapon on [him] at all times” for a few months after returning. Another chalked his anxiety up to being “on edge so long over there [in Iraq].” Another claimed he heard a woodpecker in the woods and “lost it” because it sounded like gunfire. Two others expressed feeling anxiety in large crowds specifically as a result of their time served overseas. One addressed feeling anxiety while driving, because driving can be a very dangerous and unpredictable time while on deployment. One other claimed he has had difficulty finding a job because he “has no experience doing anything.”

Unit Support as a Social Support

Throughout the interviews, unit support was overwhelmingly expressed as the most helpful support. One veteran said that he misses his friends from the Marines because he “knows that [he] can count on them for anything and everything.” Another said that there are “certain things you can’t talk about with civilians” implying that there are certain things he can only talk about with his unit members and other members of the military and veterans. He said that his unit members “understand and know what it is like and he can talk to them.” Seven veterans claim they keep in touch with their unit members and friends from the military. Two even chose

to live with one or two unit members they were deployed with. Some veterans chose to surround themselves with other veterans upon their return from overseas. One joined the American Legion and is very involved in the Valencia Student Veterans of America, which is an organization that advocates for veterans rights in colleges and universities. Another veteran claims he counsels younger military members. Two veterans specified that they have reunions with their unit members periodically, where they get together and catch up, reminisce about stories from deployment and maintain their camaraderie. One said that he is very close to his “battle buddy” and that they keep in contact weekly. Overall it was very clear throughout the interviews that veterans valued their relationships with their unit members and fellow veterans, and that these relationships offered them assistance and support while reintegrating to civilian life after combat.

Another theme that was expressed throughout the interviews was missing the military. Forty percent of the veterans expressed that they missed being active in the military for various reasons. One explained that the military is a different culture, and that upon returning to civilian life it was a culture shock for him. He no longer had someone telling him where to be, at what time, and for how long. This caused him to feel very on his own. Other veterans expressed similar sentiments and several either stayed in the military when they returned from deployment or joined the reserves when their time in active duty was up. It was observed throughout the interviews that veterans missed the camaraderie they found so readily in the military, as well as the structure it provided. One even explained that the structure provided by staying in the military when he returned significantly helped him to readjust to civilian life when he returned.

Social Support from Family, Friends, and Spouse/Partner/Significant Other

This theme was the least commonly expressed throughout all of the interviews. More interviewees expressed feeling lack of support from family, friends and spouses than those who

did. Two veterans claimed that support from family helped their transition to civilian life, and only one said that support from friends and family assisted in his reintegration. One claimed that the most draining aspect of his tour was feeling as though he was losing touch with things at home such as his friends' and family members' lives. Another claimed that although his girlfriend (who later became his wife) remained faithful, "the military put a huge strain on their relationship" and this almost ended their relationship. The only veteran to express support from his family and friends helping his reintegration also said that returning after his second tour was a lot easier to adjust, and that he experienced more support at that time than upon his return from his first deployment.

Limitations of the Study

It should be recognized that there exist limitations of the data in this study. All veterans are diverse and come from different backgrounds and cultures. Not all veterans' perceptions of reintegration may be the same as those whose interviews were used in this study due to the diversity of different people. In addition every veteran's experience overseas is different, and these experiences may affect how each veteran perceives their reintegration process. Although this study attempted to obtain as racially diverse of a sample as possible, only so many interviews were available for use. As a result, this study's sample was not completely racially diverse, and more research should be done in the future to include a more diverse sample. In addition the sample size of this study was relatively small, and more research should be pursued in the future to include a larger, more inclusive sample size. Due to its small size, the sample of this study is not generalizable, or able to be generalized to represent the entire population.

Although this study aimed to use interviews of persons who are diverse and of different races, served in one or both of the two conflicts, and served in different branches of the military,

this study was unable to use any interviews with female veterans. The UCF Community Veterans History Project database did not have any OEF/OIF female veterans whose interview contained data relevant to this study, and thus female veterans were not represented in the sample. It should be recognized that female veterans' perceptions could be different than those of male veterans.

DISCUSSION AND IMPLICATIONS FOR PRACTICE

The purpose of this qualitative study was to explore veterans perceptions of their reintegration experiences - the challenges they faced and which social supports assisted them the most during their reintegration period. The study examined a sample of 15 veteran men who served in Operation Iraqi Freedom and/or Operation Enduring Freedom and participated in interviews about their military experience. These men discussed their entire military experience in a casual interview environment; however data was gathered from the time they spent discussing reintegrating to civilian society after deployment. The most common challenges expressed were reconnecting emotionally with friends and family, difficulty managing strong emotions, missing the military after discharge and negative effects of deployment on daily life. Veterans did, however, express significant social support from fellow military unit members and fellow veterans.

The theme that stood out the most from the data collected from the interviews was that although social support plays an important role in reintegrating to civilian life, it can often be perceived by veterans as more of a hurdle than a help. Many of the veterans expressed that they felt difficulty reconnecting with their loved ones when they returned from deployment, with some even suggesting feeling completely alienated. They felt disconnected from the support system that individuals normally would lean on during times of difficulty, and this caused a great challenge for them. It seems as though because of their experiences overseas, which they

expressed they felt they could not share with civilians, they were unable to connect with their typical support system such as spouses, family and friends, and had to lean somewhere else for support. Somewhere where individuals understood their experiences and the emotions they were going through during reintegration, and it seems as though they were able to find that from their unit members and fellow veterans. The camaraderie that is shared among this population that is incomparable to any other, and veterans perceive it to be very important when trying to readjust to civilian society after combat.

This study's findings are inconsistent with some of the literature, as some literature suggests that family support is crucial to successful reintegration and readjustment to civilian life (Burnell, Coleman, & Hunt, 2009). Although the goal of this study was not to define what exactly “successful” reintegration is, it was observed throughout the interviews that most veterans receiving some form of support (mostly from unit members) perceived themselves as having successfully reintegrated to civilian society, despite the challenges they faced. Many of them had gone on to further education utilizing the G.I. Bill, and have families and civilian lives now. Some are still active in the Reserves, or plan to go active duty again someday. This could mean that they still have not found that sense of belonging in civilian society and are seeking it out in the military once again, or it could be interpreted simply as their desire to continue serving their country.

The current study revealed implications for social work practice as well as the field of mental health. The perception that one of the greatest challenges of reintegration to overcome is managing strong emotions suggests that there is a gap in providing services to assist with this initially upon return to civilian life. Several of the veterans described attending classes by the military relating to reintegration, but none of them expressed receiving any help with coping

from these classes. More veterans expressed receiving help from the VA after experiencing difficulties, than receiving preventative care before experiencing these difficulties. This indicates a gap in preventative services for reintegrating veterans to better understand their experiences, and be able to overcome the challenges they face before they become issues which affect their daily lives.

The data also suggests that because so few veterans expressed feeling support from their family, spouse, or friends, that there exists a gap in resources for this population to better be able to understand what to expect when a veteran returns home from combat, and how to best support them. As the veterans expressed in their interviews, those who were left at home during their deployment have no understanding of that veteran's experiences while they were away, or what they went through, and it seems this was the reason veterans had such difficulty reconnecting with them when returning home. If there were more social services and family counseling available to better help friends, family and other loved ones understand what to expect and how to best support veterans through such a challenging time, the lack of social support felt by veterans from this group would decrease, and they would feel more social support from them.

Veterans also expressed receiving the most assistance and social support from their fellow military members. This implies that there need to be more support groups centered around military members supporting each other. These groups would hold great value in providing veterans with a safe, understanding environment to express the challenges they face during reintegration and receive effective social support.

CONCLUSION

With over 2.2 million of our nation's veterans having returned from the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflicts since 2001 (SAMHSA, 2012), it is becoming increasingly important for society and mental health professionals to understand what veterans face when returning to civilian society after being in combat. The literature identifies the most common of the obstacles as the most common employment difficulties, family readjustment problems, and mental health issues such as depression, post-traumatic stress disorder (PTSD), co-occurring disorders, and traumatic brain injuries (TBI) (Bowling & Sherman, 2008; Demers, 2011; Hoge et al., 2006; SAMHSA, 2007). The literature also shows that the greater the amount of social support received the lower the levels of anxiety, depression, and interpersonal sensitivity that is experienced by veterans (Abbey, Abramis, and Caplan, 1985). In addition social support may also help to improve coping strategies, provide encouragement to continue healthy coping attempts, and provide reassurances which reduce the sense of threat experienced by veterans (Wortman, 1984). It has also been shown to promote cognitive and behavioral coping, facilitate a sense of meaning, enhance self-esteem, foster a sense of belonging and increase available coping resources (Yazicioglu, 2006).

Although this is consistent with the data gathered in this study to a certain extent, this is not completely consistent. Veterans in this study overall expressed social support from their fellow unit members and veterans which seemed to give them a sense of belonging, however they still felt a certain amount of anxiety and other strong emotions which affected their daily lives. They did not overall receive a lot of support from friends and family, however, which seemed to be a challenge for some. The veterans in this study did not openly express having any mental health diagnoses, however they did express having family readjustment issues and

employment difficulties. This study also attempted to bridge the gap in research that exists regarding veterans' own perceptions of what challenges they consider to be the most difficult, as well as which social supports helped them the most. It exposed that the challenges most commonly discussed in the literature are not necessarily the challenges veterans have the most problems with, and that social support can be found from their military peers rather than from their friends and family.

REFERENCES

- Abbey, A., Abramis, D. J., & Caplan, R. D. (1985). Effects of different sources of social support and social conflict on emotional well-being. *Basic And Applied Social Psychology*, 6(2), 111-129. doi:10.1207/s15324834basp0602_2
- Adler, D. A., Possemato, K., Mavandadi, S., Lerner, D., Chang, H., Klaus, J., & ... Oslin, D. W. (2011). Psychiatric status and work performance of veterans of operations enduring freedom and Iraqi freedom. *Psychiatric Services*, 62(1), 39-46.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.).
- Bowling, U. B., & Sherman, M. D. (2008). Welcoming them home: Supporting service members and their families in navigating the tasks of reintegration. *Professional Psychology: Research and Practice*, 39(4), 451-458.
- Brancu, M., Straits-Troster, K., & Kudler, H. (2011). Behavioral health conditions among military personnel and veterans: Prevalence and best practices for treatment. *North Carolina Medical Journal*, 72(1), 54-60.
- Brenner, L. A., Homaifar, B. Y., Adler, L. E., Wolfman, J. H., & Kemp, J. (2009). Suicidality and veterans with a history of traumatic brain injury: Precipitating events, protective factors, and prevention strategies. *Rehabilitation Psychology*, 54(4), 390-397.
- Burnell, K. J., Coleman, P. G., & Hunt, N. (2010). Coping with traumatic memories: Second World War veterans' experiences of social support in relation to the narrative coherence of war memories. *Ageing & Society*, 30(1), 57-78. doi:10.1017/S0144686X0999016X

Center for the Study of Traumatic Stress. (2013). Evidence based management of posttraumatic stress disorder (PTSD). Retrieved from

<http://dhl.dhhq.health.mil/Product/RetrieveFile?prodId=209>

Clark, J. C., & Messer, S. C. (2006). Intimate partner violence in the U.S. Military: Rates, risks and responses. In C. A. Castro, A. B. Adler, & C. A. Britt (Eds.), *Military life: The psychology of serving in peace and combat* (3) 193–219.

Cohen, B.E., Gima, K., Bertenthal, D., Kim, S., Marmar, C. R., & Seal, K.H. (2010). Mental health diagnoses and utilization of VA non-mental health medical services among returning Iraq and Afghanistan veterans. *Journal of General Internal Medicine*, 25(1), 18-24.

Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal Of Loss And Trauma*, 16(2), 160-179. doi:10.1080/15325024.2010.519281

Gingerich, W. J., Abel, E. M., D'Aprix, A., Nordquist, G., & Riebschleger, J. (1999). Using a listserv to extend classroom learning: A content analysis. *Journal of Technology in Human Services*, 16(4), 1-16.

Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of the American Medical Association*, 295, 1023-1032.

Hupcey, J. E. (1998). Clarifying the social support theory-research linkage. *Journal of Advanced Nursing*, 27, 1231–1241.

- Kaplan, M.S., Huguet, N., McFarland, B.H., & Newsom, J.T., (2007). Suicide among male veterans: A prospective population-based study. *Journal of Epidemiology And Community Health*, 61(7), 619-624.
- Kilbourne, A. M., McCarthy, J. F., Post, E. P., Welsh, D., & Blow, F. C. (2007). Social support among veterans with serious mental illness. *Social Psychiatry And Psychiatric Epidemiology*, 42(8), 639-646. doi:10.1007/s00127-007-0212-1
- National Center for Posttraumatic Stress Disorder. (2007). Common reactions to trauma. Retrieved March 30, 2011, from <http://www.ncptsd.va.gov/ncmain/information/reactions.jsp>
- Okie, S. (2005). Traumatic brain injury in the war zone. *New England Journal of Medicine*, 352, 2043–2047
- Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C., Rivers, A. J., Morgan, C. A., & Southwick, S. M. (2010). Psychosocial buffers of traumatic stress, depressive symptoms, and psychosocial difficulties in veterans of operations enduring freedom and Iraqi freedom: The role of resilience, unit support, and postdeployment social support. *Journal Of Affective Disorders*, 120(1-3), 188-192. doi:10.1016/j.jad.2009.04.015
- Pietrzak, R. H., Russo, A. R., Ling, Q., & Southwick, S. M. (2011). Suicidal ideation in treatment-seeking Veterans of Operations Enduring Freedom and Iraqi Freedom: The role of coping strategies, resilience, and social support. *Journal Of Psychiatric Research*, 45(6), 720-726. doi:10.1016/j.jpsychires.2010.11.015
- Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat

- veterans receiving VA medical care. *Psychiatric Services*, 61(6), 589-597.
doi:10.1176/appi.ps.61.6.589
- Simpson, G., & Tate, R. (2007). Suicidality in people surviving a traumatic brain injury: Prevalence, risk factors and implications for clinical management. *Brain Injury*, 21(13-14), 1335-1351.
- Substance Abuse and Mental Health Services Administration. (2007). Serious psychological distress and substance use disorder among veterans. *The NSDUH Report*.
<http://store.samhsa.gov/product/Major-Depressive-Episode-and-Treatment-for-Depression-among-Veterans-Aged-21-to-39/NSDUH08-1106>
- Substance Abuse and Mental Health Services Administration. (2008). Major depressive episode treatment for depression among veterans aged 21 to 39. *The NSDUH Report*.
<http://store.samhsa.gov/product/Serious-Psychological-Distress-and-Substance-Use-Disorder-among-Veterans/NSDUH07-1101>
- Substance Abuse and Mental Health Services Administration. (2012). Behavioral health issues among Afghanistan and Iraq U.S. war veterans. *In Brief*. 7(1).
- Tanielian, T., Jaycox, L.H., 2008. Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery. The RAND Center for Military Health Policy Research, Santa Monica, CA.
- Teasdale, T.W., & Engberg, A.W., (2001). Suicide after traumatic brain injury: A population study. *Journal Of Neurology, Neurosurgery & Psychiatry*, 71(4), 436-44-
Doi:10.1136/jnnp.71.4.436
- Terrio, H., Brenner, L.A., Ivins, B.J., Cho, J.M., Helmick, K., Schwab, K., & Warden, D. (2009). Traumatic brain injury screening: Preliminary findings in a US Army brigade combat

team. *The Journal Of Head Trauma Rehabilitation*, 24(1), 14-23.

Doi:10.1097/HTR.0b013e31819581d8

The University of Central Florida Veterans History Project. RICHES of Central Florida. UCF Department of History. (2013). Retrieved from: <http://riches.cah.ucf.edu/veterans/>.

Vaux, A. (1988). *Social support: Theory, research, and intervention*. New York, NY England: Praeger Publishers.

Veiel, H. O., & Baumann, E. (1992). The many meanings of social support. In H. O. F. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support* (pp. 1–9). New York: Hemisphere.

Weins, T. W., & Boss, P. (2006). Maintaining family resiliency before, during, and after military separation. In C. A. Castro, A. B. Adler, & C. A. Britt (Eds.), *Military life: The psychology of serving in peace and combat* (Vol. 3, pp. 13–38). Bridgeport, CT: Praeger Security International

Wilcox, S. (2010). Social relationships and PTSD symptomatology in combat veterans. *Psychological Trauma: Theory, Research, Practice, And Policy*, 2(3), 175-182.
doi:10.1037/a0019062

Wortman, C. B. (1984). Impact and measurement of social support of the cancer patient. *Cancer*, 53, 2339-2360.

Yazicioğlu, K., Duyan, V., Karataş, K., Özgül, A., Yılmaz, B., Duyan, G., & Aksu, S. (2006). Effects of Sociodemographic Characteristics, Illness Process, and Social Support on the Levels of Perceived Quality of Life in Veterans. *Military Medicine*, 171(11), 1083-1088.