Being and Becoming a U.S. Iraq War Veteran: An Exploration of the Social Construction of an Emerging Identity

Anna Stachyra
Loyola University Chicago

Follow this and additional works at: https://ecommons.luc.edu/luc_diss

Recommended Citation
https://ecommons.luc.edu/luc_diss/197

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License.
Copyright © 2011 Anna Stachyra
LOYOLA UNIVERSITY CHICAGO

BEING AND BECOMING A U.S. IRAQ WAR VETERAN:
AN EXPLORATION OF THE SOCIAL CONSTRUCTION
OF AN EMERGING IDENTITY

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN NURSING

BY

ANNA M. STACHYRA

CHICAGO, ILLINOIS

AUGUST 2011
ACKNOWLEDGEMENTS

These pages, and the work they represent, could not have been accomplished without the professors, Veterans, colleagues, and family who supported me along this academic journey and contributed to the fruition of this study.

Unfailing gratitude to Mary Walker, Ph.D., R.N., F.A.A.N., dissertation committee chair. Dr. Walker, your unparalleled vision and dedication were instrumental in powering forth my progress and knowledge development. Thank you, Shirley Butler, Ph.D., R.N., for your alliance throughout my student tenure and providing me with the opportunity to teach student nurses and connect with Hines VA Hospital. Thank you, Nancy Hogan, Ph.D., R.N., F.A.A.N., for extending your research expertise to this project.

I thank Loyola University Chicago for the teaching assistantship and scholarship award which funded my first two years of doctoral study. Thank you to Hines Veterans Affairs Hospital, Hines, Illinois for my employment as VA Nursing Academy clinician and faculty member. Thank you, Nancy Harris, Ph.D., R.N., for your unwavering trust and support.

Thank you, Mr. Phillip J. Saulnier, Retired U.S. Army Colonel, Founder and C.E.O. of America's Pride, for your generous donation. Thank you, America's Pride employees and Mr. Will Sasser for your transcription services.

I greatly appreciate the Veterans who I have met, in person and through art, at the

Extended thanks to my colleagues in Nursing, Mental Health, and Education Services, for their partnership; my students, for teaching me so much; Mr. and Mrs. Stachyra, for the encouragement to follow my interests.

I also thank the following persons for their advisement: Professor Gloria Jacobson, Ph.D., R.N., Research Specialist Terry Stonich, Pharm.D., and Information Technology Research Specialist Mr. Larry Brand.

This work is ultimately credited to the Veterans who participated in this study. It was my utmost privilege and pleasure to learn from each of you. God bless you and your fellow Veterans.

A.M.S.
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS iii

LIST OF FIGURES viii

ABSTRACT ix

CHAPTER ONE: PHENOMENON OF INTEREST 1
   Problem Statement 1
   Significance to Nursing 3
   Study Purpose 3
   Research Question 5

CHAPTER TWO: REVIEW OF LITERATURE 6
   The US Iraq War Veteran 6
      Definition of Veteran 6
      Veteran Demographics 8
      The US War in Iraq 8
   Social Construction of Veteran Identity 11
      Reality is Socially Constructed 11
      Identity is Socially Constructed 13
      Illness Narrative is Socially Constructed 16
   Culture, Veteranhood, and Diaspora 18
      Culture 18
      The Journey of Veteranhood 23
      The Iraq War Veteran Diaspora 26
   Myth, Meaning, and Memory 28
      Myth 28
      Meaning 33
      Memory 37

CHAPTER THREE: METHODOLOGY 44
   Method 44
   Process of Inquiry 46
   Strengths and Limitations 47
   Researcher Role 48
   Service and Materials Appropriation 48
   Setting and Sample Recruitment 49
   Sampling Criteria 51
   Protection of Informants 51
   Description of Participants 53
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Map of Iraq</td>
<td>10</td>
</tr>
</tbody>
</table>
ABSTRACT

Background: Traditional perspectives of veteran mental health are grounded in physiological and psychological principles of trauma response and recovery. An alternative perspective is needed for the provision of culturally relevant healthcare to our nation’s newest veterans.

Research Question: Based on the premise that each veteran cohort has a characteristically identifiable cultural form and process of cultural identification and negotiated development, the research question guiding this study was, "What is the culture of the Iraq War veteran?"

Study Aim: The purpose of this study was to describe, from social constructivist perspective, Operation Iraqi Freedom [OIF] veteran cultural identity development.

Study Design and Method: A qualitative, explorative, ethnographic research method was utilized. Veterans participated in one of three participation options: Medical chart review only, Focus group only, or Medical chart review and Focus groups. Eleven veterans participated in the focus group and medical chart review option; one veteran participated in the medical chart review, only, option. A structured interview guide was used to prompt veteran narrative.

Data Analysis: Content analysis of medical chart documentation, including mental health, behavioral health, and psychotherapy documentation, and constant comparison data analysis of verbatim transcription of focus group discussion.
**Results:** A conceptual model of Iraq War veteran cultural identity development, based on five dynamic processes of identity resolution, is proposed. The five concepts of the model are: (1) Societal Visitation, (2) Awareness of Permanent Displacement, (3) Dilemma of Transfigured Purpose, (4) Reevaluation of Belongingness, and (5) Identity Confluence.

**Nursing Implications:** Understanding the culture of the Iraq War veteran is an essential foundation for socially-invested and culturally appropriate nursing and interdisciplinary provider responsiveness in addressing the healthcare needs of Iraq War veterans and their families. To promote a relationship of reciprocal involvement with its Iraq War veterans, study findings and the proposed conceptual model can be used by Department of Veterans Affairs (VA) and non-VA clinicians to describe and further investigate the contextual and consensual processes of Iraq War veteran cultural identity development.
CHAPTER ONE

PHENOMENON OF INTEREST

The future of our Armed Services and the future of our country will be integrally linked with how we take care of our veterans.
— George Washington, U.S. President 1789-1797

It is the responsibility of the VA to help our country understand that this is a different war and our newest veterans have different problems. When our veterans are coming home, they are not really home again because the community does not understand. There is the potential to form a chronic needs population if we do not figure out, aggressively, what their needs are.
— Dr. Ira Katz, Deputy Chief Patient Care Services Officer for Mental Health, VHA Mental Health Conference, Baltimore, MD, August 8, 2010

Problem Statement

The mental health of U.S. military veterans is a foremost national concern (Institute of Medicine [IOM], 1997, 1999a, 1999b, 2000; President’s Commission, 2003, 2007; Volpp, 2007). Media headlines such as “Number of disabled U.S. veterans rising” (CBSNews.com, 2008), “Troubled troops in no-win plight” (USA Today, 2006), “Dad’s plea for mental health care: Make VA go to the soldier” (CNN.com, 2007), and “Suicide epidemic among veterans” (CBSNews.com, 2007) serve as daily reminders that veteran mental health risks and problems not only exist but are expected to persist.

Since October 2001, approximately 1.64 million service members in the Active and Reserve Components of the United States (US) military have been deployed to Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF)
(US Department of Defense [DOD], 2007; Research and Development Corporation [RAND], 2008). Of those deployed, 449,261 service members have been deployed more than once (DOD, 2007). As of January 2008, more than 3,400 service members have died, primarily from hostile action, and more than 30,000 troops have been wounded in action in Afghanistan and Iraq (DOD, 2007; RAND, 2008).

In comparison with former United States-involved wars, smaller deployed forces and advances in medical technology contribute to OEF and OIF service members surviving life-threatening experiences that would have, historically, otherwise led to death (RAND, 2008; Warden, 2006). Iraq War veterans return from service with physical injuries such as brain injury from improvised explosive devices (IED’s), traumatic amputation, spinal cord injury, paralysis, blindness, deafness, and loss of limbs due to shrapnel wounds (DVA, 2008).

While medical diagnoses rates are holding constant, the diagnostic frequency of anxiety, mood, and substance abuse disorders is increasing (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004; Tracy, Trafton, & Humphreys, 2004), particularly among Persian Gulf, OEF, and OIF veterans (West & Weeks, 2006). In 2007, the Army recorded approximately 2,100 active duty service member suicide attempts (Lorge, 2008; RAND, 2008).

OEF and OIF “signature injuries” (Wheeler & Bragin, 2007) are chronic in nature and consist of mental health conditions and cognitive impairments classified as posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and traumatic brain injury (TBI) (RAND, 2008). An estimated 26 percent of returning OEF and OIF
troops have clinically diagnosable mental health conditions (Hoge et al, 2004; DOD, 2007; Milliken, Auchterlonie, & Hoge, 2007; RAND, 2008). According to Post-Deployment Health Assessment (PDHA) screening, 10 to 15 percent of OIF veterans are estimated to have PTSD (DOD, 2007; RAND, 2008). Other mental health problems commonly diagnosed among veterans are adjustment disorder and substance abuse (DOD, 2007; Lorge, 2008; RAND, 2008).

Significance to Nursing

Service members returning from the Iraq War will begin relationships with the Department of Veterans Affairs (DVA) and other healthcare providers. Forty-seven percent of the US active duty force is between 17 and 24 years old (RAND, 2008). From now into the future, nurses will be caring for the OIF veteran and their families by strengthening their resilience, promoting family and community reintegration, and working towards a healthful, fulfilling, and productive way of living (Wheeler & Bragin, 2007). Research into the set of beliefs, values, and shared meanings of the Iraq War veteran culture will help nurses to understand the healthcare needs unique to the members of this newly emerging cultural identity.

Study Purpose

The phenomenon of investigative interest is the social construction of the cultural identity of the US Iraq War veteran. The purpose of this study was to contextualize the Iraq War veteran experience, search for shared meaning within the group, and capture the consensus of how they see themselves and the world to which they have returned in order to resume their daily lives. It was surmised that the culture of the Iraq War veteran
simultaneously facilitates and hinders veteran reintegration into the culture of mainstream society.

Through my own work at the VA Hospital, I have grown aware of how each veteran cohort is differentiated by periods of service, nature of service, or other group affiliative criteria unknown to outsiders. These affiliations affect how veterans perceive and receive hospital services. It was with sense of disbelief and disappointment that a Vietnam War veteran related to me how an OIF veteran had told him that he claimed symptoms of a PTSD diagnosis because an older brother told him that is what he needs to do to get proper mental healthcare. In a recent issue of the Military Order of the Purple Heart newsletter, in response to an article disputing the validity of posttraumatic stress syndromes, an Iraq War veteran defended its realness and the severity of personal consequence. Being a veteran, it seems, does not mean membership in a universal ideology of actions, thoughts, and values (Holmes, Gariti, Sadeghi, & Joisa, 2007). Rather, the being, and becoming of, each veteran originates from a unique culture and experience that is contextualized by the uniqueness of each war and combat itself.

For each respective cohort, veteran culture stems from unique contexts in which the service experience occurred. From contextualized experience evolve creations and recreations of individual and collectively-shared cultural memory and meaning rooted in service mythology. Additionally, the outcome of meaning-making shapes the veteran’s view of himself, the world, and himself in-the-world.

To acknowledge the culture of the Iraq War veteran as unique and emerging, and to capture its defining characteristics, is to provide footing for researchers and healthcare
providers on which to base interventions and approaches aimed at the adjustment and reintegration needs of the Iraq War veteran. Rather than base treatment approaches on the frame of reference of the healthcare provider, who may be a cultural outsider due to factors such as never having served in the Iraq War, approaches based on a frame of understanding situated in the experiences of the Iraq War veteran are more likely to be culturally-sensitive and appropriate for this population.

Research Question

The overarching question guiding this study was, “What is the culture of the US Iraq War veteran?” My research questions were directed at understanding the meaning that Iraq War veterans have attached to their military experiences as well as identifying the culture in which they see themselves belonging. Ethnographic research inquiry focused on the process, rather than solely the product, of cultural negotiation. I aimed to reveal and interpret how Iraq War veterans attach meaning to their experiences, when meaning is shared by the culture, and how the individual Iraq War veteran creates meaning in instances when the experience is not shared by those outside of military culture.

During the process of research inquiry, insight was gained into institutional healthcare power relationships and how they influence the cultural practices of Iraq War veteran. The path to discovering and resolving differences between Iraq War veteran cultural knowledge and objective knowledge (i.e., the medical community and institutionally accepted knowledge) required thinking of Iraq War veterans as the locals and hospital personnel as cultural outsiders.
CHAPTER TWO
REVIEW OF LITERATURE

The US Iraq War Veteran

Definition of Veteran

Derived from Latin words ‘vetus’ and ‘veteres’, meaning, respectively, old or ancient and old man or forefathers, the idea of veteran is synonymous with great age, experience, endurance, and cultural value. The term ‘veteran’ is used to reference career longevity or retirement, accumulated accolade, or cultural stewardship.

In the military context, the veteran population consists of former military service members, that is, persons who have served in any of the US Department of Defense military branches including the Army, Navy, Marine Corps, Air Force, Coast Guard, and Reserve Components, which include the National Guard. For health care benefit eligibility, a veteran is defined by the VHA as “a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable” (Retrieved August 14, 2008, from http://www1.va.gov/opa/vadocs/fedben.pdf). Military service members who have been dishonorably discharged from the military are not recognized as US veterans by the US Department of Defense (DOD) and VA.

Service member is a gender neutral referent of all active-duty military service personnel. By definition, all veterans have once been service members. Post-deployment
veteran refers to troops newly returned from serving outside the US. Ex-combatant or combat veteran refers to a service member who has engaged in at least one direct combat situation during service. Service-disabled veteran refers to the veteran who has been assessed a level of disability determined by the VA to be resultant directly from military service.

Prisoner of war veterans are veterans who have been held captive (POW) by the enemy. War zone veterans are service members who have served directly in global war zones recognized by the US government. United States wars and war zones where veterans may have served within the last ninety years include the Mexican Border Period, World War I, World War II European and Pacific theatres of operation, Korean War, Vietnam War, Lebanon, Grenada, Panama, Persian Gulf (Operation Desert Shield and Operation Desert Storm), Somalia, Bosnia-Herzegovina and Croatia (Operation Joint Endeavor, Operation Joint Guard, and Operation Joint Forge), and post-September 11, 2001 War on Terror operations in Afghanistan and Iraq (Operation Enduring Freedom and Operation Iraqi Freedom) (Retrieved August 14, 2008, from http://www.vetcenter.va.gov/Eligibility.asp).

Armed civilian contractors, also called armed mercenaries, hired for high-risk security operations in places such as war zones, include ex-military personnel (i.e., veterans) who are employed as third-party contractors, not as military service members. Private military companies (PMC) such as Blackwater (http://www.blackwaterusa.com), Xe Services (http://www.xecompany.com), and Triple Canopy (http://www.triplecanopy.com/triplecanopy/en/home) have been employed by the US
State Department for contracts in Iraq and Afghanistan. In this paper, ‘veteran’ will refer to a person who has actively served in the United States military, but not as a PMC contractor, for any length or period of time. The referents “OIF veteran” and “Iraq War veteran” are used interchangeably throughout this paper.

**Veteran Demographics**

There are 23.8 million living US veterans (DVA, 2008). Females constitute 7 percent of the veteran population and 15 percent of all current active duty military personnel. By the year 2010, 14 percent of all veterans will be female (DOD, 2007). Ethnically, 80 percent of the veteran population is White, 10.9 percent Black, 5.6 percent Hispanic, 1.4 percent Asian/Pacific Islander, 0.8 percent American Indian/Alaska Native and 1.3 percent is classified as Other (DVA, 2008). There are 2.9 million living World War II veterans; the percentage of veterans over age of 65 is currently 39.1 percent (VHA, 2000; VHA, 2003). By the year 2020, 50 percent of the veteran population is expected to be 65 years of age or older (VHA, 2003). 7.8 million veterans utilize the Department of Veterans Affairs (VA) health care system (VHA, 2008), which is staffed by over 100,000 health care professionals across 153 medical centers, 732 community-based outpatient clinics, and 209 vet centers (DVA, 2008).

**The US War in Iraq**

The US war dubbed “The War on Terror” was our nation’s response to the terrorist attacks on the US that occurred on September 11, 2001. It was a day of catastrophic national horror and tragedy, claiming thousands of innocent lives and startling the world into a new awareness of global relations. Words such as counter-
terrorism, guerrilla insurgency, weapons of mass destruction, improvised explosive devices (IED’s), suicide bombings, and homeland security have since become part of our everyday vernacular. After two years of covert and clandestine military operations in Afghanistan, US military troops invaded Iraq with *Shock and Awe* ground offensive tactic on March 17, 2003.

Unlike the previous Persian Gulf War, which was over in the course of a few months, the Iraq War, also known as Operation Iraqi Freedom (OIF), persisted in the face of national and international controversy for six years. The end of combat operations in Iraq, Operation New Dawn (OND), was announced by President Barack Obama on August 30, 2010. As of January 2011, 49,000 US soldiers are serving in Iraq. Media reports continue to feature military service member fatalities in Iraq ("Two US soldiers killed in Iraq", Chicago Tribune, January 5, 2011) and untimely deaths of newly returned Iraq War veterans ("Tinley Park war vet died of cold exposure in driveway", CBSChicago.com, December 30, 2010).

In contrast with other US war cohorts, characteristics unique to the Iraq War include 24/7 real-time media coverage, internet technologies that offer service members instant and ongoing communication with friends and family while overseas, increased numbers of female service members in combat, increased disassembly and reassignment of troop teams, repeated overseas re-deployments, and a nationally accepted separation of feelings: that of providing morale and emotional support for military troops and their families despite national opposition toward the Iraq War, itself.
Figure 1. Map of Iraq

The country of Iraq is located on the west of the continent of Asia, bordered by Turkey, Syria, Jordan, Saudi Arabia, Kuwait, and Iran (Image retrieved August 23, 2009, from www.iraqnewsworld.com/iraq-maps.html). Iraq is a desert country with abundant oil reserves and a rich cultural history dating back to the ancient civilization of Sumer, circa 6,000 B.C. The capital and largest city of Iraq is Baghdad. Predominantly an Islamic, Arabic-speaking country, Iraq is also inhabited by Kurds, Shiite, and Sunni factions, among which exist warring ethnic cultures and religious strife.

Reasons for the US invasion of Iraq are subject to debate. Military actions in Iraq have included attempts at locating and destroying alleged weapons of mass destruction, capturing and assassinating Osama Bin Laden (head of the extremist Sunni faction called ‘Al-Qaeda’ believed responsible for the terrorist attacks on the US), and bringing Saddam Hussein to justice. The Iraq National Army (INA) was established and trained by US troops with the plan to eventually transfer the newly established Iraqi government back
into the hands of its own people.

Between the years 2002 and 2006, 686,306 OIF and OEF veterans were discharged from active duty service (RAND, 2008). Withdrawal of US military troops from Iraq and the concurrent war zone of Afghanistan has been the center of national US political anxiety and decision-making. “Declare victory and depart Iraq, US adviser says” reads a headline (New York Times, July 31, 2009). To date, there have been 4,408 OIF military causalities and 14 OND military causalities (Retrieved January 6, 2011, from http://www.defense.gov/news/casualty.pdf). With the decrease of US troop presence, and anticipated withdrawal pending security agreement expiry in 2011, more US troops who have served in OIF, will be returning home.

Social Construction of Veteran Identity

*Reality is Socially Constructed*

To state that reality is socially constructed could be perceived as fault-finding. Presupposing that reality is socially constructed suggests the existence of hierarchical power structures, defined by standards of normalcy and equality, which create oppressed cultures. Social Construction of Reality theory (Berger & Luckmann, 1966) challenges the status quo and questions whether its existence, accepted as reality, is unchangeable, unyielding, inevitable by nature; or, whether an alternative explanation of the status quo, which brings socially held choices and possibilities for change, into light, can be offered in place of what currently and unpleasantly exists (Hacking, 1999; Margolis, 1995).

Given the recent events of national blame, guilt, and consciousness-raising about the dire state of veteran mental health, the matter of veteran mental health, in particular
the mental health of our newest veterans returning from Iraq, is a prime topic for exploration through social constructionism. Veteran mental health is our society's present platform of choice for explaining issues of veteran readjustment and cultural reintegration. A rebellious question to consider is whether veterans are having mental health problems because of readjustment and reintegration obstacles or whether problems with sociocultural readjustment and reintegration contribute as much toward veteran mental health problems as military or pre-military trauma.

Causes, characteristics, and appropriate treatment approaches for veteran mental health are still under debate and the focus of a vast body of ongoing research. The consequences of military service have been recognized and classified. Homecoming tribulations of the Vietnam War veteran have paved the way for subsequent research aimed at better understanding of the mental health effects of war. However, new knowledge, research, and provider efforts aimed at screening and preventing veteran mental ailing have not diminished the scope and severity of problems faced by the returned veteran from Iraq.

A new perspective is needed when viewing the phenomenon of veteran mental health (Hobbs, 2008; Hodge, Austin, & Pollack, 2007; Scheper-Hughes, 2008). The idea of the traumatized veteran is a shifting and evolving phenomenon. Without an equally dynamic contextualization of veteran experience and veteran becoming, healthcare providers may find themselves repeating, in fifty years, questions similar to the ones Retired Lieutenant General Russel L. Honoré posed at a recent conference, “Why is the largest population in VA hospitals comprised of Vietnam War veterans but not our
nation’s youngest veterans, of which are there over three million? Why are we always playing catch-up with our veterans’ health?” (R.L. Honoré, National Conference for Veterans, Hoffman Estates, IL, July 27, 2009). Despite nationally-held promises to not make the same mistakes with this generation of veterans, as with previous veteran generations, media headlines about veteran mental health and cultural reintegration problems continue to persist.

The mental health problems of the Iraq War veteran warrant critical review of how veteran mental health problems could be holistically and contextually understood. The nature of veteran mental health problems rests not in the individual veteran’s illness, but in the socially constructed reality in which it exists. The veteran with mental health, social readjustment, or cultural misalignment problems stands for an idea of a forming identity. However, one does not automatically emerge from service with a veteran identity. Being a veteran does not mean that one is necessarily engaged in a process of becoming a veteran. What is the trajectory for becoming a veteran? What are the antecedents for their cultural reentry and identification?

Identity is Socially Constructed

War, as a traumatic happening, is a socially constructed idea (Hedges, 2002; Lomsky-Feder, 2004). Similarly, the idea of ‘veteran’ as an identity or a kind of person is a socially constructed one. For example, “Crazy Nam Vet” is an idea, rather than a person. In the realm of medicine, ideas are classified as medical diagnoses, such as the diagnosis of PTSD. Classification of a person as a certain type, a certain idea of a kind of person, changes their experience of being and becoming (Berger & Luckmann, 1966;
To illustrate how a type classification can manifest as an experience, I offer an account of a Vietnam War veteran who told me about an incident he had with law enforcement officials. The police had been informed of the veteran's military service history and were under the impression that he barricaded himself in a house. The veteran remembered waking up and seeing laser targets on his chest. The sense of being in Vietnam became activated for the veteran. Hence, he reacted in fear for his own safety, and, consequently, led to his behaving defensively.

The police responded to an idea of a certain kind of person in a manner which reinforced the socially constructed identity to the veteran himself. This reinforced identity (that of an unpredictable, potentially armed and violent veteran) contributed to the veteran’s behavior in the given situation and led to a charge of resisting arrest. The veteran’s behavior reinforced, for the police, the idea of the "Crazy Nam Vet" as being a true reality.

After having returned home, how does the Iraq War veteran see himself, his experiences, and his own behaviors? Becoming an Iraq War veteran seems to be an inevitable and unavoidable reality for persons who have served in Iraq. However, the what of becoming an Iraq War veteran, the idea of identity, is not, in itself, unavoidable. The process of becoming a veteran begins stateside. Becoming a veteran, becoming a veteran with or without mental health problems, and becoming an Iraq War veteran all occur in concert with normative culture believing, thinking, and behaving. This occurs in a manner that makes the ideas of a kind of person and these specific cultural identities,
possible. Such unwaveringly true aspects of reality are accepted and contribute to the stability of everyday interaction (Berger & Luckmann, 1966).

Veteran identity does not automatically emerge upon return home. A veteran, more specifically, the process of veteranhood being and becoming, is a socially constructed reality and a unique experience of veteranhood for the remainder of the individual’s lifetime and cohort’s existence. The veteranhood of each generational cohort develops differently, and exists (for itself and for others), differently. Veterans, through the ages, may, themselves, have been different. Additionally, theories about veterans have changed over time, as have the treatments and social attitudes towards veterans expressing cowardliness, fear, cowardice, and posttraumatic psychological trauma. Interactions between objects and ideas influence both object and idea about the object (Berger & Luckmann, 1966). Therefore, changes in veteran identity have contributed to the progression of ideas about veteran mental health, and the progression of ideas about veteran mental health has contributed to changes in veteran identity.

“The cultural self is the sum of the scenarios in which one participates” (Ruby, 2000, p. 241). For the veteran, the scenarios in which he or she participates are largely different from the sum of non-military scenarios. Each individual lives on different levels of identity, simultaneously (Goodenough, 1971). Humans are interdependent, interacting with their personal cultural self and that of the various groups to which the individual belongs (Hacking, 1999).

The veteran’s cultural self is part of veteran culture and veteran culture is part of the veteran’s cultural self. Whenever anything changes in the veteran culture, the veteran
cultural self, or sense of veteranhood, is also affected. Veteranhood is a long-lasting performance that consists of a sustained construction of changed personal and social roles. How are the young men and women returning from Iraq going to transform their identities into that of the Iraq War veteran? How are they going to make sense of who they are? How will the healthcare system contribute to the construction of their social identity?

*Illness Narrative is Socially Constructed*

Illness narratives are cultural representatives of how traumatic experiences are understood and dealt with (Henry, 2006). Each war syndrome label, presented in Appendix A and discussed in Appendix B, represents an illness narrative viewed by the society of origin as real and inevitable. Cultural standards and conventions are the artifacts, which also control and guide the interrelationships between lived experiences and their meaning. Interrelationships among socially constructed ideas, such as injury and trauma, are temporally and culturally sensitive to reinterpretation (Bacigalupo, 1998; Henry, 2006; Jones, 2006; Scheper-Hughes, 2008).

Diagnostic labels become embedded in a matrix of institutions, practices, and collective illness narratives (Hacking, 1999). Symptomatic clusters of veteran trauma change according to what is socially acceptable or not acceptable. Sociocultural and scientific attitudes influence veteran mental health disorder nomenclature and treatment delivery (Jones, et al., 2003; Engel, 2004; Jones, 2006). Once a diagnosis signifying shame and weakness, the diagnosis of PTSD is socially accepted as a reality of war and is an institutional requirement for treatment access and service-connected benefits.
Social acceptance of PTSD as veteran reality has initiated collective new patterns of behavior in which roles are identified, played out, and members of intersecting cultures accept the roles needed for upholding the diagnosis. For example, mental healthcare providers are now cautioned to verify veteran histories of military operation for truthfulness and consider other classification options, such as maturational crisis or factious disorder, when diagnosing psychophysiological veteran symptoms (Pierson & Pierson, 1994; Regan, Powell, Hamer, & Wright, 2005). Whereas, in opposition of normative healthcare provider power and problem labeling direction, a veteran wearing a hat with an iron-on patch stating "PTSD: Don't Leave Nam without It", can be interpreted as evidence of a shifted identity intentionally selected and reworked into the veteran's own constructed, and preferred, context of health, service history, and disability.

Illness narratives are produced intersubjectively (Hacking, 1999; Scheper-Hughes, 2008). The classification of the traumatized veteran interacts with the idea of itself. Selectivity about which non-desirable or desirable attributes to reveal or conceal from healthcare providers, based on awareness of what the receiving party feels is desirable or non-desirable, is one of the ways veterans negotiate their social identities. Of note, forty-five percent of 173 outpatient veterans reported perceiving negative provider response when disclosing trauma history (Leibowitz, Jeffreys, Copeland, & Noel, 2008); fewer than half of OEF/OIF service members met diagnostic criteria and sought mental healthcare services (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004).

Presently, veteran mental health is socially accepted as a normal part of the world.
A rebellious question to ask about veteran mental health would be: Is the idea of veteran mental health, or illness, something that the world would be better off without? Why or why not? A less revolutionary probe more aligned with my research intention is: How does experience of the world and being-with-others affect the idea of veteran identity? For the veteran and for others?

Culture, Veteranhood, and Diaspora

Culture

It was dawning on me that I had not the slightest idea of how to conduct myself socially. So much of my "normal" behavior was based on a complex unspoken code. (Halderman, 1974, p. 198)

What culture is. As a human condition, culture is a value-laden classification of collective group norms, beliefs, and values manifested through language, communication, relationships, and lived experiences (Goodenough, 1971). Culture is both an antecedent and an independent variable to human thought and action. Described as a system of knowledge used by human beings to interpret experience and generate behavior, culture frames and channels the potential of human choice (De Laine, 1997).

Learned behavior is socially transmitted, temporally cumulative, and a major determinant of human behavior (Goodenough, 1971). In the science fiction novel The Forever War (Halderman, 1974) soldiers travel across galaxies to fight in wars on other planets. Upon each return to Earth, hundreds of years have lapsed since their last deployment, leaving each soldier no choice but to face, and quickly adapt to, a changed and seemingly alien society.

Cultural aggregates of learned behavior consist of consensually reached ways of
doing things, thinking about things-in-the-world, and making reality fit into the meaning of how things are for that particular group (Heppner, 2008). In essence, learned behaviors characterize the nature of each particular cultural group, and are, simultaneously, both the outcomes and conditioning determinants of the group’s social actions.

The study of culture is, at best, an indirect study of surrogate manifestations of cultural ideology (De Laine, 1997). Cultural ideology is dually explicit and implicit, rational and irrational, revealed and concealed (Margolis, 1995). Culture consists of potential guides for behavior which have been passed down via generations through personal stories and collective mythologies (Campbell, 2004, 2008). Carried forth by human civilization, through mythology, culture is an information-based guidance system for humans based upon norms, standards, and conventions.

Each Iraq War veteran is part and parcel of a culture that has its own signs, ways of transmitting and encoding these signs, and carrying its own encoded meanings through these signs. Signs can be observed and studied through how the culture speaks, communicates, dresses, and acts (Goodenough, 1971; Sardar & Van Loon, 1998). Signs are agreed upon and understood in the specific culture. To understand the signs of the culture requires understanding the context of the signs (Goodenough, 1971; Bosma, 1992; Campbell, 1999).

Language communicates the meaning and shared meaning constructs and relationships needed to promote and validate the shared meaning of the experiences faced by an aggregate of people who are bonded by a shared cultural identity (Goodenough,
Cultural languaging occurs through symbols, gestures, facial expressions, costumes. Communication of meaning happens through daily ceremony, ritual, and scripted storylines and plots (Campbell, 1991). Relationships between actors and actresses are played out through roles, kinships, and authoritarian hierarchies in institutionalized theatres of daily operations (Berger & Luckmann, 1966). Cultural fluency is facilitated when content transmitted shares originative context between culturally analogous people; a contrary case is illustrated in the following passage.

I tried some systematic psychoanalysis with Lieutenant Wilber. It was impossible. Although he knew all about my problem in an academic kind of way, we didn't speak the same cultural language; his counseling me about love and sex was like me telling a fourteenth-century serf how best to get along with his priest and landlord. (Halderman, 1974, p.225)

How culture is known. The function of culturally supported behaviors and beliefs may be irrational or non-rational to the cultural outsider (Feldman, 1995). For example, in the case of military service members, there are behavioral manifestations unique to military culture that may be not rational from the viewpoint of civilian culture. The context from which military thoughts, values, and behaviors originate and are maintained are not equivalent to civilian context. Focusing solely on culturally sustained functions will not yield adequate understanding of the relationships between cultural ideology and its functional manifestations. It is from investigation of the relational ties and tensions between cultural forms that new understandings can be reached and potential interactions hypothesized (Feldman, 1995).

It is in the form of the culture, how cultural standards interrelate with each other, which permit the researcher to uncover evidence of the culture’s essential meanings of experiences, roles, values, and visions (Feldman, 1995). Forms of culture remain stable
over generations (Campbell, 1991). The relationships between the cultural forms, however, are subject to variability, differentiation, reorganization; in essence, interpretative evolution. Each veteran cohort has a unique contextualization of experience, memory, and meaning of their service. Acknowledgment of the distinction between cultural function and form is crucial in the study of the Iraq War veteran.

The form of the Iraq War veteran culture was uncovered not in individual beliefs about what they have done or not done, but rather, in how they have collectively contextualized the meaning of their experiences as a way to support, transmit, and determine the conventions of their own cultural identity. In this study, I aimed to interpret data into new avenues of cultural form interrelation and interdependency by looking specifically at concepts of myth, meaning, and memory.

*Negotiation and consent.* Identity is a shared paradigm for understanding which requires negotiation between the normative culture and the emerging self (Bacigalupo, 1998; Padilla & Perez, 2003; Lomsky-Feder, 2004). For the Iraq War veteran, the understanding of self, in terms of cultural identification, includes delineation of belongingness criteria as well as establishing boundaries of otherness. Soldiers do not become Iraq War veterans by automatically knowing who they are and what they are supposed to do.

Culture is the learned understanding of others’ standards (Goodenough, 1971; Padilla & Perez, 2003). The process of cultural negotiation and consent can be likened to an example of driving a car for the first time in a foreign country. The driver does not automatically know the foreign country’s rules of the road. Signs and postings may
appear similar or different to that which the driver is already accustomed. Meaning of
signs may or may not be the same as road signs in the driver’s country of origin. It is
through education, experience, and trial and error that facets of rules, etiquette, and
behavioral boundaries come to be known for the driver.

As a process of adaptation, culture is dependent upon symboling. Things, ideas,
attitudes, actions, and events are coded and symbolized differently within each culture.
Only members of the culture know the rules required to decipher, translate, transmit, and
create communicated meanings. Every member of a particular culture follows the
consensual pattern of the culture’s majority.

Culture is one of the ways how humans adapt to the environment. Culture also
holds evidence of how humans have had to adapt to the environment (Henry, 2006). To
understand veteran culture is to understand how they decipher, translate, code and decode
messages to members of their own culture. As the veteran learns about his culture’s
organized system of behavior, ideas, beliefs, attitudes, sentiments, acts, customs, codes,
institutions, forms of art, speech, tools, implements, ornaments, charms, etc., the
trajectory of the veteran’s cultural identity emerges and shapes the course of Iraq War
veteranhood development.

It is the form of meaning attached to experience, how veterans makes sense of
what they have gone through, which serves as the structure for interpreting their future
experiences (O’Nell, 2000; Lomsky-Feder, 2004; Budden, 2008). In essence, veterans’
cultural past serves as the contextual and interpretative template for all of their past,
present, and future experiences, meanings, and memories. The basis for this
interpretative template is the veterans’ culturally-based ideology. Therefore, how veterans organize and decipher their world is different after military service than before service because their cultural ideology has shifted and can never be completely realigned with their previous civilian-held ideology.

Rather than solely describe how veterans understand their experience of military servitude and their veteran affiliation, I was interested in how their interpretative template guides, interacts, and influences the development of their cultural identity. Important research questions include: What are the processes involved in how Iraq War veterans make sense of the world? How do they figure out and attach meaning to what other members of their culture do or say? How do Iraq War veterans determine who they are? What behaviors do they consider acceptable or unacceptable? How is the world-in-common maintained by Iraq War veteran culture?

The Journey of Veteranhood

Building upon philosophical constructs of monomyth (Campbell, 2008) and social contractivism (Berger & Luckmann, 1966), Iraq War veteran cultural reintegration is, essentially, a journey of veteranhood. Upon return home, the Iraq war veteran discovers that the world he thought he left behind, in fact, is no longer the world left behind. He looks out onto the world of which he used to be a part; seeing the same world but seeing it differently. It actually is a different world, now that the veteran has shifted identities from civilian to military. The populace may not be aware of the veteran’s changed worldview but, as with all humans, the veteran lives simultaneously on different socio-cultural levels (multiple classifications and degrees of identity assignment and
appropriation contributing to ongoing shifts in cultural assimilation and affiliation).

There is an interrelationship between the Iraq War veteran and the culture with which he
interacts and depends upon for a stable frame of reference for his way of being. The Iraq
War veteran is part of both worlds and both worlds are a part of him; the relationship and
interdependency between both cultural identities is permeably reciprocal.

As a result of the veteran’s externalization, his awareness of his identity, in
relation to who he once was, no longer has the same place in his new life. He no longer
feels connected to himself; he now relates to his previous civilian identity as an objective
entity rather than a being-in-the-world. No longer feeling a connectedness, or a sense of
cohesion, with the normative culture, the veteran may feel like an outsider. The
normative world is now viewed by veterans as inhabited by individuals who are,
simultaneously, envied and resented for their unknowingness of the things and
experiences that they have been exposed to during service.

Fuck the lady bitching at the line in the DMV… Fuck my ex-girlfriend and
her boring ass phone calls… Fuck that wannabe businessman yacking on
his cell phone like he is somebody. It’s just so amazing to me. All of
them, heads stuck so far up their asses they can’t see daylight. I hate them
for their ignorance; their bliss…. In our country, we can have a war with a
thousand causalities, and nobody hardly notices. I FUCKING NOTICE.
(Poggi, 2006, pp. 349-50)

The unknowingness of this different reality is not ignorance, on the part of the
normative culture. It is the unknowingness that classifies the cultural paradigm of living
that most effectively and efficiently binds with collective social purpose. This
nontangible structural force is hidden among the relationships of cultural forms of
obvious everydayness within conventionally accepted boundaries, standards, and
specifications of understanding.

If the veteran culture does not develop a cohesive identity that is integrative of both cultures, then its members will be faced with living in between both cultural paradigmatic edges, without being a part of either. Perpetually mourning severed placement from one set of cultural standards, regretting one’s return to the normative culture, and aware of new threats to life and safety, the Iraq War veteran may be viewed as a veteran in the reentered culture but, to himself, he has yet to begin the veteranhood trajectory of making connections between both paradigmatic edges.

A veteran begins the trajectory of veteranhood once he is able to decipher, rather, understand ways to decipher, the constructed code of the normative culture and is able to move between and within both cultural realities. Veteranhood is an identity negotiated and dwelling between both cultural worlds. Each culture has a different set of rules and realities, each culture contributes to and creates the Iraq War veteran’s potentials and capabilities differently, each culture experiences this veteran differently, and each culture is experienced differently by this veteran.

The development of the veteran cultural identity is a vital piece for the normative culture’s permeability and normalization of the veteran’s culture. Now, it is the world (i.e., the normative culture) that sees the same veteran culture but sees it differently. Through mastery of the rules (truths), playing pieces (variables), conflicts, bonds, and realities of both cultural worlds (rules designed for the fulfillment of socially constructed purpose), the veteran who is on the path of veteranhood is able to change reality (i.e., negotiate a cultural identity) just as the changes in reality (the repeated crossings and re-
crossings between old-reality and new-reality) have changed him. Each world may have a separate set of rules governing its reality but the veteran, with his cultural identity (as one of both cultures) will be able to continue negotiating the relationships that bind both identities within his own culture- among his inner Self and two cultural worlds.

The Iraq War Veteran Diaspora

Veterans serve as symbols for the actuality of the war and also uphold the collective national memory of traumatic war (Lomsky-Feder, 2004; Hobbs, 2008). The Iraq War veteran is both an individual entity and a representation of the Iraq War service members still serving overseas. The VA hospital is, in essence, a diaspora space inhabited and created by veterans who are representatives of the indigenous people who have served and continue to serve in the US military (given present-day US operations in Iraq). Veterans are, in sort, military refugees exiled from their military homeland.

The identity of the Iraq War veteran is connected with an ongoing war. Do veterans, once returned home, see themselves as living perpetually on some inter- and intrapersonal level, in exile from normative society? Do veterans see themselves as held captive by the dominant culture of non-veteran civilians; that is, a culture that had not existed for them in this way prior to their overseas service?

The identity of the Iraq War veteran is changing, developing, and evolving. The Iraq War veteran identity is part and parcel of two, behaviorally opposed, cultures: One from which the veteran has emerged and the one into which the veteran is expected to seamlessly reintegrate. The mythological meaning of war and warriorhood has limited outlet for exploration, expression, and understanding in modern day American culture.
Veterans interact with each other through direct (e.g., hospital community, Veteran's day parades, Veteran of Foreign Wars or American Legion organizations, veteran-only gatherings, hanging out with buddies from the military) and indirect theatres of lived operations (e.g., media accounts of veteran actions, clinician opinion and treatment). This ongoing, durable interaction with the outside world consists of other people’s conscious realities that shape veterans' inner representations of themselves. Additionally, other veterans identify their own roles and life situatedness, in relation to other veterans. Veterans and non-veterans fulfill each other’s expected and reciprocal roles (Berger & Luckmann, 1966).

Health care providers and others who interact with veterans are a part of the veteran cohort culture diaspora. This implies the interdependency of emerging veteran cohort role and provider role, within the institutional hegemony of health monitoring and services provision. Intersection and interdependency of role within a diaspora space constitutes a cultural identity which houses a unique set of hidden-revealed ideologies, values, beliefs, meanings, symbologies, conventions, taboos, and myth (Sardar & Van Loon, 1998; Agnew, 2008).

Questions regarding the reciprocally-permeable role of dominant culture, as it contributes to and shapes emerging veteran culture are questions for another study. In this study, understanding the consensus of culture, as a process and context for the emerging Iraq War veteran identity, was explored as a terrain mapped by the realities of the veterans themselves.
Myth, Meaning, and Memory

*Myth*

Q: Isn’t mythology the story of the song?

A: Mythology is the song.

—*The Power of Myth* (Campbell, 1991, p. 27)

The word *myth* has come to signify a lie or falsity. In the traditional sense, myths are folktales, told as fact, set in history, and centered in the origins of the universe and natural events (Bosma, 1992). The main characters of myths are gods, deities, and supernatural beings that usually possess human characteristics (Bosma, 1992). Folk tales, on the other hand, are told primarily for entertainment, while myths support spiritual instruction and serve to integrate the person into his culture (Campbell, 1991, 2004, 2008).

Myth is a trans-generational dialectic of universal human experience that serves four primary functions: (1) To help the human to see the wonder and mystery of life, the world, and the universe; (2) To accept the structure of the universe as beyond complete human understanding; (3) To support and validate a social order of things; (4) To teach the human how to live under any condition (Campbell, 1991, 2004, 2008).

Myths are the existential explanations, hopes, and lessons, created and sustained by generations of existential questions, losses, and misunderstandings, about overcoming obstacles and transcending ordinariness, restrictive givens, oppositions, and human sufferings. Myth tells the person where he or she is in life and serves to guide transforming loss, hardship, suffering, death, in general, human traits of mortality and

The function of myth is not to explain but to vouch for, not to satisfy curiosity but to give confidence in power, not to spin our yarns but to establish the flowing freely from present-day occurrences, frequently similar validity of belief; myth enforces belief. Myth is not an idle rhapsody, not an aimless outpouring of vain imagings, but a hard-working, extremely important cultural force. …Myth expresses, enhances, and codifies belief; it safeguards and enforces morality; it vouches for the efficiency of ritual and contains practical rules for the guidance of man. (Malinowski, 1948, pp.65, 75-9)

Military service offers its service-members an opportunity to be a part of its war and warriorhood mythology. In fact, military recruitment advertisements are hinged upon the contrast between what it means to serve in the military, that is, to be a part of the mythic battle between good and evil, and what it means to not serve in the military. Joining the military is presented as a rite of passage into manhood; a passage that will transform the untrained civilian into a disciplined, respected, courageous, and steady-handed protector of good and righteousness.

Representations of myth. Representations of myth occur through metaphor, symbol, language, and ritual (Campbell, 1991, 2004, 2008). Attempts to separate the song from the story need to be undertaken with foresight of knowing that the nature of one is embedded in the other. To distinguish the difference between myth as song and myth as the story told, one must consider the ways in which representations of myth are encountered in everyday living. Furthermore, separating representations of myth from
the myth itself will always yield an incomplete portrayal of the myth and how it guides
the living experience.

Representation is process and product that gives signs to their meaning (Sardar, &
Van Loon, 1998). Representation is the sculpting of an ideology into a form. The idea of
“veteran” and “traumatized veteran” is given form through how it has been and is being
represented. Representations of veterans can reveal social and power relationships, as
shaped through history. A cursory glance through mass media productions represent
today’s veteran as tough yet tortured, disciplined yet uncontrollable, sensitive yet brazen,
family-centered yet socially delinquent. I was interested in learning about which
representations of “veteran” resonate most with the Iraq War veteran.

War is a mythic concept, prone to variations of understanding through culture-
specific symbols, rituals, metaphors, folk tales, and legends. The mythology of war, as a
crusade against evil and oppression, is rooted throughout the history of human
civilization. Mythical representations of reality provide meaning to events that the
events, in themselves, do not have. Acts of killing and destruction are viewed as
opportunities or reincarnations for heroism, patriotism, sacrifice, loyalty, nobility, and
national glory. Myth as a guide for experience is much needed for human survival and
meaningful living. Per Campbell (1991), societal problems have risen due to a loss of
myth in our everyday lives.

The idea of John Wayne is an example of a socially constructed and
deconstructed image of warriorhood. Absorbed as a model for living during Second
World War American culture, John Wayne represented ideals of good, honor, courage,
loyalty, and manhood. John Wayne was a fighter with a noble quest for higher purpose, he fought for worthy causes, exhibited selfless sacrifice, bore injury with silence, brought big solutions to big problems, and, at each mission’s end, would ride alone towards the setting sun (Lifton, 1973).

Social revolution in America challenged the John Wayne imagery of warriorhood. In the 1960’s music and art began depicting mockeries of death and war, absurdity and hypocrisy of national ideals, grotesque images of death and combat, and hyperrealistic obscenities of killing and dying. The national culture was beginning to focus on the senselessness of war. In a nation searching for explanations, people felt overpowered by the truth rather than liberated by it (Lifton, 1973). Intense emotional associations accompanied public opinion. Cultural dramas are communicated and maintained through myth and its representations (Bosma, 1992; Campbell, 1991, 2004, 2008; Lomsky-Feder, 2004). To align with, and maintain, a shifted national identity, John Wayne romanticism gave way to violence and trauma-laden images, symbols, and associations of warriorhood, depicted in films such as Rambo, Born on the 4th of July, and Kill Bill.

Myth and identity negotiation. Veterans recreate their military past to fit the myth of their culture. In recreating memories and meanings of their military experiences, veterans are looking for causes and explanations of what they have had to do and what took place during service. Negotiation of one’s cultural identity requires “unmasking the machine role [he] has played” (Campbell, 1991, p. 24). Why, how, and for what end the veteran did what he did constitutes the new narrative the veteran must construct in order to fit the myth of the life he now wants to live.
Every society nurtures certain myths (Hedges, 2002). Myths are linked with and grow up in a specific culture, time, and place, creating symbolic fields that are based on the experiences of the people in that particular time-space community (Campbell, 1991, 2004, 2008). For the United States, national mythology centers around democratic ideals of rugged individualism, new origins, new beginnings, and the valuing of the ideology of values and attitudes referred to as the “American Dream”. The metaphors of American national mythology are not static entities. Nowadays, civilian American ideals tend to involve notions of acquirement, fame, and individualism rather than that of personal sacrifice, collectivity, and conservation (Campbell, 1991; Hedges, 2002).

The development of each veteran culture cohort is expected to occur within different generations of mythological nationalistic metaphors. As evidenced in the stark differences of homecoming experiences between the Second World War and the Vietnam War veterans, military-civilian mythology connections vary and greatly affect the memories and meanings of experience attached by each veteran cohort. National myths differ between peacetime and wartime. Wartime magnifies and glorifies the myth of war and warriorhood. During wartime, popular culture tends to depict the bravery and rogue appeal of service but ignores the experience of the veteran living after service (Hedges, 2002).

During times of peace, the myth of war and warriorhood recedes into national memory (Hedges, 2002). As a military service member, the veteran once had the state power guiding and justifying his actions (Campbell, 1999; Hedges, 2002). The national mythology which once centered the veteran and gave purpose and meaning to his military
experience, remains as it was only in veteran memory and personally sustained culture. After military service, the state power is gone and the veteran is left to his own devices to justify his actions and to guide the remainder of his life as a warrior-in-retirement.

**Meaning**

Making meaning consists of making sense, organizing, and reorganizing reality into meaningful reality. The mind organizes information and creates knowledge of reality and how the human exists in this created reality (Gazzaniga, 1998). Events are comprised of facts: Who, what, where, when, why, and how. Humans are natural meaning-makers who make sense of their living in order to make meaning of lived-experiences for the cultural self and for everyone else, of that culture, as well.

Making meaning as a co-existing and co-created phenomenon, something I will call reciprocal cultural-permeability, allows for the fluid integration and reintegration of changing relationships. Without reciprocal cultural-permeability, a culture would be unable to adapt to its own problems, mistakes, and cultural dilemmas.

Reality is socially meaningful when it aligns with cultural mission, vision, and purpose (Lifton, 1973; Lomsky-Feder, 2004; Hunt & McHale, 2008). In judging what a military service member has done in service, the normative culture accepts his doings as long as they are necessary for the cultural mission. However, after wartime, the veteran’s past actions no longer fit with the national agenda. The avenues for creating meaning in a culture that had once supported military experience, must be abandoned in order for the normative culture to progress. The veteran’s reality is within the context of the culture that made the veteran who he is and what he professionally contributed to the
maintenance of cultural structures.

Joining the army, putting on a uniform, is another [ritual important to society today]. You’re giving up your personal life and accepting a socially determined manner of life in the service of the society of which you are a member. …it is obscene to judge people in terms of civil law for performances that they rendered in time of war. They were acting not as individuals, they were acting as agents of something above them and to which they had by dedication given themselves. To judge them as though they were individual human beings is totally improper. (Campbell, 1991, p.15)

Existential questions are questions dealing with human origin, creation, purpose, and meaning. The questions “Who am I? Where did I come from? Where am I going? Why am I here?” each have an endless array of potential answers. Each human decides what answer will guide his or her existence. Asking existential questions calls for the imagining of possible realities based on made choices which guide intentional human action (Siegel, 2007). The human is constantly experiencing, asking, choosing, and creating new meaning. Interpretations of reality are socially constructed (Berger & Luckmann, 1966). Interpretations emerge from cultural context (Goodenough, 1971). Meaning creates human purpose and intentionality (Antonovsky, 1979, 1987; Lomsky-Feder, 2004). This means that social constructions of reality, meaning, and human purpose can contribute to an individual’s intentions to answer their own existential questions.

For example, the Interpersonal Theory of Attempted and Completed Suicide (Joiner, 2005) proposes a social model of suicide. Thwarted Belongingness and Burdensomeness are identified as factors which increase veteran risk for completed suicide (Brenner, Gutierrez, Cornette, Betthauser, Bahraini, & Staves, 2008). Humans need to feel useful, purposive, and needed in-the-world. Culture is the kinship and
centeredness which are necessary for veterans to live meaningful, purposive, and spiritually fulfilling lives. For its members, the military grouping is a family.

Brotherhood among active duty service members consists of wearing the same cultural garb, belonging to a bonded community, and living within a bound field of culturally sustained myths, memories, and meanings. This cultural identification constructs the service member’s personal cultural identity.

While making a new home after military discharge, the veteran desires to return to the home of the military. The military brotherhood of kin helps the individual military service member know his or her existential center—the cradle of human sense of purpose and meaningful existence. Once outside this bonded and bounded lattice of social reality, the veteran’s center of being and belonging requires reorientation and realignment with a new, post-military, social reality.

To keep his social, personal, and spiritual core from separating, the veteran is faced with the lifelong task of connecting the edges of what can be viewed as two unique and separate swatches of knitting. For illustrative purpose, the veteran’s pre-military, military, and post-military lived-experiences can each be thought of as separate swatches of knitted material. Woven with yarns of experience, each swatch has a different pattern, texture, and weave. Connection of these different experiences, as the veteran moves from living in one textural paradigm to another, will not occur in an orderly fashion. Connecting the swatches will not yield a seamless transition from one knit to the other. Some ends of knitting may connect firmly, some loosely, and other potential connections might never be made at all.
The process of searching for potential connections requires the veteran to travel back and forth among knitted experiences to find underlying patterns and edges of meaning, in order to create new connections of meaning. This process occurs through memory (Hunt & McHale, 2008). Myths are the underlying how-to’s of human existence that guide how ideas develop and connect (Campbell, 1991). Culture channels human choice and is the context of choice (Lomsky-Feder, 2004). Intention is an organizational process that creates continuity of awareness extending beyond the present moment (Siegel, 2007). The myth of how things should be is the meta-connective guide that helps the veteran make connections towards what can be.

If there is no shared meaning for experiences, then meaning must be constructed (Hedges, 2002). For military veterans, their experiences of violence and breeches of existential, self-determinative, and moral groundings of identification do not share meaning with that of the normative culture, apart from the liminal and antisocial identities that are medically and socially accounted for. Behaviorally, soldier actions could be aligned with civilian violence. In the normative civilian culture, such behaviors are associated with a certain type of person. Thus, veterans are at risk for being classified as non-normative or liminal. However, the meaning and context of the action are not shared between violent civilians and veterans.

In new, post-military context, the veteran is faced with sustaining his cultural identity as warrior rather than a killer. In truth, the veteran’s cultural survival depends on the process of identity negotiation and consent. Where there is no shared meaning of veteran experiences, in the returned-to world, the veteran culture must construct its own
shared meaning in order to differentiate itself from the shared meaning normative culture might, knowingly or unknowingly, assign to the behaviors of military service. Trouble will begin for the veteran when his personal dream [of service, purpose, and meaning] will not align with cultural myth or period.

Researchers must look at narrative representations of trauma as it has occurred for the Iraq War veteran. How does the Iraq War veteran reconstruct the continuity of self and social roles, upon return home? How does the veteran reorder, reorganize, reflect, reconstruct, and reorient himself to a world that is new to him? It is not the veteran, as a singular individual, who is reintegrating into society; it is, instead, his collective and culturally-sustained narrative of meaning, attached to previous experience, which is seeking integration into the larger context of life.

Memory

You cannot step twice into the same river, for other waters are continually flowing.

—Heraclitus of Ephesus, 535-475 B.C.

Personal memory. Memory is socially and historically constructed (McGaugh, 2003; Lomsky-Feder, 2004). Personal memories are set in times, spaces, and faces that happened specifically where and when the human has experienced them. Personal memories are integrations of remembered experience and the experienced memory. Memory is the connection between past, present, and future experience. Humans remember knowledge, skills, events, and people. Without memory, there would be no learning, experiencing new things, acquisition of new knowledge or skills, or continuity of lived-experience (Gazzaniga, 1998).
The remembering and re-telling of memory is linked to the veteran’s culture and contextualized experience. Experiences are tagged with emotions (Rupp, 1998). Stress hormones released during traumatic, monumental events make certain memories long-lasting and more vivid (Springer & Deutsch, 1998). For the veteran, emotionally tagged experiences include combat exposure, torture, physical assault, sexual abuse, rape, being physically threatened, or natural or man-made disasters (DVA, 2004). Approximately 49 percent of OIF and OEF veterans have reported having at least one military friend who was killed or injured during service (RAND, 2008).

Physiologically, when remembering a traumatic event, released stress hormones recreate the physiological effects of the traumatic remembered memory (McGaugh, 2003). The memory turns into its own event and is further attenuated by all past, present, and future memories. Substance use can be used to turn-off the brain’s memory switch. Illicit substances, alcohol, prescription medications all, on some level, interfere with the neuronal mechanisms of memory including, opiate, gamma-aminobutyric acid (GABA), noradrenergic, and dopaminergic receptors (Sadock & Sadock, 2007). Medications and drugs are used to directly or indirectly block receptors and induce a type of amnesia (Rupp, 1998) and reduce memories which trigger anxiety responses in the veteran. The veteran is no more trying to escape memories of the past as the memories that are being lived in the present.

Despite institutional focus on negative veteran memories, veterans also have shifting complex memories that have symbolic, shared, and significant meaning (Lomsky-Feder, 2004; Hunt & McHale, 2008). Such memories give veterans meaning to
their experiences, structure interpretations of the past, anchor shifts in cultural identity, and help the veteran reclaim a personal position in everyday humanity. The memories that veterans hold on to, shared as stories, are memories situated in nuance, sensitivity, surprise, and juxtaposition. These are memories that need to be sustained, rather than overcome.

Such memories include noticing a desert tortoise inching along while bullets shoot by, a comrade’s unsolicited sharing of food during a field operation, the shenanigans of a base camp pet monkey, telling an untruth to a fellow service member about the extent of injury, seeing tigers freely roaming the streets of Baghdad, or going to the beach on a day off-duty. Memories most meaningful for a veteran may have nothing to do with killing, fearing, or witnessing horror. Memories may be used for recalibrating the veteran’s moral compass after service or for creating an acceptable variation of oneself.

*Storytelling.* Human cultural development is reliant on the human ability to share, exchange, communicate, and transmit ideas and knowledge. Humans create and communicate through metaphors and symbols that must be understood in the context of the story in order for its meaning to be understood (Bosma, 1992; Denes & Pinson, 1993).

War stories exist on a mythic plane. They are stories of existential explanation, hope, and lesson repeatedly telling in-group cultural members about overcoming obstacles and transcending ordinariness, restrictive givens, oppositions, and human sufferings (Campbell, 1999). Veterans use mythological guides to speak through the
overlapping social realities of serving in the military that they share, to communicate things that have happened, have not happened, are happening and have yet to happen or not happen.

Veteran narratives communicate complex and philosophical messages passed down through the veteran’s own meaning-making and memory (O’Brien, 1998; O’Nell, 2000; Lomsky-Feder, 2004). The language used to recreate the memory is part of the experienced memory of the event. Situation and context influence speech perception (Denes & Pinson, 1993). Even on an acoustic level, when humans listen to each other, certain expectations, based on grammar and subject matter, are already in place (Denes & Pinson, 1993).

Storytelling is the act of transmitting myth through memory and shared representations of meaning (Lomsky-Feder, 2004). The telling of the story shifts from being a representation of the experience to an experience, in itself (O’Brien, 1998). Remembering events and telling what happened helps the teller make sense of the world (Rupp, 1998). With storytelling, the teller can recreate the past. Telling is an intentional process. The veteran can reveal and conceal aspects of his experience, simultaneously, to the listener (Lomsky-Feder, 2004). Storytelling and story listening allow for interior reordering of the perceived universe and the creation of anticipatory memories (Malinowski, 1925/1948).

Memories are evidence of who we believe ourselves to be (Gazzaniga, 1998; Rupp, 1998; McGaugh, 2003). Humans make and remake themselves through memory. Autobiography is, at best, an historical novel (Rupp, 1998). “All you can do is tell it one
more time, patiently, adding and subtracting, making up a few things to get at the real truth” (O’Brien, 1990, p. 85). Memory is a simultaneous archiving and editing process (Rupp, 1998). “There is no clarity. Everything swirls. The old rules are no longer binding, the old truths no longer true. …the only certainty is overwhelming ambiguity” (O’Brien, 1990, p.82).

Incoming information and memories interact with each other (Gazzaniga, 1998; McGaugh, 2003). Through remembering, the human is able to work and rework, invent and reinvent, an interpretation of experiences lived, living, and to-be-lived. Remembrances arise from needs (Lomsky-Feder, 2004). Personal history is reconstructed for group membership or social reasons (Lomsky-Feder, 2004). What social or cultural need do the stories of Iraq War veterans serve?

*Collective memory.* The human brain creates representations of others’ minds (Iacoboni, & Koski, 2001; Gallese, 2003). Emotional mirroring is attunement human brains have to other human brains (Siegel, 2007). Looking inward, with intention, awareness, and reflection, promotes the individual’s ability to connect with others (Siegel, 2007). Through emotional resonance circuitry, humans can feel the emotions other humans are expressing (Molnar-Szakacs, Wu, Robles, & Iacoboni, 2007; Siegel, 2007).

Shared rituals within institutions are paths to enabling emotional resonance circuitry and human intentions (Gallese, 2003; Molnar-Szakacs, et al., 2007; Kitayama & Tompson, 2010). Social networks have been shown to have a direct effect on the health of its members (Christakis & Fowler, 2007). Behaviors spread through subconscious
social signals and cues that tell people what is normal (Siegel, 2007). For the veteran, this means that collective memory allows for within-group intentions of empathy and a sense of group cohesion. Through collective Iraq War memories, veterans can better fit in not just among themselves, but as purposive members of the greater social culture. The health of the Iraq War veteran relies on what his cultural identity signifies as a normal, valued, and healthy parameter for living.

Social memory fields exist in each culture. Some national memory fields are popularized while others are silenced (Lomsky-Feder, 2004). Each veteran has a personal and a collective memory field. Veteran recollections are a dialogue between personal and collective war memories. A veteran can experience the collective traumatic memories of the war while denying memories of a personally traumatic nature, for oneself.

For example, negotiation is necessary for delineating criteria for which veterans have “really fought” and are entitled to feeling the war in traumatic terms, as opposed to those not entitled to respond emotionally to the experience (Lomsky-Feder, 2004). Cultural survival and adaptation requires fluidity of identity negotiation and consent between personal and social facets of self. If memory and the past are avoided, ignored, or not revisited and reorganized according to new, ever changing, personal and social parameters for living, then the mind is stuck in a polarized view of group membership and non-membership (Siegel, 2007).

Being in cultural attunement, attachment, and coherence of mind produces and strengthens individual and collective neural integration (Siegel, 2007). Will the Iraq War
veteran recollect traumatic events as having happened to him or only to other fellow veterans? What is the main axis of experience the veteran is using to shape his wartime narrative? What kind of battle legacy does the Iraq War veteran feel he has been a part of?

Which interpretation of the war experience is the veteran eligible to adopt? The Iraq War is framed as a traumatic national memory, and, although not known for certain, is forecasted to persist as such in American history. Will Iraq War veterans adopt the national memory of war? If so, will their personal war narratives voice traumatic personal memories or triumphant ones? What personal and cultural vision of war and of oneself will the Iraq War veteran create? Will they be traumatizing, normalizing, or heroic memories? Will the Iraq War veterans undervalue or banalize their experiences, or, instead, will their memories resonate with glorifying or normalizing themes? How do recently returned Iraq War veterans make meaning of their experiences in Iraq?
CHAPTER THREE

METHODOLOGY

Method

Health and illness behaviors of veterans cannot be assumed to remain either unchanged after service or the same across all service member cohorts. Treatment and recovery strategies for Iraq War veterans must be based on research considerate of veteran culture. Processes of veteran health, including resocialization, are a culturally stratified experience. The Iraq War veteran population can be thought of as a tribe, a group of people with a shared military service context. How can a cultural outsider capture emic veteran perspective, without having had gone through the experience of living and working with this tribe in OIF theatre? Veteran culture exists, develops, thrives, and is transmitted as part of collective society, every day. What kind of research method could be used to extract the essence of the unseen processes of how this veteran culture is constructing itself? In addition, which sources of information would validly represent the identity development processes the Iraq War veteran cohort is currently engaged in?

Ethnography, a method of qualitative scientific inquiry originated in anthropology, is ontologically driven by questions aimed at exploring and describing people’s views, cultural rules, norms, values, and behaviors (Fettermann, 2010). The purpose of ethnographic research is to describe the culture of people, and understand the
cultural context of their lived experiences, and explain how their lived experiences have created their cultural identity. Data sources for ethnographic research may include cultural informant interviews, observations, field notes, chart records, and histories (Fetterman, 2010). A description of cultural consensus is derived from informant descriptions and understandings of their lived-experiences (Romney, Weller, & Batchelder, 1986). Ethnography is, essentially, the mapping of a culture’s terrain of characteristics (DeLaine, 1997).

Culture is both an antecedent to thought and action and, as context, an independent variable (Goodenough, 1971; DeLaine, 1997). Ethnography is a method used by researchers to identify the environmental and social context of both revealed and concealed cultural ideologies which structure and guide human interaction (DeLaine, 1997). Rituals, roles, scripts, and expected outcomes should be studied within their culture of occurrence and development (DeLaine, 1997).

Veterans engage in behaviors, including health-seeking behaviors, for reasons unique to themselves as part of a specific culture. To learn about the cultural context and culture-driven characteristics of the Iraq War veteran, I interviewed and collected data from veterans who served in the Iraq War as US military service members.

Ethnographic research methods can be applied in the investigation of lived experiences that are neither viewed nor lived as normative by mainstream society, as is the case with overseas military service. Similar to symbolic interactionism, the meaning of the shared experience is dependent upon human construction of meaning developed from interactions with things, people, or experiences in the world (Goodenough, 1971).
The study aim was to understand how serving in Iraq has contributed to the process of cultural development among the Iraq War veterans.

Veteranhood consists of a sustained construction of changed personal and social roles. Meaning and definition of overseas military service, risk to life and well-being, and trauma vary as a function of cultural regulation (Hymans, Wignall, & Roswell, 1996; Hacking, 1999; Jones, 2006). Psychological and physical trauma does not have the same meaning, or effect, for civilians as for military service members. For example, acts of training, survival, mission, camaraderie, and humanitarian effort are derived from and supply continuity of belongingness to a culture. Thus, these acts are expected to be understood in light of the respective and originating context. From an ethnographic perspective, psychological trauma is presupposed as experientially different between two contextually different cohorts. For example, college freshman males pursuing fraternity membership have categorically different experiences in comparison with college-age males working as gunnery sergeants during a wartime conflict.

Process of Inquiry

Ethnographic inquiry probes the core of shared lived experience, in order to contextualize and identify consensual beliefs and experiences (DeLaine, 1997; Fetterman, 2010). Iraq War veteran narrative, collected through mental health, behavioral health, and psychotherapy chart notes, as well as focus group interviews, was reviewed as text shared by a common culture. Ethnographic findings were expected to consist of values, beliefs, and perceptions that define the essence of being and becoming an Iraq War veteran. For this study, the veterans were viewed as cultural insiders with their own
expert perspectives, values, and assumptions about being and becoming an Iraq War veteran.

Veteran narrative was collected on the veterans’ experiences before, during, and after OIF deployment. Within a culturally layered context, I aimed to validate the differences and diversity of perceptions resulting from serving in Iraq, and recognize the major themes within each veteran’s narrative regarding his or her experience of the Iraq War. Major themes were identified and validated by reviewing Iraq War veteran psychotherapy notes and verbatim transcripts of focus group interviews conducted as part of this study. Research aim was to describe the veterans’ encompassing Iraq War experience, validate and expand upon the conceptual domains of meaning-making, memory, and myth, and use these domains to better understand the Iraq War veteran culture. The preliminary framework used to structure possible conceptual avenues for the social construction of veteran cultural identity is located in Appendix C.

Strengths and Limitations

The philosophical framework of this focused, ethnoscietific (Goodenough, 1970) study guided the researcher toward a new way of looking at a phenomenon which is predominantly presented as an individual and psychological experience in current literature. Social construction and historicity are ingrained in participant narrative (Margolis, 1995; Lomsky-Feder, 2004). The strength of ethnographic method is capture of the context of Iraq War military veteran culture as opposed to explaining the culture of veterans of any other cohort.

Ethnographic method guided researcher data collection and analysis of veteran
experience accounts. A limitation of ethnographic method is that data collection, analysis, and validation are based on the reciprocal, shared relationship between the cultural informants and the researcher (Pellatt, 2003; Pope, 2005, Quimby, 2006). This means that different researchers would each interpret investigative findings differently. A researcher cannot be expected to fully know what it is like to be part of the culture studied. In ethnographic research, the researcher pursues the emic cultural informant perspective but must also be aware of his or her own etic, or outsider, perspective (Pellatt, 2003). Meeting more than once with each focus group cohort was expected to provide description-thick narratives and, therefore, minimize transfer of etic researcher perspective. Meaning derived from the data was understood to be unique to the dialogue and relationships shared among the researcher and veteran participants.

Researcher Role

Per VA Institutional Review Board (IRB) regulation, only full-time, doctorally-prepared, hospital employees are granted role of Principal Investigator. My supervisor, Nancy Harris, Ph.D., R.N., consented to be listed as the Principal Investigator of this study and I was listed as study Co-Investigator. A letter explaining the nature of the supervisory relationship and study expectations were part of the IRB application and a copy of the letter is included in Appendix H.

Service and Materials Appropriation

This study was self-funded. There were no direct funds, from external or internal sources, applied to this study. America's Pride President and C.E.O., Mr. Philip J. Saulnier generously covered the cost of audio file transcription and paid, in full, for the
purchase of a new digital audio microphone (Olympus VN-6200PC). I purchased NVivo8 qualitative data analysis software; its installation onto my office computer was approved and facilitated by VA information technology department staff.

Setting and Sample Recruitment

To study the culture of the Iraq War veteran, the constituents of the study sample must all have lived the experience serving overseas in the Iraq War. Community-based veteran programs and Hines Veterans Affairs (VA) Hospital were selected as settings from which to recruit a purposive sample of Iraq War veterans. The settings contacted for assistance with participant recruitment consisted of hospital and community contacts, including the mental health and non-mental health service lines of two VA hospitals, community veteran programs, and individual healthcare providers.

During the recruitment process, I learned that veteran population recruitment depends not only upon the level of awareness that Iraq War veterans have of the study, but also their willingness to participate in a study held at the VA, their openness to participation in research, and the cooperation and willingness of hospital staff and individuals in the community who encounter or work with Iraq War veterans to supply information about the study.

I approached several site recruitment liaisons, in the hospital and in the community and presented the purpose of the study and the need for study volunteers by passing out a study explanation letter and recruitment flyer (copies of both are in Appendices D and E). Recruitment flyers were posted on the bulletin boards throughout the mental health building as well as placed in several front desk areas including the
mental health building entryway, mental health clinic waiting area, triage waiting areas, and emergency room, and admissions and benefits waiting areas.

Recruitment flyers were distributed to approximately thirty individual and group entities across VA and non-VA outpatient and community agencies which serve or have regular contact with OIF veterans. Per approved IRB protocol, to maintain veteran participation autonomy, I was not permitted to distribute the flyers or speak directly to Iraq War veterans about the study. Veterans had to contact me first via referral. Individuals who have contact with Iraq War veterans were supplied with flyers to distribute. To recruit broadly in the community, the study explanation letter and study recruitment flyers were distributed in-person, mail, and/or e-mail to community areas such as Vet Centers, National Veteran's Art Museum, Veteran Art Project, and Community Based Outpatient Clinics.

The flyer for participant recruitment presented general information about the study, informant eligibility criteria, and how to contact me if veterans were interested in learning more about participating in the study. Veterans could choose to participate either through: (1) Chart review only, (2) Focus group participation only, or (3) Both chart review and focus group participation.

Veterans interested in participating or receiving more information about the study were prompted to contact me by telephone or e-mail. I would return the veteran's message by telephone and answer the veteran’s questions about the study. If the veteran verbalized interest in participating, I mailed an information packet which included a cover letter (included in Appendix F), the informed consent forms (in Appendices I, J,
and K), and a VA-issued pamphlet about volunteering in research. If the veterans, after reviewing the material on their own, decided to participate, they would then contact me and an appointment for reviewing and signing the informed consent forms, in the presence of a signature witness, would be scheduled.

For the chart-review only option, a signed and witnessed consent was also required. A HIPAA waiver for medical chart review was not applicable to this study. I maintained written record of how many veterans responded to the call for research participants by keeping a list of their names and contact information. Veteran identifying information and consent to participate in research forms is stored indefinitely in a locked cabinet in my VA office, per IRB approved protocol.

Sampling Criteria

Inclusion criteria for study participation were as follows: (1) Discharge from military service, (2) Overseas service in Operation Iraqi Freedom after September 11, 2001, and (3) Ability to speak and understand English. There was no specified time interval limitation between participating in the study and having been discharged from military service. Permitting that the veteran served in OIF theatre, veterans of any branch of service were invited to take part in the study. Active duty military service members were not eligible to participate in this study; veterans who were active or inactive military reservists were eligible to participate in this study.

Protection of Informants

Protection for the ethical treatment of study informants participating in the proposed study was ensured by Hines VA Hospital IRB study approval. Process of
informed consent, participant recruitment, and data management ensured participant confidentiality, privacy, and freedom from harm and exploitation (Department of Health and Human Services Office for Office for Protection of Research Risks [OPRR], 2009). The informed consent and accompanying consent forms for this study are available in Appendices I, J, and K.

Participants of this study had the following rights and each have confirmed they have read, are aware of these rights, and consent to participate in the study as informed participants: (1) Right to withdraw from study at anytime without prejudice or penalty, (2) Right to know the nature of the study and its risks and benefits, (3) Right to fair treatment, and (4) Right to privacy (OPRR, 2009).

After receiving the recruitment flyer from a hospital or community referral, the interested veterans would either call or e-mail me. I called each veteran back, described the study aim over the telephone, and verified their mailing address to which to mail the informed consent forms. A self-addressed, non VA-identifiable, return-envelope, was enclosed with the informed consent form. Each veteran had time to: (1) Review the informed consent forms, (2) Contact me with any further questions, and (3) Accept or decline participation. The average time between initially describing the study to the participant and obtaining informed consent averaged three weeks.

Research purpose and process were explained to the veterans before the first focus group interview was scheduled. This occurred through individual meetings with each veteran to review the paperwork and answer any questions they may have about the study or researcher intentions. During these initial meetings with the veterans, the veterans
would typically share aspects of themselves which provided me with valuable glimpses into the Iraq War veteran perspectives. During our initial interactions, expressions of feeling connected to fellow Iraq War veterans and wanting to help them, desire to participate in a group activity that facilitated talking about their service experiences, and hoping to contribute useful knowledge to the clinical community were some themes of their motivations for answering the posted call for research participants.

The participants were allowed to choose a pseudonym for themselves. At first, some of their chosen names seemed dissonant from my scholarly aim. After a veteran told me that I will never get a serious answer in response to my request, I decided to not civilianize their chosen pseudonyms, which I started to understand as clues into their forming identities.

Description of the Participants

Participants consisted of a convenience sample recruited either by self-referral or referral through someone who has contact with OIF veterans. Twelve veterans, consisting of three female and nine male veterans, participated in this study. Participant demographic consisted of six Caucasian veterans, one African-American veteran, three Hispanic veterans, one Caucasian/Hispanic veteran, and one African-American/Hispanic veteran. Participant ages ranged from twenty-four to fifty-six years old. Army (including Reserves and National Guard), Navy, and Marine Corps branches of military service were represented. Position ranks held by the participants included several Specialists, Sergeants, and a Lieutenant Colonel Officer. Total months of service in OIF theatre ranged from six months to forty months, among the participants. Three of the
participants served three tours in the Iraq War. Duration of total military service among the participants spanned from four to thirty-six years. A table presenting participant demographics is in Appendix O.

All of the veterans were receiving VA healthcare services at the time of the study. Reasons for initiating treatment included emotional and behavioral dyscontrol that led to his or her family insisting that the veteran seek VA healthcare, veteran self-referral for distressing symptoms as related to reexperiencing of military trauma that happened or could have happened, and involuntary mental health hospitalization. The veteran participants ranged in VA healthcare utilization from one year to seven years. All but one of the veterans was receiving mental healthcare services. The remainder of the veterans were either already engaged in mental health treatment more than a year or had recently initiated contact with the mental health service line. One of the veterans reported regularly attending support groups at a community Vet Center and utilizing the VA primarily for its medical healthcare services.

Three veterans employed by the VA contacted me as self-referrals after seeing the flyer posting in the hospital. Seven veterans were referred by outpatient VA mental health services providers. Two veterans were referred by an Iraq War veteran who participated in this study. In total, I had contact with nineteen veterans who either approached me about the study via professional referral or were introduced to me through another Iraq War veteran, in order to achieve the final sample size of twelve participants.

During my initial meetings with the potential study participants, common themes of stated veteran motivations for study participation included wanting to help their fellow
Iraq War veterans, wanting to contribute to healthcare provider understanding about the
Iraq War veteran, and to meet and speak with other Iraq War veterans. As a veteran explained, "Even if we didn't serve together, we were in it together. I feel connected to them all." One veteran expressed, "We are the invisible generation. Nobody talks about us. Everybody talks about the Vietnam War veterans. That was a long time ago and that was a different war." Another veteran stated he wanted others "to see that we are not monsters" whereas another veteran amicably joked about joining the study because, "Maybe I could be the sane one who balances out the group." Another veteran joined the study stating that he seeks “any opportunities to talk about what we’ve gone through and are still going through; because talking about it really does help.”

During recruitment, some veterans interested in participating had expressed doubt whether their contribution would be helpful or meaningful to healthcare providers if their experiences in Iraq were not negative. Some veterans also had the initial impression that I was seeking to probe participants solely about traumatic or combat-related experiences. Another point of eligibility clarification for the veterans was whether they were eligible to participate in the study if they did not serve as "boots on the ground" in Iraq, such as veterans who served in OIF theatre, such as Navy or Marine service members.

During the study promotion and recruitment phases of the study, I was afforded a glimpse into how some Iraq War veterans aligned with a marginalized collective identity: "Our world is chaotic. …Most of us are misfits. …The problems we have, most of them, started before the military, not because of the military. …What made you want to work with psychotic crazies, like us?" Veterans verbalized being aware that their
service in Iraq has affected or changed them, but most reflected that they do not know exactly how it has changed them.

The veterans I spoke with were in agreement that there are numerous stereotypes and misunderstandings about the Iraq War veteran. They reported believing that few civilians truly understand who they are as people, as veterans, who have served in the Iraq War. Veterans who served in both OEF and OIF theatre reported a difference in combat experience of the two wars, based on the terrain and topography of the land; i.e., service in Afghanistan taking place in rural countryside in contrast to the metropolitan areas of OIF placement.

In speaking with individuals who have contact with Iraq War veterans, veterans and non-veterans, healthcare providers and non-providers, across healthcare and community venues, I gained new perspective on the present day context of the Diaspora that is created by and creating Iraq War veteranhood. Colleagues and coworkers offered to me words of understanding and possible explanation for difficulty in finding Iraq War veterans for this study, "This group doesn’t come out. …They want nothing to do with us. …They don’t trust us. …It would have been different if you were looking for Vietnam Veterans. They would do anything to help the OIF vets. …It is difficult enough to get them into treatment, let alone participate in a study. ….We just don’t come across that many OIF vets around here." Provider perspective, likely stemming from inpatient provider frustration, was also disclosed: "This is a demanding kind of veteran. …They want what they want when they want it." Older, non-OIF veterans shared their thoughts about the Iraq War cohort, "Their culture is hip-hop. …They don't want to deal
with things in the same ways we did after Vietnam."

The veterans who participated in this study reported making attempts to promote this study among their Iraq War veteran peers. Two veterans posted the flyer on the social networking website Facebook, a couple other veterans tried to recruit from their places of residence, the flyer was shared with combat stress support group peers, and another veteran passed out flyers during National Guard Reserves formation. However, each of these veterans returned with statements relating, apart from not being financially compensated for participation, their fellow veterans' disinterest or discomfort in discussing their military service experiences. "He told me Iraq is behind him and that he doesn't want to talk about it." I started wondering what kinds of things the veterans actually thought they were expected to talk about for this study. In turn, how do their previous experiences with and expectations of non-veteran civilians, including healthcare providers, affect their partnering styles and cultural identity consolidation?

For some Iraq War veterans, the VA hospital is a place symbolizing an emotionally distant, unwelcoming, bureaucratic government entity that has let them down or should be avoided for other reasons. One of the study participants told me that he and his veteran friends were initially afraid of coming to the VA hospital because they believed they would be charged with homicide if they told clinicians about their military service experiences. A counselor in the community informed me that many of her clients are veterans who were dishonorably discharged from the military and, because they are ineligible for VA healthcare, would not feel welcome to participate in a study held at a VA hospital. Most memorable is the monomythic allusion made by an Iraq War veteran
who offered his honest perspective about the VA hospital in which I work: “It’s like
the Star Wars Death Star where people walk around like robots in a giant set of cubes.”

Throughout this study, I found recruitment efforts to be a slow pass through a
circular intersection in which reasons for seeking to understand the Iraq War veteran
culture, appeared, at most times, the very same reasons why getting to know this cohort
of veterans is challenging for cultural outsiders. One of the most helpful routes of
promoting the study was through the assistance of a young veteran who worked at the
lobby front desk; he brought several veterans to my office during his brief assignment in
that location. His ability to network so effectively illustrated how it takes a veteran to
connect with another veteran of the same cohort. There must be some culturally-shared
frame of reference in which Iraq War veterans identify one another and can communicate
in trust with one another. In contrast, the two Vietnam War-era veterans at the front-
desk, who also helped promote the study, shared that, "These young vets simply do not
want to listen to us."

At a museum exhibit, community-based counselors emphasized, "Most Iraq War
veterans are not ready to talk about their experiences. It's too soon for them." As I
looked through a book filled with Iraq War veteran prose and poetry, regarded their
artwork exhibition, and observed one of the veterans being interviewed by a television
reporter, it appeared to me that the Iraq War veteran cohort has created, and is continuing
to create, its own diasporic venues for sharing, telling, collecting, teaching, showing, and
representing their Iraq War experiences, memories, and desires for social change.

Some Iraq War veterans are ready to tell their stories, especially to fellow
veterans and people that they feel will understand their perspective and messages,
whereas others are, indeed, not yet ready. The temporal context of this study, its early
perspective on Iraq War veteranhood, is both a strength and limitation of this study. The
veterans who participated in this study were comfortable meeting in the VA setting and
talking to a VA employee.

Data Collection

The research question of the study was to understand the culture of the Iraq War
to detect and describe cultural informant experiences, how they
perceive and construct their social realities, how they experience the antecedents,
experience, and consequences of military service in Iraq, where they go for support, and
whether there are differentiations of value, belief, and behavioral stigma or normalization
within the culture (Fetterman, 2010; Quimby, 2006).

The meaning of this lived-phenomenon can be communicated only by persons
who have experienced military service in Iraq. Therefore, the source of study data for
this study needed to be the first-hand narratives of the Iraq War veteran. Two data
sources were accessed and triangulated for this study: (1) Documented mental health,
behavioral health, and psychotherapy notes of Iraq War veterans receiving mental health
services after serving in the military and (2) Veteran responses to focus group interview
questions.

Medical Record Review

After receipt of the signed and witnessed informed consent form, designating
veteran permission for me to review his or her medical records, including psychotherapy
notes, in the Computerized Patient Record System (CPRS), I reviewed veteran's CPRS documentation of clinician notes to obtain a thematic overview of veteran memories of service, reintegration issues after service, and intrapsychic dilemmas. Mental health, behavioral health and psychotherapy notes are representative of direct veteran accounts of experiences in Iraq and, therefore, are components of the social construction of veteran cultural identity development. Clinician notes were expected to be guided by the institutional illness narrative perspective and, therefore, served as alternative accounts against which to compare and contrast veteran consensus in the focus group sessions. The chart review data collection tool is available in Appendix M.

I accessed the mental health, behavioral health, and psychotherapy notes of the three most recent years of the veteran’s therapy from the computer in my VA office. Content analysis of the mental health, behavioral health, and psychotherapy CPRS notes was integrated into data analysis. Themes and verbatim sections of the clinician-gathered subjective and objective data, as well as a content analysis of what I noted to be absent or not addressed in the reviewed documentation, were noted (Wagner, Duveen, Farr, Jovchelovitch, Cioldi-Lorenzi, Markova, & Rose, 1999).

Veterans had a choice in participating in this study either via (1) Chart review only, (2) Focus group participation only, or (3) Both chart review and focus group participation. It was anticipated that, the veterans whose chart documentation would be reviewed may or may not be the same veterans who participated in the focus groups. Eleven of the twelve veterans who participated in this study choose the chart review and focus group option of participation; one veteran choose the medical chart review-only,
option. Review of no more than thirty CPRS charts was originally proposed. After reviewing the medical records of the twelve participants, however, a saturation of treatment-focused information was collected and veteran recruitment for medical chart review-only participation, was not further pursued.

**Focus Group Interviews**

Every member of a particular culture is understood to follow a consensual pattern of the culture’s majority. Focus group discussion among the Iraq War veterans was expected to present the information needed to understand the Iraq War veteran’s culturally bound patterns of thought, belief, and value. The researcher is the data collection instrument in qualitative study; this means that data quality and, subsequently, the trustworthiness of the findings, depended on the ability to capture cultural informant data as communicated by the veteran (Romney, Weller, & Batchelder, 1986; Sandelowski & Barroso, 2002; Pope, 2005).

Semi-structured interviews using an interview guide are recommended for comparative and representative inquiry (Fetterman, 2010). An interview guide inspired by Joseph Campbell’s *Hero’s Journey* (Campbell, 2008), was used to contextualize common Iraq War veteran beliefs and differences. Questions were organized by periods of experience (pre-deployment, service in Iraq, and post-deployment) and structured using selected, applicable, components of Campbell’s (2008) monomyth: *The Call to Adventure, Crossing the First Threshold, the Belly of the Whale, the Road of Trials, Refusal of the Return, Rescue from Without, the Crossing of the Return Threshold, Master of the Two Worlds, and Freedom to Live*. The focus group interview guide is in
Appendix N.

Participant interaction was expected to be gathered as shared knowledge, beliefs, values, perceptions, and meanings of experiences among the veterans. Conversation amongst focus group veterans was encouraged in order to promote participants’ comfort to express themselves in their own terms. Peer interaction promoted verbalization of shared cultural meaning and memory. Some limitations of the focus group data collection method are that findings will indirectly, rather than directly, capture the behaviors, customs, and ways of Iraq War veteran living (Fetterman, 2010). Peer influence may also alter veteran responses if, for example, the group members are familiar or unfamiliar with one another (Fetterman, 2010).

The first focus group interview was allotted two hours to allow for introductions and initial focus group discussion. Since the first focus group cohort covered both pre-deployment and most of the service-related questions, a modification of the research protocol, allotting for up to three focus groups, each up to two hours in duration, was approved by the IRB. Two two-hour focus group sessions were found to be sufficient in covering the three topic areas.

Upon starting the first focus group, I asked the veterans if they had any questions or concerns; focus group rules were reviewed. Focus group discussions were recorded on a digital audio recorder for the purpose of capturing cultural informant responses and stories as they were being spoken. All participant data are confidential. Prior to each focus group interview, veterans were instructed to not offer any personal identifying information that would identify themselves or others in the study. The veterans were
instructed to use only first names during the focus group discussions. For demographic report, veteran age, gender, dates of military service and deployment to Iraq, branch of military service, highest rank achieved, and military occupational specialty were collected prior to the first group session. The demographic data collection form is available in Appendix L.

A minimum of four persons constitutes a social group (Wagner et al., 1999) and three to four focus groups with each category of individual is recommended (Krueger & Casey, 2009). This study, with investigative focus on the Iraq War veteran as a unique cultural group, is a single category study. Initially, three focus group cohorts, consisting of no more than five veterans in each group, were planned. However, due to the difficulty of recruiting interested participants, and because not every veteran showed up to his or her scheduled sessions, focus group attendees were fewer than planned. Sessions ranging from two veterans to four veterans per session were scheduled. A Request for Protocol Amendment or Modification for permission to assemble two additional focus group cohorts was submitted to, and approved by, the IRB committee. All research approval documents are in Appendix G.

Each focus group cohort gave consent to meet no more than three times with the researcher; two two-hour sessions were sufficient, given the smaller groups, in addressing all of the structured interview guide questions. The purpose of meeting more than once with each focus group cohort was to allow participants to revisit their responses and offer further reflection or clarification of their responses in previous focus group discussions, provide the researcher with the opportunity to validate or reorganize themes and
categories in order to fit with participant consensus of experience and meaning, and to foster familiarity among the participants so they would feel more comfortable conversing with each other during the sessions.

Data Management

My dissertation committee members, supervisor, America’s Pride transcriptionist, and I had access to study data. After each focus group session, the .mp3 audio format data were transmitted from my office computer to a password protected, secure file transfer protocol (FTP) secure website designated for file upload. The transcribed files were then available for researcher retrieval from the same InfoPro FTP site. The audio files and transcribed documents are saved onto a password protected study-specific directory on the VA Hospital’s research network drive.

All printed copies of the transcripts, any notes written during the focus group sessions, veteran demographic information, and the scheduling template are stored in a locked file cabinet in my VA office. My notes consisted of de-identified content areas, free of protected health information identifiers, and have been transcribed into a word processing document for data coding and analysis. These notes are stored in my password protected Research network drive computer file.

There are no copies of the data on any laptop computer. The portable media device, a digital audio recorder was used solely for the purpose of recording focus group discussion. The audio files were uploaded from the digital audio recorder onto my password protected U-drive. The digital recorder files were deleted from the recorder after the files have been uploaded onto my study-specific research network drive. The
digital recorder, when not in use, is stored in a locked cabinet in my office. Per IRB- approved study protocol, the data cannot be re-used for subsequent or future research protocols.

America's Pride transcription service transcribed, verbatim, the audio recordings of the focus group discussions. America's Pride is a VA-authorized and security-cleared company recommended to me by the Hines VA Hospital privacy officer. America's Pride abides by all VA privacy and security requirements regarding data retention and destruction with a Department of Defense three-wipe data clearing system.

Data Analysis

Ethnographic data analysis is a process of deconstruction and construction between abstracted and concrete cultural informant stories (Fetterman, 2010). Group culture is studied by the researcher for the purpose of unhinging hidden or unrecognized relationships and cultural mechanisms (Hocoy, 2005). The purpose of ethnographic data analysis for this study is to: (1) Locate cultural themes of connection, (2) Find patterns of veteran beliefs, (3) Describe their cultural consensus and negotiation of identity, and (4) Describe findings from within the perspective of the veterans’ reality.

Following focus group verbatim transcription and reading through and making notes on key points of chart review and transcription, data analysis consisted of domain analysis, taxonomic analysis, and componential analysis (Wagner et al., 1999; Hurtes, 2002; Williamson, 2006) via constant comparison of verbatim transcriptions of focus group discussion and content analysis of chart review. Using qualitative data analysis software, NVivo, I coded and analyzed the collected text. Transcripts of recorded audio
were reviewed prior to the subsequent focus group session and clarifying questions were posed to the veterans in the following session. Ongoing constant analysis of transcription allowed me to redirect and refocus analysis as issues emerged in the group interviews (Williamson, 2006).

Domain analysis consists of emic veteran terms placed into preliminary categories. Short titles, definitions, and labeled paragraphs which relate to each category were initially identified. Story themes, metaphors, main actors, given reasons and explanations, consequences, and aftermath of stories were organized per software organization and tagging of key words or phrases.

A theme is a word or phrase that describes or represents an abstracted, yet experientially unitive, grouping of meaningful aspects present throughout the phenomenon of interest (DeSantis & Ugarriza, 2000). Themes extracted from narratives using the ethnographic method of inquiry are the themes of the culture’s consensus. Themes are used to construct, in order of ascending level of abstraction: theme clusters, categories, and essences of the phenomenon (DeSantis & Ugarriza, 2000). Cultural theme clusters, categories, and essences can be used to explain systems and processes of relationships between concepts and subsystems of cultural meaning (Spradley, 1979).

Taxonomic analysis is the analysis of each domain for subsets and subcategories. The text was analyzed in the context of the entire narrative. To construct a meaningful account of the experience that applies to the group as a whole, the identified and analyzed patterns differentiating or uniting parts of veterans’ narratives collected. Validation of consensus themes as essential accounts of meaning were confirmed by checking the
consensus theme clusters against all cultural informant accounts. Frequency of themes suggests cultural importance (Fetterman, 2010). Throughout the analysis process, I engaged in pattern identification (i.e. key events, recurring similarities or differences, symbolically significant events, words, phrases), which included quantifying the number of times a topic is found.

Prior to formalized findings, ongoing analysis of data is required (Fetterman, 2010). Additionally, implicit meaning hides in explicit description and initially detected themes are not guaranteed to be essential themes (DeSantis & Ugarriza, 2000; Saldana, 2010). My impressions of the data were subject to frequent reanalysis and re-synthesis as expressions evolved into highly abstracted, essential, and unchanging components of the culture’s consensus. I needed to address whether identified differences were systematic or idiosyncratic and this led to either expanding or altering the initial conceptual model (Fetterman, 2010).

Informant Risks and Benefits

The potential risks for the veteran in this study included loss of time for interviewing and feeling vulnerable or re-traumatized for sharing their Iraq War experiences. A safety plan was approved by Hines VA institutional review board and is delineated in the informed consent form available in Appendix I.

Potential benefits of study participation for the veterans included partaking in a study aimed at helping fellow Iraq War veterans, gaining insight into the research process, increased self-knowledge from introspection during the interview, and the opportunity to feel as if their experiences in Iraq matter and could be helpful to others.
who have served in the Iraq War.

The risks to the veteran participants were reasonable in relation to the anticipated benefits. There were no experimental interventions or control groups in this study. There was no more risk in participating in focus group discussion than the risks present in current provision of clinical care. There were no participant withdrawals, complaints, or adverse effect incidents during the course of this study.

Study Rigor

Assurance to the reader that study findings are credible and trustworthy because they have originated from trustworthy data analyzed, managed, and collected in a manner faithful to the participants' experience, is crucial to communicate throughout the study write-up rather than just in the findings section (Sandelowski & Barroso, 2002). Reaching into unknown possibility to find things as they are entails a level of uncertainty if what has been found is, indeed, cultural consensus (Romney, Weller, & Batchelder, 1986). The meaning captured by the researcher and the meaning of the reading as appraised by the reader, was expected to meet as a convergent representation of the cultural consensus lived by the cultural informants (Sandelowski & Barroso, 2002; Rolfe, 2006).

Trustworthiness of findings in ethnographic research consists of comprehensively documenting raw data, including field journal, verbatim, observational, and formal interview data (Hocoy, 2005; Pope, 2005). Identified verbatim descriptors, patterns, and contextual analyses must logically connect and support major themes and theoretical formulations (Sandelowski & Barroso, 2002; Fetterman, 2010). To support data
trustworthiness, a clear audit trail consisting of verbatim focus group interview transcriptions, researcher notes, and coding outputs from ethnographic research software, was available for study consultant and institutional board review. In addition, my dissertation committee chair reviewed approximately five percent of the deidentified focus group transcriptions to enhance the validity and trustworthiness of study findings.

Pursuant of the emic perspective, the researcher exposes his or her etic, or observer perspective when reporting ethnographic research findings. Reflexivity involves the acknowledgement of study findings as being inextricably influenced by the researcher’s own culture (Pellatt, 2003; Fetterman, 2010). Therefore, to bracket bias, I recorded my own theoretical speculations and sensitivities as memos and journal entries, including the evolution and progression of impressions, and personal feelings throughout this research process (Pellatt, 2003; Fetterman, 2010). All researcher interpretations are understood to be contextual.

Researcher Bracketing

In preparation for this study, I have immersed myself, for the past five years, in an effort to understand veteran mental health through avenues such as literature review, discussions with veterans and healthcare providers, and attending veteran arts programs in the local community. I work with veteran across all generational cohorts, not just exclusively with Iraq War veterans. Seeking to acknowledge and understand the uniqueness this cohort, and confront the many stereotypes attributed to Iraq War veterans, stemmed from a generational, ethical, and clinical motivations, for me. Understanding Iraq War veteran culture became important to me upon realizing that my students,
generational peers of the younger Iraq War veterans, will be taking care of the Iraq War veteran population for the duration of their nursing careers. As a clinician and educator, I felt it was important to understand the shared identity of the Iraq War veteran so that my practice and teachings would be more culturally relevant and sensitive.

During the preparatory stages of this study, I reflected upon the several Iraq War veterans encountered in my day-to-day activities in the hospital, and the common strands of veteran identity and meaning-making they might possibly have in common other than their location of overseas duty. For example, there was a young Iraq War veteran who worked for the hospital's Compensatory Work as Therapy (CWT) program. He had a completely shaved head and an old-fashioned beard style. His affect was typically blunted, complexion pale, and he offered minimal eye contact. Another Iraq War veteran, also in the CWT program, had short spiky hair, enjoyed socializing with the student nurses, and would be often seen traversing the hospital hallways in his wheelchair with several blue lights on its wheel spokes. I remember another Iraq War veteran who impressed me with his exceptionally articulate description of his symptoms of anxiety and his future goals, but who did not reveal during the clinical encounter that he had been discharged less than honorably (and was, therefore, ineligible for any Veterans Affairs benefits and services).

When interviewing another Iraq War veteran, I remember he told me he has been through so much "over there" and now, having so much to deal with "over here", he expressed wondering why he came back from Iraq, at all. He added, "I should have just stayed there." Even though I was no more than six years older than he, I was addressed
as "ma'am" and all of my clinical evaluation questions were preambled with a “Yes, ma'am” or “No, ma'am”. I noted that some Iraq War veterans wear hats or other attire which announce their OIF service to others, whereas others do not. Each of the veterans I have encountered at work, as well as the veterans who are expressing themselves through the arts in the community (e.g., online blog sites, paintings, drawings, photography, poetry, literature), have contributed to my interest in exploring their cultural identity and belonging, including, their processes of cultural development.
CHAPTER FOUR

RESULTS

Introduction

The purpose of this study was to explore the culture of the US Iraq War veteran. By gathering veteran narratives about some of their pre-deployment, deployment, and post-deployment experiences, research aim was to understand how the veterans perceive and construct their social realities, what central axes of meaning shape their social reality, what were, and continue to be, their sources and processes of support after homecoming, and what kinds of differentiations of value, belief, and behavioral stigma or normalization exist within their own culture.

As data collection and analysis progressed concurrently, veteran narratives were found to be laden with theory which could both account for the data and provide an original conceptual perspective for future research. Originally, the purpose of this study was to descriptively explore culturally-based veteran patterns of contextualization and reintegration. However, a conceptual model of Iraq War veteran cultural identity development was the resultant crystallization of theory (Fetterman, 2010) built via constant comparison, data triangulation, and pattern identification methods (Glaser & Strauss, 1967; Fetterman, 2010). A table of extracted themes, categories, and sub-categories is available in Appendix P.

This proposed model addresses the trajectory of how Iraq War veterans resolve
the conflict between post-deployment civilian displacement and integration. The proposed components of the Iraq War veteran cultural development trajectory are: (1) Societal visitation, (2) Awareness of permanent displacement, (3) Dilemma of transfigured purpose, (4) Reevaluation of belongingness, and (5) Identity confluence.

**Societal Visitation**

The process of veteran cultural identity development in the returned-to culture, begins with societal visitation. Societal visitation is the veteran’s self-questioning with concern to cultural situatedness, self-determination, and affiliation.

To illustrate, as experienced at some point in our lives, of being a visitor in another culture (e.g., another country or another family’s home), we know that our visits are tolerated and we are expected to leave at sometime in the future. Therefore, we modify our behavior as visitors, accordingly. As visitors, we think about our home, we wonder about our neighborhood, we miss our ordinary comforts, and, at times, we wish to be back where we feel so comfortable to be ourselves. We sense everything in the host place with sharpened and scrutinizing vision, including the wall cracks, dust, odors, different customs, tensions, and timings. We yearn for our home, where we can slip outside of ourselves, nurture our own needs, function with subdued senses, and simply do what we need to do and prepare ourselves to do, each day.

As visitors, we also make attempt to do things unobtrusively. Sometimes, unbeknownst to us, these efforts may actually be more obtrusive or obstructive for the host. We may find ourselves disagreeing internally with how things are done, or automatically make contrasted discernments and comparisons with the host’s habits or
values. We may find ourselves volunteering to do chores just to feel more useful.

During our entire visit, we know that our presence is temporary, that we will be returning home, and our lives will resume as usual.

In contrast, the returned traveler knows that he or she has returned to home base. Tastes, sounds, people, and culture of the visited place may be still vividly remembered. Home is compared and contrasted with the places visited; but home is still home for the returned traveler. The returned traveler knows, and knows how, to retrieve the ways of being he or she is supposed to behave and think at home. The returned traveler knows how to facilitate the reconnection with his or her roles at home.

For example, as I was growing up my mother frequently told me that Poland would always be the homeland to which she would return. When I was in high school, my mother went to Poland. After return to America, she applied for, and obtained, U.S. citizenship. My mother had arrived at the realization that her childhood home and country she loved was no longer the place she once knew and felt connected to. She still feels, on many occasions, like a visitor in this country. She still feels patriotic towards and connected to her native homeland. However, when she returned to America, she returned as a traveler who came back home. It was during her trip overseas, not upon her return to America, that she was a temporary visitor.

This realization directly affected her decision to apply for citizenship. It also enhanced her ability to assess the evolved meaning of her bicultural identity, accept herself as a bicultural American, recommit to push through socialization hardships, and reorient herself to a more resolved way of living in this country and with its people. My
mother’s self-reclassification as returned traveler, in turn, over time, affected my own perspective of her ongoing struggle as an immigrant. Her self-reclassification influenced my interpretation of what being a second-generation Polish-American meant to me. In taking the step towards accepting herself as a bicultural American, I felt that my mother also took a step toward accepting the American in me.

The change in defining home base involves a process of defining one’s place of being in the world and contextualizing one’s potentials and possibilities for contributing to the world. In my mother’s case, this process was a mental shifting of thought and anticipation that changed her visitation status to that of returned traveler. For the veterans who return from Iraq, either from their first or fourth deployment, they, too, have a decision to make as to who they are and with what degree of permanency.

The course of decisions regarding societal visitation have invariable impact on the people in their lives as well as other veterans in their circles of contact. Presumably, children of veterans learn how to interact and live in the social world through their parent’s own continuous construction of social placement, purpose, and belonging. Their own identities of social affiliation and disaffiliation constructed and legitimized by the self-assignment of societal visitation status by the veteran parent.

The self-questioning of allowed and accepted self-situation is crucial in the development of a projected identity of who, what, and how the veteran wants to become in the future, as part of this society. For the guest, coming home, metaphorically, may be the equivalent of camping indefinitely on other people’s living room couches; that is, not nesting or constructing a long-term relationship and determination with one’s societal
self. For the returning traveler, identity development begins from a perspective of committed self-investment in society, for society.

Post-deployment from Iraq the veteran returns home and must answer an important question: *Am I here as a visitor or as a returning traveler?* Developing an identity of either visitor or returned traveler will affect how the veteran will socialize and integrate into the normative culture. Categories suggestive of an inner process of the veterans’ questioning and exploring their status of societal visitation were: *Forced Exile* and *Always There.*

*Forced Exile*

Forced exile does not mean that the veteran was forced, per se, to leave the military. Forced exile refers to the physical, mental, and emotional barring of direct return from where the veteran originated before service endpoint. Forced exile is characterized by the awareness that one cannot go back to where one was, who one was, or how things used to be.

Conditions of leaving military service amongst the participants included injury, disability, their military contract expiring, or a personal choice. Amber had plans to go to college, which was something she feels she has earned to be able to pursue upon discharge. Rocky, who deployed twice to Iraq, began to question the impact his absence had on his daughter and that it may be time for a break from upcoming deployments in order to attend to his daughter’s needs. For Adam, as much as he loved being in the military and being a teacher and mentor to the new soldiers, he decided it was time to retire after learning that he might be deployed to Iraq for a second time.
Civilians play an important role in enforcing the role of guest or traveler to the veteran. Social exile can be forced onto the veteran, by others. The veteran’s conditioned responses to the world may be considered intrusive or disturbing to others. Raptor recalled how he stopped sharing things about his military experiences with family and friends because he learned that they would avoid him or starting treating him differently afterwards. Seeking healthcare, especially, mental healthcare is another form of forced exile for the veteran from the normative culture. Either family members have given the veterans a “get help or else” ultimatum, the veteran has been brought involuntarily to the mental healthcare system, or the veteran has been encouraged by other veterans to seek professional healthcare assistance.

ADAM: My mother said, I really want you to get some serious help. …I said mom I don't need no help, I'm fine. She said no you’re not. You're not fine, you need some help and I didn't want to accept the fact that I actually really had PTSD. I kept always trying to bypass, no I don't have it, I don't have it. Well anytime you dream about the war, anytime you're traumatizing and every time you get depressed about soldiers that died and got killed, you've got PTSD, you really do and I was diagnosed with PTSD, the first time I was diagnosed was um, I think it was in 90, yeah 1990, I was diagnosed at that time but when they told me I had PTSD I didn't know what it was. I said what is that, they said you got post-traumatic stress disorder. I said no I don't. Yes you do, yes you do. You got symptoms of it and you need, you need some help. I don't need no help.

The concept of being mentally or emotionally unreliable has significant and collectively-based meaning for veterans. During service, if a soldier’s mind is not on the job, that is, not focused on potential threats to safety, then that soldier is a threat to his or her fellow soldiers’ lives. Adam emphasized the dire consequences to mission and team if soldiers’ minds returned home during service. With the following excerpt as context to
the preceded passage, it is understandable why Adam responded in the manner that he did to his mother’s pleas to seek mental health treatment.

ADAM: We had a lot of guys that snapped out there. Guys that just went, where we had to confiscate their weapons. We were worried about them either killing some of our soldiers or killing their selves. It was very difficult at times because a lot of guys, their mind would float back home at times, you didn't think about home and if your mind floats back at home you not gonna adjust out there in combat. You're just not gonna be right in combat and a lot of guys they, when they float back home, their fight or flight mode is gone. It's just gone and then the personality swings change and they get very highly depressed… because some of them they drift away and go back home, their mind goes back home. If your mind not in combat, you not supplying. All it takes is one soldier just to mess it up.

Being treated for a mental or physical disability is a forced exile from the civilian life the veteran might have wanted for him or herself. One of the veterans in the study stated that he is no longer considers himself to be a free man. He discussed no longer being able to live his life, come, go, and travel as he pleases; feeling tied down with weekly appointments at the VA which he cannot miss because, given his recent suicide attempt, the police would have to conduct a well-being check at his home if he does not show up for his appointment.

Forced exile may differ in origin or objectification for each veteran. Essentially, forced exile is the loss of freedom the veteran feels after having had made some kind of transition (e.g., military to veteran, healthy to disabled, normal to different, insider to outsider) where the departed reality is recalled as more appealing than the reality of arrival. Raptor shared how he relates to feeling like a guest after returning home from the military: “Guests get mistreated in this country. Everybody is like go back to where you came from.”
Always There

The veterans’ military homeland is a place, atmosphere, culture, and milieu in which the veterans once existed and played out the roles of being military people. The military homeland is from where Iraq War veterans departed to arrive in our present-day civilian habitat. More than the physical environment of military training, living, and overseas service, the veteran’s military homeland consisted of: (1) Social and temporal deployment circumstances, (2) Military occupational roles and responsibilities, and (3) Behaviors, attitudes, and beliefs of their military culture.

Each of these components of their military homeland comprises the *what*, *how*, and *why* veterans maintain a memorialized bond with their military homeland. In addition, *what*, *how*, and *why* these components of the military homeland are so important to them, and so readily retrievable, makes a difference in whether the veteran’s status of societal visitation will be that of visitor or returning traveler. For Raptor, always thinking about a return to Iraq is powered by a desire to reincarnate not only the feeling of oneness with someone he bonded with so strongly in the military, but also to reincarnate and acknowledge a part of himself that died after the unspeakable loss.

RAPTOR: I used to you know get the thought all the time that I could, my buddy would come back. Like if I went back over there, like all of a sudden one day I’d just see him, but then you know for a time it was like uh no, he's dead. Like it doesn't work like that. ...I just had this thing of like for some reason I thought if I went back there somehow he would come back to life.

The veterans shared that on some level, every day, they have thoughts and memories about being in Iraq. They offered recollections of their initial and long-lasting impressions and findings in Iraq, including the friendships, dangers, adventures, follies,
concerns, and admirations they experienced during service. Veterans talked about various topics such as how beautiful the stars were at night in the desert or how structurally sound the buildings were in Baghdad. As they were talking and thinking about being in service, they were there. As they listened to each other speaking about Iraq, they were there. One of the veterans said that he could picture in his mind exactly the room and even the food that was served, when he listened to other veterans talking about their service in Iraq.

The veterans who are still in the reserve or guard units, have to be mentally “always there” because redeployment is a realistic possibility for them. “How can I move on if I might be called, someday in the future?” Raptor says he asks his friends, “What if someone came to you tomorrow and said you have to pack up and leave for Iraq? What would you do? You don’t know what you would do, but I do because I’ve done it before and I might have to pick up and go, again.” In Raptor’s case, remaining a societal visitor may decrease the impact of the suddenness and interruption of deployment orders on the veteran’s day-to-day existence.

Another reason for always being there is to imagine fixing a situation or preventing a comrade’s death. For example, Mack stated feeling that if he were there another soldier would not have been killed. He feels responsible and believes that perhaps there could have been another outcome if he were back in Iraq instead of here at home. In the following passage, Mack’s unuttered motivation is a direct connection to why he feels that he is “always there.”

MACK: I'm there every day and every night whether I want to be or not. I mean, I remember, um, our platoon's there, and we're all sitting in a
Humvee over there one night, and says, “You know what guys? We're gonna miss this place.” And everybody in that vehicle said, "You gotta be outta your mind; you're nuts." Well, I'll be damned if I don't.

MYRA: Every day.

MACK: I'm there…

MYRA: We could talk about it every day.

MACK: They're…they're there now, and part of me just wishes the hell… I am there right now.

The conditions of exile from the military homeland may or may not be direct predictors of the veteran’s direction of societal visitation. Being “always there” may or may not be an inhibitory characteristic of being a returned traveler. Perhaps all returned travelers must all go through a period of being visitors, first. The nostalgia the Iraq War veterans may feel towards the military homeland left behind might be a necessary component of exploring where parts of them must stay, where parts of them will go, and what to do with the parts of themselves that they left behind.

Awareness of Permanent Displacement

Veterans are a Diaspora of people displaced from their military homeland. Awareness of permanent social displacement is the public contextualization of an abrupt or compounded private unraveling of previously supportive cultural structures. After return from military homeland, the veteran arrives at the realization that he or she is permanently displaced in the returned to society. Previously constructed and meaningful military assumptions of role, character, accomplishment, and rank are not readily absorbed by the cultural cloth of civilian everydayness. The veteran is exposed to him or herself as well to civilian others, as being out of place.
The veterans offered accounts of feeling socially displaced after homecoming. For example, stepping off a civilian airplane, wearing civilian clothing, and feeling completely out of place; being told by family that they are a changed person since coming back (and not for the better); leaving a restaurant bathroom with the roll of toilet paper in their hand; being stopped by a police officer because of driving at night with the headlights off, driving too fast, or driving too slow; not being allowed to hold a rifle at a gun shop because even a uniformed soldier cannot do so without presenting a Firearm Owner’s Identification card, first; being told by fellow college students that only dropouts or poor people go into the military; hating oneself because “I was never supposed to be a damned veteran” in the first place if it were not for the multiple physical injuries sustained during service. Each of the veterans recalled situations in which they gained an abrupt or compounded awareness of their permanent displacement in the returned-to society. Each veteran had experienced specific situations that made them realize that parts of their social selves have been dislocated and, even, permanently left behind in Iraq.

Ideally, what would help veterans better fit in with the host culture? Socially reciprocated acknowledgment of the veteran’s service (and meaning of service), a culturally expressed support for the veteran’s service in the Iraq War, empathy for the veteran’s return home, and daily societal edification of the veteran’s fellow service members who were killed or injured in the Iraq War. Instead, the new veteran enters a society in which service acknowledgement, reintegration empathy, and collectively shared grief are inconsistently and infrequently demonstrated. Additionally, the military
role, rank, and accomplishments of the veteran are prone to misunderstanding and misrepresentation by the general, non-veteran, public.

The concept of displacement is not foreign to veterans. Originally, the veterans were displaced from their homes when they were deployed to Iraq. During their service overseas, the veterans had to resolve themselves to the idea of living and working there as if it were home. For example, Myra had to arrange her hooch into a home-like place, which included putting curtains on the window, to help her relax and be able to sleep. In reflecting on the closeness he had with his military family, Mack attested to the mental resolution of accepting the military base as home so that the job could be properly done.

**MACK:** We'd get to the camp, offload, and whoever's job it would be as convoy commander would go up to every vehicle and say okay, it's time we're going, we're headin' back home. We got orders to go back to Chicago?! No, we're goin' back to Camp Anaconda, you schmuck! It's like, well home is Chicago. It's like, no. Whether you've been there for 3 months or 6 months, I said home is that tent that first platoon lives in. Once you get your mind set around the fact that that is home, this is your family, life as you know it is gonna be a whole lot easier to deal with. Now, once you're at home, in bed with your wife or significant other, making love or eatin' a steak then that's a different story, but for right now, this is home, and yes, before we had air conditioning, smoking and joking around the front of the tent that's a good time. And that's where civilians don't get it nowadays, so this ain't fun. When you're reduced to...that's all you've got. There was a bunch of...5, 10 people outside that tent havin' a smoke, jokin' around, and that does become a good time. You know, she's right, you could sit in...you could sit in your bunk and wonder when am I going home, when am I going home, or you get out there with your buddies, and you could say, you know what? This is what it is.

Awareness of permanent displacement is not, in itself, a sentence of social quarantine. In order to face and overcome the culture clash of post-deployment, the veteran must resolve the inner conflict as to whether he or she is stuck in a place one no longer feels connected to or whether he or she can make a home in this returned-to
culture, a home of this returned-to culture.

The veteran is faced with the need to construct, or remodel, his or her social reality. Awakening to one’s social displacement must be viewed by the veteran as a resolvable and tolerable, rather than an irresolvable and intolerable, barrier to building an envisioned new future. Either a limbo-land of continuous existential disparity, or a process of cultural unification and reification, will be developed by the veteran. The veteran must answer the question: Am I stuck here or can I make a home for myself? The categories which characterize this heightened awareness of cultural displacement are: Exposed Duality and Betrayed Expectations

Exposed Duality

Awareness of Permanent Displacement as through exposure of one’s cultural duality mythically resonates with the Crossing of the Return Threshold (Campbell, 2008). The hero, returned from the other land, faces the challenge of making a home of the place of origin, which is unrecognizable from what the hero once knew. The hero’s worldview has since been changed. The hero now has to determine how he or she is going to make this new place into a comforting and rejuvenating home for oneself. If unable to reclaim his or her societal self, the world will become a place of purgatory and punishment from which the hero will be unable to detach in order to escape. “The boon brought from the transcendent deep becomes quickly rationalized into nonentity… the fearfulness of this loss of personal individuation can be the whole burden of the transcendental experience” (Campbell, 2008, p.188).
In the returned-to society, the veteran’s military experiences are typically rationalized into a blur of nonentity. During the focus groups, veteran shared experiences of being accosted by civilian’s opinions and ideas about the Iraq War. Media accounts, movies, and television shows about the Iraq War are not representations of what the veteran’s actually experienced, yet they are what civilians think they know of the war and, therefore, what civilians think they know about the veteran who has served in the Iraq War. The veteran is left to being the lone defender of his or her own military self, values, and cultural connection. This position of transformed understanding of the war, in itself, exposes the veteran’s bicultural duality to himself, through himself.

That is the hero’s ultimate difficult task. How render back into light-world language the speech-defying pronouncements of the dark? How represent on a two-dimensional surface a three-dimensional form, or in a three-dimensional image a multi-dimensional meaning? How translate in terms of “yes” and “no” revelations that shatter into meaninglessness every attempt to define the pairs of opposites? How communicate to people who insist on the exclusive evidence of their senses the message of the all-generating void? …The first problem of the hero is to accept as real, after an experience of the soul-satisfying vision of fulfillment, the passing joys and sorrows, banalities and noisy obscenities of life. Why re-enter such a world? (Campbell, pp.188-9)

As humans, we desire to surround ourselves with a reality which places us and our ideas in an uplifted, valued, regarded, and positive light—a reality where our daily manners of habitus are unobtrusive, where our intended hiddens remain hidden and our presented selves are both presentable and well-represented by fellow members of society. It can become an overpowering and intrusive world for the returned veteran. A world that does not make sense to the person and makes that person appear displaced to others. A world where the veteran finds him or herself feels represented in an unflattering, and
even demeaning, manner to others and to themselves.

RAPTOR: I just never got why people [in the hospital] were trying to analyze me. You got, they made me feel like I was just some, I feel like an animal almost. You know I still do to this day, I feel more like an animal.

In the culturally-incongruent world, one’s hiddens are more vulnerable to being revealed and representations of the self can be unflattering or marginalized to ourselves and others. Reality, itself, seems out of place for the veteran because things do not seem to work in the same ways, anymore. Exposure of this dual cultural residency for the veteran becomes visible to others when the veteran’s behavior, opinions, attitudes, preferences, or beliefs stick out as detectable incivilities, differences, improprieties.

Certain veteran behaviors and attributes may stem from duality exposure. In the veterans’ medical charts, veteran report of family complaints about the veterans’ rigid, unrelenting, vocal, or aggressive behaviors at home were commonly cited by the clinicians. In the focus groups, veterans discussed occasions of feeling socially disparate, unacknowledged or misunderstood about their military work. They talked about how they react to situations when their safety feels threatened. The veterans evaluated their behaviors as being socially awkward, embarrassing, and perceived by others as a devalued social identity. In the civilian culture, we want to see the decorated, clean-pressed, well-behaved, boy scout of a soldier.

Habitus is the everydayness of a culture’s functioning, including, the everyday reactions to the everyday world in which one is functioning. The veteran’s military habitus was a part of himself in the military world. The veterans’ habitus sometimes falls out of line of the civilian social system. In defense of the thoughts and actions that are
not readily accepted by civilians, several of the veterans expressed how “I am still very much military. It is still a part of me.” The veterans’ military habitus and acclimation to the living habitat in Iraq, is still their lens for perceiving and functioning in the returned-to world.

SARGE: You come from a place that, we have everything, we go over there and they don't have absolutely nothin’. Water, water was in a tent. It was 130 degrees, this shit was hot as hell and it was nasty to drink so you know like people who take for granted water, I never take for granted water anymore.

Upon return home, the military way of living and being is still the norm for the veteran. Adam shared how he still folds his clothes a certain way, how military phrases creep into his conversations with family, how his military self comes forth in during his security job, and how difficult it was for him to adopt a non-regulation haircut and grow facial hair in response to his brothers’ coaxing to look less military.

The longed for comforts of home are now objects of admiration and long-awaited reunion. Civilian habitus stands in stark contrast to the veteran’s previous improvisational and restrictive mode of survival and regiment. After living under developing country conditions, basically, tenting-it, that experience can offer insight into Mack’s reaction to something as mundane as a clean restroom, as being an unordinary reaction to an ordinary civilian world.

MACK: I, uh, I remember when I came…when we came back. We were goin' to the heritage festival downtown, waitin' for the bus …I was standin' there and needed to go to the bathroom, so I went to this port-a-potty, which was twice the size of the ones we had, and you walk in, and there's a sink. You know, there's a port-a-potty, and I go, man, this is like a condo, I could live up in this sonnaofabitch, all right. Sittin' there laughing, just, ah, you know…my wife knocking: Are you coming out? No, I'm stayin' here, hon, and go walkin' outside and people goin’…and
my wife's goin' "He was in Iraq". Oh… This is nice; pretty…I could eat off this floor.

"He or she was in Iraq" is used both as an explanatory statement excusing or explaining the veteran's differences or intolerabilities of behavior or as a public announcement of feeling proud about the veteran’s military service. In either regard, the veteran’s identity is singled-out, announced, and exposed as separate from normative civilian culture.

Amber identified two types of beliefs that influence people's views of the OIF veteran: "Those people who still think we don't belong there and those who think we are there for a reason." Amber reflected that "there are people who back us up and others who do not.” Responses and reactions from civilians ranged from that of disinterest, “You’re home, now, get over it”, probing for stories of adventure or military gore, disdain, embarrassment, confusion, or concern. Raptor, who specifically asked his friends not to tell other people that he served in Iraq, felt his exposed duality would invite unwanted attention and statements. In the following passage, Sarge and Mack reflect on knowing which parts of themselves must be kept hidden from the normative society in order to protect their duality from unwanted exposure.

SARGE: Some ignorant civilian people ask how many people you kill. That's one thing that….

MACK: Or, did you ever kill anybody?

SARGE: Pisses me the most. Because, if we had to kill somebody that's what we're trained for. We're not trained for to pick cherries, we're trained to survive, let's say it like that but in reality we're trained to kill or be killed. So I don't tell that to people.

MACK: Cause they'll never understand it quite frankly.
SARGE: They don't.

MACK: When your job is yeah you're driving a truck but your job is instinctively to kill when your job is okay the Iraqis are known for throwing their kids out in the middle of the street, hopefully stop your vehicle so that they can ransack it and your mission is to drive over or through anybody in the roadway without stopping I mean that's what's you know frustrating with these civilians and they're just oh you can do it and I've got people calling me a sick bastard cause I've had to do it.

In *Birth of Tragedy* (2000), Nietzsche describes how a man who sees the essences of things, feels out of place by virtue of feeling unable (and feeling that he is expected to be able) to do anything about the things that are wrong, absurd, or horrifying in this world. For example, Myra pointed out being annoyed by civilian overreactions: "If it’s not life threatening, then it's not a big deal." The exposure of the veteran’s cultural duality to him or herself and to others contributes to the circumstances and consequences of the veteran’s awareness of permanent displacement in society. How the veteran addresses the displacement affects whether the veteran feels stuck in the returned world or that they can make it home.

*Betrayed Expectations*

Expectations and anticipated imaginings, hopes, and desires guide the veteran through the crossing of the threshold back into the world that was left behind. Betrayed or unfulfilled expectations can reveal for the veteran just how different and difficult living and making a home in the returned-to world can be.

In *Man’s Search for Meaning* (1984), Victor Frankl reflected upon the disappointments and betrayals that he and fellow concentration camp survivors faced after they were liberated and returned home. What the survivors had endured was, and
still is to this day, too threatening for social consideration. The survivors, instead, were met with a shrugging of shoulders and the reality of everyone else trying to pick-up the pieces of their own lives. It was not exactly how the survivors envisioned their liberation would be acknowledged by others. The dream of coming home had come true, but they had to ask themselves if they could believe it in the way it actually was (Frankl, 1984).

The veterans shared their experiences of being let down or betrayed by others after trusting them and sharing their military experiences with them. They also shared situations in which they lacked adequate social support after homecoming. Unfulfilled anticipations of being helped and understood by the VA, family, other veterans, and civilians, were also discussed by the veterans.

RAPTOR: The, my biggest purpose too was uh the thing I would always be was you know you, there was always this, this connection I've had with the guys in my unit and never ever had it again in my life since then, where you just look at each other and you're just like yeah I got you dude, I gotcha my man, like that was the only thing we'd always talk about. It's like hey man no matter what, I always got you, like we, that was pretty much the only purpose I had was just I got to have my guys' back.

SARGE: It's never gonna happen man.

RAPTOR: That was it.

SARGE: You come back to the civilian world, forget about it dude.

RAPTOR: Nope, nope. You know I came back here and I ended up putting, dumb enough to, putting trust in some people and that, I came to find out like whoa, what's missing, yeah. I wasn't, yeah, that was a big shock for me.

SARGE: Not here man.

RYAN: Night and day.

RAPTOR: Yep.
In the following passage, Rocky exemplifies the resolvability and tolerability of challenges presented by his return to social reality. In having been informed by the VA that he is held responsible for paying for his care, Rocky’s expectations were betrayed. He feels that in having nearly forty years of military service, he was going to be fully taken care of by the VA healthcare system. In addition, he felt disappointed due to the lack of support for his daughter from the Family Support Group and his own family.

ROCKY: I told my daughter she could spend the money and do what she, you know buy herself things that she needed. She was, I was gone for two years, so I went to one country and then I hopped right over to Iraq. You know, my orders one day they said April 14 said you know you're finished one April 15th you're in another country so, for two years I was gone and I had told her she can, you know, buy a few things but I could see the purchases online and I looked at these little places and I said G-U-C-C-I. What's that store? $14,000 for what? A pair of shoes and a jacket? And I kind of scratched my head and said now, okay now I know I'm gonna have to stop this when I come home. …Now I had to kind of readjust to family you know. I put her in charge of you know our business. I found that you know she was like, you know spending $80,000 on a rehabilitation project when I would have only spent $20,000 and I said okay, I have to readjust her and her business aspects and her spending habits, but I had also looked at my other family you know and I says well how come you guys didn't slow her down or stop her you know my brothers or sisters that were helping me to keep an eye on her and they would say well she's doing what she wants. That's not the purpose of me holding you know you responsible but it's not their daughter, it's my daughter. Oh when you come home you can help her or fix her, which took a while to readjust, so I look at it as family readjustment in those kinds of aspects. My other family members, brothers and sisters, you know, they had a party for me when I came home. One of them I think in the party well was like oh he's home again, he's gonna leave again. But I kind of look at it, you know at having that second party that they just had for me, it was like 300 people there, but I still think that they were all still with that attitude oh yeah okay you're home, so when are you leaving again? But they, they kind of, you know I look at that as like gee guys, you know help me out here and in that sense, I guess maybe I was looking at it from a different. I was looking at it cautiously you know, gee you guys didn't help me and my daughter, well you're throwing me a party, you know, you guys really had meaning in this party for me?
Not receiving an expected level of understanding or tolerance from friends and family members is also a betrayed expectation for some veterans.

SARGE: Civilian world just sucks man, they do. They said we will help you, fuck you. I would say that I have found a lot of strength in coming to the VA and hang out with the OIF, OEF veteran, I don't care what branch of the military, as long as you're OIF, OEF, Vietnam veteran whatever, it's like we know how to talk.

RAPTOR: Exactly, yeah.

SARGE: We got that look. We got that feeling of you go boy, what I'm saying.

RAPTOR: Uh-huh.

SARGE: Other than that, everybody sucks. Not even family understands. It's like I got my brother now and I told him you know about PTSD? Oh yeah, yeah, I know everything but then when I forget things, when I drink a lot, he goes what's wrong with you? Like hey dude read this fucking book, you will know what's going on with me.

The following excerpt is a powerful first-hand account of how a veteran can begin with hopes, dreams, and plans for a positively-envisioned future and end up with thoughts of despair, entrapment, and suicide. Self-annihilation over self-creation may be due to the most self-effacing realization of all for the veteran— that he or she is betraying the expectations that were once held for oneself.

RAPTOR: I had all these hopes and dreams when I was there like oh yeah, I can't wait to go home, it's gonna be so awesome, you know it's gonna be the greatest thing in the world to be back home. Be free, I could do what I want, gotta do and it was almost like the opposite. I didn't care about being home, all I wanted to do was work and that was it. Cause that's the only time, as weird as it is, that's the only time I felt free. Like I don't know, I get the feeling a lot here, there's no freedom here. I felt more free in Iraq. I felt more free when I was in the Marine Corps. Man I felt more free when I was in the Marine Corps, I guess yeah and then I got, I don't know I just came out here and it felt, I felt trapped. I felt like I was like just getting backed into a corner by everything. …For the longest time I
thought, I was gonna die soon, like I would just sit there and wait like and sometimes I'd even say to myself just hurry up, just hurry up, finish it but uh. I kind of wished for it you know, it got deep and dark to where I just kind of wanted to die.

Dilemma of Transfigured Purpose

Purpose, meaning, and mission after service are different than what the veteran has known and been guided by during service in Iraq. In the military, the veteran’s purpose for being in Iraq was to complete the mission. In the returned-to world, the veteran is once again in the civilian role and must now assign a new mission for him or herself. That is, the veteran is faced with creating a newly-transfigured purpose for living and socially progressing in the normative culture.

The veteran must figure out ways to create him or herself in this normative society by asking: How does society need me to be? What must I let go of? What can I hold on to? What strengths do I have to offer? What can I allow myself to give? In essence, the veteran must determine for him or herself: Am I betraying myself or am I creating myself? Therein lays the dilemma for the veteran: How can I [re]create myself without betraying who I have already become? Can I create a purpose for myself in this civilian world without betrayal to my military values, identity, and training? How do I move forward in coexistence with whom I was and what I did as a soldier? Themes that characterize the veterans’ process of dealing with the dilemma of transfigured life purpose are: Remembering Service and Constructing Meaning.

Remembering Service

Pre-deployment. Veteran participants joined the military for reasons that included employment, education and financial benefits, military career plans, family military
tradition, pursuit of a personal dream or challenge, seeking a fresh start in life, escape from undesirable social or financial situations, or any combination of the above reasons. Joining the military in response to fulfill desire, heritage, and/or military career were personal attributes the veterans shared openly and referred to throughout the focus group discussions.

Their military roles were sometimes dependent upon their civilian occupations and goals. Mack and Sarge, because of their commercial trucking experience, were issued a transportation occupational specialty and were responsible for training the other soldiers in how to drive a truck for their convoy combat operations. Reese sought truck driving occupation in order to gain in skill that would be useful for him after the military.

When Raptor shared his reasons for joining the Marine Corps, his disclosure was visibly heartfelt. Anyone who once had dreams of becoming an independent, successful, and valued member of society can relate to how Raptor felt about joining the military with a sense of excitement and ambition.

RAPTOR: I joined when I was 18 and it was just one of those things I always wanted to do. I had always thought about it ever since I was a kid of joining the Marine Corps. I, I grew up and I'd see like the family photos and stuff and it felt honorable, it felt great and you know I felt like I was doing something, a purpose in my life.... In my eighth grade year book I put "I want to be a U.S. Marine", that's in my eighth grade year book.... I guess it was like I was trying to find... I joined the military kind of like that ultimate test like find myself 'cause I was young. I was trying to become, like find my man-state you know. ...Then when I got to the military it's like, I loved it man, I loved it, oh my God.

Veteranhood developmental trajectory begins as soon as a personal military identity is recognized by that person, or by others, in that person. Iraq War veteran culture is transmitted and supported through a shared trans-generational dialectic of
tradition and duty. Several of the veteran participants had one or more family members who had a military background. Family's military or non-military identity can either help or hinder veteran's trajectory of problem identification and help-seeking. For example, Sarge, whose uncles served in the Korean and Vietnam Wars, reflected that by being exposed to his uncles' military stories as a child, he felt more mentally prepared than his fellow soldiers about going to war. Before deploying, Mack's father, a Vietnam War Special Forces veteran, offered Mack some words of encouragement, reflecting the nationally-held sentiment of blended patriotism and vengeance.

MACK: It was a matter of honor. ...I'll play devil's advocate and be honest with you. I was ready to go get some payback. I mean all of the things we know now about 9/11 and Iraq, at that time, in '03, that was where the shit was, was in Iraq, so that was the last thing my father said to me was, Go get some payback.

Even though the veterans did not know what to expect in Iraq, they were having thoughts about their own mortality well before deployment.

MYRA: I had no idea. I thought it was imminent death. I was preparing all of my paperwork, and when I got my Geneva Conventions card, I was like, damn, really? This is my death certificate right here.

Mack remembered feeling simultaneously proud and scared about his deployment. He became aware of his social roles separating and splitting. His soldier-self was coming into the foreground, but, during this transition, he still needed to be a father in his children's foreground. Each encounter with loved ones took on a special meaning; as if the veteran were leaving life, itself.

MACK: The next morning I told my aunt ...that, I'd like the morning to myself, and then I'll leave on my own. ...And, uh, took about 3 hours to leave the house. You know, looking back, looking around, and just you don't know what it's like until you sit around and look at your house. As
much as you're ready to go to war, I was ready to do what I had to do, but just wondering, is this the last time I'm gonna see this place again?

The possibility of death was framed as part of who would be most affected by their death in service and what it would mean for their dependents. Death in military service would halt any individual future plans of becoming who or what one wishes to become. A body for-others cannot exist without a body that does not survive.

MACK: I got on the bus, and it just dawned on me that that may have very well been the last time I would ever see my kids again… I couldn't stop myself from doing it because it's mental, but, I mean, I hated thinking about the fact that how my parents would have to sit and tell my children what would happen. So I guess dying would be the one thing I wasn't looking forward to doing 'cause, hey, it wouldn't bother me, but how would that impact my kids if I just dropped off the face of the earth?

Family reactions to the news of the veterans' deployment ranged from emotional, worried, encouraging, or matter-of-fact. Mack's mother passed out the first time Mack told her that he was going to be deployed to Kuwait. Even though he was not deployed at that time, he still felt remorseful about telling her: "I put my mother through mental hell."

Themes of veterans avoiding, protecting, or justifying their call to duty suggest that the veterans not only were trying to keep their own sense of identity together, but also help maintain their families' sense of coherence and context about their son or daughter being hailed for service. Faced with her mother's instinctual concern about her safety, Amber had to remind her mother that she, her father, and her brother had all served in the military and in war: “I told her you can't pick and choose these things. So, she was…she was okay, but it kind of took her a while to get there, and my dad, he was just like, Keep your eyes up and your head down!” Adam also described withholding information about his scheduled deployment to Iraq from his mother, for as long as he
could before leaving.

ADAM: When I got prepared to go to Iraq, I had to really prepare myself to explain to my mother, my grandmother had already passed, but I had to try to explain to my mother. My mother saw everything on the news was going on. She'll call me and she says hey son how are you doing, I said I'm doing fine mom, even though I had an op order to get ready to go, I didn't tell her that at that specific time so. She said you see they're trying to deploy soldiers over there, I said yeah. She said, I'm glad you're not going. I said yeah mom I know how you feel about that. She goes, she said well you know I just hope you don't go. I wanted to tell her at that time but I couldn't, so I had to find a way. I had a couple days to tell her, I think I only had three days left. I called her the next day and said mom um, I'm getting ready to go to Iraq. She goes oh no, no, not my son and I said mom, I'm a soldier, that's my job, that's what I have to do. You know I raised my hand, I sweared in, I re-enlisted, I'm a soldier, that's my job, that's what I have to do and she says um, I'm gonna find out if I can stop this, stop this. I said mom there's nothing you can do about that, you can't stop that.

In Iraq. The OIF theatre was the veterans' new place of residence and the move involved constant physical, mental, and social adjustment. The veterans had to endure and adapt to extreme physical and environmental conditions. In addition to the one-hundred thirty degree Fahrenheit daytime heat, the veterans shared stories about encountering the native fauna of Iraq, including, bats, dirt, lizards, camel spiders, cockroaches, mice, scorpions, and pit snakes in Iraq: "Things I can't look at again."

In addition to being faced with the continual stressors of being in Iraq and of their military roles, the veterans continued to take strides towards trying to protect their families at home from worrying and from being informed about violent situations. Unable to inform family where he was until he was actually there, Raptor recollected calling his family with news of his location: "Hey, I'm in Iraq. …I tried to calm my mom down while there were bombs going off in background."
MYRA: I was talking to my mom one day as well. She heard [the mortar attack]. She's like what's going on? I'm like nothing, it's just an accountability formation and said I'll call you back. Don't worry. I'll call you back in a little while.

The veterans took into consideration what their deployment meant to others. During deployment, veterans felt that their families were always assuming that the worst had happened in Iraq. The veterans expressed feelings of anger in regards to the media portrayals of military activity in Iraq. In particular, they felt powerless in being unable to comfort family concerns about what was shown on television or the news, and how their families reacted to this news. The veterans knew that their family would automatically worry that they were involved in the reported bombings or combat fatalities or causalities. They would carefully screen what they said and to which family member they gave certain information.

Some sources of danger and threat to the veterans’ survival included media publicity exposing their location, Iraqi adults and children who may or may not have insurgency involvement, and never knowing when the mortar attacks would happen. The sources of danger they faced in Iraq still anger or concern them to this day.

RAPTOR: We ended up flying out, get flown into Kuwait … I was in a Helo Company, …we're there for about a week and um, you know they told us don't talk to reporters, don't talk to no one cause we were supposed to go in and they weren't supposed to know we were coming. Two days before we leave to go there's a headline in the newspaper that reads "2200 Marines going into Ramadi, Iraq", which ended up screwing us over in the long run cause when we got there the second we landed, our helo landed, …we were taking sniper fire inside the base as we were landing and we're trying to get off the helos and unload all our stuff and we're taking pot shots… I was thinkin’ like what's the worst I could have and then when I got there it was confirmed like, thanks to the newspaper they knew we were coming and that's what made it even worse I think to this day because of that damn newspaper, that's what pisses me off about that.
The veterans shared memories of morality-shaping events of self and others, of the good times and feelings of unit cohesion during deployment. The veterans reflected on feeling relieved when unsafe situations were really not as unsafe as they initially appraised them to be. The veterans discussed how their actions in Iraq were all aimed at preserving one's life and the life of their fellow troops. Nothing was safe in Iraq. The veterans knew that they should not bond with the Iraqi people as letting down one’s guard meant exposing oneself and the unit to danger. Wanting to help but yet being unable to trust the Iraqi people, for most of the veterans, caused internal conflict for them.

MYRA: I was wondering if these people who were working for me during the day were the ones mortaring me at night…. I remember doing tower guarding. I remember pointing the weapon at the people outside the tower and…'cause they would look at you, and it was kind of, um, kind of stressful, actually, for me because they're like farmers, like, coming to their fields, and I'm pointing my weapon at them. I remember that…for the kids. There were kids, babies in the in the, like, irrigation canal, and they were like, uh, gesturing and yelling up at us and on having to point my weapon, waiting at any moment to have to… I don't know, they'd pull…anything could happen, I don't know. But it was, you know, you got to know their lives and their routines, and then you still had to…you couldn't get too relaxed.

MACK: The second you did, you were dead.

A foreshortened sense of life was unveiled for the veterans. Their mortality became a new frame of reference for living, doing, and being. This heightened sense of threat to safety and life impinges on the veterans' personal space, comfort, safety, and predictable way of living. Mack describes the dilemma of wanting to fully realize his own military identity in combat at the risk of losing his physical identity and therefore, simultaneously, wishing to not encounter combat.
MACK: I was looking forward to my first day of combat. That's what I was trained for, and maybe that's the Marine in me. Just knowing that whole threat and with the little bit of fire fighting we had, it was the constant threat of never knowing when. And as much as that was a rush, that kept me alive and kept me focused, I didn't realize how, up to this day, back in 2010, is how draining that was. So I was looking forward to it, when you cross that border going to Iraq, and you're locked and loaded …you know, how much excitement that it is… and then we're expected to come back here and, you know, wind down. So the same thing we're looking forward to is the same thing that we're hoping would never happen.

Mack continued to describe the stress and anguish of obeying the rules of engagement that were part of his job in Iraq.

MACK: We went through a town called Safwan, which you could probably drive through within 3 minutes, and we did. But it was just literally this little town, tents and a couple bricks that was a building, and we were told that what they were doing is the adults were sending their children out to the street in front of your trucks hoping that you would stop so that the adult can hop onto your truck and grab your rations. You know, whatever they can grab off that truck. So under no circumstances, you were told, will you ever stop. And we said, well what if we hit anybody? You will…not…stop. You report at the next checkpoint when we stop, and you will not stop if you believe you hit somebody. Now, an 818 was very long, though. It was like the freight liner of today and seeing these people, and I was the first one. My first convoy into Iraq, I was the driver. And that to me was the hardest. I said okay, I wanted to do this. I want to get it over with. And then my E6 was right next to me, and when we're goin' through this town, you can see these kids, you know, even 5 or 6 trucks up, running back and forth, and I know I felt it myself, and I heard…and all I heard was him saying keep your foot down there. And I realized I was slowing down, so I was…you keep driving, so I had to keep on goin' on, and just looking at these kids running back and forth and just constant stress. I remember one kid dashed out, and he literally bashed on my foot. He was "keep goin'" and when that kid's head disappears below my hood, when you're drivin' an 818, you…you can't tell if you've hit some kid's skull or anything, and then you want to be looking out the back to make sure…please let me see this kid running, you know, behind me, but you can't. So you don't know if you did or didn't, and just with that on you constantly, your aide drivers are lookin' around, and even going through that, it was just…welcome to Iraq. You've only been there 5
minutes, and you've already had three heart attacks, and you don't know if you've just run over some kid.

In reacting to situations, seeking validation of that experience from others is a part of creating meaning of that situation. For example, when Raptor told his Commanding Officer that he felt scared about going to Ramadi, he remembers his feelings were acknowledged and validated. In contrast, when Myra approached her sergeant after a mortar attack, she probably was expecting a more involved or affectually congruent response than being asked, “Was it cool?”, giving her two thumbs up, and then walking away; leaving her to question the appropriateness of her own reaction. In the following sequence, Raptor asks Sarge for validation on his conditioned apathy, during combat.

RAPTOR: Was there like a point in your deployment where uh, I know for me like uh, kind of like got this huge thing I just like lost all feeling and hope, didn't even care anymore. Like I went from when I first got there to like I would do like a stutter step or like you know you'd actually think about it like okay I will kick this door in, like wondering like always thinking in my mind what's gonna be behind it and then from the end it got to just kick the door, I didn't even give a fuck anymore like.

SARGE: Exactly.

RAPTOR: And then there was times where we come into where danger areas and just end up standing there, just standing there in it like, before, you know you had to do this little.

SARGE: You're numb.

RAPTOR: Yeah, you just like, cause the way I used to see it was you know after it was like, if you're gonna get hit by a bullet, you're gonna get hit by a fuckin bullet you know.

SARGE: You don't care.

RAPTOR: Yeah, it's like.

SARGE: Yeah, I understand your point, it's like well we were driving man and they always told me that I was crazy, I thought I was I guess you know.
Several of the veterans mentioned how often they would find themselves praying in Iraq and how prayer helped them pull through some of the most life-threatening and stressful times.

ADAM: What really, what actually really gave me hope is support with God, I kept God in my heart. I kept God, I talked with God as much as I could while I was there and believe it or not, I mean, I got more closer to God than I did anywhere in my life. When I was over there, I got much closer to God than I ever thought I would be and as long as I had Him, I was set and I was good to go and I always asked Him, I said are you gonna bring me home, Father you gonna bring me home, please bring me home back to my family and I promised I would start getting closer to my family, I won't be distanced away from my family like I was and regardless of what they do, I will get close to my family. He brought me home and that's what really kept me going was God.

The veterans felt that facing their duties, overcoming challenges, and persevering through times of stress, were character-building experiences. There were things that they had to learn by doing. Humorous stories featuring tests of their physical and mental endurance were shared; such as showering outdoors, burning feces in the latrines work-detail: "They didn't tell me how to do it, I just did it." Iraq was a foreign wilderness that the veterans adjusted to. They reflected, with humor and pride, that they were able to tough it out, adapt, and endure the things they were able to overcome and accomplish. Veterans often revisited and emphasized that some of their jobs and responsibilities were not easy to do or face in Iraq, that they did not have a choice except to do their jobs, and improvise in various and extreme situations, both on field and base.

SARGE: Uh-huh, yeah it's like, it's like you're sleeping and all of a sudden you have to wake up, all of a sudden you don't even know, you got your boots on and your pants on and everything on and you don't even know how the hell you did that. Happen to you?

RAPTOR: Yeah. I remember there were times I was in fire fights in just my underwear cause that's what, I get woke up and all of a sudden you'd
just hear like Pow! Pow! it's like mother fucker and then you go grab just, you just start doing it again.

During one of the focus groups, Raptor said “Hands” when Ryan questioned about how he would be able to defend himself without having been issued a weapon.

RYAN: I didn't really know what to expect, I had two different situations where you know everything was like real intense. What kind of kills me is that I never even fired a weapon in the military, so am I defenseless, what am I gonna do if the situations did get crazy, I didn't know what to expect.

RAPTOR: Hands.

ANNA: What does that mean?

RAPTOR: That's what I was thinking, hands uh hands. He was saying, if uh, like cause they didn't give him weapons and stuff, so you just have to use hands, then, you know. Sorry, that's what popped in my head.

A couple weeks after this session, I asked Raptor about the meaning of his response. He answered that, at that moment, he thought back to a situation where he and others were in a gun fight, running low on ammunition, and their sergeant shouted out to them to get ready to use their knives. This illustrates the immediacy of fighting to survive experienced by the veteran. Raptor added that he has a recurrent dream which ends with him about to use his hands in self-defense: “It’s like my mind is preparing my body for combat, even when I’m sleeping.”

For Iraq War veterans, remembering service is part of the process of sorting and differentiating their behavioral intentionalities in Iraq from that of being in civilian society. Some of the veterans offered a story in which a dog was a Mischief Maker which threatened the veterans’ safety, survival, and sense of stability in Iraq. The dogs were, symbolically, non-human actants upon which the veterans were forced to clarify
their own acts of consciousness about survival in Iraq; including justification of their war-time actions and the conflicts of thought they were having despite their justified actions.

The relationships the veterans have with their recounted experiences are evidence of their relationships as built upon intentions of maintaining safety of self and group. These stories serve as accounts of the potentially grave, yet seemingly commonplace threats that were present during their time in Iraq. The dog stories, as were their stories about interacting with Iraqi children, illustrate how there was no place for sensitivity or nostalgia during service in Iraq. For example, one of the veterans found himself faced with the fact that the food he consumed, prepared for him by an Iraqi as an outreach gesture of hospitality, was that of the same dog he noticed and admired earlier that day.

The following is a script of sequential conversation.

AMBER: We had a puppy, um, find its way to us when we were on post, and my, uh, battle buddy right now, um, she had it in her bed …and the first sergeant found out about it, and he had them take it away and kill it 'cause they don't know if it's got anthrax, if it's, you know, it it's got something inside it that could explode at any minute. Um, so that was kind of hard for us too, 'cause that's an innocent little animal, and you don't know whether he is or isn't, and you just killed it.

MACK: I had to do that once. We, uh, pulled up into Camp Warhorse, and it was just south of Fallujah, and while we were pulling up and making a convoy route to where we were gonna stay for the night, there was one guy who was feeding a dog, and I yelled at him. I said don't feed it. I said you know...you know, it's not gonna want to leave us. Lo and behold, later that night when it started getting dark, this dog started barking for us and was...it wouldn't stop, wouldn't stop, and, you know, none of us were about to get off the trucks to try to go find it, ’cause you can't go walking around in the dark, absolutely not. So I wound up having to make an MRE bomb, and I said okay, everybody stay in their trucks, and once I made it, then I had to wait 'til I heard the next bark, and I threw it, and when you heard the bottle give a little pop, and when you heard the "woof" of the
dog, and then that was it. I mean, the next morning I made sure I told myself okay, I'm not going anywhere near where I knew I threw that at. So he just had, and that's where you told the guys, like...I mean I had a lot...nuh, it's just not...not just the women in the...in the...in the convoy at that time. A lot of guys go hey it's the talk for us? You can't have that, and I told the guy, I gotta...I won't say the guy's name. I said this is why I told you not to feed that dog. So I'm not blaming you for almost getting us killed, but that is why we do it, and that's why I'm not going anywhere near where I know I threw it; the dog's dead. I know I killed it, but, you know. Another story I never...could never tell my kids.

MYRA: We had a dog too. He belonged to the village outside, but it was our...sat at the base of our tower, and we'd feed it. You know, if we started falling asleep at night, and it heard something, it would wake us up. We'd bring it food, and... on one night, the person I was on guard with threw a hot dog in the concertina wire, and that dog tore itself up for that hot dog. And it...you could hear it; it was stuck, and it was rippin' its skin, and it was, like, yelping, and I breached the wire and moved that hot dog and threw it to it so it would quit cutting itself up, and I'm like, if I die right now over this damn dog. If anything happens, if you see me crawlin' down my tower with a broom, and I'm crawlin' through the wire, gettin' stuck on it, and I'd be, like, get this hot dog out and give it to the damn dog, but it I felt terrible, and I'm like so if you throw anything else in there... I was so angry. I was like I'm gonna die right now. I can't believe I'm doing this, but I could not stand seeing that dog hurting itself, and, uh, there were times, though...like, it did not leave the base of that tower. It was outside the wire, but it was there every night, waiting. And I don't know, that was a...it was a black dog, that's all I remember.

AMBER: Ours was sandy.

MYRA: It was black. It was kind of comforting to have it around though.

Iraq War veteran culture meanings of service are dependent upon the military roles, missions, and experiences in Iraq. The veterans in this study all shared a core belief in the importance of what they were there to do. Each of the veterans felt they played a vital part in their mission, that they participated in a life-changing experience, and that their military service changed them and how other people view them. In
contrast, after returning from Iraq, veterans had to adjust to no longer having a mission. The veterans spoke about the unstructured time, a period of disorientation after returning home where they did not know what to do with themselves and were trying to figure out what their new mission is. The lack of structure after return was described as overwhelming for the veterans. Some said they tried to keep busy but then became exhausted and felt guilty that they were not accomplishing any meaningful.

Rocky is a professional career military soldier spanning thirty-six years in the service. Currently in the Army Reserves, he has been deployed seven times overseas, including twice to Iraq. He is a Lieutenant Colonel in Civil Affairs psychological operations and spoke differently about his experiences in Iraq than the other veterans. He spoke of his experiences, as per his professional role, rather than about his experiences. He educated us and shared his experiential knowledge like an anthropologist or political scientist.

ROCKY: The State Department trying to impose their way of life to the Iraqi people. Which I think is a big mistake. You know and I worked with them and I look at that and I say, what are you guys, why are you guys trying to change them so drastically you know. You can't Americanize a whole country you know. They're Middle Eastern, it's Iraq you know. Their system of life is you know part of Iran, part of Turkey, part of Syria, part of you know Kuwait, it's you know that's their lifestyle, that's their system and our State Department people bring in their guidelines of how to structure their life. Look at that even today, I'm like okay guys, you know, as soon as we're out of there they're going to throw all your ideas in the garbage.

His accounts stemmed from an immersion of technical and international political knowledge. For example, he verbalized his disagreement of infantry ideology and tactics. His stories reflected his commitment for the work his unit was trying to
accomplish, such as, gaining trust of the Iraqi people, helping them help themselves, and preserving their cultural heritage. He openly shared several accounts of military folly: "We bombed the city, damaged the water structure, we had to get engineers to stop the water, not repair, but stop the water. We hurt ourselves because people lost their water” and expressed valuing the relationships he has made with the Iraqi people and admiration for the Iraq nation. "I look at their city and it was a city like Chicago or New York City. They had the structure but not the trust in us.” Rocky vocalized his opinion of disagreement of restructuring a country into, essentially, a welfare state. "Remember Baghdad was a regular city before we got there. And we're the ones that happened to disrupt everything and then try to put it back to normal.”

Constructing Meaning

In the Hero's Journey monomyth (Campbell, 2008), the hero is swallowed into the Belly of the Whale (symbolizing a territory of the unknown) and believed to be dead by the society he has left behind. Passing through this dangerous threshold, the first time, is a form of self-annihilation. Emerging from it is a form of metamorphosis. In remembering, telling, and retelling tales and anecdotes of their service in Iraq, the veterans are constructing meaning that can sustain, reassure, justify their changed existence to themselves, each other, and non-veteran others. The veterans construct meanings of their military service as a way of confirming their passage into, through, and out of the Belly of the Whale as a life-altering journey that, indeed, makes them different people in the returned-to world. In the following passage, Rocky challenges Myra to reframe her post deployment from that of guilt to self-evaluation and awareness.
MYRA: I wanted to mention though, um, one thing. I value my life a whole lot more and I'm really angry at myself for stupid things that I do now. I'm like I've lived through being in Iraq, a couple of months ago, I was in a motorcycle accident and I almost died. It was stupid. And I'm angry at myself for that, so now I uh, I just, I think it would be very wasteful for me to die over something stupid, like I don't want to die. I don't do careless things anymore. I've grown in that aspect a lot.

ROCKY: But, I, I, I kind of listen to what you say but I'm always cautious about when somebody says I don't do careless things anymore you know. Like you said, before, back to where, what did we do you know coming home, or you know and you guys said well you guys went to the bars and drank. I know it's not every day.

MYRA: I did a lot of stupid things, though.

ROCKY: But, but mine is you know what I did, I went skiing. I went you know hiking. I went you know looking for things to do you know. I've got, you know, crotch rocket motorcycles you know. I went flying down Lake Shore Drive you know. But I don't look at that as careless. I look at that as that's what I did before. You know, I didn't do that in Iraq, I took my, you know, my fun part you know away, or some of the fun parts, you know cause I did find other things to do, but then I went back home and I did it again … I look at that as if I don't have that, then there's something wrong with me.

The veterans shared confessional memory telling and realism memory telling. They told their stories in order to legitimatize their service and to continue the value of their service. The veterans emphasized that they were living the truth of service in Iraq and that they have lived it. "The truth is here, I'm living the truth." The veterans negotiate with whom and for what end their tellings might be used, and possibly misunderstood, by others.

The mission in Iraq was at the same time known and unknown by the veterans. The veterans knew what their mission and expected roles were. The larger scale of the overall mission was not known by them. The veterans said they did their duty and felt
that they did some good. The veterans spoke about how they would like
acknowledgement for the good things that they did in Iraq.

AMBER: Me, myself, I'm not exactly sure why we're there or why we
originally went there. Um, I know that, you know, there was talk of it
being because of 9/11, but that was supposed to be in a different area, so I
don't know, um, but that didn't really matter. You know, I was told I
needed to be there, and I was there, and I gave it my all. But they're not
showing any of the good that we're doing. I've got pictures and videos of
the Iraqi people thanking us for being there because they were
experiencing genocide and everything else, and we were the ones stopping
that from happening to their own people and helping them build an army
…it's called being a human.

The veterans discussed how offensive being asked the question "Did you kill
people?" is for them. The veterans assess the asker’s sincerity and intention and adapt to
dealing with intrusive questions that are not genuine in intent.

MACK: You almost get tired of explaining this to people. I finally just
told then, well, you got your version, and I got the truth. And I know the
truth. Talk to ya later. I mean, like the same guy who asked me a week
ago, you know, the first question out of his mouth was, "Did you kill
anybody?"

AMBER: That's…I hate that question.

MACK: Yeah. But when they're like this, I got a million stories about
other people. Little to little moments that reassured you why you were
there.

MYRA: So then you…you just are angry, thinking my family is at
home…thinking that this is so much worse than it really is.

MACK: Believing every part of Iraq is nothing but bombings and all this
stuff.

MYRA: But you're like the truth is right here. We're living the truth and
you can't change the way that the media is portraying it at home.

AMBER: That's why a lot of times now when you hear people talking… I
know it angers me 'cause I was there, and it's…they're not showing the
good things that are going on out there. Everybody thinks that all we're
doing is running over that land and killing people for oil or, whatever now.

Iraq War veteran culture spirals along renewed illuminations and confusions of life, purpose, and humanity. Meaning construction for the Iraq War veteran occurs throughout and results in veteran reassurances, realizations, and reflections of self-utility in relation to life purpose transformation. Previous life connections not only shaped the veterans' service experience but also gave meaning to their Iraq service experiences. Mack shared a story that has significant meaning for him; one that put his service into immediate perspective and has been contextualizing his relationships at home since he returned home.

MACK: The...the moment, there's always one that...that just keeps comin' back. I wouldn't say I was scared, but it's usually hard for me to talk about, so we'll see how it goes this time, but, um...I mean going over there in '04, so...'03 and '04, so I still had gone under the belief that I went over there to, you know, protect my family and all that. And, uh, I just remembered, uh, we were comin' out of Baghdad...uh, me and Sgt. Davis, and I remember seeing...it was...it had to be about 5, 6:00 in the morning, and people were just starting to get ready to go up, 'cause they had just started allowing people to go back to school again, and uh, I remember driving and seeing a little boy and a little girl standing on the side of the road in tatters, which looked like what was probably their Sunday best and, you know, some scraps of books, you know, tied up. And, uh, I mean, I remember at the time I just...broke down and cried because, I mean, it was just...I couldn't have been at home at that point. Because they looked just like if it was...they were around the same age range of my two kids and that's where the war just kinda hit home with me cause that's why I'm here, one of the reasons I'm here is so that now these kids can go and get an education and enjoy some of the things, and it also hit home for me because realizing, okay, we're 8 hours ahead, but my kids were doin' the same thing just 8 hours before that, standing on the street corner, waiting for the bus to come pick them up from school. And, I mean, a lot of things can define the war, but...I mean for that, that's what it was for me, and like I said, I remembered that yesterday as well when we were at the schools listening to kids, you know, give us their speeches about, you know, we can do this because you went off and fought for it...and
times...and that's when I remembered this time back in Iraq, that when I see these kids. Now I had nothin' to do with them, but we were there, you know, to get rid of Saddam so that they can have these little freedoms. So seeing those kids there just kind of reassured it for me. You know, I think that's the first time I told this story without comin' to tears. Maybe I'm...it's, you know...making, you know, it feels good to say it now the more often I say it 'cause then when people say oh, we're not there for shit, well you got your version; I got the truth. When I see those 2 kids right there who...they...they looked forward to going to school. And that's why I wrote the kids as soon as I got back to my tent. You know, it was a couple days later. Said you've just got to appreciate what you have. Said oh, we gotta go to school again? Whereas these kids were like, wow, I get to go to school. So I'm...mostly I'm just like reminding them now and then. But it was one of those...Lord knows I got my demons when I go to bed or that keeps me awake at night, so at least I do have those few moments that I can look back on and feel good about what I did see over there.

This memory of the schoolchildren reminded him of another world, of his own children. In effect, his personal world collided with his military world and the realization of what kinds of things did not happen, could have happened, or might have happened.

MACK: I'm grateful that I never had to kill any kids, 'cause I actually don't know how I'd be able to look my kids in the eye and explain that to them. And I honestly don't. Then it's...and then I still can't to this day, so I thank God that never had to happen. But, I mean, that's the kind of stress that we dealt with every day. People don't get it, and maybe it's 'cause they didn't have kids. You know, I don't even feel like you have to have kids to feel it. I mean, who...they have denied that they don't want to believe it. The constant stress of...even just little...once or twice to seeing it, you know...fine, I'm a big guy. I can bench press 500, but that...that doesn't mean that you're not a human being. You can't see these things and go holy shit, I almost just... I mean, I can't live with that. I don't...thank God I don't have that on my conscience, killing a 5 or 6-year-old kid.

Amber and Myra spoke about the burn pits they had to work in and reflected on the anticipated negative effects on the health of themselves and their fellow veterans.

AMBER: I guess um, right now for me it's the burn pits that we had out there that they found out like two years ago or something caused cancer and respiratory issues and all kinds of stuff. Why were we throwing
everything in a burn pit that we were lighting on fire when you know what the hazards of that is to begin with um and why did they have people living right across the street from it. We were right across the street and um, I assume that's where my friend got her cancer from but um, I used to run past that every day, my unit. My section used to run five miles a day and I used to run past it every day and every time I hit that point, I got sick, physically ill, throwing up, couldn't breathe; they put me on two inhalers um so. I knew that there was something wrong with that and um, just having us live there and then animals would come under the fence and Iraqis would crawl under the fence and they'd be running through the post and you'd see them and it was crazy.

MYRA: Why did I spend hours and hours in the burn pit? In breathing that um, I had to work a lot in it and burn a lot of things, because I drove to old salvage, that would be me, so they would load it up and I would dump it and um I spent a lot of time in their and it burned my lungs. You couldn't breathe, it was literally hell in there, like literally. Um and I remember getting off the plane on my way back from leave and it was like, you could have distinguished the smell, you're like ever back because you could smell it. When you left you could notice the air quality, the quality of the air was different but it was definitely disgusting. They started cleaning it up though towards the end of my tour.

AMBER: Yeah, when they found out it caused cancer.

MYRA: Then I, maybe, I'm waiting for my cancer then. Literally, like who knows? Something's gonna happen. I guarantee you from these burn pits, they had Agent Orange in Vietnam. We're gonna have something from the burn pits, I guarantee you.

Myths of Origin and Recurrent Life-Death Cycle were woven into the veterans’ shared accounts during group. Crossing the threshold is a process which demands the hero’s disintegration before reintegration. Otherwise, passing back and forth across different worlds, as an unchanged military man or woman, is impossible. In Egyptian mythology, God of Rebirth, Osiris, was dismembered by his brother, Set, upon returning from the dead. In Greek mythology, Dionysius, half man and half-deity, was dismembered by Titans before being reborn. In a symbolically similar fashion, each
veteran spoke of their friends, family, and civilian others dissecting their military motives, actions, and health consequences of service in Iraq.

Additionally, the veteran is on a journey of learning how to channel the potential self-disintegration into self-creating thought and action. Raptor wants to go to art school and used to feel he was selfish and betraying his Marine-self by wanting to do so. Finding meaning in what he might be able to accomplish through his art, has helped him both create, and be self-recreated, by this transfigured purpose in his life.

RAPTOR: And I'd see other, you know vets that, you know had become artists and you know moved on and pushed past the military and pushed past all the everything that maybe I, I could do the same you know. You know, just put it out there and then maybe someone will get inspired that, you know instead of, you know like I was sitting there, you know the presence of maybe, maybe someone else will have, you know, it'll help someone else too, you know.

Reevaluation of Belongingness

I could see already from the first time I stepped off the plane. It felt like I was in a land of robots. Like every time you say hi to someone they either just walk past you or they're too busy on their cell phone or, you know there's not even, you try to have a conversation with someone and everyone's busy and stuff… When I went home home, I would have this thought all the time, it was like, whoa, you're alone dude.

—Raptor

For the Iraq War veterans, each day living and functioning in the returned-to world is cause for reevaluation of their changed consciousness of being and belonging in the returned to world. The veterans are faced with creating their new social identity from pieces of their old identity. Which parts are to live on? How? The veterans must assess whether their attached meanings are compatible with their belonging in civilian life, goals, roles, expectations, and values. Reevaluation of belonginess refers to the
veterans’ assessment of cultural identity relativity and compatibility in response to reassembled social role.

After return from the military service homeland, the veteran enters a process of reevaluation of belongingness. Cultural belonging is now evaluated against the contextual background of service in the Iraq War. The veteran’s social identity development hinges between the balance self-negotiation of veteran-self with the possibility of self-negation of veteran-self. Amongst fellow veterans, a sense of being and belongingness is naturally reclaimed. It is in the mixture of attitudes, thoughts, and behaviors prevalent within the normative cultural paradigm that the veteran must ask him or herself: Do I belong here? Do I want to belong here? How do I want to belong? Who are my people? Where are my people? Who are you? Who am I without my people? Who am I supposed to be with my people? Which parts of me belong where and with whom?

All humans have insider and outsider social standings that guide their social development and contribution. In recognizing both the cultural insider and outsider in themselves, the veterans can begin to enter a multiplicity of social possibilities including opportunity, detour, and dead-ends. However, reinforcing one’s social potential cannot occur without the veteran first determining: Am I a part of nothing or a part of something? The thematic categories that capture the veterans’ reevaluation of belongingness are: Reconjuring Insidership and Dealing with Outsidership.
Reconjuring Insidership

Insiderness to the military family became the veterans’ new family and life line as soon as they realized they were all going to the war in Iraq, together. The veterans who received the news of deployment in the presence of their unit experienced a moment of “things getting quiet” which indicated a realization and role shifting in which the people they have been training with are now comrades-in-arms.

MACK: Okay, I now have to go from the dude that I might see once a month to you’re responsible for my life. …You realize that these guys who see you once a month are have just become your family that you’re gonna rely on.

AMBER: I was, like, oh great, we're all gonna die over there because we can't work together. I remember thinking that. But, I guess when we got out there, though, everything kind of pulled together.

Insiderness of military belonging while in the military was readily and frequently reminisced about during the focus groups. The veterans shared accounts of camaraderie and belonging they felt during their service; some of them referred to it as the emotional atmosphere of the military. They reminded themselves that the emotional connections they felt with fellow service members are what they miss most about being in the service. The veterans shared positive memories about the time they spent with their comrades in Iraq. They reminisced about playing football, playing cards, and socializing with fellow troops after return from a mission.

Belongingness in the military was not always immediate; it required processes of social adaptation and integration. Ryan stated not knowing "what to expect or who to trust. I was lost. I had to learn how to adapt, fit in, overcome, stand out, and learn my job.” Amber recollected, "When I went out there my unit was already there. Nobody
would talk to me 'cause I was the new guy and um they were ticked off that they'd been there six months longer than me." In addition to integrating socially into her unit, Amber also had to physically and mentally adjust to sharing a tent with six male soldiers.

Some of the veterans reflected on instances when they were treated as outsiders during service by their commanding officers or fellow service members. For example, Myra was disappointed in herself for even thinking so much about Iraq because she did not even like the people she served with. Adam’s commanding officers were concerned about his mental stability. Adam recollected how during a disagreement he had with his commanding officers about not trusting the Iraqi refugees to work with his soldiers, they said, “We don't know where his mind is at right now [because he served in Desert Storm].” Reese, who was sent home for six months to recover from a physical injury, was treated as a social outcast for four months by his team when he returned to Iraq.

REESE: I was met with all kind of resistance. No one really wanted to be around me because I had been home for six months and they were in theater. The commander had told the company that I was just at home partying and everything while they were there in the desert in war. So when I got back, you know I had a lot of animosity, like I was fighting a war within a war. …It was another battle all together. You know our soldiers battle with a whole bunch of other things and then I battle with the same things they battle with, plus battling with them. So it was like you can, okay you're part of our club but stay over there until we're ready to let you, you know, until we're ready to receive you again.

Friendships are expressions of our character and efforts which also unveil our own losses, hardships, and vulnerabilities (Sherman, 2005). The veterans offered accounts of nostalgia about the kinship and bonding in Iraq, about how they were able to adapt to harsh conditions, they look upon the extremes they able to withstand, together, with a sense of accomplishment. Back in the civilian world, facing with a new set of
hardships and challenges can also offer veterans a shared sense of accomplishment and validation of going through the same cultural-identity development conflicts that are faced by fellow Iraq War veterans.

RAPTOR: It's almost like you just know what each other's are gonna say all the time. You just all know like the differences between each other and I don't know there's just this tight mesh connection of,…Here let's put it this way, I haven't talked to one of my friends in like a year and a half, two years. And just talked to him the other night and we talked for like, I'd say like six hours just bull-shittin over the, over the phone and about everything, talking about everything and all the same stuff that you know I'm, you know I come to the VA and stuff for. He's having the same thoughts, same everything and we're sitting there both rambling, talking and we're both saying the same thing back and forth we just, we kept laughing the whole time cause it was like it's funny. Like it's almost funny that, you know two different people can have the same exact things going on and I don't know it kind of got to the point where we just, we're like well fuck it, let's just keep doing what we're doing you know.

Physically, emotionally, and mentally displaced from the normative society, the veterans have rituals and traditions that maintain connection with their military family. For example, Myra spoke of recreated National Guard traditions during the reunions, including drinking brandy out of a chalice and going over the meaning of their crest. Mack distinguished between the place of Iraq and the atmosphere that he and his comrades created for themselves in Iraq. He attends combat stress support groups with other veterans; a recreation of the common understandings, spoken and unspoken, among fellow veterans.

MACK: I do miss the place. Maybe not the place but just the atmosphere, the camaraderie and everything else like that and uh I don't feel like I could fit in again if I went back but you know if I could go back in that one time, I probably wouldn't have minded lighting a smoke and sitting around with the same guys for a couple hours again too, so I guess that's also what hurts when I think about saying, you know unless there's some kind of a big reunion, I'll never have that again but it's something I'll never
you know. If you'd ask me to redo it, I'd go back in a heartbeat. That's it.

Amber reminisced when her unit got home, her group would party, drink, go to the bars and they would all be still watching out for each other. It was Myra's decision to focus on going to appointments, visiting family, playing catch up- instead of going out drinking all of the time- which got old for her, eventually. Rocky stated that for him, home is where your family is, where your friends are, where your social interactions are more closely knit than compared to in military. For Amber, her connection with her battle buddy is as strong as one with family.

AMBER: I know my mom made some comments like well, they're not your family and I'm like well yeah they actually kinda are. So if like if one of my battle buddies were to pass away, um I would feel just like my sister passed away and um I kind of, living or working here at Hines um, the fact that they only do certain people you know that you can go to their funeral or wake and have bereavement it, I think that should be bent for military personnel because that, yeah they're not blood relatives to me but that is like my family. I had their back for six months, you know. If uh I had to go to the bathroom and um couldn't do it by myself, that person would've been there for me um. If we got attacked um I would be shooting at the people that were shooting at us to protect my fellow soldier.

The veterans reconjure the sense of veteran-only insiderness through memory and through activity. Brothers and sisters in-arms are a source of strength in war and in recovery after war, for the veterans. Fellow veterans are the veterans’ second selves, social mirrors who help the veterans remember, not just recall, the meaning of their service. Veterans share narratives with one another as a means of rejoining their social insiderness. Coping, for the veterans, occurs through an outward presence. There is a social aspect of their post-deployment healing which entails communicating, sharing accounts, and being engaging and contributive to a society in which they feel they
belong. One of the activities that helped the veterans feel as though they are understood and supporting each other through the tough times together, again, is in group therapy.

ADAM: I love coming to therapy because I like being around my brothers, I call 'em my brothers, you know no matter what branches they were in, but they served in the war and I, it's just a relaxing atmosphere. It's a comfortable atmosphere and we can relate to each other. Better than I can talk to anybody else. And uh every Friday I look forward to that, I look forward to seeing [the clinician]. The therapy has really helped me in so many ways that I never thought it would. It uh, it kind of makes me more, more relaxed and at ease around society.

Whereas clinicians are concerned with inappropriate veteran guilt, veterans are concerned with concepts of inappropriate pride, heraldry, self-accolade, and dishonorable requests for disability compensation. The veterans were very clear on the kinds of veteran behaviors that they did not feel a sense of camaraderie with or acceptance for.

ROCKY: I wouldn't have want, you know, in my unit the people that got Purple Hearts, you know, I'm embarrassed for what they put in for Purple Hearts, you know a, a roadside bomb and they were not that close but a little rock hit them on their cheek and they got oh look you know, I get a Purple Heart out of it and they get a Purple Heart out of something that you know, somebody you could flick away and they get a Purple Heart out of it and that Purple Heart is an entitlement into the Purple Heart Association which gives you benefits. It gives your children education benefits, it gives you health benefits, it gives you a lot of things and these guys put in for those kind of things, whereas the guy whose got you know, lost his whole leg, his whole arm, gets that same award, you know.

AMBER: Yeah… it lessens it.

ROCKY: And I look at that you know, you know, the awards I've gotten, you know Bronze Star with Valor and I'm like well yeah, yeah and people ask me why and I'm like, yeah, it was the shoot outs we were in you know… maybe that's not the award I should of got, you know, I could of just got a pat on the back because I look at that as just doing my job. But some of the people that put in awards, you know for some of that stuff and I'm like, you know and what happened you know uh, you know, you ran from the mortar and you broke your leg you know, running into the bunker and you're putting in for a Bronze Star.
Amber verbalized her disappointment in the immature behaviors of other Iraq War veterans, including other veterans boasting in public about shooting weapons in Iraq and getting into bar fights. Myra agreed with Amber’s disapproval of soldiers’ drinking and acting-out after deployment. Further, Myra adds that there are some insiderships she would rather not be a part of, perhaps, because they would oppose the efforts and responsibilities required for self-creation of transfigured purpose.

MYRA: I agree with you, the way soldiers were carrying themselves when they got back, it was almost an embarrassment. You're representing and they'd turn into like total douche-bags, sorry to say that but, same thing, they would think they'd think hey I can do whatever I want because I was deployed and I'm a soldier and it actually, it's not respectable at all the way they carry themselves and they think that, I don't know how else to put it but it was almost an embarrassment and then they are partying so much and I'm seeing a lot of people um, I don't know what they've seen, you might even say they're self-medicating now but their whole mentality when they got home or when we got home changed a lot, but just really negative and disrespectful attitudes, like everybody owed them something yeah. Well I admit to feeling that way for a while too, until I realized that wasn't gonna get me anywhere.

Dealing with Outsidership

Dealing with cultural outsidership is a process of veteran self-reflection aimed at becoming not only aware of personal cultural outsidersness, but developing control and acceptance of how to belong where, when, and with whom. Themes of being different from civilian culture, rather than similar to it, were prevalent across the focus group discussions. Past-present origins of contrast now contextualize all how the veterans view themselves and interact with others. The veterans offered accounts of how enduring extreme situations gave rise to their sense of strength and accomplishment. Times of needing to be fearless powered also their humility. Service in Iraq was recounted as a
time when the veterans did good things that they feel have gone unrecognized and times of horror, sadness, pain, and regret that still have yet to be recognized by the civilian society.

RAPTOR: A civilian will open their mouth about something but they have no idea what the fuck they're talking about.

SARGE: Or who the fuck they're talking about.

RAPTOR: They will not go through the experience. Now, not all, not all, not all, I mean there's, it's certain people that do it, but I've noticed there's a lot coming back to society here from the military and everything is, they will open their mouth, say something, have no idea what they're talking about, never experienced what the hell they're talking about. I've had people try to tell me what the fuck Iraq is like and they've, they've never even, they never even thought a day in their life of even joining the military and I'm sitting there like you're gonna tell me how Iraq is, like you're gonna tell me what I did. You're gonna tell me what it was like. You're gonna tell me what you know what color the blood was, you know what color it turns after it dries. You're gonna tell me what it's like when you're watching a little kid getting dragged down the street with no life in his body, I'm like you know like I'm sitting there like that's the kind of things in my head when they're talking and I'm sitting there like this mother fucker has no idea what he's talking and then that's when the rage comes in cause I'm sitting there like, he's going to sit here and preach to me and then it ended getting to the point you know where you know talking, going through the therapy- which is awesome and does help- is, I've come to learn where it's like sometimes now I'm not in the war, you know I can't be that angry. I got to just bite the bullet and sit there and kind of just take it and just like listen, you know walk away or whatever, you know I can't do the whole thing where I like, I used to explode. I used to be like what the fuck, you know get so pissed.

Endurance to overcome extreme conditions and life and death situations is a valued characteristic of being a military veteran. All of the veterans shared their thoughts regarding how different things are in the civilian world from that of the military. Their identity is still very military as the veterans did not discuss how different things are for them in being civilian, but how things are different for them in the civilian world.
The civilian world, for the veterans, is comprised of beliefs about war and military service that are untrue and unfounded. The civilian world has attachments of meaning onto meaningless things. Civilians are deemed to be not as diligent in their work, not being pushed to the extreme, not being productive, selfish in their motivations, and not team players. Per Sarge, "I wanted to go back to Iraq because I came back and didn’t like here anymore. There were people pushing you to do things everyday in Iraq. You get pushed to do things and you do hard work… this doesn’t happen in the civilian world."

SARGE: Take my experience, you see I was washing clothes today, the civilian population looks like robots. They come to the store, they go …dude I've been seeing the same fucking people every time I go into this laundry, come, go, come, go, I mean there's no purpose, there's no purpose at all. The civilian population does not have a purpose. They wake up at whatever 6 o'clock in the morning, they get dressed, turn on the television to see the traffic or the weather, go to work, come back home, it's the same bullshit. They don't have a sense of meaning and that's what I miss you know, I miss that. We always had a, I mean I had a sense of meaning every day; actually I hate it when the fucking Army changed the uniform. You know I used to sit down with a beer and you spit with beer on the boot and they stayed shiny, I don't know and hours and hours spent over my boots, you know just to look good but that was back in the days.

Veteran outsiderness is known more acutely to the veteran in comparison with the feats of endurance and overcoming hardship they had to accomplish during service in Iraq: “Civilians don’t realize what they have.” The Iraq War veteran is aware of other people's unknowingness about many things concerning OIF and about being a veteran. The veterans are trying to retain the integrity of their choice to serve and of what their mission was in Iraq. They are trying to maintain their military identity as something they are proud of and something that stands for honor, service, and a larger, more meaningful
perspective on life and global culture.

Iraq War veteran cultural memory contextualizes problems and successes experienced by the veterans in the civilian world. The veterans are consciously trying to retain their military identity, its demand for discipline, accomplishment, and overcoming of hardship, as part of their civilian life. Negotiations of meaning that the veterans have with family, friends, or healthcare providers include the meaning of their disability. Veterans noted their own disability is a contest of meaning among themselves and other people, including friends and family, who do not understand the nature or origin of their mental health problems.

MACK: I've almost lost... I'm on the verge of losing one friendship because I just got bumped up to 50%, and he's lookin' at me like What do you mean? What did we do? We didn't do nothing, we weren't under fire every day, and I'm tryin' to explain to him well you also didn't have kids bombed over there. I mean, you didn't have to deal with these kind of things, but I did. And I'm tryin' to say hey, there are some things only me that can understand.

If the call of re-belonging to the returned to society is refused by the veteran, the adventure of bicultural identity development is then converted into a chore (Campbell, 2008). The veteran becomes a victim to be saved; a victim of his or her own willed introversion. Life feels meaningless. “Refusal is essentially a refusal to give up what one takes to be one’s interest... the future is regarded as though one’s present system of ideals, virtues, goals, and advantages were to be fixed” (Campbell, 2008, p.49) as opposed to a future viewed as a vast and unseen world of possibility and discovery. “On his return [after concentration camp liberation], a man was met only with a shrug of the shoulders and with hackneyed phrases... then he asked himself, Do they really have
nothing better to say to me?” (Frankl, 1984, p.113).

Likewise for the veteran, bitterness and disillusionment are caused by the realization that more suffering and challenge in life is bound to occur. That service in Iraq is not going to protect the veteran from social problems or entitle the veteran to a means of escaping them. Raptor, for example, always wanted to be a Marine but also joined in order to escape family discord at home. Upon return home, he found the same conflicts he previously separated himself from. This time, he felt the family conflicts were about him because, “I went in a kid, came back a man, and I think the people around me didn't want to accept that I had just grew up.” Raptor shares the fatal consequences of coming home only to feel hated, misunderstood, and outcast by family.

RAPTOR: I've even seen some other guys go home and had the same problems. They're like, they [family] don't like me anymore. Then I had, I had a couple of buddies kill themselves because of it and they would talk to me all the time, it's like my family hates me. They're like, they're like I think people in general just hate me. …One guy got out and went home for like, he wasn't even home a month after getting out and offed himself.

Being healthy and strong (i.e., not having persistent problems requiring regular hospital visits) is an important value for the veterans; that were proud that they never had to depend on others, before. Some problems the veterans experience include facing the impact of military service on their health, finding a new mission in life, adjusting to a civilian habitus, trying to set limits on their own behaviors (e.g., spending money, driving over the speed limit), preserving their own passions and values (e.g., adventure-seeking, not being a couch potato, having an active and healthful lifestyle), and finding new passions or reuniting with old passions (e.g., making artwork, studying, returning to school, deciding upon a career path, seeking employment). The veterans have ongoing
dialogue with themselves and each other about health problems that they have never had to face before.

Dealing with one’s outsidership inextricably involves relearning how to appropriately engage with cultural outsiders. It is a social process of creating self-concept and identity through creating meaningful and tolerant relationships with non-veterans that will create opportunity for reciprocal engagement, understanding, and, cummatively, a sense of social belongingness. The following conversation between Myra and Rocky centers on axes of desired and actual social reflexivity.

**MYRA:** The attention span. I notice people don't really listen or they'll be off doing something else and I'm like 'are you even listening to me? I'm like this is important to me. They're like yeah I don't really get what you're saying, so they just kind of, it's not important…. They don't understand the impact either. They want to hear war stories with blood and guts and all this happened and there was an ambush, and G.I. Joe was there and saved the day, but the smallest, slightest things had the greatest impact on me while I was there and uh, so they're kind of bored with it. They're like yeah but what really happened, what happened and there's no significance in the details because it's not exciting to them.

**ROCKY:** I kinda look at that, depending on the people that I'm with, the veterans or even the people that I'm with. Some veterans, you know they tend to tell a story and then you see them again and they'll tell you the same story, you see'em again and they'll tell you the same story and you say okay Joe, maybe that's, I wonder if that's the way I am but I always look at the group of people I'm with and I won't tell 'em the same thing you know because I think in a year's time, you actually have a year's worth of stories to tell somebody. So mine is, try to tell some of the exciting stuff that I've seen, some of the dull parts that I've seen, just keep it even all around.

Norms and realities are the culture’s paradigm of existence and adaptation (De Laine, 1997; Campbell, 1999). By identifying what is considered unacceptable behavior and how it is known, non-normalizing cultural attributes highlight processes of
negotiation as well as certain actions, behaviors, and their meaning for the veterans (Feldman, 1995).

The non-normalizing attributes and differences in claim that were left as unassimilated into their belief system included claiming disability when not warranted or justified, lying about degree of service involvement, presenting oneself as a veteran when one has no military service history, behaving in ways that are not congruent with military values and ways that are unbefitting of military service-member. The non-normalizing attributes that were implied during the focus groups included distance from combat and dangerous situations, not being team-oriented, or complaining about not receiving adequate compensation or military benefits. These cases were discussed by the veterans as not being part of the Army values which they were trained to embody and uphold.

MYRA: We all know who the people who are kind of you know like manipulating the system are and they work hard, they have their techniques in how they're getting their 100%, yeah.

ROCKY: I actually joined with four other people and one of them, as soon as he got out, he went straight to the VA and he said I'm crazy and we all knew that he smoked pot and did drugs, you know and smoked cocaine before he got in the service and when he got out he was still doing the same thing and he says I'm crazy and the system gives him full 100% benefits. …Yeah, he actually tried to coach me, you know when I was coming to him, tell them this, this is what I do and they believe me.

MYRA: That's disheartening and sickening. That's gonna be a problem, because the, a lot of these soldiers there in Afghanistan soldiers are primarily gamey and manipulative and if you understand that, is going to be a huge process, I don't understand it.

ROCKY: I look at that as some people wanting, you know, feeling like, like America owes them something, so I'm gonna get this and it's like if America owes you something go out and get it, don't jump into the system of almost welfare and get it.
MYRA: That mentality is frightening.

However, the veterans recognized that doubts and questions about veteran health claims cannot be easily investigated or answered. One of the focus group discussions was concluded with the shared assertion that no one should judge veterans' reactions to stress as inappropriate or not, not even other veterans.

Identity Confluence

The final phase of veteran cultural identity development is a hypothetical process in which the veterans’ bicultural habits of thought and action merge together, like two streams of separate origin flowing into one replenishing source of integrative living and being for the Iraq War veteran. Theoretically, this phase of the veteranhood development trajectory is a lifelong process consisting of a constant weaving and repairing of meaning and memory of bicultural identity between the veterans and the normative host culture. Identity confluency can be compared to linguistic fluency in more than one language. The multilingual individual knows when and with whom to speak in which language, how to modify unspoken mannerisms of social etiquette, and which cultural memory to retrieve for cultural congruency and transmission.

Identity confluency is, in effect, the continuous dialectic between the veterans’ processes of identity transfiguration resolution and reevaluation of belongingness. Veterans who have classified their return status as that of returned traveler, want to make this place their home, are committed to re-creating themselves, and feel that they are part of something in this society and on their way to becoming confluent with their two cultural selves. In turn, they have consolidated their living in two cultural worlds into
one seamless identity. Currents of identity confluence among the veteran participants were noted and categorized as: Mastering Duality and Balancing Cultural Allegiance.

Mastering Duality

Iraq War veteran culture consists of veterans who joined the military with free-willed and self-motivated reasons. Unlike veterans from previous generational cohorts who were drafted into the military, or enlisted into a military corps that was staffed primarily with draftees, the Iraq War veteran cohort is comprised of veterans which Myra referred to as the “My Generation Veteran” and Rocky called “The Modern Soldier”.

This Gen-Mod Veteran classifies a cultural cohort which knows it is distinctively different from previous military cohorts, one whose experiences of service have been shaped by a different cultural form of context and perspective than veterans who have served in previous wars, including their reasons, intentions, and circumstances for joining the military. Rocky emphasized, "We haven’t had a conflict like this since Vietnam, going out with a new ideology, the focus has changed, it’s a whole new mind frame.”

Adam described today’s 2011 veterans as “Universal Soldiers” whose military culture was shaped by advances in weapons, defense technology, even combat simulation via video games; veterans who have been trained to be systems-level thinkers, technology savvy operators, and can engage in faster yet more precise defense strategy maneuvers.

The veterans initially did not think that returning home would pose any problems for them. But they soon realized that their world has changed and they would have to adapt to the differences. Myra discussed the "Overwhelming feeling of being a civilian again and being nobody… not carrying a rifle. Felt like I was forgetting something."
The veterans feel like an incomplete person upon return. Their soldier identity is like a phantom limb— that they can still feel it but it is no longer there. Adam mentioned his uncle donning more than just a uniform during family gatherings: “My uncle's retired but my uncle still thinks he's a Marine. He wears his dress blues every holiday and you can't call him Uncle Jay, you got to call him Sergeant Major.”

In contrast, upon return from each of his seven deployments, Rocky saw changes in his family and neighborhood. He would spend time catching up on old news and new news; visiting with relatives, visit all his friends, learning that some have died or moved away, and having some regret about not keeping in touch with someone who has passed away. Rocky advised the veterans in group that these things need to be accepted and that he has learned that he has to keep moving on despite such changes.

The social system of the military is one that is merit-based, achievement-based, and collective-focused. The social systems of the military and civilian life are different in many ways for the veteran. The contrast of two different social systems, two different paradigms of living and surviving, presents as starkly obvious to the returned service member. This falling out of line with civilian habitus can create disparity or inequality for the veteran.

AMBER: And what I've been seeing a lot of are the people that actually need the PTSD help and the people that aren't getting and the people that don't need it are the ones that are.

MYRA: They refuse the help of the VA System.

AMBER: Yeah or they don't know about it uh. A couple of the guys that I was in the Army with, I know that they have PTSD and I've told them through, I am, I'm like you need to go get checked out for this, go here, go
here, da, da, da, da and they don't know anything about it. Like they may
know that they have it, but they don't know how to get help for it.

MYRA: It's overwhelming.

Adam provides further insight into how overwhelming balancing civilian
and military habitus can be for the veteran. The challenges of mastering duality
of identity can profoundly affect the veteran’s daily activities.

ADAM: I try to ease down but it's not easy, it's just not easy. That's just
the way we're programmed to be, we can't help that uh. When I see a
Middle Eastern person, it makes me very uncomfortable and it's hard for
me to adjust to knowing that they're here. Um, I've seen some here. One
time I was getting on the elevator going to therapy, uh group therapy and
this guy had a turban on his head. He got on the elevator with me and I
said stop, I'm getting off. Oh you are getting off here and I said yes I'm
getting off and I just got off. I didn't want to be in the elevator with him
anyway. My mind was going in all different directions. I said what if he
was going to bomb the place, what is his motive to be here. I think he was
a doctor and uh I told my mom about that and she said, she said you got to
stop thinkin’ that way because not everybody is like that. You know, not
everybody, a lot of them that are here they're not all alike. I said mom you
don't know that, you can't trust ‘em and I'm never gonna trust ‘em, that's
just how I feel. 9/11 messed me up so. I'm never gonna trust ‘em. The
suicide bombers over in Iraq and Afghanistan mess me up about ‘em, you
know they can be in your face and talk to you and then all of a sudden
boom. I experienced seeing that and witnessing that uh. It's just, to make
an adjustment to those people, it's just not easy. It's very difficult, it's very
hard.

Balancing Cultural Allegiance

The strategies the veterans use to find harmony and balance in their duality
includes reflecting on what good they have done in the service, feeling proud of having
been a part of something greater than themselves, for something greater than themselves.
They prioritize, organize, express, balance, and find satisfaction and comfort with being
of both cultures by seeking connections with their relatives who served in previous wars,
keeping their uniforms, identifying with military values and work ethic, feeling that they have earned their rights and benefits to healthcare and education, attending veteran groups at VA or the community, and wanting to promote a less stereotyped version of the Iraq War veteran.

The varying reference points for the veterans include the people who they are with, their current health status, their anticipated health problems, their children, their occupations as civilians and military, their hopes for the kind of life they want to live (e.g., as a leader, good parent, successful businessperson, healthcare provider for other veterans). Iraq War veteran culture meanings are developing in context of their re-entered civilian roles and missions.

The following passage presents the social responsibility veterans face when attempting to develop a masterful bicultural identity. When overseas, Myra had to conceal her military reality in order to protect their families from worry and concern. However, this representation of her military service has, to an extent, betrayed her own need to have the stressful and life-threatening reality of her service acknowledged and understood by her family after her return home. Rocky offered recommendations on navigating his cultural identity in a manner that maintains his allegiance to both who he is and what he does as a soldier, without betraying his military identity or his civilian responsibility of military representation.

MYRA: There may be a sort of a misconception because I'm so excited talking about it and showing the pictures and I'm so excited about everything. It looks like fun, a vacation, because of the way I present it to them um. Maybe there is a little bit of a misconception because it's like oh it was fine, there was no tragedy, there was no stress, there was no, because I played it up so well while I was there and I came home, like
yeah well actually all that's happened because I didn't want them to worry at the time. I couldn't tell them at the time and then when I come home and I tell them these things, they're kind of shocked at it, at the facts um. But I think maybe it was a little misleading.

ROCKY: Yeah, I look at it's not to give them anything misleading. You know, yes there's shooting, yes there's you know people dying around me, but I, I think I look at it as like my family wants to know, I tell them at the right time, not in a time of uh, when somebody says hey tell my friend Joe what you know, what happened. It's like I'm not telling your friend Joe, you know. Like I said if you pick the time to tell somebody or who it might be.

A confluent military-civilian identity means that the veteran is able to move between two different versions of oneself-with-others (Sherman, 2005): (1) Finding ways to coexist even when identity diffusion or disintegration is threatened; (2) Finding ways to work with, respect, and strengthen the community. Mack illustrates how balancing cultural allegiance requires intensive self-reexamination of visitation status, purpose, and belongingness. Mack, essentially, is balancing allegiance of who he is and where he belongs, within himself, before he can continue the pursuit with others in his life.

MACK: That's probably the only thing that they [family] understand completely is the fact that yes I'm not; we're not the same people we were when we left. You know we've been damaged. Then I had to actually sit back and admit it… I'm no longer a deployable asset. And it's just, that's just the truth. Unfortunately with the way this war is and they've seen the PTSD first hand, they're up in the middle of the night because I'm screaming and what not, but that's all I'm saying, like we come back damaged. …War definitely changes people. …I've come to understand the fact that there is no cure for PTSD and that it's gonna be a lifelong pursuit of change and adjustment. Otherwise I'm proud to be a veteran, but I understand I'm now dealing with the consequences of war.

For Myra, anticipation and excitement of being a part of a chapter of US history frame her feelings of contribution and meaning of being a veteran.
MYRA: It's changed me and my perspective and I relate a lot of things to it and its, its good, I take it as a positive thing in my life, maybe I keep going back to it because it's something that I felt good about or a proud moment in my life but achievement or success um, something to measure it in ...I'm excited to read about what we did in my kids history books, when that happens. I'm proud. I, I, I'm more proud to work here and to speak with the veterans and listen to them, it's very humbling. That motivates me. …I feel a need to preserve and I, I'm very anxious to do that, to work in a system and improve it and um, be a leader hopefully one day in living to see those changes being made and to see the outcome of this war and the impact it has on the soldiers and on us and um, I want to live to see that.

At this time, Raptor reports being very satisfied with his therapeutic relationships at the VA. He feels he has a good relationship with his clinicians, is actively engaged in painting and writing lyrics and poetry (with his permission, examples of his work are included in Appendix R), has plans to go to art school, and he recently won first prize for a painting he submitted to the hospital’s annual veteran art and craft show. Raptor describes how after three years after his return from Iraq, the realization that he is actually a veteran has, just recently, “clicked” for him.

RAPTOR: I remember when I was a kid I'd see veterans and I'd always like oh, I want to be like that guy, I want to be a veteran, you know I want to serve my country. And I guess that's one of the things I had forgotten, it was like dude you did what you wanted you know. Like you accomplished something, like you're a vet. That's one of the things you wanted, you know you wanted to be like them. And I don't know, I kind of got, I guess a sense of happiness and pride came back like, I just thought of that like the other week actually was oh you're a veteran you know. It had never clicked before. Cause before I was always, I wasn't a veteran I was just some, some angry guy or something I guess I don't know and then you know it finally just clicked, you know it's like you know you're a veteran and yeah, awesome.

Congruent with the myth of rebirth and transformation, mastering the duality of their purpose, identity, and belonging means that the spell of veteran individuation is
broken and unity is reestablished. The veterans are comfortable with both the tragedy and celebration of their military identity. In the passage below, Rocky speaks from his insight and experience from making several crossings to and from the normative society. Mack’s response is an equally striking illustration of striving for identity confluence but how his identity, at this time, is more unified with who he wishes he could be: A Soldier, a Marine, who is still very much a living part of a tragedy he wishes he could have prevented in Iraq. His self-transformation is gradually going to occur through the support and challenging of his clinician, family, and other veterans.

ROCKY: I look at deployments as, uh…because you spend a…a…a year of your life into a structure that you're actually becoming part of because I've always believed that humans are creatures of habit, and you become habitual in what you do, so even if you spend a year someplace, to me it's like goin' to summer camp. There's fun, and there's disaster, but you gotta leave it behind, you know, and move on in life. I mean, that's the way I see it. Because I know if I go on another deployment, everything else is still behind me. But I think all the experiences and everything I've learned from previous deployments and people that I've met and things that I've seen and done and move forward.

MACK: See, I can't make that same disassociation. I'm no longer, what did [my mental healthcare provider] call me? Course he's right. But I'm no longer a deployable asset. And, uh, but it's just havin' to live with that. I mean, I'm no good to anybody over there now 'cause the way, 'cause I, I can't put things behind me, 'cause I know if I went there now, would I be a risk to them? Or would I be an advantage to them? And it's just, you know, the same ways, and that's what he said. It's like, the reason I'm still there 'cause, I'm, I'll be the first one, I'll call somebody, I'm sick and tired of you civilian pukes, but I've actually had family looked at me and said you are a civilian puke, and I'd be all no I'm not, but I think, you know.

Balancing cultural belonging must also occur with respect to the normative society, as well as within the parameters of military-bound values. Cultural belonging
includes social responsibility and awareness of self as a useful part of the greater community.

ROCKY: In my career as a policeman I actually gave some military people tickets, you know, because of their attitude or the way they lied. …I know that most people in the military would be more disciplined you know or more honest, you know to some, well figure of authority, so I even give credit to the military people or to the veterans…

MYRA: I just don't want that to be a copout though. And I don't want that excuse. I don't want to become, like you see a generation, you see the Vietnam generation and you see what happened to them and um, it's kind of like an excuse for them, oh well it's okay for them to be alcoholics and drug addicts and homeless because they were in Vietnam and I don't want to be an excuse for myself, like I don't want to feel pity, pity me.

Although it is easier said than done, the veteran who achieves identity confluency is one who has a harmonized purpose and belongingness across both cultural worlds.

The confluent veteran is able to “not contaminate the principles of one [world] with those of the other, yet permit the mind to know the one by virtue of the other” (Campbell, 2008, p.196). The veteran would then be able to adopt the full spectrum of being and becoming a veteran in today’s society.

This means acceptance of being “Sometimes a fool, sometimes a sage, sometimes possessed of regal splendor, sometimes wandering, sometimes honored, sometimes insulted, [and] sometimes unknown. …Just as an actor is always a man, whether he puts on the costume of his role or lays it aside” (Shankaracharya, Vivekachudamani in Campbell, 2008, p.205). The veteran whose identity is attuned to the role and responsibility of being both a normative cultural outsider and insider, is one who feels that he is still an important part of something, regardless of the military identity disintegrated or individuated in any given social situation.
Conclusion

A Model of Cultural Identity Development of the Iraq War veteran has been developed from the data provided by the veteran participants. It describes five dynamic and socially-bound phases which constitute cultural-identity conflict resolution processes for the veterans after they return from their service in Iraq. Model taxonomy is available in Appendix Q.

It cannot be assumed that our veterans come home as returning travelers. As this model suggests, the Iraq War veteran undergoes a retrospective and prospective anticipation and analysis of return which, in turn, influences his or her self-assignment of social placement. Awareness of permanent displacement occurs for the veteran after unbalanced contact with the challenges presented by a new social reality. Transfigurative purpose negotiation is centered on axes of veteran memorialization of service and individualized re-creation of self. Reevaluation of belongingness is the process of determining where integration and individuation are appropriate and most sustaining for the veterans’ social-selves. Identity confluence is a conglomeration of all four preceding processes of identity conflict resolution.

A veteran who feels like a visitor in the returned-to culture, feels stuck in permanent social displacement, avoids or maintains a sense of self-betrayal, and is unable to connect with a social milieu of belongingness would, hypothetically, have a different social reintegration trajectory in comparison with a veteran who exemplifies the alternative routes of cultural identity conflict resolution as illustrated in the following figure.
Figure 2. Model of U.S. Iraq War Veteran Cultural Identity Development
CHAPTER FIVE

DISCUSSION

Wife of Utanapishtim the Faraway: Gilgamesh came here exhausted and worn out. What can you give him so that he can return to his land with honor?

Gilgamesh: Counsel me, O ferryman Urshanabi! …What can I find to serve as a marker for me?

—*The Epic of Gilgamesh*, Tablet XI, Neo-Babylonian period, First millennium B.C. (Kovacs, 1989, pp. 106-7)

Introduction

The purpose of this study was to gain a preliminary understanding of the processes of cultural identity development of the US Iraq War veteran after returning home from service. I interviewed small groups of Iraq War veterans and reviewed their medical records to identify underlying themes that provide insight into how this group of veterans organizes, expresses, and balances their bicultural military and civilian identity. Study findings were expected to offer a foundational understanding of how the trajectory of US Iraq War veteranhood cultural development is beginning to emerge.

As a result of this research process, I learned that stereotyping this cohort of veterans as a singular and static cultural entity dishonors their broad spectrum of diversity, tolerance, adaptation, professionalism, creativity, and existential...
transformation. What I heard from the veterans was a message about their journey of re-
socialization and reintegration as being a constant work in progress, an evolution of
becoming new people, whether they returned from Iraq seven months or seven years ago.

One of the important findings of this study is that veteranhood does not develop
linearly or unilaterally for the veterans. What makes veteran biculturalism different from
other kinds of bicultural identities (e.g., ethnicity, sexuality, human development stages)
is that veterans are not born into their bicultural identities, their identities are bilaterally
constructed through both public and private arenas, including, institutions of mental
health care. Other ways that veteran culture is different from the study of other cultures
is that veteran identity may or may not be variably apparent to others, there may or may
not be an immediate military family lineage, and the military experiences upon which
veteran identity is formed are life-threatening, morality-straining, transformative
experiences outside the parameters of normative social insight and understanding.

A model of US Iraq War veteran cultural identity development was constructed
from the experiences, perceptions, and expressions of the challenges and satisfactions the
veterans discussed amongst themselves and reported to healthcare clinicians upon return
from service in the Iraq War. Each veteran who participated in this study was on his or
her way towards developing a personal means of resolving military and civilian identity
conflict. On a hypothetical continuum ranging from social disconnection upon return to a
completely stabilized cultural self-identification and integration, I formulated five phases
of cultural identity conflict resolution that the veterans must address as they move
forward in being and becoming US Iraq War veterans.
Societal Visitation, Awareness of Permanent Displacement, Dilemma of Transfigured Purpose, Reevaluation of Belongingness, and Identity Confluence were identified as overarching constructs which could be used to map the the veterans’ cultural reintegration trajectory. Concepts of myth, meaning, and memory were applied in conceptualizing how and why the Iraq War veteran cohort is developing in a manner unique from previous generational military cohorts.

The model proposes how Iraq War veterans may integrate their previously self-sustaining military mythology and meaning of survival, strength, and mission into the normative cultural milieu of integrated individuation, cultural permeability and tolerability, and self-directed adaptability. The phases proposed in this model should be thought of interrelated processes built upon characteristically discrete conceptual variables of identity confluency. It is hypothesized that each construct of identity conflict is never fully resolved but rather, remains as an conflictual underpinning which is sometimes shifted into the foreground or background of the veteran’s evolving identity.

Study Limitations

The limitations of this study must be considered. First, the limited, well-circumscribed, sample size of veterans who participated in this study means that sample cannot be considered to be a generalizable representation of the US Iraq War veteran population. Although the study sample offered some diversity of branch, rank, nature of service, and duration of service, the sample did not represent a wider variation of veteran subgroups such as more officers, Navy or Air Force service members, or veterans utilizing solely non-VA community healthcare programs or private sector healthcare.
Second, all of the veterans who participated in this study were able to articulate their public and private experiences about being a military service-member and veteran. The study participants were enrolled in VA mental healthcare and comfortable with speaking about their experiences to a healthcare professional. These findings cannot be generalized to the veterans who are not enrolled in and actively engaged in a therapeutic healthcare relationship.

Presupposing that sharing one’s identity development journey with others is precursor to a confluent social identity, the veterans who participated in this study may be further developed in their cultural resolution processes in comparison to veterans who are uncomfortable in exposing their experiences and insights to non-veteran others. Important to acknowledge, however, is that returning veterans may have found, or created, other community avenues for engaging in a reciprocal dialogue with the normative culture since their return from Iraq.

Third, this study design was not longitudinal. It cannot be known or predicted what Iraq War veteran cultural identity will look like, or how it will develop, in the future. Fourth, given the focus group data collection methodology, it is possible that the participants modified what or how they said things for social desirability reasons. Even within these small focus groups, affiliations or disaffiliations based on the roles and responsibilities of service occupation were noted.
Model of US Iraq War Veteran Cultural Identity Development

The proposed model of US Iraq War veteran identity development is a veteran-specific extension of social constructivist theory (Berger & Luckmann, 1966). As the veteran is placing himself or herself into the world, he or she is also constructing the world into which he or she is being placed. Veterans are producing new meanings of their newly emerging collective and personal identities as attachments to their already military and pre-military identities. New meanings of accomplishment, life goals and strategies, relationship building, autobiography, trauma, disability, and barriers to life satisfaction make sense to the veteran based on the institutional process and organization they have known in the military and how they know themselves to be changed as a result of serving in Iraq.

In addition to searching for meaning (Frankl, 1984), veterans are charged with making their own life stories meaningful so that the meaning of the service trajectory and once-again a civilian can make sense to them. Their direct knowledge of what they had to experience, overcome, endure, adapt, do, see, and survive in Iraq takes precedence over their values of service. Therefore, by expressing their direct knowledge in the normative returned-to culture, they are able to mold and redefine their values as citizens, civilians, and veterans. Furthermore, unlike the proposition of meaning as a capturable entity (Frankl, 1984; Campbell, 2008), veteran meaning-making balances off and on upon a shifting cultural foundation to which they are also trying to anchor their transfigured purpose.
Berger & Luckmann (1966), indicate that there are four levels of cultural legitimization. As it applies to veteran culture, the first level constitutes that point at which the veteran knows how things are done in the returned-to culture. During societal visitation, the veteran, as either visitor or returned-traveler, must reorient him or herself to how things are done. However, mimicry of acceptable social behavior is insufficient for actually fitting-in with society. The veteran must identify how he or she fits in, or wants to fit in, with how things are done.

At the second level, the veteran explains schemes of reality by relating and interrelating sets of meaning between his or her military and civilian worlds. This process may confront the veteran with the reality that how things are done are not the way they should be done, or not the way the veteran would do them if he or she were still in the military. Memory and meaning-making yield processes of yearning, repair, reassurance, and anchoring a newly emerging identity for the veteran. Purpose and belongingness identity conflicts, such as transfiguration and reevaluation, are continuously revisited through processes of the veteran’s self-creation and social connection.

At the third level, the veteran establishes an all encompassing frame of reference of being a veteran. Identity confluence is activated at this level of cultural legitimization because cultural identity confluency is about more than being a veteran; more than being a person who “was in Iraq”. Identity confluency is about being a multifaceted human being with several, and typically overlapping, cultural affiliations and allegiances which including being a veteran. Identity confluence is what and how the individual veteran
integrates into the greater process of veteranhood, of which he or she is a part. Further, the veteran must legitimize for oneself this integrated identity in order to forge a personal sense of purpose, meaning, and belongingness in societal life.

The fourth level represents the veteran’s symbolic universe, an integration of personal and institutional order. Mythology is closest to this final level of accepting the world as it is, as it exists without the individual in it. This metaphysical, meta-confluent existence of perpetually becoming a veteran, and playing a part in future veteran being and belonging is of a precultural and transgenerational order beyond the scope of this study’s exploration. Yet, I hypothesize that identity confluence does continue into this level of spiritualized identity and relies on the generations of veterans who shaped our present-day social processes of veteran integration, long before our Iraq War veterans arrived on the scene.

US Iraq War Veteran Diaspora and the VA

The VA hospital is a memory space. It is a space of sustained memory and exhibition of veterans as our nation’s cultural artifacts. Often, I have led my students to one veteran or another so that they can be present with a living representative of history, both as embodied and remembered by the veteran. Symbols of patriotism (e.g., flags, banners, memorials, statues), power and security (e.g., government emblems, photographs of political leadership), and American history (e.g., framed vintage posters, maps, uniforms, postcards, letters) can be located throughout the hospital.

US Iraq War veterans, all on some level, are a displaced people, forced to move, shift, and resettte into a changed homeland. Sometimes they are unable to return. The
Iraq War veteran Diaspora is a representation of the exile the veterans face, and relive, on a nearly daily basis as a hybrid people of military and civilian origin. This Diaspora is both derived from and developed by a shared cultural trauma. However, this Diaspora can be grounds for new creative expression on behalf of the Iraq War veterans.

Current wars are placed into a continuum of wars past, as part of a cultural memory. The VA, among several other social platforms such as media, education, or political agenda, serves and delivers cultural memory of national war trauma. If Iraq War veterans do not see themselves as belonging to this collective traumatic identity, then they are probably less likely to see themselves using the VA for healthcare services.

US Iraq War veteran Diaspora should be promoted as a way of veteran thinking and doing that facilitates, without intrusion or expectation of mainstream society: (1) Veteran meeting and meaning-making and (2) Maintenance of core values and ritual of being necessary to maintain this distinction of being an Iraq War veteran. In effect, the Iraq War veteran Diaspora in the VA has been changing the memory space. In it they are reliving and reworking approaches to relieve or pacify veteran dissent against changing collective national memories of war and its consequences.

The VA is a living memorial of what veterans have been through and what they continue to go through after returning home. Each department name could be a chapter heading in a book about veterans’ medical needs, or rather, how we, clinicians, administrators, and educators, compartmentalize their needs. Instead, Iraq War veteran Diaspora at the VA should be thought of as a privileged space and process of veteran thinking; a social space that promotes veterans’ hybrid way of thinking and supports their
remade sense of being and belonging. The VA should be a space in which former military service members come in seeking not only healthcare services but cultural refuge, acceptance, and partnership.

Veterans are able to modulate their military identity into the foreground or the background in order to control the reactions and perceptions of others. Perhaps a reason for Iraq War veterans choosing not to come to the VA is because their military identity is in the foreground of healthcare service provision. In private-sector hospitals, most clinicians are not bound to automatically consider their patients’ military history. There, the veteran will be treated as any other civilian with a civilian-derived health problem. The veteran, then, is positioned to either reveal certain aspects of his or her own veteranhood or military history, in a strategic or self-empowering way, or conceal it completely. The veterans in this study verbalized feeling comfortable disclosing their military background and psychic trauma only to people who they feel form few judgments and, thus, are able to acknowledge their health outcomes and their military service connections.

Implications for Nursing

Veteran healthcare disparities can be created through veteran disavowal of their rights and privileges. For example, healthcare disparities are created for the Iraq War veteran when information about veteran benefits and resources are provided to veterans when they are not ready to absorb the information (i.e., upon immediate return from overseas service) or are not thinking about their long-term or healthcare needs, immediately following return. Presumably, after a veteran decides that he or she can
make a home of this place, dissemination of reliable healthcare options would be more feasible for long-term healthcare planning rather than at the start of deciding their societal visitation status.

Iraq War veterans might also disavow their VA rights and privileges for reasons such as: Not wanting to be affiliated with a healthcare entity perceived to be non-dialogical, finding more meaningful veteran-forward help from other venues in the community, feeling treated unfairly after having tried it, not going to the VA due to not knowing about their veteran benefits, or going and having no current intention of entering the VA system. Reasons Iraq War veterans might not disavow their rights and privileges after military service are that they feel that they have earned their education and VA healthcare benefits. Additionally, they may feel that being an Iraq War veteran connects them to fellow service members and facilitates an appreciation of their contribution to American legacy.

As I was listening to the veterans conversing, at times it was difficult for me to follow what was being discussed. My clinical ear was turned off during the focus groups and, therefore, I was not compartmentalizing their words into my own world of clinician-centered meaning. I was truly an outsider in the presence of insider conversations. Even though most of the veterans did not know each another beforehand, the veterans spoke to one another in a familial way. There was no need for them to explain things to each other. Veterans adapt to being with others by modifying their language, descriptors, and idea connectors. There are things that can be left unsaid yet still completely understood between veterans.
After one of the sessions, Myra told me that she and the other veterans did not explain things during the group as they would when talking to other people. Her comment made me reflect upon how many extra steps veterans take to explain things to clinicians. Veterans translate their world for the rest of us. We listen with our clinical ears, apply an *a posteriori* template of criteria, and listen for specific descriptors and representations of experience. In the clinical role, even before I meet the veteran, I make fair approximation of treatment and referral needs after reviewing his or her medical records.

Shortly into this research study, I realized that it was different for me to interact with the Iraq War veterans, before, because I had no idea what they have been though, what their new perspective of the rest of us is, or what is important to them. Their medical records, in this sense, had little to offer. The veterans who participated in this study helped me understand their peers in a way I have not, previously.

Veteran grief, in response to the horrors of war they have witnessed and engaged, must not be left unacknowledged by nurses and other healthcare providers. As direct result of conducting this study, I have started asking the veterans, who I work with clinically, questions that may be useful in any clinical setting which serves Iraq War veterans: Did you lose any friends during or after service? Has anyone from your battalion attempted or committed suicide? What parts of yourself do you feel have been left behind in Iraq? What new parts of yourself do you think have followed you home, from Iraq? What do you wish you could go back and change, fix, or prevent from happening? What anticipated health hazards concern you the most? Have you had to
work in the burn pits or drive through burning oil fields, in Iraq? What do you find most annoying since coming home? Have you found a new mission for yourself? What have you done with your uniforms? Do you keep in contact with your military buddies? What kept you hanging on and pushing forward in Iraq?

To promote a sentiment of welcoming them as returned travelers, it is also paramount to emphasize to the veterans, who come to the VA for the first time, that the clinicians and staff are happy to see them here, that many VA hospital employees are veterans, and that the rest of the staff persons who have not served in the military have veterans in their own lives who they love, appreciate, and care about.

US Iraq War veteran identity development is emerging from dialectic of trauma and metamorphosis between the veteran and normative culture. The veteran is oriented to a collectively supportive reality of social interaction, one that values dialogue and social problem-solving. However, it is likely that he or she may feel exposed, betrayed, or lost upon return home. Therefore, nursing healthcare must be provided to the Iraq War veteran in a manner that facilitates intercultural dialectic and is reflective of a socially-owned imperative and sustained responsibility.

The first step toward helping veterans towards cultural confluency is healthcare provider acknowledgement of Iraq War veterans as a unique and evolving culture. The socially reciprocal nature of being and becoming demands revisititation of veteran treatment and health-education frameworks which are based upon the medicalized expectation that treatment provision equates cultural reintegration progress. For example, create treatment plans that incorporate and follow-up with the veterans’ goals, plans, and
preferences, document health outcomes as stated in the veterans’ own language and applicable to their own situational context, adopt a flexible working style that promotes development of the veterans’ existential questionings, provide resources that breach traditional medical referrals, and, in crisis situations, find a veteran staff member to work with the veteran.

The next step for helping the returning veterans is to step outside of our offices, conference rooms, and clinical practice comfort zones and meet the veterans on their own cultural turf. This can occur through promoting, supporting, and attending veteran events and gatherings in the community. Veteran diaspora does not exist solely to serve its own members but as a door to conversation and co-creation with the Iraq War experience-distant members of the community. Iraq War veterans want their perspectives acknowledged and understood as unique yet non-trivialized and valid components of normative society. Therefore, veteran diaspora communities should be sought after by healthcare providers as an invaluable means of trying to understand the veterans’ direct experiences, reflections, overcomings, and shortcomings in the returned-to culture. As with any reciprocal partnership, such relationships should be expected to take time to nurture and develop. Healthcare providers should recognize that veteran insiderness is something reserved solely for and by the veteran themselves but cultural outsiderness is not prohibitive, in itself, of creating a mutually beneficial cultural symbiosis.

Integration of veteran culture and health considerations should be a staple, and regularly updated, curricular component of undergraduate and graduate nursing education. Processes of curricular content development and delivery should be equally
inspired by both gripping and nuanced first-hand accounts of veteran military and post-deployment experiences. School of nursing faculty should design community-strengthening pedagogical approaches, such as service-learning, by which to partner with the local VA hospital, community based outpatient clinic, or community Vet Center. Furthermore, nurses and student nurses should lobby for political positions and policies which favor veteran healthcare benefit expansion and support improved veteran resource allocation and funding mechanisms.

It is vital that nurses view the US Iraq War veteran culture as developing in response to, and part of, 21st century military and civilian cultural habitus. Iraq War veteranhood consists of a complex and adaptive trajectory which, at the hypothetical phase of identity confluence, preserves and builds the veteran’s sense of self-concept and coherence (Antonovsky, 1979; 1987). The Model of US Iraq War Cultural Identity Development can be adopted by nurses and other health care professionals to better understand the complexity and interdependent dynamics of societal being that veterans are faced with navigating and negotiating, while balancing and expressing their own individual identifications of being and becoming autonomous, socially contributive, and healthful people.

Implications for Future Research

Civilian and military-sector researchers have vested interest in veteran stress disorder reactions and disorders such as PTSD. Veteran mental health has traditionally been addressed in a way that facilitates researcher and clinician understanding of veteran mental health problems in terms of amelioration and prevention of the physical and
psychological effects of war. Researchers have identified factors involved in service member vulnerability, prevention, and recuperation from military stress and trauma. Researchers continue to also investigate how risk, resilience, and protective factors modulate and mediate stress and trauma exposure reaction.

Despite this study's sampling and design limitations, the findings and proposed conceptual model can be used to guide the development and conceptualization of veteran cultural identity processes for future studies. For example, philosophical enquiry into the social and ethical consequences of constructing military service, itself, as a psychological risk factor can be built upon this study. Understanding problem-solving, identity resolution, and coping skills of veterans across each of the proposed phases of the model, could be investigated and utilized to tailor clinical implementations and approaches.

Healthcare outcomes dependent on confluency and integration of bicultural duality, such as self-determination, sense of cohesiveness, cultural competence, and cognitive veteran acculturative processes could be considered in terms of veteran cultural identity development. The concepts and characteristics of the conceptual model may be used to generate a cultural sensititive tool to measure degrees of veteran cultural reintegration. Furthermore, this study's findings could be used to initiate a participatory action research program in which Iraq War veterans would be involved in advocating and investigating their own healthcare concerns and goals in order to improve their healthcare service options and processes of delivery.

Research that includes investigation of the emotional, economic, social, health, and other quality-of-life deficits faced by veterans with mental health disorders has been
recommended (DOD, 2008; DVA, 2008; RAND, 2008). Veteran mental health knowledge gaps include mental illness onset and exacerbation factors, care system response adequacy to veterans’ mental health needs, mental health care-seeking behaviors of veterans, and the experience of veterans who need healthcare services (RAND, 2008). Seeking to further understand the culture of the US Iraq War veteran would also facilitate understanding of how their culture helps and hinders their health and healthcare behaviors.

New understanding of veteran mental health has implications for foundational and translational research direction. Translational research findings will guide clinical practice. To grasp the scope of acute and long-term effects of military service trauma (Wheeler & Bragin, 2007), gathering collective veteran narratives of their direct experiences can explicate meaningful, population-based action imperatives for key stakeholders such as nursing researchers, administrators, clinicians, educators, and other key stakeholders.

**Conclusion**

Veteran accounts of post-deployment adaptation were hinged upon their military hardships and conditioned thoughts of action and behavior. The veterans varied in their skills for dealing with civilian tensions and oppositions to their previous military habitus, mission, and belongingness. Their memories and meanings attached to feelings of accomplishment during service in Iraq remained constant for the veterans. Veterans closer to identity confluence showed an ability to reorganize and adapt their military-civilian identity to the situations at-hand.
None of the veterans in this study verbalized finished satisfaction with or intent to keep things exactly as they currently are for themselves and their families. They discussed wanting to do something with their lives, be supportive for their children, seek and cultivate love and friendships, and become successful in their studies and their careers. They have expectations of themselves and other veterans as being representatives and role models of their valued military identity and character-building accomplishments.

To understand the culture of the Iraq War veteran, as it is experienced, communicated, and negotiated by the Iraq War veteran, is paramount to promoting veteran cultural reintegration. Further, such understanding informs the context of increasing health-seeking behaviors of veterans and their families, and promotes understanding of how nurses and other healthcare providers can best respond to Iraq War veteran mental healthcare needs in the future. Our communities should find ways to help our Iraq War veterans create themselves as returned-travelers, gain a sense of somethingness about where they are, and sow extensions of themselves into our healthcare institutions. As nurses, we should hail the unique and emerging cultural identity of the US Iraq War Veteran with gratitude, latitude, and sensitivity. It is the least we can do for all of the men and women who have most recently served and sacrificed for our country.
APPENDIX A:

SOCIAL CONSTRUCTION OF VETERAN TRAUMA
SOCIAL CONSTRUCTION OF VETERAN TRAUMA

Shifting Perspectives

That military work poses a danger to the service member’s life and physical well-being has been socially accepted as an undeniable reality (IOM, 2000; DOD, 2007). Those serving in their nation’s militia have always been understood to be at risk for being injured, permanently disabled, or killed. The phenomenon of what serving in war does to the individual, however, has undergone centuries of revised consideration.

Prior to the Age of Scientific Reason and Observation unnatural and abnormal human behaviors would be explained and prevented with supernatural, demonical, or magical approaches such as prayer, sorcery, or exorcism (Alexander & Selesnick, 1966). Cowardly or fearful behaviors before, during, or after battle were managed with punishment, marginalization, or execution.

The era of Reason and Observation bore Descartes’ radical separation of mind and body. In response, Spinoza tried to unify psychology and physiology by replacing dualism with psychophysiological parallelism- precursor to modern day mind-body connection dialogue. The foundational tenet of psychophysiological parallelism is that mind and body are identical and, therefore, inseparable.

Presupposing mind-body inseparability means accepting that physical experiences are processed psychologically and psychological experiences are processed physically. William Harvey, 17th century psychosomatic medicine pioneer credited with discovery and description of the human circulation system, noted the physical effect of emotions: “…in almost every affection, appetite, hope, or fear, our body suffers, the countenance
changes, and the blood appears to course hither and thither” (Alexander & Selesnick, 1966).

With the field of neurophysiology largely uncharted, early 17th century scientists sought to find seats of reason, emotion, motivation, and personality in human physiology and physiognomy, with particular focus on the heart, brain, and blood. For physicians, psychophysiological parallelism was an Archimedean point for trying to understand a newly categorized disease called nostalgia. Early 18th century Swiss physicians Johannes Hofer and J. J. Scheuchzer classified nostalgia, the symptoms of which they noted to prevalent among ship merchants, as a neurological disease. With roots in Greek etymology of ‘return’ and ‘suffering’, nostalgia was defined as the pain of not returning home (Wildschut, Sedikides, Arndt, & Routledge, 2006).

Physiologic postulates explaining nostalgia ranged from eardrum damage to atmospheric pressure changes. Blood thought to be draining from the heart and accumulating in the brain were believed to be the cause of soldiers’ excessive thoughts of home. Homesick sentiment hindering or debilitating the soldier’s work was viewed as a medical affliction requiring treatment. Up through the 19th century, treatment for nostalgia was to allow the soldier to rest and return home for a period of time. A diagnosis of nostalgia, however, was stigmatizing and viewed as a sign of cowardice by the soldier and his peers.

The dawn of the 19th century marked strides in psychoanalytic theory and the end of nostalgia as a solely neurologic affliction. Nostalgia became identified as a syndrome consisting of depression, melancholia, psychosis, and incomplete grief. Nostalgia
construct began to encompass interpersonal and intrapersonal domains involving memory, thought, affect, relationships, and self-concept (Jones, Vermaas, McCartney, Beech, Palmer, Hyams, & Wessely, 2003; Jones, 2006). Now considered as the viewing of the self as protagonist, nostalgia is viewed as a response to negative mood or a state of loneliness, when with close friends or during momentous events (Wildschut, et al., 2006).

In escape from mind-body context, Charles Darwin proposed an evolutionary perspective for explaining human and animal stress response. Self-preservation was viewed as an instinct necessary for every organism’s survival. Hence, the concept of survival became one of biological, rather than psychological, inquiry and explanation. To this day, homeostasis remains a significant platform for researchers from which to study the short and long-term effects of stress on the human. Under a given constancy of conditions, perpetuation of life, stability, adaptation, and biological self-maintenance are concepts of homeostasis. For the veteran population, biological stress frameworks are used for explaining and predicting physical effects from stress exposure in military work.

Trauma Taxonomy

Mental health-related war disorders have been recognized across active service members and veterans of all US-involved wars. The following symptoms are shared by all the war syndromes presented in appendix B: tearfulness, anorexia, diarrhea, fatigue, shortness of breath, palpitations, pericardial pain, headache, diaphoresis, dizziness, insomnia, fainting, muscle and joint pain, decreased concentration, and memory problems (Hymans, Wignall, & Roswell, 1996; Jones, 2006).

An acute Civil War post-combat disorder, possibly exhibited by shortness of
breath and autonomic cardiac symptomatology, was called wind contusion. Chronic presence of a combination of psychosomatic symptoms was referred to by a variety of syndrome labels including, nostalgia neuralgia, soldier’s heart, irritable heart, Jacob DaCosta’s syndrome (discussed in his 1871 paper “On Irritable Heart”), disordered action of the heart, and psychogenic rheumatism. The syndrome ‘disordered action of the heart’, thought to be the physically exhausting effect of heavy equipment carried on the chest, was an accepted reason for military discharge for 19th century British servicemen (Jones, 2006) and was diagnosed by physicians up through the First World War.

As chemical, mechanical, and technological advancements in military warfare evolved, labeling of psychophysiological war syndromes began to reflect both an acknowledgement and an associative etiological hypothesis about the on-the-job hazards faced by the service member. The popularized term ‘shell shock’ first appeared during the First World War. Physical exhaustion, tremor, and immobility were the hallmark symptoms of shell-shock. Head trauma, concussions, and proximity to explosions were thought to be the cause of shell-shock.

During the First World War, long-term effects of shell shock were classified as: shell shock neurasthenia, effort syndrome, neurocirculatory asthenia, and gas hysteria. Precursor to modern day Chronic Fatigue Syndrome diagnosis, First and Second World War military physicians believed that unexplainable symptoms of neurasthenia and conditions such as ‘non-ulcer dyspepsia’ were caused by the stress of being in a new environment.

Twentieth century psychoanalytic influence favored intrapsychic trauma theories
over environmental theories. Battle exhaustion or flying stress was the terminology for acute mental health problems of Second World War service members. Chronic Second World War-era mental health problems were classified under neurosis labels, characterized primarily by anxiety (Sadock & Sadock, 2007), such as psychoneurosis, war neurosis, or cardiac neurosis.

During the Korean War, acute psychosomatic symptoms were labeled as ‘combat exhaustion’. Combat fatigue or operational fatigue was the terminology of acute psychosomatic symptoms of Vietnam War service members. Long-term syndrome referents included post-Vietnam syndrome, effects of Agent Orange, and delayed stress response syndrome.

Historically, stress-induced symptoms were believed to be transient in course. The first Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA) Committee on Nomenclature and Statistics in 1952, presented diagnostic criteria for gross stress reaction. In the DSM-II, published 1968, gross stress reaction was renamed as transient situational disturbance. Persistent stress symptoms were believed to signal a more deeply situated personality or character disturbance. Insufficient in providing explanation for the population of Vietnam War veterans reentering civilian life with a high prevalence of prolonged psychosocial problems, the character disturbance hypothesis of chronic stress response bore stigma and insult to veterans with mental health problems and/or medically unexplained physical symptoms.
Although long-term Vietnam War-era psychophysical syndromes were commonly called post-Vietnam syndrome or effects of Agent Orange, the APA committee sought to investigate and re-categorize trauma-related anxiety symptoms as non-specific to any particular war. Following an APA medical panel investigation of cases involving both veterans and survivors of natural and man-made disasters, the diagnosis of PTSD was introduced in the 1987 revision of the first DSM-III (1980) edition.
APPENDIX B:

WAR SYNDROME NOMENCLATURE HISTORY
## WAR SYNDROME NOMENCLATURE HISTORY

<table>
<thead>
<tr>
<th>War Era</th>
<th>Syndrome Referents</th>
<th>DSM Medical Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Civil War/ Civil War</td>
<td>Disordered action of the heart DaCosta’s syndrome Irritable heart Nostalgia Nostalgia neuralgia Psychogenic rheumatism Railway spine Soldier’s heart Wind contusion</td>
<td></td>
</tr>
<tr>
<td>(1861-1865)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First World War</td>
<td>Effort syndrome Gas hysteria Neurocirculatory asthenia Shell shock Shell shock neurasthenia</td>
<td></td>
</tr>
<tr>
<td>(1914-1918)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second World War</td>
<td>Battle exhaustion Cardiac neurosis Combat stress reaction Effort syndrome Flying stress Non-ulcer dyspepsia Old sergeant syndrome Psychoneurosis War neurosis</td>
<td></td>
</tr>
<tr>
<td>(1939-1945)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1950-1953)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1959-1975)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persian Gulf War</td>
<td>Battleshock Chronic fatigue syndrome (CFS) Combat stress reaction Desert Storm Syndrome Fatigue syndrome Gulf-related illness Gulf War Illness Gulf War Syndrome Medically unexplained symptoms Multiple chemical sensitivities Mycoplasma infection Military vaccination effects</td>
<td>Acute stress reaction Post-traumatic stress disorder</td>
</tr>
<tr>
<td>(1990-1991)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>War Era</td>
<td>Syndrome Referents</td>
<td>DSM Medical Diagnoses</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Iraq/ Afghanistan Wars</td>
<td>Afghan War syndrome</td>
<td>Acute stress reaction (ASR)</td>
</tr>
<tr>
<td>(2001-present)</td>
<td>Battle fatigue</td>
<td>Adjustment disorder</td>
</tr>
<tr>
<td></td>
<td>Battleshock</td>
<td>Complex post-traumatic stress disorder</td>
</tr>
<tr>
<td></td>
<td>Chronic fatigue syndrome</td>
<td>Combat Operational Stress Reaction (COSR)</td>
</tr>
<tr>
<td></td>
<td>Head injury/ trauma</td>
<td>Disorder of extreme stress: Not otherwise specified (DES NOS)</td>
</tr>
<tr>
<td></td>
<td>Medically unexplained symptoms</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td></td>
<td>Physical complaints associated with mental health disorder</td>
<td>Major depressive disorder (MDD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Military sexual trauma (MST)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing Military Operational Stress Reaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post-traumatic stress disorder (PTSD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Somatoform disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Traumatic brain injury (TBI)</td>
</tr>
</tbody>
</table>

Table content compiled from:


APPENDIX C:

SOCIAL CONSTRUCTION OF CULTURAL IDENTITY
<table>
<thead>
<tr>
<th>SOCIAL CONSTRUCTION of CULTURAL IDENTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Culture as Context</strong></td>
</tr>
<tr>
<td>(Independent, Antecedent, Non-modifiable)</td>
</tr>
</tbody>
</table>
| Culture as context for the myth of the experience.  
The lived-experience takes place within mythic cultural context.  
Myth is historic cultural context for all experience. | Myth is trans-generational dialectic of universal human experience.  
Myth is interpretation and knowledge of the world and human experience.  
As myth, experience is viewed an object of known meaning.  
Myth is the language of experience.  
Myth is the stabilized identity of the cultural experience.  
Myth consists of hidden and revealed ideologies, norms, and standards. |
| Culture as context for the meaning of the lived-experience.  
The lived-experience has meaning unique to the cultural context. | Meaning can be experience-near, experience-distant; situational or global.  
Experience is reality with intrinsic and consensual meaning.  
Shared value and significance of an experience creates its meaning.  
How meaning is attached to experience dictates the cultural assignment of meaning-emerged.  
Consensually achieved meaning assures mythopoetic wholeness of experience. |
| Culture as context for the memory of the lived-experience.  
Memory of experience occurs in a given cultural context. | Memory of experience is, in itself, a lived-experience dependent and interdependent of remembered experience-as-lived.  
As memory, experience is viewed as a subject of known meaning.  
Memory is renewal and self-adjustment of experience-based meaning. |
| Culture as context for mythic representation.  
Culture as context for representation of experience.  
Myth signifies cultural form. | Any representation of myth subtracts from complete understanding of myth-in-living and myth-as-lived.  
Myth is a map of the relationships between representations of experience. |
| Culture as context for representation of meaning of the experience.  
The representation of the lived-experience is unique to the cultural context. | Human creates and uses symbols to represent meanings of experience.  
Ritual is the re-presentation of mythic meaning.  
The culture creates and transmits meaning of experience through means of reciprocated representation.  
Representation of experience is subject to re-organization of its situational meaning.  
Representations change according to evolving symbolic relationships. |
| Culture as context for the representations of memory of experience.  
Culture as context for the representations of experienced memory. | Memory is a representation of lived-experience.  
Storytelling is the act of transmitting myth through memory and shared representations of meaning.  
Memory is a consensual orientation of experience representation. |
## SOCIAL CONSTRUCTION of CULTURAL IDENTITY

| NEOTIATION | *Culture as Context*  
Independent, Antecedent, Non-modifiable | *Culture as Process*  
Creating and Created by Thought and Action Consensus |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture as context for the negotiation of accepted and transmitted myth. Myth is trans-generational consensus of negotiated experience and representation.</td>
<td>Myth guides the negotiation of cultural identity. Myth provides the life-journey structure to maintain, despite the variety of experiences and representations of culturally agreed upon thoughts, behaviors, actions.</td>
<td>MYTH</td>
</tr>
<tr>
<td>Culture as context for negotiation of the meaning of the experience. Culture as context for the negotiation of the representations of the experience.</td>
<td>Negotiation of cultural identity is the transmission, formation, affiliation, integration, and maintenance of consensually accepted meaning, through myth and memory.</td>
<td>MEANING</td>
</tr>
<tr>
<td>Culture as context for the negotiation of the memory of the experience. Culture as context for the negotiation of the representation of the experience. Culture as context for the negotiation of the meaning attached to experience.</td>
<td>Memory is the negotiated pretext of collective pre-memory (collective unconscious). Memory of experience allows for re-organization of consensually understood meaning.</td>
<td>MEMORY</td>
</tr>
</tbody>
</table>
APPENDIX D:

STUDY RECRUITMENT FLYER
RESEARCH PARTICIPANTS NEEDED

PURPOSE: We are interested in learning about the Iraq War veteran’s experiences before, during, and after service.

ELIGIBILITY: If you are 18 years of age or older, speak and understand English, and have served in Iraq after 9/11/2001, you qualify to participate in this study. Veterans of all branches of US military are invited to participate.

PROCEDURE: There are three options for participating in this study.

1. Chart review only
   (Allowing us to review your mental health record for mental health, behavioral health, and medical information for study purposes only. This information will be kept strictly confidential.)

2. Focus group participation only

3. Both chart review AND focus group participation
   For the focus groups, you will be asked to attend three (3) small-group interviews at Hines VA Hospital, scheduled three (3) weeks apart.

BENEFITS: You may or may not benefit from participation in this study. The benefits for participating in this study include helping healthcare providers understand how to best serve the healthcare needs of Iraq War veterans.

COMPENSATION: There is no financial compensation for participating in this study.

To find out more about the study, contact the Co-Investigator:

Anna Stachyra (anna.stachyra@va.gov)
708-202-2360 (w) or 708-220-9179 (c)

If e-mailing, please leave a telephone number at which you can be reached.

Principal Investigator:
Nancy Harris, PhD, RN, APRN-BC
Hines VA Hospital- Mental Health Service Line; Hines, Illinois 60141
APPENDIX E:

LETTER FOR RECRUITMENT CONTACTS
DEPARTMENT OF VETERANS AFFAIRS
Edward Hines Jr. VA Hospital
5000 South 5th Avenue
Hines, Illinois 60141

Date: 8/25/2010

To: Individuals who have contact with OIF Veterans

From: Nancy Harris, PhD, APRN-BC, Principal Investigator
       Anna Stachyra, MS, APRN-BC, Co-Investigator

Re: Recruitment for ethnographic study titled: Being and Becoming a US Iraq War Veteran: An Exploration of the Social Construction of an Emerging Identity

To Whom It May Concern,

The purpose of this letter is to provide information, about a study being conducted at Hines VA hospital, to healthcare providers and individuals in the Chicagoland community who work with or have contact with veterans who have served overseas in Iraq.

We are seeking OIF/ Iraq War veterans to participate in this research study. The purpose of this study is to better understand the shared experiences of OIF veterans before, during, and after overseas service in Iraq.

We are asking for your help in recruiting veterans who meet eligibility criteria. The results of this study could have significant contribution to VA and non-VA healthcare provider understanding of OIF veteran shared experience and ways in which the Iraq War veteran cohort constructs meaning of its military service and reintegration experiences.

Veterans will be eligible for the study if they meet the following criteria:

- Are 18 years old or older
- Served in Iraq since 9/11/2001
- Speak and understand English
- Are currently not in active duty military service

Veterans who meet these criteria are welcome to participate in this study.

Starts Approval Expires
8/5/2010    IRB  7/18/2011
Edward Hines Jr. VAH/North Chicago VAMC
Study risk includes distress and negative emotions experienced during or after the focus group discussions.

Study benefits include that the veteran may gain a sense of contribution to helping healthcare clinicians understand how to provide relevant care to the Iraq War veteran. Talking about his or her service experience, among other Iraq War veterans, might be a therapeutic experience for the veteran.

If you are interested in referring an Iraq War veteran for this study, please provide them with a brief overview about the purpose and focus group procedure discussed in this letter and a copy of the attached recruitment flyer.

To preserve the veteran's privacy, please distribute the flyer in a private area such as an office.

If the veteran is interested in learning more about the study, please provide them with the co-investigator's contact information, provided below.

If you would like more information regarding this study, please contact Ms. Anna Stachyra or Dr. Nancy Harris.

Thank you for your assistance.

Signed,

Dr. Nancy Harris and Ms. Anna Stachyra

**Principal Investigator**

Nancy Harris, PhD, APRN-BC  
Hines VA Hospital  
Building 228 Room  
5000 South 5th Avenue  
Hines, Illinois 60141  
Telephone: 708-202-8387 ext.23536  
E-mail: nancy.harris2@va.gov

**Co-Investigator**

Anna Stachyra, MS, APRN-BC  
Hines VA Hospital  
Building 228 Room 3066  
5000 South 5th Avenue  
Hines, Illinois 60141  
Telephone: 708-202-2360 (w) or 708-220-9179 (c)  
E-mail: anna.stachyra@va.gov

Starts Approval Expires  
8/9/2010  HRB  7/18/2011  
Edward Hines Jr. VAH/North Chicago VAMC
APPENDIX F:

INFORMED CONSENT COVER LETTER
From: Anna Stachyra, MS, APRN-BC  
Building 228, Room 3066  
Telephone: 708-202-2360 (w), 708-220-9179 (c)  
E-mail: anna.stachyra@va.gov

Re: Study entitled, "Being and Becoming a US Iraq-War Veteran: An Exploration of the Social Construction of an Emerging Identity"

Date: _____/_____/2010

Dear OIF Veteran,

Thank you for your interest in this study. Enclosed are two forms for you to read and return.

1) Informed consent form (15 pages)
   - Describes the purpose, procedure, risks, and benefits of the study

2) Authorization for Release of Protected Health Information form (2 pages)
   - Explains the types of medical records the researchers are seeking to review.

Please take time to read both forms carefully. I am available at anytime to answer your questions by telephone.

If you do not show up to the focus group, as scheduled, it will be understood by the researchers that you have opted to not participate in this study. **However, to ensure your safety and well-being, a Safety Check will be conducted.** This means that I will attempt to contact you by telephone to ask how you are doing and whether you would like a referral to a mental healthcare professional.

---

Starts Approval Expires  
Edward Hines Jr. VAH/North Chicago VAMC
If you are interested in participating in this study, please note the instructions on the following page.

**If you are choosing the Medical Chart Review, Only option:**

- Your consent will need to be provided in-person, to the researcher.
- Please let the researcher know that you are interested in this study participation option and a time and location convenient for you to meet with the researcher, will be scheduled.
- Bring the unsigned INFORMED CONSENT FORM and AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION FORM with you.
- You will sign the forms in the presence of a signature witness.

**If you are choosing the Medical Chart Review + Focus Group option, or the Focus Group, Only option:**

- Bring both forms with you, unsigned, to the first focus group.
- You will sign the forms in the presence of a signature witness.

I am here if you have any questions.

Anna Stachyra

708/202-2360 (office) or 708/220-9179 (cell)
APPENDIX G:

RESEARCH APPROVAL DOCUMENTS
Department of Veterans Affairs

Memorandum

Date: August 5, 2010
From: Chair, Research and Development Committee
To: Associate Chief of Staff, Research Service (578/151) Hines VAH
Subj: Research Project Approval

1. The proposal entitled “Being and Becoming a US Iraq War Veteran: An Exploration of the Social Construction of an Emerging Identity,” PROMISE #0001 by Nancy Harris, PhD has received all of the appropriate subcommittee approvals and is ready for authorization by the ACOS. The following subcommittees have forwarded their approvals.

- ✔ Research & Development
- ✔ Institutional Review Board
- □ IACUC
- □ Safety
- □ Radiation Safety

☐ N/A
☐ N/A
☐ N/A
☐ N/A

2. Please contact me with any questions or concerns.

Thank you.

[Signature]
Eileen Collins, PhD
Chair, R&D Committee

cc: Research Project File
Date: August 6, 2010

From: Associate Chief of Staff, Research Service (578/151) Hines VAH

Subj: Research Project Approval

To: Nancy Harris, PhD

1. Your proposal titled, “Being and Becoming a US Iraq War Veteran: An Exploration of the Social Construction of an Emerging Identity,” PROMISE #0001 has been approved by the Research and Development Committee.

2. If modifications are made in your protocol, approval must first be obtained from the appropriate subcommittees (i.e. Human Studies, IACUC, Research Safety/Biosafety, Hospital, and Radiation).

3. If you have any questions, please contact Cathy Gilroy, Research and Development Committee Coordinator, 708-202-5696 or e-mail catherine.gilroy@va.gov.

Thank you.

Dale N. Gerdin, MD
Associate Chief of Staff, Research

cc: Research Project File
DATE: February 15, 2011

TO: Nancy Harris, PhD-APRN-BC (578/118E)

FROM: IRB Coordinator (578/151)

RE: PROMISE#: IRB # 10-036: Being and Becoming a US Iraq War Veteran: An Exploration of the Social Construction of an Emerging Identity

Dear Dr. Harris:

The Chairman of the Institutional Review Board (IRB) has reviewed your application for revision of the study listed above. The requested revision involves changes to the protocol per the following:

1) To assemble two additional focus group cohorts in addition to the three cohorts in the current protocol.
2) Change the participation in focus group from 3 to up to 3 scheduled groups.

This type of revision qualified for expedited review under VA (FDA if applicable) and OHRP regulations.

This is to confirm that your request for revision is approved. This approval will be reported at the 2/22/11 IRB meeting. In reviewing your consent procedure for this study, your inclusion of the following special classes of subjects was taken into account: PTSD, individuals whose medical records are protected under law due to drug and alcohol use.

If this is an investigational drug or device study, it is your responsibility to provide the Investigational Drug Pharmacist a copy of the protocol revisions, approved revised consent form and IRB approval notification.

You are granted permission to conduct your study as revised effective immediately. The date for continuing review remains unchanged at 7/18/2011, unless closed before that date.

Please note that any further changes to the study must be submitted and approved prior to implementation. Contact the IRB Office at 708 202-5692; fax 708 202-2684 if you have any questions or require further information.

Sincerely,

Fran Jiracek
IRB Office
APPENDIX H:

CONFLICT OF INTEREST DISCLOSURE STATEMENT
To: Dr. Terry Stonich, Research Specialist
From: Dr. Nancy Harris and Ms. Anna Stachyra
RE: IRB # 10-036: Being and Becoming a US Iraq War Veteran: An Exploration of the Social Construction of an Emerging Identity

June 23, 2010

Dear Dr. Stonich,

The professional relationship between Dr. Harris and Ms. Stachyra is one of clinical manager and employee, respectively. Dr. Harris is Ms. Stachyra's supervisor. Dr. Harris is the Principal Investigator for this study, with the understanding that the study is wholly Ms. Stachyra's dissertation work for the doctoral nursing program in which she is enrolled at Loyola University Chicago. Ms. Stachyra's dissertation committee chair is aware that Dr. Harris is the Principal Investigator for this study.

All written work (e.g., study proposal submission, IRB application, and future publication) is Ms. Stachyra's writing and conceptualization. Therefore, Ms. Stachyra is expected to be the sole author of any publications or presentations following termination of this study. There will not be any performance evaluation consequences for Ms. Stachyra as directly related to the successes or challenges of this study and subsequent publication activities. Dr. Harris and Ms. Stachyra wish to be transparent to the IRB review board about the nature of this Principal Investigator and Co-investigator relationship.

Signed,

[Signature]
Nancy C. Harris, PhD, APRN-BC
Principle Investigator

[Signature]
Anna Stachyra, MS, APRN-BC
Co-Investigator

Date: 6.24.2010
APPENDIX I:

INFORMED CONSENT FORM
DESCRIPTION OF RESEARCH BY INVESTIGATOR

PRINCIPLES CONCERNING RESEARCH: You are being asked to take part in a research project. It is important that you read and understand these principles that apply to all individuals who agree to participate in the research project below:

1. Taking part in the research is entirely voluntary.

2. You may not personally benefit from taking part in the research but the knowledge obtained may help the health professionals caring for you better understand the disease/condition and how to treat it.

3. You may withdraw from the study at any time without anyone objecting and without penalty or loss of any benefits to which you are otherwise entitled.

4. If, during your participation in the research project, new information becomes available concerning your condition (disease) or concerning better therapies which would affect your being in the research project, your doctor will discuss this new information with you and will help you make a decision about continuing in the research.

5. The purpose of the research, how it will be done, and what your part in the research will be, is described below. Also described are the risks, inconveniences, discomforts, and other important information, which you need to make a decision about whether or not you wish to participate. You are urged to discuss any questions you have about this research with the staff members.

SUBJECT'S IDENTIFICATION (I.D. plate or give name-last, first, middle)

Version date 6/23/2010
Study VA Promise #: 0001
In lieu of VA FORM 10-1086
IRB consent form Rev. 8-2009

Edward Hines Jr. VAH/North Chicago VAMC

Initials of Subject
Subject Name:  
Date:  
Title of Study: Being and Becoming a US Iraq-War Veteran: An Exploration of the Social Construction of an Emerging Identity
Principal Investigator: Dr. Nancy Harris, PhD, APRN-BC  
VAMC: VAH Hines, IL

PURPOSE:

You are being asked to participate in this research study because you have served overseas in Iraq as a US military service member in the Iraq War/Operation Iraqi Freedom.

The purpose of this study is to understand your experiences of leaving for Iraq, serving in the Iraq War, and after returning home. The researchers seek to better understand the Iraq War veteran so that healthcare providers can best serve the needs of veterans who have served in Iraq.

This study involves research. The study is an investigation into the experiences of the Iraq War veteran.

No more than 45 veterans (no more than 15 veterans for focus group only or focus group + medical chart review participation; no more than 30 veterans for chart review only participation) from Hines and the community will be enrolled in this study.

This study is expected to be 3 months in duration. The length of time of your participation will depend on which participation method you choose.
**Title of Study:** Being and Becoming a US Iraq-War Veteran: An Exploration of the Social Construction of an Emerging Identity

**Principal Investigator:** Dr. Nancy Harris, PhD, APRN-BC

**VAMC:** VAH Hines, IL

**PROCEDURES:**

There are three ways to participate in this study:

1) Medical Chart review, only or

2) Focus Group, only or

3) Medical Chart review AND Focus Group

If you chose Option 1- Medical Chart review only or Option 2- Medical Chart review AND Focus Group:

Researchers will review your medical chart regarding your mental health, behavioral health, and psychotherapy records for the past three years, including the most up to date information, and will take notes in these areas.

**All information from this medical chart review will remain confidential.**
PROCEDURES (continued)

Why do the researchers want to review my mental health records?

The reasons the researchers wish to review your mental health, behavioral health, and psychotherapy records, are to better understand:

a) What kind of mental health services you are currently receiving,

b) What caused you to seek mental health services at the VA hospital,

c) How long you have been receiving mental health care treatment,

d) How your mental health problems have influenced your quality of life,

e) Any information you have provided to your mental health care provider about your service in Iraq (for example, any significant events, memories, ideas about your service in Iraq),

f) How your mental health treatment is helping you in your day-to-day activities

eg) Demographic information about you (your age, gender, race, marital status, military occupational specialty, military rank upon discharge, tours of duty in Iraq, disability status, problem list diagnoses).

Your medical chart information will be kept confidential by the researchers. The researchers will take written notes of the above information and enter the de-identified information (information that cannot be linked back to you because it does not reveal your identity), into a computer program used for data analysis.

This de-identified medical record information will be used to help healthcare providers better understand who, among veterans who have served in the Iraq War, is receiving mental healthcare; and will help us to better understand the current mental health care problems and needs of veterans who have served in the Iraq War.
What is a focus group?

Focus groups are a way to interview groups of people. Focus groups are a type of research method used by researchers to learn how a group of people feel and think about a particular issue, topic, or experience. For this study, the researchers are interested in understanding how Iraq War veterans have experienced pre-deployment, deployment, serving in Iraq, coming home from Iraq, and living after service in Iraq.

What is transcription? How will I say become a typed document?

Transcription is the process of typing into a word processor document exactly what is recorded on the audio recorder. In this study, what you say in the focus groups will be recorded on a digital voice recorder. This audio file will be uploaded to a government-approved and secure website by the researcher. The audio recordings will all be typed out by the VA-approved transcription service "America's Pride". The president and CEO of America's Pride is a retired Army colonel who served in the Vietnam War. He hires and trains military veterans to work for America's Pride to provide transcription services to government sector services, including VA hospitals.

An America's Pride transcriptionist will download the audio file and type it out. When the transcriptionist is finished typing, the audio file is deleted permanently from the secure website and the word processed document is emailed in a safe and secure manner to the researcher that protects your confidentiality. Names or specific information that can identify who you are (addresses, birthdates) will not be typed by the transcriptionist. The researcher will save the audio files and transcribed files in her password protected file on the VA computer in her office. Nobody but the researcher can access these files. Any printed files will be locked in the researcher's office in building 228, office number 3068.
PROCEDURES (continued)

Who will be reading the transcripts? What will happen with the transcripts after the study finishes?

The researchers and study consultants will be reading the transcriptions. This is in order to make sure that what you share in the focus groups is accurately captured and analyzed by the researchers. After the study finishes, the transcripts will remain in the possession of the coinvestigator. No transcripts, audio files, or computer documents will be deleted. Per Hines research policy, all materials associated with this study must be safeguarded by the researchers.

Please note that confidentiality related to the focus groups for participants is similar to group therapy. Essentially, what is said in group stays in group. To uphold the confidentiality of all group participants, you will be instructed to not talk about who or what they said in the focus group discussions, with people who are not part of the focus group discussions.

**Focus Group Topic Areas.** The researcher will be asking you a set of questions centered on the following topic areas.

Session #1 (120-minutes; includes filling out a questionnaire): Your Pre-Deployment Experiences: Questions will address your experiences prior to service in the Iraq War

Session #2 (90-minutes): Your Experiences during your Iraq War service

Session #3 (90-minutes): Your Homecoming and Post-Deployment experiences after serving in the Iraq War.
PROCEDURES (continued)

If you agree to participate in the focus group (option #2) or chart review plus focus group option (option #3), you will be asked to:

- Schedule for three (3) focus group interview appointments with the researcher.
- Present at the agreed upon interview location. The focus groups will be held in a conference room at Hines VA Hospital. You will be participating in the interview with, at most, four (4) other Iraq War veterans, at the same time.
- Share your views and experiences before, during, and after deployment to Iraq.
- The first focus group interview will last 120-minutes to allow for introductions, filling out a questionnaire, and an initial focus group discussion.
- The purpose of the questionnaire is to supply the researchers with information about: your age, gender, race, marital status, military occupational specialty, military rank upon discharge, tours of duty in Iraq, disability status, and VA healthcare services received
- The second and third focus group interviews will last 90 minutes each.
- PLEASE NOTE: All of the group interviews will be audio recorded. The audio recordings will all be transcribed (typed out) by the VA-approved transcription service "America's Pride".

SUMMARY OF FINDINGS

- For all veteran participants, the co-investigator will present a SUMMARY OF FINDINGS. The date and time for this summary of participant views will be announced at a later date but is expected to be held approximately one month after the final focus group. Your attendance to this presentation is optional.
RISKS:

The foreseeable risks involved in participating in this research are not expected to exceed the ones which may occur while talking to your healthcare professional about your military history and experiences.

Potential risks involve experiencing uncomfortable feelings from being asked to recall unpleasant memories. You may experience discomfort due to the types of questions being asked. At anytime during the Focus Group or Research Project, for any reason, you may choose not to answer a question.

Talking about your experiences in the Iraq War may cause sad or angry feelings to arise but talking about the experience may also be a therapeutic experience. Talking in a group setting means that there will be a loss of confidentiality regarding your participation in the study. There will be other veterans at the groups who will see you and hear your responses.

If at any time during or after the Focus Group interview you feel a need to talk with a mental health professional, a telephone number to reach a mental health professional will be provided to you. During regular hospital business hours, the co-investigator will contact Hines VA Operation Iraqi Freedom treatment case management, Suicide Prevention Coordinators, and offer to escort you to the Mental Health Intake Department for a mental healthcare intake and referral. The telephone number for the veteran crisis line will be provided to you.

Outside of daytime hours of operation (8am to 4pm), if you have any thoughts of killing yourself or others, or injuring yourself or others during the group interview, the co-investigator will take you to the Hines VA emergency department for immediate medical attention.
### SAFETY CHECKS:

The co-investigator will conduct a safety check by calling each focus group participant within 3-business days after each focus group meeting and the Summary of Findings meeting. If you do not present to focus group session #1, #2, #3, or the Summary of Findings meeting, as scheduled, without notifying the co-investigator beforehand, the co-investigator will call you after the meeting to check on your well-being.

The co-investigator will make up to three attempts in a three-business day period to reach you by telephone. If you do not return the well-being check call, the suicide prevention coordinator will be contacted and your city’s police department will have to be called to check on your well-being. This is the standard research procedure for this study in order to protect veteran safety and well-being while actively participating in this study.

### BENEFITS:

You may or may not directly benefit from this study. There are no direct benefits to you from your participation in this research study. However, the knowledge gained from this study may help others should the results prove useful. Your participation in this study may help other Iraq War veterans, and their families, receive relevant and responsive healthcare and support services.

### ALTERNATIVES:

The alternative is to choose not to participate in this study.

If you are experiencing any mental health problems, and you currently do not have a mental healthcare provider, a Hines VA mental health referral to Operation Iraqi Freedom case management team and the Mental Health Intake Department can be provided to you by the principal investigator or co-investigator.

Version date 6/23/2010

Study VA Promise # 0001

In lieu of VA FORM 10-1086

IRB consent form Rev: 8-2009

<table>
<thead>
<tr>
<th>Start</th>
<th>Approval</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/5/2010</td>
<td>IRB</td>
<td>7/18/2011</td>
</tr>
</tbody>
</table>

Edward Hines Jr. VAH/North Chicago VAMC

Initials of Subject
STUDY WITHDRAWAL:

Participation is voluntary and you can withdraw from the study at any time.

If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free to not answer questions or withdraw from participation at any time without penalty.

You do not have to take part in this study and refusal to participate will involve no penalty or loss of rights to which you are entitled. You may withdraw from this study at any time without consequences or loss of VA benefits.

The study investigator reserves the right to withdraw your participation from the study if you will be unable or unwilling to follow the focus group discussion rules.

If you withdraw from the study or are withdrawn from the study, to ensure your safety, the co-investigator will attempt to contact you by telephone to check on your well-being and offer a VA mental healthcare referral to Operation Iraqi Freedom case management program and Mental Health Intake Department.
# VA RESEARCH CONSENT FORM

<table>
<thead>
<tr>
<th>Subject Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Study:</td>
<td>Being and Becoming a US Iraq-War Veteran: An Exploration of the Social Construction of an Emerging Identity</td>
</tr>
<tr>
<td>Principal Investigator:</td>
<td>Dr. Nancy Harris, PhD, APRN-BC</td>
</tr>
<tr>
<td>VAMC:</td>
<td>VAH Hines, IL</td>
</tr>
</tbody>
</table>

## CONFIDENTIALITY:

Confidentiality means that your protected health information will not be circulated or reported. To analyze the focus group discussions, the researchers will be accessing and reviewing the audio-taped focus group interviews and transcriptions.

Audio files of the taped focus groups will be stored in a password secured computer file in the VA-protected environment. Printed transcripts will be stored, indefinitely, in a locked facility.

Any information obtained about you in this study will be treated as confidential and will be safeguarded in accordance with the Privacy Act of 1974. Information published or presented about the results of the study will be in a form that does not identify any particular participant. In order to comply with federal regulations, records identifying you may be reviewed by the members of the research team, authorized representatives of the IRB, and VA. Federal agencies such as the Food and Drug Administration (FDA), the Office for Human Research Protection (OHRP) and the Government Accounting Office (GAO) may have access to the records. By signing this document you consent to such inspection.
FINANCIAL COMPENSATION:

You will not be paid for your participation in this research study.

RESEARCH SUBJECT COSTS:

You will not be required to pay for medical care or services received as a participant in a VA research project except as follows: some veterans are required to pay co-payments for medical care and services provided by VA. These co-payment requirements will continue to apply to medical care and services provided by VA that are not part of this study.

RESEARCH-RELATED INJURIES:

According to the federal regulations, (Title 38 Code of Federal Regulations (CFR) 17.85), The VA will provide necessary medical treatment to you as a research subject if you are injured by participation in this research project. Except in limited circumstances, this care will be provided at this VA facility. This requirement does not apply to treatment for injuries that result from non-compliance by you with study procedures. The Department of Veterans Affairs does not normally provide any other form of compensation for injury. You have not released this institution or sponsor from liability for negligence. You do not waive legal any rights by signing this form.
# VA RESEARCH CONSENT FORM

<table>
<thead>
<tr>
<th>Department of Veterans Affairs</th>
<th>VA RESEARCH CONSENT FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Page 13 of 16)</td>
<td></td>
</tr>
</tbody>
</table>

**Subject Name:** ____________________  **Date:** ____________

**Title of Study:** Being and Becoming a US Iraq-War Veteran: An Exploration of the Social Construction of an Emerging Identity

**Principal Investigator:** Dr. Nancy Harris, PhD, APRN-BC  **VAMC:** VAH Hines, IL

**RESEARCH SUBJECT'S RIGHTS:**

You have read, or have had read to you all of the above information.

Co-investigator Anna Stachyra explained the study to you and has answered all your questions.

The risks or discomforts and possible benefits and the alternatives of the study have been explained to you.

The results of this study may be published but your identity and records will not be revealed unless required by law.

If you have any medical problems, complaints, concerns, or if you have questions about the research, you can call Dr. Nancy Harris at 708-202-3536 (daytime) OR Anna Stachyra at 708-202-2360 (daytime) or at 708-220-9179 (anytime).
INDICATE WITH AN "X" THE OPTION YOU ARE CHOOSING TO PARTICIPATE IN:

1) ______ Medical Chart review, only
2) ______ Focus Group, only (Participation in three (3) focus groups)
3) ______ Medical Chart review AND participation in three (3) Focus Groups
**Subject Name:**

**Date:**

**Title of Study:** Being and Becoming a US Iraq-War Veteran: An Exploration of the Social Construction of an Emerging Identity

**Principal Investigator:** Dr. Nancy Harris, PhD, APRN-BC

**VAMC:** VAH Hines, IL

## STATEMENT OF CONSENT:

I voluntarily consent to participate in this study. This research study and my rights as a research participant have been explained to me.

I will receive a copy of this consent form and a copy will be placed in my medical chart and additional copies will be filed in the Research Office.

<table>
<thead>
<tr>
<th>Subject’s Signature</th>
<th>Subject’s Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject’s Telephone Number</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Witness</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness (print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Investigator</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Person Obtaining Consent</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Study VA Promise 8_0001**

In lieu of VA FORM 10-1866

IRB consent form Rev: 8-2009

<table>
<thead>
<tr>
<th>Start</th>
<th>Approval</th>
<th>Expires</th>
</tr>
</thead>
</table>

Edward Hines Jr. VAH/North Chicago VAMC

Initials of Subject
APPENDIX J:

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION
Study Title: Being and becoming a US Iraq War veteran: An exploration of the social construction of an emerging identity

Principal Investigator: Nancy Harris, PhD, APRN-BC
Co-Investigator: Anna Stachyn, APRN-BC

Department of Veterans Affairs Authorization for
Release of Protected Health Information for Research Purposes

You have been asked to be part of a research study under the direction of Dr. Nancy Harris and her research team. The purpose of this study is to understand your experiences of leaving for Iraq, serving in the Iraq War, and after returning home. The researchers seek to better understand the Iraq War veteran so that healthcare providers can best serve the needs of veterans who have served in Iraq.

By signing this document, you will authorize the Veterans Health Administration (VHA) to provide Dr. Nancy Harris and her research team to use and/or disclose the following information about you:

The data to be used will consist of demographic information and your medical record. The researchers will review your medical record to obtain information about your reason for beginning treatment at the VA, your mental health treatment history and progress, the role your service in Iraq has in your treatment at the VA, and your memories, experiences, and health problems as related to your service in Iraq.

_X_ Demographic Information (Age, gender, marital status, branch of service, tour of duty duration and location, service connected disability status)
_X_ Medical Record (Medical and psychiatric history, progress notes, psychotherapy notes, consultation reports)

The information that will be released includes information regarding the following conditions: 1) TREATMENT FOR DRUG OR ALCOHOL ABUSE; AND/OR 2) MENTAL OR BEHAVIORAL HEALTH OR PSYCHIATRIC CARE INCLUDING PSYCHOTHERAPY NOTES.)

_X_ Drug Abuse
_X_ Alcoholism or Alcohol
_____ Human Immunodeficiency Virus (HIV) information.
_____ Sickle cell anemia
_X_ Mental or Behavioral Health or Psychiatric Care

If you do not sign this authorization, you will not participate in the study.

This authorization to use your information will expire at the end of the research study.
You can revoke this authorization, in writing, at any time. To revoke your authorization, you must write to the Release of Information Office at this facility or you can ask a member of the research team to give you a form to revoke the authorization. Your request will be valid when the Release of Information Office receives it. If you revoke this authorization, you will not be able to continue to participate in the study. This will not affect your right as a VHA patient to treatment or benefits outside the study.

If you revoke this authorization, Dr. Nancy Harris and her research team can continue to use information about you that was collected before receipt of the revocation. The research team will not collect information about you after you revoke the authorization.

The VHA complies with the requirements of the Health Insurance Portability and Accountability Act of 1996 and its privacy regulations and all other applicable laws that protect your privacy. We will protect your information according to these laws. Despite this protection, there is a possibility that your information could be used or disclosed in a way that it will no longer be protected. Our Notice of Privacy Practices (a separate document) provides more information on how we protect your information. If you do not have a copy of the Notice, the research team will provide one to you.

I have read this authorization form and have been given the opportunity to ask questions. If I have questions later, I understand I can contact Dr. Nancy Harris or co-investigator Anna Stachyra and I will be given a signed copy of this authorization form for my records. I authorize the use of my identifiable information as described in this form.

__________________________
Signature of Participant or Person Authorized

__________________________
Date

To Sign for Participant (Attach authority to sign, e.g., Power of Attorney)
(Note surrogate is not appropriate unless s/he is designated power of attorney)

Print Participant Name

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We expect that the time expended by all individuals completing this form will average 2 minutes. This includes the time to read the instructions, gather the necessary facts and fill out the form. The purpose of this form is to specifically outline the circumstances under which we may disclose data.

The execution of this form does not authorize the release of information other than that specifically described. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information that you specify in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332. Your disclosure of information requested on this form is voluntary. However if the information, including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request.

VACO March 2003
APPENDIX K:

CONSENT FORM FOR USE OF VOICE
Department of Veterans Affairs

CONSENT FOR USE OF PICTURE AND/OR VOICE

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the material specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the Routine User in the “VA Privacy Act Systems of Records” published in the Federal Register. A copy of the Routine User is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-name individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.)

"Being and becoming a US Iraq War veteran: An exploration of the social construction of an emerging identity" study Principal Investigator Nancy Harris, PhD, ASPEN-BC and study Co-Investigator Anna Stachyra, MS, ASPEN-BC.

While I am (describe the activity, if any to be photographed or recorded)

Talking during the focus group discussion sessions, my verbal responses will be recorded by a digital audio recording device.

I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made)

Dr. Nancy Harris and Anna Stachyra- Hines VA Hospital, 5000 S. 5th Avenue, Hines, IL 60141
America's Pride Transcription Service- 7904 Lodlow Lane, Dunn Loring, VA 22027

I understand that the said picture, video and/or voice recording is intended for the following purpose(s):

The voice recording is used for the purpose of accurately capturing what I say during the focus group discussions of this study, so that the researchers can later read and review what I said in group. Even if I say things of a sensitive or private nature in the focus group, all of my statements will be typed, word for word, by a transcription service, into a word processing document.

I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for such use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.

SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON

DATE

PERMISSION OBTAINED BY (NAME - TITLE - ADDRESS)

SIGNATURE OF INTERVIEWER OR INDIVIDUAL OBTAINING CONSENT

DATE

PRODUCTION TITLE

PRODUCTION NUMBER

INDIVIDUAL'S NAME AND ADDRESS

IMPORTANT: This form must always be completed prior to the making or using pictures, video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.
APPENDIX L:

DEMOGRAPHIC DATA COLLECTION FORM
DEMOGRAPHIC DATA COLLECTION FORM

<table>
<thead>
<tr>
<th>1) Age</th>
<th>2) Gender (circle one)</th>
<th>3) Race (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

4) Marital Status (circle one):

<table>
<thead>
<tr>
<th>Single</th>
<th>Married</th>
<th>Widowed</th>
<th>Divorced</th>
<th>Separated</th>
</tr>
</thead>
</table>

5) Branch of Service (circle one):

<table>
<thead>
<tr>
<th>Army</th>
<th>Navy</th>
<th>Marines</th>
<th>Air Forces</th>
<th>Coast Guard</th>
<th>Reserves</th>
</tr>
</thead>
</table>

Other branch of service: ____________________________

6) I entered the military as (circle one):

<table>
<thead>
<tr>
<th>Enlisted</th>
<th>Non-Commissioned Officer</th>
<th>Commissioned Officer</th>
</tr>
</thead>
</table>

7) Date of military discharge

8) Total duration of service (YY/MM)

9) Combat exposure (circle one)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

9) Military Occupational Specialty

10) Rank at discharge

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

Starts Approval Expires
Edward Hines Jr. VAH/North Chicago VAMC
11) Tours of overseas duty in Iraq:

<table>
<thead>
<tr>
<th>From (Month/Year)</th>
<th>To (Month/Year)</th>
<th>Total Months per Tour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12) Tours of duty in locations other than Iraq:

<table>
<thead>
<tr>
<th>Country or US Location</th>
<th>From (Month/Year)</th>
<th>To (Month/Year)</th>
<th>Total Months per Tour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13) Service-connected disability (circle one). If no, proceed to item 15:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>I have service-connected disability or I am in the process of applying for service-connected disability.</td>
<td></td>
</tr>
</tbody>
</table>

14) My service-connected disability/disability claim is for (circle one):

<table>
<thead>
<tr>
<th>Mental health problem(s) only</th>
<th>Physical health problem(s) only</th>
<th>Both mental and physical health problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15) I currently utilize VA healthcare (circle one)  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

16) Duration utilizing VA healthcare (YY/MM)  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Starts Approval Expires  
Edward Hines Jr. VAH/North Chicago VAMC
APPENDIX M:

CHART REVIEW DATA COLLECTION TOOL
CHART REVIEW DATA COLLECTION TOOL

1) Demographic collection tool will be used for chart review.

2) Healthcare provider notes will be searched for information listed below.

*All information and information significance gathered from chart review is understood to be as documented, narrated, and interpreted by the healthcare provider, within an institutional illness context, for treatment purpose.

VA/ Healthcare

- Reason(s) the veteran initially presented to the VA
- Reason(s) for veteran’s mental healthcare treatment
- Identified consequences of veteran experiences in Iraq: immediate, delayed; direct, indirect; attributes of consequences (i.e., physical, mental, social, spiritual)
- Psychiatric diagnosis history
- Veteran’s mental health treatment goals
- Report of previous mental health treatment attempts - when started, where, why
- Previous treatment responses
- Response to current treatment

Memory

- Key experiences in Iraq, as remembered
- Provider-captured veteran verbatim of service experience
- Thoughts and feelings associated with service

Meaning

- Veteran-referenced moral codes, dilemmas, opinions, and interpretations of direct or indirect service experiences
- Veteran values, conflicts, judgments, and conclusions concerning Iraq War service

Myth

- Past, present, and future life course, purpose, goals, adjustments, and self-analysis
- Losses or gains (in relation to service)
- Hopes, values, and dreams (in relation to service)
- Recurring motifs reflective of Campbell’s Hero’s Journey
- Veteran perspective on returned-to world, veteran-others, and non-veteran-others
APPENDIX N:

FOCUS GROUP INTERVIEW GUIDE
FOCUS GROUP INTERVIEW GUIDE

Veteran focus groups sessions will have no more than five (5) participants each. The focus groups will be two (2) hours in duration and will be audio-taped. Each focus group cohort will meet up to three (3) times (depending on how the group discussions are paced by the veterans), scheduled no more than three (3) weeks apart. Participants will be asked to respond to semi-structured interview questions about their experiences before, during, and after deployment to Iraq. There is no monetary or compensatory incentive for participating in this study.

Focus Group Session #1 (120-minutes)

Study Introduction and Filling out Forms (30 minutes)

Hello, welcome, thank you all for being here today. My name is Anna Stachyra. I am a mental health nurse here at Hines and a Ph.D. candidate at Loyola University School of Nursing. I will be leading this focus group as well as the following focus group sessions.

The purpose of this study is to understand the experiences of the Iraq War/OIF veteran, before, during, and after deployment. I am interested in learning about the Iraq War/OIF veteran as a unique and emerging cultural group. Broadly defined, culture is the togetherness of a group of people. It is very important for healthcare providers to understand the Iraq War/OIF veteran culture. The information that you will share will help healthcare providers provide relevant, responsive, and culturally-sensitive healthcare for the Iraq War/OIF veteran.

Focus groups are a way to interview groups of people. Focus groups are a type of research method used by researchers to learn how a group of people feel about a particular issue, topic, or experience.

Before we begin, there are some preliminary issues we need to address:

All three of these focus group sessions are going to be audio-taped. The reason for audio-taping the session is so that I can focus on the discussion without having to take notes and so that I can review the content of our discussion after the groups are finished. Does anyone have any questions about the audio-taping of the focus group discussions?

I will be asking a series of questions pre-approved by the Hines VA Hospital institutional review board. The questions are aimed at understanding your experiences before, during, and after your service in Iraq. There is no time limit for how long you may talk. There is no wrong or right way to answer these questions. Reflection and response to each others’ responses is encouraged. Does anyone have any questions so far?
I would like to hear from everyone in the group. Everyone’s input must be respected. What is shared during the focus group sessions is to be kept confidential. What is said in the group stays in the group. By participating in this study, you agree to not discuss anything about what is shared in these focus group discussions. Participating in focus group discussion is voluntary. If you are unable to agree to keep what is said here today as confidential within the group, then you will be unable to participate. Is there anyone here who does not agree with the expectation of maintaining confidentiality?

To maintain everyone’s confidentiality, please do not provide any information that identifies you and others in the group. This means not using names or other specific identifying information, such as nicknames, addresses, or telephone numbers.

I need to remind all of you that there is no incentive fee for participating or completing this session. Does everyone here understand this?

Since these focus group discussions will be focused on your experiences before, during, and after serving in Iraq, the discussion might trigger some unpleasant thoughts or feelings. In the event that you feel you are unable to continue participating in the focus group discussion, please inform me immediately so that I can ensure that you receive the necessary assistance. If you experience distressing thoughts or feelings after group or at home, please call the veteran crisis line 1-800-273-TALK (cards with contact information distributed to participants). If you will have thoughts of hurting or killing yourself or other people, immediately call 911 or go to the nearest emergency room.

After each focus group, I will be calling you to make sure you are feeling safe and well. If I leave a message, please call me back at your earliest convenience. If I do not hear back from you, or if you do not come to the next group with notifying me, I will have to call our suicide prevention coordinator to do a safety check at your place of residence. Are there any questions or concerns about anything I’ve just covered?

We’ll now move on to signing the Informed consent form, the Authorization for Release form, the Consent for Audio recording form.

Forms and pens distributed. Participants and Signature Witness sign forms.

Now it’s time to fill out a demographic data questionnaire. This questionnaire will take about 15 minutes to complete. Please let me know if you need help filling out the form. Please make sure to fill in each item. The information asked for in the questionnaire is to help me better understand your military service backgrounds and demographic group characteristics.

Assistance with questionnaire completion provided as needed.
Topic Area 1 - Pre-Deployment Experiences

I will be asking questions about your experiences prior to serving in the Iraq War. I would like to hear from everyone and encourage you to reflect or respond to each other’s responses.

Let us begin with introductions. First names only are fine. Please share something about your background, including about where and when you served in Iraq.

What did you have going on in your life right before you were deployed?
What was it like being called to serve in Iraq?
What did you expect things to be like in Iraq?
What things were you looking forward to?
What things were you not looking forward to?
What was leaving home like for you?
What made it easy for you to leave home?
What made it difficult for you to leave home?
How did your family and friends react to your deployment to Iraq?
If you were deployed more than once, what were your thoughts and feelings about being redeployed?

If topic area #1 questions are all addressed, then go to topic area #2 questions.

Focus Group Session #1 Conclusion

Is there anything else that you would like to add, about your experiences before being deployed to Iraq, that we have not covered, today?
Does anyone have any questions for me?

Thank you all for sharing your experiences with us. The next focus group will be held: [date, place, time].
Focus Group Session #2 (120-minutes)

Welcome back everyone to the second focus group session. I will be asking questions about your experiences during your service in the Iraq War. I would like to hear from everyone and encourage you to reflect or respond to each other’s responses. I remind each of you that this focus group discussion is going to audio-taped and that what is shared during today’s discussion remains confidential and cannot be talked about outside of the group. Please do not use names or anything that will identify you or other people in this group.

If topic area 1 & 2 questions were addressed in session #1, then session #2 will consist of topic area 3 questions on the next page.

Topic Area 2- Deployment and Service Experiences

What did you expect to find in Iraq?
What did you actually find in Iraq?
When you arrived in Iraq, what helped you to adjust to your new life there?
When you arrived in Iraq, what made adjusting to your new life difficult?
What surprised you about Iraq?
What did not surprise you about Iraq?
How was being in Iraq similar to what you had expected?
How was being in Iraq different than what you had expected?
What helped you get through the tough times in Iraq?
Who did you go to for support?
What gave you hope?
What gave you a sense of purpose while you were in Iraq?
What did you feel your purpose was, in Iraq?
What did you feel most prepared for?
What did you feel least prepared for?
What was the most significant event that took place for you in Iraq?
What was the most important or difficult choice you had to make in Iraq?
What did you do or see that you never thought, before, that you would ever do or see?
What does it mean to ‘step outside the wire’? What was that like for you?

Focus Group Session #2 Conclusion

Is there anything else that you would like to add, about your experiences during service in Iraq, that we have not covered, today? Does anyone have any questions for me?

Thank you all for sharing your Iraq War service experiences with us. The next focus group will be held: [date, place, time].
Focus Group Session #3 (120-minutes)

Welcome back everyone to the third focus group session. I would like to hear from everyone and encourage you to reflect or respond to each other’s responses. I remind each of you that this focus group discussion is going to audio-taped and that what is shared during today’s discussion remains confidential and cannot be talked about outside of the group. Please do not use names or anything that will identify you or other people in this group.

Topic Area 3- Homecoming and Post-Deployment Experiences

What was it like for you when you returned home from Iraq?
What did you think returning home would be like?
How was it to return home?
What was the most disappointing thing about coming home?
What was most difficult about coming home?
What was easiest about coming home?
Who, or where, did you go to for support?
Did you feel you needed help making the transition?
What made getting help easy?
What made getting help difficult?
What kinds of important choices have you had to make since returning from Iraq?
What kinds of memories do you have of being in Iraq?
What kinds of things do you reminisce about being in Iraq?
How do you feel about having those memories?
Are there things that happened in Iraq that you are still trying to make sense of?
Looking back, what was the most defining moment for you in Iraq?
How are the stories you share with fellow veterans different than the ones you share with non-veterans?
Looking back, do you feel your service had a purpose? What do you feel that purpose was?
What did serving in Iraq mean to you?
How do you think being in Iraq has changed you?
What has helped you to move on with your life?
What has made it to difficult for you to move on with your life?
What do you think friends and family least understand about your service in Iraq?
What do you think your friends and family best understand about your service in Iraq?
What do you not want your friends and family to know about your time in Iraq?
How has being in Iraq changed your life?
How has being a veteran already changed your life?
How do you think being a veteran will change your life, in the long-run?
Complete the following sentences:

- If I were to change anything about my experience in Iraq, I would change…
- If I were to change anything about coming home after Iraq, I would change…
- The one thing I really want people to understand about my service in Iraq is…
- The one thing I think non-veterans will never understand about serving in Iraq is…
- The one thing I would never tell anyone else about my service in Iraq is…
- I can tell right away if someone has served in Iraq by…
- Sometimes I wish I were back in Iraq because…
- I think other people see the Iraq War veteran as someone who is…
- For me, being a veteran means…

Focus Group Session #3 Conclusion

Is there anything else that you would like to add, about your experiences during service in Iraq, that we have not covered, today?

Does anyone have any questions for me?

Thank you all for sharing your Iraq War service experiences with us. Since this was our third and final focus group session, I also thank each of you for taking the time to participate in this study and help healthcare providers better understand your experiences and your unique and emerging culture as veterans who have served in Operation Iraqi Freedom.

I will be presenting a summary and findings from what you have all have shared with us during these focus group sessions. Everyone who participated in this study is welcome to attend my summary and findings presentation. This presentation is to be held on: [date, place, time].
APPENDIX O:

DEMOGRAPHIC DATA OF PARTICIPANTS
## DEMOGRAPHIC DATA OF PARTICIPANTS

<table>
<thead>
<tr>
<th>Name*</th>
<th>Adam</th>
<th>Amber</th>
<th>Bigfoot</th>
<th>“G”</th>
<th>G.I. Jane</th>
<th>Mack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>51</td>
<td>30</td>
<td>56</td>
<td>31</td>
<td>27</td>
<td>39</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Race</td>
<td>African-American &amp; Hispanic</td>
<td>Caucasian</td>
<td>Caucasian</td>
<td>Hispanic</td>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>Single</td>
<td>Divorced</td>
<td>Married</td>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td>Branch of Service</td>
<td>Army</td>
<td>Army</td>
<td>Army National Guard</td>
<td>Army, then National Guard</td>
<td>Army National Guard Reserves</td>
<td>Marines, then Army</td>
</tr>
<tr>
<td>Entered As:</td>
<td>Enlisted</td>
<td>Enlisted</td>
<td>Enlisted</td>
<td>Enlisted</td>
<td>Enlisted</td>
<td>Enlisted</td>
</tr>
<tr>
<td>Rank</td>
<td>E-7 Sergeant First Class</td>
<td>E-4 Specialist</td>
<td>E-7 Sergeant First Class</td>
<td>E-5 Sergeant</td>
<td>E-5 Sergeant</td>
<td>E-4 Specialist</td>
</tr>
<tr>
<td>Number of Tours In OIF Theatre</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total Length of Military Service</td>
<td>24 Years</td>
<td>4 Years</td>
<td>21 Years</td>
<td>10 Years</td>
<td>6 Years</td>
<td>11 Years</td>
</tr>
<tr>
<td>Length of VA Utilization</td>
<td>3 Years</td>
<td>5 Years</td>
<td>5 Years</td>
<td>1 Year</td>
<td>4 Years</td>
<td>7 Years</td>
</tr>
<tr>
<td>Service Connected Disability Status</td>
<td>In process of applying for mental and physical health disability.</td>
<td>For both mental health and physical health problems.</td>
<td>For both mental health and physical health problems.</td>
<td>In process of applying for mental and physical health disability.</td>
<td>For physical health problems.</td>
<td>For mental health problems, only.</td>
</tr>
</tbody>
</table>

*Names have been changed
### DEMOGRAPHIC DATA OF PARTICIPANTS, Continued

<table>
<thead>
<tr>
<th>Name*</th>
<th>Myra</th>
<th>Raptor</th>
<th>Reese</th>
<th>Rocky</th>
<th>Ryan</th>
<th>Sarge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>29</td>
<td>24</td>
<td>41</td>
<td>54</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>Race</td>
<td>Caucasian</td>
<td>Hispanic &amp; Caucasian</td>
<td>African-American</td>
<td>Hispanic</td>
<td>Caucasian</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single</td>
<td>Single</td>
<td>Married</td>
<td>Single</td>
<td>Single</td>
<td>Divorced</td>
</tr>
<tr>
<td>Branch of Service</td>
<td>Army National Guard</td>
<td>Marine Corps, Currently in Inactive Reserves</td>
<td>Army</td>
<td>Army, Currently in Active Reserves</td>
<td>Navy</td>
<td>Army National Guard</td>
</tr>
<tr>
<td>Entered As:</td>
<td>Enlisted</td>
<td>Enlisted</td>
<td>Enlisted</td>
<td>Enlisted, now Commissioned Officer</td>
<td>Enlisted</td>
<td>Enlisted</td>
</tr>
<tr>
<td>Military Occupational Specialty</td>
<td>92-Y Medical admission and supply</td>
<td>Infantry</td>
<td>88-M Truck driver</td>
<td>38-A Civil Affairs</td>
<td>Information Technology</td>
<td>88-M 92-Y Supply &amp; Armorer</td>
</tr>
<tr>
<td>Rank</td>
<td>E-4 Specialist</td>
<td>E-3 Lance Corporal</td>
<td>E-5 Sergeant</td>
<td>O-5 Lieutenant Colonel</td>
<td>E-5 Petty Officer 2nd Class</td>
<td>E-5 Sergeant</td>
</tr>
<tr>
<td>Number of Tours In OIF Theatre</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total Length of Military Service</td>
<td>6 Years</td>
<td>4 Years</td>
<td>7 Years</td>
<td>36 Years</td>
<td>6 Years</td>
<td>10 Years</td>
</tr>
<tr>
<td>VA Utilization Duration</td>
<td>5 Years</td>
<td>2 Years</td>
<td>5 Years</td>
<td>5 Years</td>
<td>5 Years</td>
<td>4 Years</td>
</tr>
<tr>
<td>Service Connected Disability Status</td>
<td>For physical health problems, only.</td>
<td>For both mental health and physical health problems.</td>
<td>For both mental health and physical health problems.</td>
<td>None</td>
<td>None</td>
<td>For both mental health and physical health problems.</td>
</tr>
</tbody>
</table>

*Names have been changed  *MEU- Military Expedition Unit
APPENDIX P:

CATEGORIZATION OF THEMES
CATEGORIZATION OF THEMES

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Core Conflict</th>
<th>Categories</th>
<th>Thematic Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Societal Visitation</td>
<td>Am I a visitor? Or Am I a returned traveler?</td>
<td>Forced Exile</td>
<td>Conditions of return Coming home Hurrying home Breaking off from unit: role Breaking off from unit: environment Breaking off from unit: values Beliefs, attitudes, feelings about homecoming Home in Iraq: ritual, bonding</td>
</tr>
<tr>
<td>II. Awareness of Permanent Displacement</td>
<td>Am I stuck here? Or Can I make this my home?</td>
<td>Exposed Duality</td>
<td>Adjusting to being a civilian again: dealing with how things are done in the civilian world Adjusting to being a civilian again: dealing with their own shifted identity Adjusting to being a civilian again: dealing with shifted relationships with others Adjusting to being a civilian again: seeing things with new eyes Adjusting to being a civilian again: missing the military Feeling vulnerable/ exposed: during, after service Faux pas/ social awkwardness Coming home strangeness Reverting: Physical hyperarousal Reverting: Mental Reverting: Behavioral Feeling vulnerable Catching up: with civilian world Catching up: with relationships Catching up: with one’s own health/ illness Mental health problems Disability, Health concerns Ordinary comforts mean much more Culture clash language: what is communicated Culture clash language: how it is communicated Culture clash language: how it is received Habitus of thought and action Waking Up, Showers, Toilets, and Laundry I saw changes: in myself, in others Stress post-deployment: relating to differences rather than social similarities</td>
</tr>
</tbody>
</table>
| Betrayed Expectations | Training Preparation: duration, specificity to mission, prologue to combat, where
Facing it
The unknown
Secrecy
Breaking off
Adjusting to being in Iraq
Stress on duty: dangerous situations, constant threat to safety, always on alert, sudden situations, doing things that pose harm to self or others, doing things that would otherwise normally be disturbing
Making the most of it
Breaking off from self: “don’t even care anymore”
Breaking off from self: reflections on this attitude
Breaking off from self: references to (dying, reason for living, surrendering oneself completely to the mission, detachment of self from a sense of self-preservation)
Protecting family
Overcoming challenges
Death ideas: imagining own death in service
Death ideas: death of fellow service members: real, imagined
Death ideas: situations of near-death: real, imagined
Death ideas: feelings and attitudes about death in service, before service
Death ideas: feelings and attitudes about death in service, in service
Death ideas: feelings and attitudes about death in service, after service
Good and Evil, Life and Death, Cataclysm
Positive reminiscing, Wishing and wondering
Mission
Adjusting to Iraq: environment
Adjusting to Iraq: finding self in assigned role
Family reactions pre-deployment: feelings
Family reactions pre-deployment statements
Family reactions pre-deployment: behaviors
Stress pre-deployment: Sudden news, Interruption |
| III. Dilemma of Transfigured Purpose | Remembering Service
Am I betraying myself?
Or
Am I creating myself?
| Let down by others
Disappointments
Not enough support
Betrayed expectations: of military leadership in service
Betrayed expectations: of VA benefits
Betrayed expectations: of family
Betrayed expectations: of other veterans
Betrayed expectations: of civilian world
VA: veteran feelings about VA, connections with VA, expectations of VA |

| Am I betraying myself? | Remembering Service
Am I creating myself? |
<table>
<thead>
<tr>
<th>Constructing Meaning</th>
<th>Reevaluation of Belongingness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contexting</td>
<td>Home in Iraq</td>
</tr>
<tr>
<td>Connecting</td>
<td>Camaraderie</td>
</tr>
<tr>
<td>Conceptualizing and defining hero and heroism</td>
<td>Emotional atmosphere</td>
</tr>
<tr>
<td>Reassurances: of service meaning</td>
<td>Acknowledgements</td>
</tr>
<tr>
<td>Reassurances: of health</td>
<td>Accomplishments</td>
</tr>
<tr>
<td>Reassurances: of support</td>
<td>Kinship</td>
</tr>
<tr>
<td>Realizations post-deployment: about self, others, environment, new meanings, new perspectives, new valuing</td>
<td>Belongingness</td>
</tr>
<tr>
<td>Changes, Shiftings of meanings and relationships with society</td>
<td>Sense of purpose and meaning</td>
</tr>
<tr>
<td>Tradition, duty: what does it consist of, passed on from whom and how</td>
<td>Soldier: values, definition, characteristics</td>
</tr>
<tr>
<td>Acknowledgement: of their own service, deserved</td>
<td>Army values</td>
</tr>
<tr>
<td>Acknowledgment: of their own service, undeserved</td>
<td>Feelings- pride</td>
</tr>
<tr>
<td>Acknowledgement: of other’s service, deserved</td>
<td>Values- honor</td>
</tr>
<tr>
<td>Acknowledgment: of other’s service, undeserved</td>
<td>Role</td>
</tr>
<tr>
<td>Not knowing what to expect: about readjustment after homecoming</td>
<td>Character</td>
</tr>
<tr>
<td>Not knowing what to expect: for one’s own future</td>
<td>Expectations at home: fulfilled</td>
</tr>
<tr>
<td>Post-deployment purpose: lack of purpose and meaning</td>
<td>Expectations at home: unfulfilled</td>
</tr>
<tr>
<td>Post-deployment purpose: desired purpose</td>
<td>Expectations of Iraq: fulfilled</td>
</tr>
<tr>
<td>Post-deployment purpose: civilian avenues for attaining</td>
<td>Family reactions post-deployment: supportive feelings</td>
</tr>
<tr>
<td>The Truth: who knows it, who does not know it but thinks they do</td>
<td>Family reactions post-deployment: supportive statements</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reconjuring Insidership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am I a part of nothing?</td>
</tr>
<tr>
<td>Or</td>
</tr>
<tr>
<td>Am I a part of something?</td>
</tr>
</tbody>
</table>
Dealing with Outsidership

| **Dealing with Outsidership** | “The Civilian World”  
Civilian world: people characteristics  
Civilian world: environment characteristics  
Family reactions  
Shifted relationships with self and others  
Lack of acknowledgements  
No purpose  
Pukes, misfits, monsters  
Seeking integrated outsidership  
Re-identification- shifted, negotiated, blended, unified  
Disappointing veterans: returned veteran behaviors  
Disappointing veterans: returned veteran claims  
Disappointing veterans: returned veteran attitudes  
Family reactions post-deployment: unsupportive feelings  
Family reactions post-deployment: unsupportive statements  
Family reactions post-deployment: unsupportive behaviors  
Mental health issues: Own mental issues  
Mental health issues: How VA should handle  
Mental health issues: Of other veterans  
Others’ misconceptions, dealing with people |

V. Identity Confluence

| **Mastering Duality and Balancing Cultural Allegiance** | Moving on  
“Modern soldier”  
“My Generation” veteran  
Veteran: definition, self-identification  
A hypothetical process where identity transfiguration and reevaluation merge into an adaptive and replenishing source of integrative living and being the veteran. |
APPENDIX Q:

TAXONOMY OF CULTURAL IDENTITY DEVELOPMENT MODEL
TAXONOMY OF CULTURAL IDENTITY DEVELOPMENT MODEL

I. Societal Visitation
   Socio-cultural Visitor
   Returned Traveler

II. Awareness of Permanent Displacement
   Stuck in returned-to culture
   Can make home of returned-to culture

III. Dilemma of Transfigured Purpose
   Self-betrayal in relation to previous purpose
   Self-creation in relation new civilian purpose

IV. Reevaluation of Belongingness
   Part of nothing in returned-to culture
   Part of something in returned-to culture

V. Identity Confluence
   Hypothetical process of adaptive and integrative social being and becoming
APPENDIX R:

MUSIC LYRICS AND POETRY BY RAPTOR
MUSIC LYRICS AND POETRY BY RAPTOR

I. Blinded by what we see
   We’re lost in all we are
   But the truth is we are brothers and sisters
   Don’t lose your mind
   Don’t lose your soul
   Remember who you are
   Remember what we do
   This is us
   This is our time
   Don’t live in disgust
   Don’t live in the anger
   Don’t live in the hate
   Learn to love
   Learn to create
   Learn to grow
   Learn to live

II. Stand on guard for animals and thieves in the night
    Look and looking beyond my sight
    Vast amounts of land with nothing in sight
    There is more to this
    There is more than life
    Vast eternity
    Breathe in the life
    I love you dearly with all my life
    I lost you dearly my only life

III. Find the third
    The facts of life
    We are going to die
    Living inside this paradigm
    This war I can see
    It is all around me
    When the time comes
    All will see
    This is World War III

IV. A barren place
    A place for me
    I’ll never go back
    Unless it’s supposed to be
REFERENCES


VITA

Anna M. Stachyra graduated in 1998 from Northern Illinois University, DeKalb, Illinois with a Bachelor of Science degree in Nursing and, in 2000, with a Bachelor of Art cum laude degree in Art. From 1998 to 2005, Ms. Stachyra worked as an inpatient psychiatry staff nurse in private-sector and state-operated hospitals. In 2004, Ms. Stachyra graduated with a Master of Science degree in Nursing from the University of Wisconsin-Madison. Since 2006, Ms. Stachyra has been teaching Loyola University Chicago (LUC) undergraduate mental health nursing clinical at Edward Hines, Jr. Veterans Affairs (VA) Hospital. From 2007 to 2008, Ms. Stachyra was Visiting Instructor at LUC Marcella Niehoff School of Nursing. Ms. Stachyra is an American Nurses Credentialing Center Board-Certified Adult Psychiatric-Mental Health Clinical Nurse Specialist; working in Hines VA outpatient mental health services and as a VA Nursing Academy educator, since 2008. Ms. Stachyra resides in Skokie, Illinois.