

## **When Veterans Return: The Role of Community in Reintegration**

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*Experiences of Iraq and Afghanistan war veterans were explored to understand the challenges of reintegrating into civilian life and the impact on mental health. Respondents completed preliminary electronic surveys and participated in one of six focus groups. High levels of distress exist among veterans who are caught between military and civilian cultures, feeling alienated from family and friends, and experiencing a crisis of identity. Narrative is identified as a means of resolution. Recommendations include development of social support and transition groups; military cultural competence training for clinicians, social workers, and college counselors; and further research to identify paths to successful reintegration into society.*

War is widely acknowledged as a public health issue, and there is a growing body of literature documenting the negative health effects of war on military personnel who have served in either the Iraq or Afghanistan wars. According to the Department of Defense (2010), over 5,500 military service members have died and approximately 38,650 have been physically wounded since March 19, 2003. Tanielian and Jaycox (2008) report that 31% of veterans overall have posttraumatic stress disorder (PTSD), and combat experience itself is related to increased risk for anxiety, depression, and anger symptomatology. Suicides among troops have been well-publicized, and soldiers without comorbid diagnoses report high levels of stress and the use of alcohol as a coping mechanism (Miles, 2004). Additionally, several studies (Cascardi & Vivian, 1995; Gelles & Cornell, 1985; Riggs, Caulfield, & Street,

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2000; Seltzer & Kalmuss, 1988; Strauss, 1990) have found that stress brought about by economic strains, chronic debt, and income shortfalls increases the likelihood of engaging in interpersonal violence upon return from deployment. These stressors are all common to the challenges of readjustment for veterans.

Research on veterans' readjustment has focused primarily on psychosocial adjustment within the context of PTSD (King, King, Fairbank, Keane, & Adams, 1998; Koenen, Stellman, Stellman, & Sommer, 2003; Mazeo, Beckham, Witvliet, Feldman, & Shivy, 2002), adult antisocial behavior (Barrett et al., 1996), and physical injury (Resnik & Allen, 2007; Resnik, Plow, & Jette, 2009), and social support appears to act as either a protective factor against developing PTSD (Brewin, Andrews, & Valentine, 2000; Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009; Westwood, McLean, Cave, Borgen, & Slakov, 2010) or a moderating factor against PTSD symptoms (Barrett & Mizes, 1988; Schnurr, Lunney, & Sengupta, 2004). Fifty years after reintegration, World War II veterans identified social support from comrades, wives, and family members as an important lifelong coping strategy (Hunt & Robbins, 2001).

The literature documents the mental and physical outcomes of deploying to war, and there is a body of work that addresses psychosocial adjustment to combat experiences; however, there are few qualitative studies, and there is a paucity of research examining current soldiers' and veterans' lived experiences of returning home and transitioning into civilian life. This qualitative study sought to uncover these experiences in veterans' own words.

## LITERATURE REVIEW

Unlike quantitative research in which a complete literature review is conducted prior to implementing the study, the relevant literature for qualitative research emerges during data analysis. Identity and the role of military culture in the formation of identity emerged as cross-cutting themes during the analysis process; hence, these topics formed the basis of the literature review and the lens through which the experiences of participants were interpreted.

### Culture

Culture is the web of significance that humans create (Geertz, 1973), and it is within culture that we learn socially accepted norms, how selves are valued, and what constitutes a self (Adler & McAdams, 2007; Pasupathi, Mansour, & Brubaker, 2007). Although men and women come to the military from diverse cultural backgrounds, the one thing they ultimately share is

assimilation into military culture. One of the primary goals of boot camp, the training ground for all military personnel, is to socialize recruits by stripping them of their civilian identity and replacing it with a military identity. The passage from one identity to another comprises three stages: separation, liminality (or transition), and incorporation (Van Gennepp, 1960). Separation involves the removal of an individual from his or her customary social life and the imposition of new customs and taboos. The second stage, liminality, is one of transition between two social statuses. The individual is “betwixt and between” statuses, belonging to neither one nor the other (Turner, 1974, p. 232). Transition rites create new social norms, and initiates become equal to each other within emergent “*communitas*” (a “cultural and normative form . . . stressing equality and comradeship as norms” within relationships that develop between persons) (Turner, 1974, pp. 232, 251). In the third stage, the individual reenters the social structure, oftentimes, but not always, with a higher status level than before.

Military identity is infused with the values of duty, honor, loyalty, and commitment to comrades, unit, and nation. It promotes self-sacrifice, discipline, obedience to legitimate authority, and belief in a merit-based rewards system (Collins, 1998). These values are in conflict with more individualistic, liberty-based civic values, which embrace materialism and excessive individualism. Military training is rooted in the ideal of the warrior, celebrating the group rather than the individual, fostering an intimacy based on sameness, and facilitating the creation of loyal teams, where recruits develop a “bond that transcends all others, even the marriage and family bonds we forge in civilian life” (Tick, 2005, p. 141). At the same time, recruits become capable of fighting wars by learning how to turn their emotions off and depersonalizing the act of killing “the other.” The process of war involves dehumanizing everyone involved (on both sides) and placing everyone in kill or be killed situations. According to Tick (2005, p. 21), war “reshapes the imagination as an agent of negation.” To create strategies and use weapons for the destruction of others, the imagination is “enlisted in life-destroying service” (Tick, 2005, p. 21).

The differences in values between civilian society and military society create a “civil-military cultural gap” (Collins, 1998, p. 216), which is exacerbated by the fact that there is an all-volunteer military. Today, fewer families have direct contact with someone serving in the military than ever before. The move away from a draft and to a volunteer force has allowed most Americans to become completely detached from military issues and the men and women who are sent to war, leading to a lack of understanding about the differences between the two worlds (Collins, 1998). This is complicated further by the absence of a national consensus about war, the lack of validation of soldiers’ efforts, and the general lack of acknowledgment of soldiers who return from war (Doyle & Peterson, 2005).

## Identity

Identity is socially, historically, politically, and culturally constructed (Weber, 1998) within communities (i.e., within social or civic spaces) (Kerr, 1996). Ideally, these are places where others recognize, acknowledge, and respect one's experiences, thus providing a sense of belonging. The way in which our identities are constituted is through narrative, or storytelling. Stories are the primary structure through which we think, relate, and communicate, actively shaping our identities by enabling us to integrate our lived experiences into a cohesive character (Mair, 1988; Cajete, 1994). Not only do the stories that we tell and live by shape our individual continuity by connecting past, present, and future, they also shape our communities. Thus, a reciprocal relationship exists between individual narratives and cultural narratives, each serving to inform the other and to maintain continuity of a sense of self and culture over time (Chandler & Lalonde, 1998; O'Sullivan-Lago, de Abreu, & Burgess, 2008; Sussman, 2000).

According to Ricoeur (1992) and others (Baerger & McAdams, 1999; Bruner, 1987; Howard, 1991; Pasupathi et al., 2007; Sarbin, 1986; Whitty, 2002), we can only know ourselves and find meaning in our lives through narrative. It is through the continual retelling of our stories (i.e., weaving together our day-to-day experiences with reinterpretations of our past experiences) that we know who we are today. These narratives create our personal myths that change over time (McAdams, 1993). We choose to remember events in a particular way, we set goals and expectations, we regulate emotions, and we can imagine possible future selves based on our current lives (Pasupathi, Weeks, & Rice, 2006). Understood in narrative terms, identity belongs in the sphere of the dialectic between sameness (that part of us that holds constant, i.e., genetic makeup, physical traits, and character) and selfhood (our experiences over time) (Abes, Jones, & McEwen, 2007; Ricoeur, 1992); it is constructed in connection with the story elements in a life's narrative (Ricoeur, 1992). Life stories address the issue of identity by describing how a person came to be his or her current self, via remembering and the interpretation of past experiences.

Traumatic experiences create an additional challenge to maintaining a continued sense of personal identity because of their highly disruptive and emotionally charged nature (Janoff-Bulman, 1992). Burnell, Hunt, and Coleman (2009) and others (Crossley, 2000; Pillemer, 1998; Westwood, Black, & McLean, 2002) assert that reconciliation comes about when negative narratives are integrated as one coherent chapter of a life story. Coherence is ensured when the story is linked together and not merely a succession of separate chronological events. The narrative must contain a theme that integrates events (Burnell et al., 2009), and dysfunctional integration (Berntsen, Willert, & Rubin, 2003)—integration of the trauma into one's narrative whereby the traumatic experience becomes the focal point of one's life story

and the lens through which all other experiences are then interpreted—must be avoided. In their work with veterans, Burnell et al. (2009) and Pillemer (1998) found that veterans identified telling their stories to others as an effective way to cope with war memories. Some achieved coherence through professional aid, and others achieved it through positive interactions with informal social support networks, including comrades, family and friends, and the general public (Burnell et al., 2009).

When we do not have the opportunity to reflect on the history of our life and our place in it, an interval opens between sameness and selfhood (Ricoeur, 1992). Individuals may find themselves living between two social contexts that offer incompatible cultural narratives and unable to articulate an integrated personal narrative that avoids a crisis in identity (Adler & McAdams, 2007; O'Sullivan-Lago et al., 2008). Hermans and Kempen (1998) identify the spaces where cultures meet and individuals are confronted with the challenge of constructing new identities as *contact zones* that become the “habitus for constructing an identity through a socially shared repertoire of cultural knowledge, practices, and values with clearly marked power asymmetries in one’s ability to freely negotiate this process” (Mahalingam, 2008, p. 368).

Uncertainties that are caused by contact with others in contact zones lead to developing strategies to either avoid or reconcile contradictions that arise from these interactions in order to protect the continuity of one’s identity (Hermans, 2001; O'Sullivan-Lago & de Abreu, 2010). Under ideal circumstances, people identify the similarities between themselves and others in the “I as a human being” strategy (O'Sullivan-Lago et al., 2008, p. 359), a dialogical strategy that allows connections with others based on sameness and allows one to take in the past, thus easing cultural uncertainty and permitting the rejection of unwanted identities, which results in the creation of a hybrid identity (Mahalingam, 2008). The reality is that a process of hegemonic bargaining occurs (Chen, 1999) between the dominant culture and persons from other cultures that may have negative mental health consequences for those outside the dominant culture (Mahalingam, 2008). At best, this may lead to limited opportunities for adult development; at worst, it leads to poorer mental health (Main, 1995), including depression (Baerger & McAdams, 1999) and other forms of psychopathology (White & Epston, 1990), and may predict vulnerability to suicide (Chandler & Lalonde, 1998).

## METHODS

### Design

A qualitative study utilizing focus groups to explore active duty soldiers’ and veterans’ experiences of returning home was conducted. Qualitative

interviews are a key way to learn about other people's feelings and thoughts and achieve new shared understandings about people's lived experiences. Focus groups were selected because this method is recognized as an appropriate way to obtain in-depth information about individuals who share similar experiences, using group interaction as a catalyst for generating innovative ideas that might not be revealed in individual interviews (Morgan, 1998).

## Participants

Purposive sampling was employed to identify and recruit participants who had served in Afghanistan, Iraq, or both since the beginning of the wars in those countries in October 2001 and March 2003, respectively. Participants were recruited in both northern California (San Francisco Bay area) and southern California (San Diego) through Internet advertisements; dissemination of flyers at 2- and 4-year colleges and universities, coffee houses, and veterans' centers; and word of mouth primarily through area veteran groups and veterans' family groups, veterans' hospitals and medical facilities, and community nonprofit organizations.

Recruitment materials directed potential participants to the Swords to Plowshares (an agency that has worked with veterans since the early 1970s) Web site, where they were asked to complete an electronic survey using Survey Monkey. Demographic data were collected via the survey, including age, branch of service, rank, military status, and number of deployments to Iraq and/or Afghanistan. Respondents were asked to provide an e-mail address to receive detailed information about locations and times of focus groups. These methods resulted in 45 male and 3 female participants. Because so few females responded, they were contacted and asked to consider participating in a future study. Each of them consented to do so.

## Procedures

The San Jose State University Institutional Review Board approved this study. Respondents who were eligible for the study were given a date and time that was most convenient for them to participate in one focus group session. The interviewer reviewed all relevant points contained in the consent form, emphasizing that results would be reported only in aggregate form. All participants provided written informed consent before participating in the study. Confidentiality was explained to participants and maintained throughout the study. A list of local mental health and social service resources was provided to participants.

A semistructured interview guide was used to conduct the focus groups. The guide was developed by the principal investigator (PI) and reviewed

and endorsed by Swords to Plowshares staff, including three veterans. The interview guide consisted of open-ended questions to elicit responses among participants about (a) the ways in which their deployments impacted their lives, (b) the ways in which their deployments affected their interactions with family members and friends, and (c) the types of support they sought out and received (both formal and informal).

Six focus groups were held—one each in San Francisco ( $n=5$ ), Oakland ( $n=5$ ), and San Jose ( $n=8$ ) and three in San Diego, California ( $n=27$ ; 9 in each group)—between September 2006 and September 2008. Focus groups were held in community rooms at local hospitals, nonprofit organizations, and churches. All sessions were audiotaped. Before the start of each focus group, participants were presented with a list of guidelines in order to facilitate effective communication during the discussions. The tape recorder was placed in full view of participants. Each participant was provided with the opportunity to respond to each question but was informed that he did not have to do so. Data saturation was used to determine the number of focus groups needed to fully explore the topic of this study. Data saturation was achieved when no new information was gathered during the focus groups and statements were supportive of previously identified categories and themes.

## Data Analysis

Data from Survey Monkey were downloaded and descriptive data analysis was conducted using SPSS. Focus group data were analyzed as group data. Audiotapes were transcribed into verbatim written records. Transcripts were read and compared with the audiotapes on two separate occasions by the PI and a research assistant to ensure accuracy of the data transcription. Transcripts were read and reread in order to find commonalities, and themes were developed inductively.

Lincoln and Guba's (1985) four criteria for determining trustworthiness of qualitative research were used for this study: credibility, dependability, confirmability, and transferability. Credibility was established through the use of peer debriefings and member checks. In this study, peer debriefings were accomplished by sharing the data and ongoing data analysis with colleagues, and member checks involved two participants who were asked to provide feedback at periodic intervals during data analysis, interpretation, and the formulation of conclusions. Dependability and confirmability were ensured by having an independent judge categorize 15% of the data and compare categories and themes with those of the researcher. An agreement rate of 93% was reached, with 85% being considered very good for coding purposes (Rosenthal & Rosnow, 2007). Transferability was ensured by collecting participants' demographics and thick descriptions of the data.

RESULTS

Participants

Recruitment methods yielded a diverse group of participants ( $N=45$ ) ranging in age from 19 to 51 ( $Mdn=25$ ) and representing almost all branches of the U.S. military: Army ( $n=12$ ), Marines ( $n=24$ ), Navy ( $n=6$ ), and Air Force ( $n=3$ ). Of the total sample, 15% were in either the Reserves ( $n=4$ ) or National Guard ( $n=3$ ), and 93% ( $n=42$ ) were enlisted as opposed to officers. They had deployed to either Iraq or Afghanistan between 1 and 4 times ( $M=2$ ). They reported their current status as active duty ( $n=12$ ), reserve ( $n=3$ ), or separated from the military (veterans) ( $n=30$ ).

It is acknowledged that each branch of the military uses different terms to refer to members (e.g., marines); however, *soldier* is commonly used to refer to active duty military personnel across branches, and it is used throughout this article to refer to all participants prior to redeployment from Iraq or Afghanistan to the U.S. Once soldiers returned home, some of their experiences differed according to status. Thus, beginning with the “No one understands us” subtheme below, they are referred to by status: (a) soldiers (those who remain on active duty and reside on or near military bases and the National Guard), (b) reserves (those who return to their home communities and can be recalled at any time), and (c) veterans (those who separate from the military and return to communities).

Themes and Subthemes

The major themes and subthemes that emerged from this study are presented in Table 1.

DEPLOYING TO WAR

This theme describes soldiers’ experiences of leaving for war, thoughts and emotions in the midst of war, and feelings about returning home. It is divided into three subthemes: “we are warriors,” “no fear,” and “feeling high.” Each is described below and supported by selected material from the focus groups.

**TABLE 1** List of Themes and Subthemes Among 45 Male Iraq and Afghanistan War Veterans.

Deploying to war	Coming home
<ul style="list-style-type: none"> <li>● We are warriors</li> <li>● No fear</li> <li>● Feeling high</li> </ul>	<ul style="list-style-type: none"> <li>● Time travelers</li> <li>● No one understands us</li> <li>● Crisis of identity</li> </ul>

*We are warriors.* This theme addresses soldiers' experiences in the war theater and their psychological state of mind while there. Military personnel are trained to go to war, and some soldiers said they "were actually kind of gung ho on the way over" and "eager to go," because "this was what we trained for." One element of the training included how to become angry on demand. Many soldiers referred to their "anger switch," which was described by one participant as "an act that you learn from your drill instructors" that you can go into at any time. He elaborated, saying that "it's not because [you are] really angry, but just because [you]... communicate that way."

Participants' narratives revealed the "life or death" nature of day-to-day existence while in the war theater: "You cannot afford to care. You're constantly scanning the roads, looking for anything out of place, looking for IEDs [improved explosive devices]... You can't trust anybody; they're all the enemy—women, children, all of 'em." Speaking about the course of his days, one soldier said, "You know, we've got this operation, everything is so fast paced, so fast paced. It's like something in the movies." Referring to this pace, another soldier described the level of stress he had to endure as "almost unbearable," and an Army soldier shared, "It's so awful, there are no words to describe it, and it's not just fear, there's an unstoppable stress that doesn't turn off." Participants described seeing "stuff so bad, you can't put it into words"; however, they noted that they had done what they were trained to do and were forced to do for their own survival and that of their comrades.

*No fear.* In addition to describing the stress they experienced, soldiers also explained how they attempted to cope with the stress and their surroundings. One soldier said:

I saw a lot of combat, and the people around me had an attitude that it's like a lottery; [if] it's your time, it's your time. You get in that mindset and then, pretty much, go on with your day... I mean, yeah, you would always have it in the back of your head that, you know, snipers might be taking aim at you, or you might hit something.

Another soldier shared, "I would just put in to my mind, every time I go out, every day, this is the last day you have to live, so it doesn't matter." All participants agreed that this attitude "definitely made it easier to just kind of live life normally" while they were in the war theater.

*Feeling high.* Some soldiers' narratives revealed that while they were struggling with the stress of war during their time in the war theater, their attitudes shifted substantially when they received news that they were going

home. They variously said that “you’re kind of euphoric at that point” and “you got an artificial high going on.” They described “just want[ing] to see family” and wanting to “be with my wife and kids.” All soldiers agreed that “getting out kind of makes you suppress what you’re feeling because you’re so excited.” They talked about working through emotional and psychological issues at a later time, after they returned home. One soldier said, “I was like what do I care? I’m going home! I’ll figure it out later.” He added, “I think that was the consensus with the other guys. It was ‘well, I’m going home, I don’t really—I’m not going to feel.’ If they were going to feel anything, they’re not going to feel it right then.” Nevertheless, their euphoria was relatively short-lived as they came face to face with reality upon returning to the United States.

#### COMING HOME

This theme illustrates soldiers’ reactions to returning home, perceptions of difference (between themselves and civilians and between who they were prior to war and who they are now), tension between wanting to reconnect with civilians (including family) and wanting to retreat from them, coping mechanisms, and support for transition. There are three subthemes: “time travelers,” “no one understands us,” and “crisis of identity.” Each is described below and supported by selected focus group material.

*Time travelers.* This subtheme illustrates the disconnection that soldiers experienced when they returned to the U.S. They all described their experiences as “surreal” and “like landing on Mars.” One soldier said:

I remember coming into LAX, and getting off the plane, and looking around, thinking “Damn, I’m back in the U.S.” It’s like . . . there’s a sense of time gone from my life. Their [family] lives go on, but . . . your life is stopped for 2 years.

Two soldiers elaborated, contrasting their experiences between where they had been and where they were now, in terms of both geographic location and psychological space. They described being “in a completely different place” where “one day you put a bullet in a guy’s head . . . you’re getting shot at, and then you rotate back to Germany, to the States.” Soldiers appear to have been caught between two cultures: military culture, where they understood what was considered appropriate behavior, and civilian culture, where they did “not know the rules of the game, [and] if you kill somebody, you’ll go to jail.” This led to significant confusion, as illustrated by one soldier’s comment: “In my mind, I’m like, what the hell is going on here?” All of the soldiers acknowledged that this had been their experience, and that it was overwhelming. They described the challenges of “turning your emotions

on and off like a light switch,” of “being a killer,” and of the expectation on the part of civilians that they act “like a gentleman at the same time.”

*No one understands us.* All soldiers (active duty, reservists, and veterans) acknowledged that they were no longer the same individuals who went off to war. They shared that they felt different from civilians when they returned to the U.S. One reservist commented, “Civilians don’t understand you.” Other veterans added that “[people] think you’re just a regular civilian” and “they think you’re just a normal dude walking around [the city]. They have no idea that 72 hours ago you were whacking dudes in a house in Iraq.” One veteran expressed, “It’s really hard for anyone else to understand, to know what’s going on . . . . You know, they don’t understand the military concept, and it’s hard to blend in with them . . . . It’s a different atmosphere.”

The experience of returning was different for soldiers (active duty), reservists, and veterans who returned to civilian communities. Soldiers and reservists identified readjusting to family life as the most challenging aspect of returning home. The primary tension was knowing that they would be deployed again and not knowing where or when it would be. This led to fighting between soldiers and their spouses. One soldier summarized the stress, saying, “These rotations are killing people’s families.” One of the strategies soldiers employed to address the tension of leaving again was to receive permission to stay behind during the next deployment. However, that did not seem to resolve the issue. Another soldier said:

Some guys stay back for family situations, not to piss their wife off anymore, not to miss another kid born, but then you’re stressed out by being the guy that’s left. So, you’re not the nice guy when you come home. It doesn’t help the situation at all; you’re there, but you’re not there. You’re wishing you were in Iraq.

Veterans described three key challenges to returning home: lack of respect from civilians, holding themselves to a higher standard than civilians, and not fitting into the civilian world. Many veterans said that one of the greatest difficulties they faced “was the difference in the amount of respect [they] had” in the military compared to what they perceived in civilian life. One veteran said, “I felt like I had a purpose over there—worthwhile [and] I felt pretty good about it.” Another participant added, “I was good at my job in the Marine Corps. I was in charge of people, and I did a good job.” He added, “Out here, [I am] just a regular civilian.” The change in status led to loss of self-esteem and sense of self-worth. They described attempts to fit into the civilian world: “I just try to blend in with the population . . . . I don’t deny it [being in the military], but I keep it really low key. I just try to, in a sense, forget that I was a marine.”

Veterans recognized that they hold themselves to a different standard than civilians hold themselves to. One participant shared, “I think dealing with the zero defect mentality that the military ingrains in you makes it difficult to adjust.” This was discussed in the context of human behavior; that is, everyone knew what was expected of them and acted accordingly, leading to a level of predictability. Participants were both frustrated and disappointed by the behavior of civilians. These behaviors ranged from cell phones ringing at inappropriate times, to students disrupting classes, to what were considered “petty conversations about shit that means nothing.” Many veterans said that they oftentimes sought to meet “someone to prove you wrong about themselves,” adding, “You want to meet someone decent with a brain . . . someone worth your time to talk to.” One participant said, “It’s a lot easier to go back into combat where everything is normal than to deal with this stuff here. Another participant shared, “The idea of being a marine in the United States, being put back into the box with this stupid shit . . . I’d rather die in Iraq than fake it over here.”

Veterans described a deeper disconnection from families and other civilians than either soldiers or reservists described. This is illustrated in their comments: “I felt really confused and out of place when I got back”; “I felt like I didn’t belong”; “I was afraid of going home”; and “I was afraid of being alone among family and friends, because they don’t get you.” Their fears may indicate something deeper than merely being misunderstood by family members, and may actually have been fear of confronting the loss of who they were before. They appear to have sensed that the person who would be reflected back to them by family members, the person who they once were, was someone they could no longer relate to, someone they could no longer see in themselves, someone they no longer were. One veteran shared, “You go home, [and] you don’t know how much you’ve changed until you start to get around family and friends . . . with them, I realize I’m not how I used to be.” Another extended this thought, saying, “I had been gone for so long, I just wasn’t able to keep up with everything even though I was in close contact with family.” This suggests that while he may have been able to stay abreast of the little details, he was not able to engage in the narratives that would have facilitated his ability to maintain a clear sense of identity. Many of the veterans shared that they had been forced to “become someone else.” One veteran said that this experience had “emotionally wrecked” him, and another veteran said, “Now, I’m kind of waiting to become someone else.”

*Crisis of identity.* Veterans used a variety of metaphors to describe the crisis of identity they experienced, each of which illustrated either psychological darkness or death. Two veterans shared, respectively, “I just didn’t see a light at the end of the tunnel,” and “You’re just black; you can’t get through that.” Two other veterans described their experiences in the following ways: “It’s like being in a sea of strangers” and “It’s like being in the

ocean and having something to stand on, and that takes off, and then you're drowning." Most of the veterans acknowledged a tension between wanting to reconnect with civilians and simultaneously wanting to retreat. One veteran's narrative exemplified this tension: "I became, you know, I had this need, this want to meet [other people], but you're still, at the same time, antisocial. You're not happy alone, but you're not happy with people...it's really confusing."

Returning home was challenging in various ways, and all veterans struggled with the process. As one veteran summarized, "[You] come back, and [you] have to turn around and deal with the civilian world, and [you] can't do it if [you are] mentally, physically, and financially not ready to do it." Many veterans described the difficulty they had in adjusting to a slower pace; one veteran summarized it as "want[ing] to do something instead of sit there, sleep, watch TV, [and] study." Veterans also had a hard time coping with feeling alone. One veteran said, "When you're alone, you're at the bottle," and others indicated that they also used alcohol to cope. A few participants said they used "drugs, marijuana, and all that" to address their feelings; one veteran said, "I was so alone, I attempted suicide."

Although all soldiers (active duty, reservists, and veterans) agreed that they needed a period of adjustment to transition back into life in the U.S., veterans' narratives suggest that they are faced with greater challenges and may need additional support. Soldiers may continue to experience a sense of camaraderie with their fellow soldiers while at work and on duty; however, veterans had no opportunity to be with others who are like them. Veterans identified the need for "space and time to help [them] reintegrate" and described the desire to talk with others "who have served time over there...because [they] have a common base," and "they can relate to what you're going through." Veterans' comments further validated their sense of being different from nonveteran civilians. They identified a need for "that connection, the face-to-face contact [with] a real person [another veteran]" who could "see [them] as a person."

## DISCUSSION

Soldiers (active duty, reservists, and veterans) face significant challenges upon returning home from war. Those who remain on active duty must reintegrate into families, and while this is no easy task, they appear to face fewer challenges than veterans do. Veterans struggle to reconnect with family and friends and to fit into civilian society. There is a tension between their yearning to be with people and their feelings of being misunderstood. They isolate themselves, waiting and hoping to become comfortable in their own skins again.

For veterans, boot camp facilitated the passage from one identity to another—civilian to military (Van Gennepe, 1960). Veterans left civilian culture (separation phase), were stripped of those cultural norms (transition phase), and engaged in the rituals of boot camp that taught them to shut their emotions off, as a protective mechanism designed to assist them in coping with their tasks; to accept death as their fate; and to dehumanize the enemy. These behaviors are normal by military standards and key to soldiers' survival. It was in boot camp where *communitas*—a normative form stressing comradeship (Turner, 1974)—most likely occurred, facilitating a complete break from civilian culture and full incorporation (third phase) into military culture, which afforded veterans higher status, increased their expectations of themselves and others, and inculcated strong team loyalty.

Although soldiers (active duty, reservists, and veterans) described feeling excited and euphoric upon receiving news that they were returning to the U.S., those feelings were quickly replaced by shock and confusion. In part, the change might be attributed to the rapid return to the U.S.; that is, one day they are in the desert under fire, and the next they are in communities where houses and streets are still intact, and where they are surrounded by civilians shopping in malls, eating at fast food restaurants, and going on with lives that soldiers left behind 12 to 18 months before. However, the civilian-military cultural gap (Collins, 1998) and theories of cultural identity (Van Gennepe, 1960; Hermans, 2001; O'Sullivan-Lago & deAbreu, 2010; Turner, 1974) provide additional lenses through which we might understand veterans' experiences.

The disorientation that veterans experienced upon their return home is most likely explained by interactions that were influenced by the civilian-military cultural gap (Collins, 1998). Veterans described being misunderstood and disrespected by civilians who had no appreciation for either who veterans were or what they had been through. In the military, they worked hard to earn the respect of their comrades, they were highly trained and experienced in their roles as leaders, and they felt they had a purpose. Veterans' remarks about civilians suggested a lack of understanding about "the military concept" and the inability to find common ground (sameness) (Mahalingham, 2008), leading veterans to feel as though they were "in a different atmosphere" where they felt alone even in the midst of family and friends who did not understand them because they had become "someone else."

Veterans' narratives suggest that they were, once again, thrust into a separation phase of passing from military identity to civilian identity. Similar to when veterans separated from civilian culture, entered the military, and experienced liminality (Van Gennepe, 1960), they were caught again between two cultures. Veterans' statements, that they no longer understood "the rules of the game" and that "it's hard to blend in" when they return home, illustrate the confusion they experienced. Veterans referred to themselves as not being "normal" or "regular" when compared to civilians, and they were clear that

the civilian world was not normal for them. In fact, the culture in the United States felt so abnormal that some veterans would rather return to war where they felt they fit in, instead of trying to fit themselves back into the “box” of civilian culture.

Identity is inextricably linked to community, each creates the other, and it is within community—where we see the similarities between ourselves and others and where others recognize, acknowledge, and respect our experiences—that we acquire a sense of belonging (Adler & McAdams, 2007; Kerr, 1996; Pasupathi et al., 2007). Returning veterans appear to be in the second stage of identity development—liminality—and caught between who they knew themselves to be in the military and who they are now that they are in the civilian world. They are “waiting to become someone else [again],” and must create hybrid identities that incorporate military and civilian cultural knowledge, values, and practices (Mahalingam, 2008). However, veterans revealed that the time spent waiting was not positive. They described it as feeling “black” on the inside and feeling as though they were drowning, intimating the death of oneself or the death of identity. Although they are surrounded by civilians in various contact zones, they are in a “sea of strangers” who “don’t get you,” leading to uncertainties about their identities and the need to avoid contradictions between who they see themselves to be and how others perceive them (Hermans, 2001) through self-isolation and the use of alcohol. Veterans need to reenter the social structure (Turner, 1974) in order to create hybrid identities; however, there are power asymmetries that impact their ability to negotiate the process. They must be able to engage in the “I as human being” strategy (O’Sullivan-Lago et al., 2008) with others in supportive contact zones in order to incorporate their past experiences, create connections based on sameness, and reject unwanted identities.

Ultimately, veterans must be able to articulate a fully integrated (Berntsen et al., 2003) and coherent (Burnell et al., 2009) personal narrative in order to avoid a crisis in identity (Adler & McAdams, 2007; Baerger & McAdams, 1999; Bruner, 1987; Howard, 1991; Pasupathi et al., 2007; Ricoeur, 1992; Sarbin, 1986; Whitty, 2002). This is challenging given most civilians’ lack of understanding about military culture (Collins, 1998), the lack of validation of soldiers’ efforts, and the general lack of acknowledgment of soldiers who return from war (Doyle & Peterson, 2005). Veterans identified the need to connect with other veterans who can “see [them] as a person,” supporting Hunt and Robbins’s (2001) findings from World War II veterans who identified social support from comrades, wives, and family members as an important lifelong coping strategy. Through these connections, veterans will be able to create meaning in their lives and shift their imaginations from being “enlisted in life-destroying service” (Tick, 2005) to creating new possibilities for a future in the civilian world, thus reducing the probability of poor mental health outcomes. Not only will opportunities for storytelling facilitate veterans’ ability to relearn civilian social norms and become

“re-membered” into civilian culture, but they have the potential for teaching civilians about military culture, thus narrowing the civilian-military cultural gap (Collins, 1998) and creating stronger support networks for returning veterans.

### Limitations

This exploratory study increases our understanding about some of the challenges facing returning Iraq and Afghanistan war veterans as they attempt to reintegrate into civilian life. However, it is not without limitations: (a) Neither mental health status nor the role of trauma in identity construction was assessed; (b) the amount of time between participants’ return to the U.S. and/or separation from the military and participation in the study was not assessed; (c) the impact of the number of deployments was not explored; and (d) differences between veterans from different branches of the military were not qualitatively explored. Each of these limitations should be examined in future studies in order to better inform our understanding of this complex issue.

### Recommendations

#### SERVICES AND PROGRAM IMPLICATIONS

There are three areas in which services that benefit veterans, either directly or indirectly, are suggested: (a) support groups for veterans, in which they would have the opportunity to share their stories; (b) transition groups for families and friends of veterans, in which they would have the opportunity to learn about military culture and how to best support their veteran; and (c) military cultural competence training for mental health practitioners (i.e., therapists, social workers, and college and university counselors). Training should elucidate the reintegration challenges veterans face and inform models to address the unique needs of veterans.

#### FUTURE RESEARCH

Findings from this study indicate the need for further research among this population in three primary areas. First, additional focus groups should be held to explore the reintegration challenges that are unique to veterans according to number of deployments, branch of service, and length of time since separation from the military. Second, mixed methods should be implemented to obtain a better understanding of the continuum of distress that veterans experience and to explore links between identity, culture, mental health, and reintegration. Third, a longitudinal study should be conducted to illuminate the ways in which veterans resolve reintegration challenges. Results could be used to inform services, programs, and, ultimately, policy.

## Conclusion

In summary, we are just beginning to acknowledge the magnitude of work ahead to address veterans' mental health issues. Based on current findings, the numbers of veterans with diagnosed mental health disorders do not tell the whole story. Participants' narratives about their experiences of war and homecoming reveal their confusion, their frustration, and their distress. Since veterans without clinically diagnosed mental illness do not qualify for services from the Veterans Administration (VA), they do not receive treatment from the VA; thus, there will be many who will not receive the support they need to successfully reintegrate into society. Furthermore, not all veterans should be pathologized. While there are many veterans who have diagnosable mental health disorders, it appears that others may merely need a way to transition from military culture into civilian culture. Although boot camp provides the necessary transition rites to become part of military culture, there is no equivalent civilian camp to assist veterans with successful reintegration once they leave military settings. Many veterans are experiencing a crisis of identity, and a continuum of services—both formal and informal—is needed to support them. Opportunities to develop integrated personal narratives could provide a way to prevent or at least mitigate poor mental health outcomes. The costs of ignoring veterans are great, and we owe it to them to provide the care and support they need to imagine themselves in new ways, reintegrate into civilian culture, and live healthy and productive lives.

## REFERENCES

- Abes, E., Jones, S., & McEwen, M. (2007). Reconceptualizing the model of multiple dimensions of identity: The role of meaning-making capacity in the construction of multiple identities. *Journal of College Student Development, 48*, 1–22.
- Adler, J., & McAdams, D. (2007). Time, culture, and stories of self. *Psychological Inquiry, 18*, 97–128.
- Baerger, D., & McAdams, D. (1999). Life story coherence and its relation to psychological well-being. *Narrative Inquiry, 9*, 69–96.
- Barrett, T., & Mizes, J. (1988). Combat and social support in the development of posttraumatic stress disorder in Vietnam veterans. *Behavior Modification, 12*, 100–115.
- Barrett, D., Resnick, H., Foy, D., Dansky, B., Flanders, W., & Stroup, N. (1996). Combat exposure and adult psychosocial adjustment among U.S. Army veterans serving in Vietnam, 1965–1971. *Journal of Abnormal Psychology, 105*, 575–581.
- Berntsen, D., Willert, M., & Rubin, D. (2003). Splintered memories or vivid landmarks? Qualities and organization of traumatic memories with and without PTSD. *Applied Cognitive Psychology, 17*, 675–693.
- Brewin, C., Andrews, B., & Valentine, J. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting Clinical Psychology, 68*, 748–766.

- Bruner, J. (1987). Life as narrative. *Social Research*, 54, 11–32.
- Burnell, K., Hunt, N., & Coleman, P. (2009). Developing a model of narrative analysis to investigate the role of social support in coping with traumatic war memories. *Narrative Inquiry*, 19, 91–105.
- Cajete, G. (1994). *Look to the mountain: An ecology of indigenous education*. Durango, CO: Kivaki Press.
- Cascardi, M., & Vivian, D. (1995). Context for specific episodes of marital violence: Gender and severity of violence differences. *Journal of Family Violence*, 10, 265–293.
- Chandler, M., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35, 191–219.
- Chen, A. (1999). Lives at the center of the periphery, lives at the periphery of the center: Chinese American masculinities and bargaining with hegemony. *Gender and Society*, 13, 584–607.
- Collins, J. (1998). The complex context of American military culture: A practitioner's view. *Washington Quarterly*, 21, 213–226.
- Crossley, M. (2000). Narrative psychology, trauma, and the study of self/identity. *Theory & Psychology*, 10, 527–546.
- Department of Defense. (2010). *U.S. casualty status*. Retrieved from <http://www.defense.gov/news/casualty.pdf>
- Doyle, M., & Peterson, K. (2005). Re-entry and reintegration: Returning home after combat. *Psychiatric Quarterly*, 76, 361–370.
- Geertz, C. (1973). *The interpretation of cultures*. New York: Basic Books.
- Gelles, R., & Cornell, C. (1985). *Intimate violence in families*. Beverly Hills, CA: Sage.
- Hermans, H. (2001). The dialogical self: Toward a theory of personal and cultural positioning. *Culture and Psychology*, 7, 243–281.
- Hermans, H., & Kempen, H. (1998). Moving cultures: The perilous problems of cultural dichotomies in a globalizing society. *American Psychologist*, 53, 1111–1120.
- Howard, G. (1991). Culture tales: A narrative approach to thinking, cross-cultural psychology, and psychotherapy. *American Psychologist*, 46, 187–197.
- Hunt, N., & Robbins, I. (2001). World War II veterans, social support, and veterans' associations. *Aging and Mental Health*, 5, 175–182.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.
- Kerr, D. (1996). Democracy, nurturance, and community. In R. Soder (Ed.), *Democracy, education and the schools* (pp. 37–68). San Francisco: Jossey-Bass.
- King, L., King, D., Fairbank, J., Keane, T., & Adams, G. (1998). Resilience-recovery factors in posttraumatic stress disorder among female and male Vietnam veterans: Hardiness, postwar social support, and additional stressful life events. *Journal of Personality and Social Psychology*, 74, 420–434.
- Koenen, K., Stellman, J., Stellman, S., & Sommer, J., Jr. (2003). Risk factors for course of posttraumatic stress disorder among Vietnam veterans: A 14-year follow-up of American Legionnaires. *Journal of Consulting and Clinical Psychology*, 71, 980–986.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Mahalingam, R. (2008). Power, social marginality, and the cultural psychology of identities at the cultural contact zones. *Human Development*, 51, 368–373.

- Main, M. (1995). Recent studies in attachment: Overview, with selected implications for clinical work. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 407–474). Hillsdale, NJ: Analytic Press.
- Mair, M. (1988). Psychology as storytelling. *International Journal of Personal Construct Psychology, 1*, 125–137.
- Mazeo, S., Beckham, J., Witvliet, C., Feldman, M., & Shivy, V. (2002). A cluster analysis of symptom patterns and adjustment in Vietnam combat veterans with chronic posttraumatic stress disorder. *Journal of Clinical Psychology, 58*, 1555–1571.
- McAdams, D. P. (1993). *The stories we live by: Personal myths and the making of the self*. New York: Morrow.
- Miles, D. (2004). *Stress levels high among service members: Some red flags raised*. Retrieved from [http://www.defenselink.mil/news/Mar2004/n03092004\\_200403092.html](http://www.defenselink.mil/news/Mar2004/n03092004_200403092.html)
- Morgan, D. (1998). *The focus group guidebook*. Newbury Park, CA: Sage.
- O'Sullivan-Lago, R., & de Abreu, G. (2010). Maintaining continuity in a cultural contact zone: Identification strategies in the dialogical self. *Culture and Psychology, 16*, 73–92.
- O'Sullivan-Lago, R., de Abreu, G., & Burgess, M. (2008). 'I am a human being like you': An identification strategy to maintain continuity in a cultural contact zone. *Human Development, 51*, 349–367.
- Pasupathi, M., Mansour, E., & Brubaker, J. (2007). Developing a life story: Constructing relations between self and experience in autobiographical narratives. *Human Development, 50*, 85–110.
- Pasupathi, M., Weeks, T., & Rice, C. (2006). Reflecting on life: Remembering as a major process in adult development. *Journal of Language and Social Psychology, 25*, 244–263.
- Pietrzak, R., Johnson, D., Goldstein, M., Malley, J., & Southwick, S. (2009). Psychological resilience and postdeployment social support protect against traumatic stress and depressive symptoms in soldiers returning from Operations Enduring Freedom and Iraqi Freedom. *Depression and Anxiety, 26*, 745–751.
- Pillemer, D. (1998). *Momentous events, vivid memories*. Cambridge, MA: Harvard University Press.
- Resnik, L., & Allen, S. (2007). Using International Classification of Functioning, Disability and Health to understand challenges in community reintegration of injured veterans. *Journal of Rehabilitation Research and Development, 44*, 991–1006.
- Resnik, L., Plow, M., & Jette, A. (2009). Development of CRIS: Measure of community reintegration of injured service members. *Journal of Rehabilitation Research and Development, 46*, 469–480.
- Ricoeur, P. (1992). *Oneself as another* (K. Blamey, Trans.). Chicago: University of Chicago Press.
- Riggs, D., Caulfield, M., & Street, A. (2000). Risk for domestic violence: Factors associated with perpetration and victimization. *Journal of Clinical Psychology, 56*, 1289–1316.
- Rosenthal, R., & Rosnow, R. (2007). *Essentials of behavioral research: Methods and data analysis* (3rd ed.). Boston: McGraw-Hill.

- Sarbin, T. (1986). The narrative as the root metaphor for psychology. In T. R. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp. 3–21). New York: Praeger.
- Schnurr, P., Lunney, C., & Sengupta, A. (2004). Risk factors for development versus maintenance of posttraumatic stress disorder. *Journal of Traumatic Stress, 17*, 85–95.
- Seltzer, J., & Kalmuss, D. (1988). Socialization and stress explanations for spouse abuse. *Social Forces, 67*, 473–491.
- Strauss, M. (1990). Social stress and marital violence in a national sample of American families. In M. A. Strauss, R. J. Gelles, & C. Smith (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 181–200). New Brunswick, NJ: Transaction.
- Sussman, N. (2000). The dynamic nature of cultural identity throughout cultural transitions: Why home is not so sweet. *Personality and Social Psychology Review, 4*, 355–373.
- Tanielian, T., & Jaycox, L. (Eds.). (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Santa Monica, CA: RAND Corporation.
- Tick, E. (2005). *War and the soul: Healing our nation's veterans from post-traumatic stress disorder*. Wheaton, IL: Quest Books.
- Turner, V. (1974). *Dramas, fields, and metaphors: Symbolic action in human society*. Ithaca, NY: Cornell University Press.
- Van Gennep, A. (1960). *The rites of passage* (M. Vizedom & G. Caffee, Trans.). London: Routledge.
- Weber, L. (1998). A conceptual framework for understanding race, class, gender, and sexuality. *Psychology of Women Quarterly, 22*, 13–22.
- Westwood, M., Black, T., & McLean, H. (2002). A re-entry program for peacekeeping soldiers: Promoting personal and career transition. *Canadian Journal of Counselling, 36*, 221–232.
- Westwood, M., McLean, H., Cave, D., Borgen, W., & Slakov, P. (2010). Coming home: A group-based approach for assisting military veterans in transition. *Journal for Specialists in Group Work, 35*, 44–68.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- Whitty, M. (2002). Possible selves: An exploration of the utility of a narrative approach. *Identity: An International Journal of Theory and Research, 2*, 211–228.

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