

Post-Traumatic Stress Disorder among Veterans
A Battle for Benefits: A Matter of Social Justice

by

Philip McCristall

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Dedication

This thesis would not be complete without the devotion of the men and women who have served Canada and the United States in the name of freedom, peace and world order. These proud men and women have sacrificed so much of their lives and, for that, I would like to extend a heartfelt thank you. They served as professional soldiers for their country with personal endeavour and perseverance and with honour. To those who are currently serving or, sadly, those who have paid the ultimate sacrifice, as a past Canadian Combat Engineer with One Combat Engineer Regiment and Veteran of Operation UNIKOM 1991, I salute you all as a Veteran and Combat Engineer Sapper- CHIMO!*

*CHIMO is defined as a greeting from the Inuktitut language of northern Canada, also used in some parts of Southern Ontario and Western Canada. CHIMO, the nickname, is a cheer and mascot used readily by the Canadian Military Engineers.

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List of Abbreviations

ASD - Acute Stress Disorder

ADAA - Anxiety and Depression Association of America

APA - American Psychological Association

ADHD - Attention Deficit Hyperactivity Disorder

CF - Canadian Forces

CAF – Canadian Armed Forces

CIB – Critical Injury Benefit

DND - Department of National Defence

DSH - Deliberate Self-Harm

DSM-5 (III, IV, V) - The Diagnostic and Statistical Manual of Mental Disorders 3rd, 4th, 5th Ed.

FMRI - Functional Magnetic Resonance Imaging

IED - Improvised Explosive Device

MCpl - Master Corporal

MEG - Magnetoencephalography

MRI - Magnetic Resonance Imaging

MST – Military Sexual Trauma

MP - Member of Parliament

MWD - Merriam-Webster Dictionary

NCO- Non-Commission Officer

NIH - The National Institute of Health

NIMH - The National Institute of Mental Health

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List of Abbreviations (Continued)

NVC - New Veterans Charter

OEF - Operation Enduring Freedom

OIF - Operation Iraqi Freedom

OND - Operation New Dawn

OPSEC - Operational Security

OSI - Operational Stress Injury

PTS - Post-Traumatic Stress

PTSD - Post-Traumatic Stress Disorder

TBI - Traumatic Brain Injuries

UK - United Kingdom

UN - United Nations

UNIKOM - United Nations Iraqi Kuwait Observation Mission

US - United States

VA - Veterans Affairs United States

VAC - Veteran Affairs Canada

VHA - Veterans Health Administration

WO - Warrant Officer

WW I – World War I

WW II - World War II

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Chapter 1

Introduction

I do not look like I am affected, but I am! Some [Veterans state,] that when they left the military they didn't feel like a part of society anymore; [they] didn't know how to explain their experience... [when] they come back to the civilian world... a lot of [Veterans] have [stated] that there was very little support, if not no support!
(May)

As May suggests, my purpose in this thesis is to describe, from Veterans' perspectives, how the government and society both disregard Veterans with post-traumatic stress disorder (PTSD) and the battles they face as they try to reintegrate back into society. Through the processes of bureaucracy, Veterans continue to be denied services to which they are entitled. There are members of society, including many Veterans who have returned from deployment, who feel that the neglect and irresponsible actions of the government is considered a State crime. The government is a representation of the people of Canada whose duty is to oversee the betterment and safety of our Veterans, but many of these brave men and women are returning from war not able to reintegrate back into society because of mental injuries sustained from battle exposure and the lack of services provided for rehabilitation.

The trauma that soldiers experienced in World War I (WW I), World War II (WW II), Korea, Vietnam, Iraq, and Afghanistan all have the same thing in common, PTSD. The effects are as invasive and aggressive as the cause of the injury. PTSD does not choose its victims based on race, gender, ethnicity, nor age, as this injury is non-biased. In this thesis, I illuminate the crime of disenfranchisement and recount how the

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government, which oversees society, disqualifies Veterans with PTSD upon their return from deployment. Veterans are caught in a Catch 22 situation, where society sends the military to fight a political war, one which may or may not be understood, and its participants do not have the choice from refraining from their service unless they are willing to accept the dire consequences of such actions. Upon a Veteran's return to society, those with PTSD are penalized for their service by those who sent them into harm's way (Firm, 2012).

The complexity and magnitude of bureaucracy by those who return from deployment is just staggering. Almost 2 million US military Veterans do not have health insurance nor are they receiving continuing care at a Veterans Health Administration (VHA) hospital (Woolhandler et al., 2005). President Barack Obama stated as a Presidential candidate that:

No veteran should have to fill out a 23-page claim to get care, or wait months – even years -- to get an appointment at the VA...when we fail to keep faith with our veterans, the bond between our nation and our nation's heroes becomes frayed. When a veteran is denied care, we are all dishonored (Bronstein, Black, & Griffin, 2014, n.p.).

According to The National Institute of Health (2009), PTSD afflicts approximately 3,046,632 Veterans who participated in Vietnam, Desert Storm and the Global war on Terror. In addition to these overwhelming numbers, there are well over 253,000 Veterans suffering from traumatic brain injuries (TBI) which parallel/concurrently with PTSD. Research has indicated that depending on the severity

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of the TBI, such an injury can be a precursor to PTSD (U.S. Department of Veterans Affairs, 2014).

In Canada, according to a *CBC News* report (2015, n.a.), the number of veterans who have been diagnosed with PTSD has almost tripled in the last eight years. In 2007, there were 5,548 Veterans who were diagnosed with PTSD; this number has escalated to 14,375 as of March 2015. There are over 700,000 Canadian Veterans who will require medical treatment and rehabilitative measures to deal with their injuries stemming from operational deployments since the early 90's (Parent, 2014). Many of these Veterans do not seek medical attention because of their involvement with the bureaucracy that qualifies them for benefits, the societal stigma, and the institutional stigma attached to mental illness (Chamberlin, 2012; Mittal, Drummond, Blevins, Curran, Corrigan, & Sullivan, 2013; White, 2014).

These staggering numbers are the direct result of implemented legislative changes made to adhere to the budgetary restraint policy. In 2014, the Harper Conservative government closed nine VAC clinics across Canada, which made access to treatment extremely difficult (Theresa Do, 2014). Mark Johnston, a psychiatrist who assists the Department of National Defence (DND) and *Veteran Affairs* since 2003, states:

...the numbers are going up, I would argue there's probably an awful lot more [Veterans]—[as well as] percentage-wise. I think we are scratching the surface, to be honest, we are probably catching much less than 50 per cent of them (*CBC News* report, 2015, n.p.).

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Retired Canadian General Rick Hillier, who acknowledges that the Canadian government has not done enough to support Canadian military personnel, concluded in an interview, that “young men and women have lost confidence in our country to support them” (Day, 2014, n.p.). In addition, many Veterans are afraid to seek help because of the (societal and mental) negative stigma they may encounter (Ruzek, 2011) attached to PTSD. Current research reveals that untreated PTSD in military personnel could lead to “substance abuse, domestic violence, suicide, and homicide” (Levine, & Land, 2014, p. 59) as well as homelessness.

According to Brewster (2016), a 2015 study conducted by *Employment and Social Development Canada* revealed that approximately 2250 Canadian former soldiers are homeless, which is approximately “...2.7% of the total homeless population” who are utilizing temporary shelters. Canada’s top military commander General Vance (as cited by Brewster, 2016, n.p.) comments that "It's shocking in Canada that we would have any veteran who is homeless, but it is a sad reality".

The average age of a homeless individual from the general population is 37, whereas the average age of a homeless soldier is 52 years of age. “Soldiers who are being released on medical grounds, particularly for post-traumatic stress disorder, are among the most vulnerable” (Brewster, 2016, n.p.). Therefore, without treatment, according to Levine and Land (2014), soldiers may externalize internal manifested anxiety and engage in behaviour that is considered deviant by the society that initially sent them into harm’s way. The bottom line is that society sends our people to war and shuns them when they return mentally injured; these men and women do not have the necessary access to resources nor the knowledge to care for themselves. As a result, some become engaged

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with law enforcement. The severity of the mental injury is one factor that contributes to dysfunctional behaviour.

PTSD is a “trauma-related mental [injury] disorder with anxious and depressive features, resulting from exposure to one or more events involving actual or threatened death or serious injury” (Todd et al., 2015, p. 1). Rose (2015, p. 2) defines PTSD as a concept that “...is also well-known among the general population, becoming a ‘buzzword’ associated with any non-physical issues that some Veterans may face”. I argue that systemic disenfranchisement coupled with the societal stigma attached to PTSD provides a good argument substantiated with research that PTSD is associated with behaviour that involves violence, suicide, substance abuse, and poor physical health. This can be attributed to a lack of social and, primarily, stringent policy guidelines in order for Veterans with PTSD to successfully receive governmental support.

Many modern-day Veterans (particularly those who have been injured from operational duties post 1991) who have committed themselves honourably to serve in the US and Canadian military and who become injured in the process of operational deployment are entitled to benefits. Both US and Canadian federal legislation stipulates that Veterans who are injured while on duty are entitled to claim for benefits, assistance and compensation. Until 2006, the Pension Act, R.S.C. 1985, c. P-6 was the governing authority that provided pensions and benefits to military personnel. A statement of Claim was filed in the Canadian Supreme Court of British Columbia, which was heard on July 22-24, 2013. On April 1, 2006, the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, S.C. 2005, c. 21 was enacted, otherwise known as the *New Veterans Charter* (NVC) (Scott v. Attorney General of Canada, BCSC 1651,

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2013). The purpose of this claim was to challenge the represented disregard of the Canadian Government and the promises made to soldiers while in service. This claim focuses on whether Canada has an obligation to honour a social contract made by Prime Minister Borden (1917) and the benefits that soldiers are entitled to in the event they are injured or succumb to their injuries while under service to their country. Veterans continue to be denied resources for rehabilitative measures and “...are being treated unequally because the benefits and compensation available under the NVC are substantially less favourable than those that are available to injured persons claiming under tort law or workers’ compensation laws” (Drapeau, 2013, n.p.).

Statistical surveys being released by the Canadian government representing the number of troops suffering from PTSD can be argued as being skewed and misleading. According to Blackwell (2016), who interviewed a Professor at McGill University, Dr. Alain Brunet, gave the reason why military surveys are inaccurate, stating that “troops who retire or [who] are forced to leave because of mental health problems are essentially replaced by healthier recruits, [thus] skewing the military statistics” (n.p.). The misrepresentation of skewed statistical data can cause a ripple effect, where an insufficient amount of funding is thus allocated to rehabilitative measures resulting in a greater number of Veterans not receiving proper treatment.

The Veterans in my research stated that the resources provided by VA helped in the process of reintegrating to some sort of normalcy, yet, thousands of Veterans do not come forward to seek help. It is my goal to illuminate the fact that Veterans are mistreated not only by governmental agencies, but also by society in general. Therefore, I argue, that the mistreatment endured by Veterans is a factor that contributes to Veterans

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choosing not to come forward for treatment. Furthermore, it is through my research and the techniques used to analyze the narratives in this thesis that allow for a more comprehensive and thorough understanding of the effects of PTSD among Veterans, and the obstacles that many face as they try to reintegrate back into society. Listening and observing the mannerisms and the facial movements of my participants as they tell their stories allows me to draw upon their experiences and to gain a better understanding of what they went through during their deployment.

A narrative analysis is defined as a method used within qualitative research that is not limited to just analyzing the conversation of the participant, rather it is an opportunity to further understand the social structures or factors influencing the participant and their actions (Denzin & Lincoln, 2011). It is very unrealistic to expect the society in which we live to understand what exactly Veterans go through during deployment. The only perceptions of war and what it feels like to go to war is what is propagated through media sources, or what we are personally told by those who go to war. Therefore, it is important that Veterans have a platform to speak and have the opportunity to pass on their experiences so that society can learn how to receive those we send into harm's way.

My research is multi-faceted; allowing Veterans to voice their dramatic experiences in the form of narratives, which, in turn, may act as a catalyst for healing. The process of healing occurs through the listening and expressing of one's experiences (Dyer, 2001). When a Veteran knows that they are not alone in their journey of healing, they may decide to express their internal anxiety and lower their guard. This process of healing allows for a smoother transition from a military life to a civilian life and for

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society to establish a better foundation for understanding the barriers that Veterans are currently experiencing during their transition.

Academic literature affirms that trauma exposure resulting in cognitive impairment is a contributing factor that increases the likelihood of an individual deviating from social normalcy and engaging in deviant behaviour (Mongillo, Brigigg-Gowan, Ford, & Carter, 2009). Veterans who are suffering from PTSD also have a greater likelihood of having suicidal ideation than those who have not been exposed to combat (Blackwell, 2016). According to Lanius (2016) as cited by Blackwell (2016), a PTSD expert at Western University, has recently found that the number of Veterans who experienced combat in Afghanistan have higher suicidal thoughts than what is considered normal in comparison to Veterans who have been operationally deployed elsewhere. The research conducted by Lanius (2016) is contrary to research that has been published over a decade of those who have served in Iraq and in Afghanistan.

Research conducted by Hoge, Castro, Messer, McGurk, Cotting, and Koffman (2004) reveals that Veterans who experienced battle in Iraq have a higher percentage of succumbing to PTSD than those who were exposed to similar conditions and who had returned from duty in Afghanistan. An argument can be made that, the increasing rates of PTSD for Veterans who served in Afghanistan is due to multiple deployments and a lengthy engagement in Afghanistan. Upon returning home, whether it be from Afghanistan or Iraq, they face several, but similar bureaucratic obstacles, as well as a societal stigmatism that is rooted in the media propagating mental illness (Ruzek, 2011). The bureaucracy imposed by government agencies entails a tremendous battle for some Veterans to prove their injuries in order to receive rehabilitative services by support

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agencies which are required to aid Veterans in the integration process (Chapin, 2015).

Without proper rehabilitative measures, Veterans tend to have problems holding down employment and are unable to maintain healthy relationships (Chamberlin, 2012). Thus, Veterans with PTSD are tremendously disadvantaged and hindered from reintegrating back into society successfully.

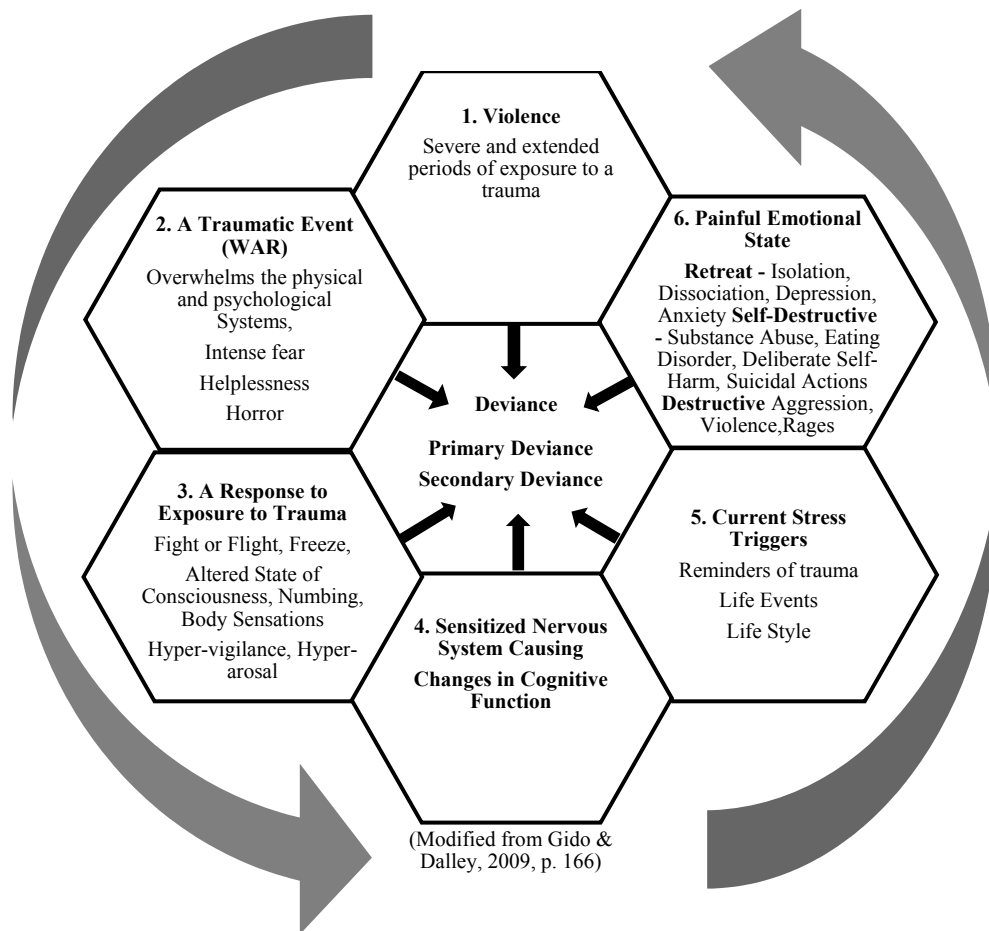
Current research identifies the fact that many Veterans are externalizing their internal-manifested anxieties due to frustration with the current system designed to cater to wounded Veterans. I argue that these Veterans are being subjected to political and societal abuse. There are several cases that clearly identify neglect and a blatant disregard from both the Canadian and US governments in their ability to provide and properly administer medical benefits and insurance coverage for injured Veterans battling PTSD.

To help facilitate a better understanding of the effects of PTSD, I will be illustrating the addition of violence as a process in a modified trauma model found on (p. 10), originally introduced as a model called the processes of trauma by Gido and Dailey (2009). The violence process will help shape a more comprehensive understanding of the root causes of trauma that occurs between Veterans returning from deployment and their intimate partners and family members as they reintegrate back into a civilian role. The data gathered for my thesis reveals that PTSD is associated with several types of aggressive behaviour and violence.

The modified process model represented on the following page has been re-configured from a linear model created by Gido and Dalley (2009) to illustrate that, at any given point after being exposed to violence, soldiers can become vulnerable and susceptible to further abuse and torment (secondary trauma).

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Chart 1: The Modified Model of the Processes of Trauma



The model above consists of six processes: 1) violence; 2) a traumatic event; 3) a response to exposure to trauma; 4) a sensitized nervous system causing changes in one's cognitive function; 5) current stress triggers; and 6) a painful emotional state.

When defining trauma, a consideration has to be made to include the experiencing or exposure to an event caused by external stressors, which compromises a person's ability to maintain self-control of their emotions (D'Andrea, Ford, Stolbach, Spinazzola & van der Kolk, 2012). Trauma from a clinical perspective refers to a specific event in the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-V)* (APA, 2013). The DSM-V is considered the leading diagnosing authority of trauma-

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related injuries. While medical authorities have broadly defined trauma-related injuries, literature has failed to explore how trauma may be among the root reasons for deviance (Cruise, & Ford, 2011). Technological advances in the field of sonography and imaging practices have made it possible to concretely identify damage sustained from battle exposure. One could argue that because of such advances in medical technology, Veterans would not be scrutinized as much as they are to prove that they need resources to help facilitate recovery from mental injuries sustained from deployment in order to reintegrate back into normalcy.

It is my goal to illustrate that Governmental actions pose a threat of imposing secondary trauma and unwarranted stress on returning veterans who are suffering from PTSD. It is through governmental legislative changes and the implementation of a stringent policy restricting access to rehabilitative services that hinder recovery. Many Veterans feel that the current Government does not want to deal with the issues related to PTSD, nor do they want to provide funding that can help alleviate the growing number of PTSD cases. Furthermore, the restraining of services is considered threatening by many Veterans, which results in the prolonging of recovery causing further cognitive damage and societal disassociation. This action challenges the solemn commitment of the social contract made almost 100 years ago by Sir Robert Borden.

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According to historical records, on the eve of the Battle of Vimy Ridge in 1917, the Prime Minister of Canada, Sir Robert Borden, visited with the troops and made this solemn commitment on behalf of the country:

You can go into this action feeling assured of this, and as the head of the government I give you this assurance: That you need not fear that the government and the country will fail to show just appreciation of your service to the country and Empire in what you are about to do and what you have already done. The government and the country will consider it their first duty to see that a proper appreciation of your effort and of your courage is brought to the notice of people at home that no man, whether he goes back or whether he remains in Flanders, will have just cause to reproach the government for having broken faith with the men who won and the men who died.

The quote stated above is in the foundation of the social covenant that has become so highly debated in the current government. The government of Canada believes that this oath belongs in the past and has no place in modern society. Society has chosen to blatantly disregard the sacrifices of brave men and women who have been sent into harm's way and have returned to a government that does not want to be held accountable for the decisions they have made as they represent the people they govern. "Canada has long been in denial about the extent of PTSD in the ranks" (Finkel, 2013, p. xi).

Unless history is brought to the forefront and taught, it is forgotten. I argue that the past must be remembered and preserved to accommodate change from previous historical failures. People have sacrificed their lives and their limbs for freedom and democracy and the betterment of their country. It is for that reason that the government

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we elect has a moral obligation and a responsibility to look after the men and women who return from battle injured, maimed or who have paid the ultimate sacrifice in the name of peace. According to Drapeau (2013, n.p), the Canadian government solemnly committed, following the initial invasion of Vimy Ridge in 1917, that those in uniform:

...by whose sacrifice and endurance the free institutions of Canada will be preserved must be re-educated where necessary and re-established on the land or in such pursuits or vocations as they may desire to follow. The maimed and the broken will be protected, the widow and the orphan will be helped and cherished. Duty and decency demand that those who are saving democracy shall not find democracy a house of privilege, or a school of poverty and hardship.

Section 2 of the current *Canadian Pension Act* elaborates on the following:

The provisions of this Act shall be liberally construed and interpreted to the end that the recognized obligation of the people and Government of Canada to provide compensation to those members of the forces who have been disabled or have died as a result of military service, and to their dependants, may be fulfilled (Government of Canada Justice Laws, 2015; Canadian Pension Act, 1985, n.p.).

Moreover, I argue that the Canadian government is failing to honour policies and solemn covenants specifically declared to provide guidelines that would indicate that Canadian Forces (CF) service personnel and Veterans who have been injured would be provided with the proper resources to address their injuries. Research has identified that without services for proper rehabilitation, such actions can lead to domestic violence and suicide. The trending rates of suicide in the US is considered the highest in the past 30

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years since the US Government started monitoring suicide rates among military personnel (Starr & Mount, 2009).

According to Levine and Land (2014), greater than 7,000 military personnel commit suicide each year. What is more alarming is that “25 Veterans die by suicide for every single soldier killed in combat” due to not receiving the proper treatment for rehabilitation to properly reintegrate back into society (Levine, & Land, 2014, p. 59). According to an article published in *The Star* (September 16, 2014), the Canadian “military lost more soldiers to suicide than it did to combat in Afghanistan... 160 personnel have committed suicide between 2004 and March 31, 2014,” matched to the 138 soldiers who were “killed in combat between 2002 and 2014” (Campion-Smith, 2014, n.p.).

These numbers are a clear indication that the government is not doing enough for the implementation of those measures that would prevent Veterans suffering from operational stress injuries to commit suicide. Liberal Member of Parliament (MP) Frank Valeriote (as cited by Campion-Smith, 2014, n.p.), stated in the House of Commons that “these men and women are neglected in the Canadian Forces and then completely abandoned as veterans [upon their return from deployment].”

Therefore, the chronic stress that veterans experience, whether domestic or foreign, as defined in the Merriam-Webster Dictionary (MWD) (2015, n.p.) is the brain’s response to any action that is “either physical, chemical, or [an] emotional factor that causes bodily or mental tension.” Veterans experience the stress of battle and once they return home from war, some Veterans continue to live with stress due to their injuries. Exposure to such stress for prolonged periods of time can cause psychological or

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physiological changes causing cognitive dysfunction (Ford, Chapman, Connor, & Cruise, 2012).

Upon return from deployment, Veterans are confronted with many external environmental stimuli such as a loud noise and visual events which can trigger a heightened arousal and create a stress response. These stress responses may result in changes to a person's cognitive function, causing them to react negatively to a perceived stressful situation. These physiological and psychological changes that have occurred can be of a positive or of a negative nature. There are different types of stressors that exist, making stress management for a Veteran with PTSD difficult and complicated.

The stress that soldiers initially experience can be categorized as traumatic stress derived from battle exposure where there is a serious possibility of being injured or killed. Lengthy periods of deployment paired with exposure to traumatic experiences may facilitate the development of PTSD among certain Veterans, who once they return from battle internalize their anxiety. PTSD, historically, has been perceived by society as a consequential factor of war, and such a factor should not have a direct effect on soldiers (Chamberlin, 2012). Society has a misconceived notion that soldiers are resistant to psychological trauma. According to Finkel (2013, p. xi), "Canada has long been in denial about the extent of PTSD," which resonates in the voice of Liberal MP Frank Valeriote (2014) as previously stated "these men and women are neglected in the Canadian Forces and then completely abandoned as veterans [in society]" (Campion-Smith, 2014, n.p.).

In the following Chapter, I provide an overview of the theoretical and empirical research that highlights how returning Veterans with PTSD reintegrate back into their society and the problems they experience as they do so.

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Chapter 2

Literature Review

My goal in this Chapter is to review and identify the theoretical and empirical research that highlights how returning Veterans with PTSD are treated by government and society in general, along with the battles Veterans face as they try to reintegrate back into society. This review of such studies mainly addresses current literature and identifies existing gaps. I begin with an overview of the military culture as doing so ‘sets the stage’ for how PTSD might develop in soldiers while on the battlefield.

Military Culture

“A soldier may kill with legitimacy under the conventions of war. But the moral conventions of war do not always...sit easy [during] a soldiers duty” (Sherman, 2011, p. 37). Chamberlin (2012, p. 358) suggests that “trauma-related nervous disorders have become the mark of someone who failed to live up to culturally constructed notions of the ideal male citizen soldier”. Chamberlin (2012, p. 360) states that, historically, there is a perception that, “soldiers were men: they were strong, not scared or traumatized; only tired”. So many returning Veterans have felt that not being able to handle battle makes them weak and, thus, not suited to be in the military if they cannot handle the stress of battle engagement. As Cliff, one of my participants suggests “...growing up, men never talked about their problems, you never showed emotions, you just did it, because you were a man. That made it even harder for me when I started to have problems...”

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Chamberlin (2012, p. 358) argues that,

The history of post-traumatic stress disorder and other war-related traumatic disorders is a study in evolving American sensibilities, social mores, and gendered cultural expectations. Since its first appearance on the battlefield, PTSD and its predecessors were used by Americans to symbolize the manifestation of societal concerns surrounding unfulfilled gender roles tightly bound to concepts of heteronormativity.

Men and women go into battle for the first time as soldiers and are christened with visual depictions of horror that may become impregnated in a soldier's mind. Upon a Veteran's return home from battle, many who suffer from PTSD and the lingering memories from their experience in theatre tend to have issues assimilating back into normalcy. These soldiers have been conditioned and hardened to the horrors of battle and have been on guard for such a period of time, they often do not possess the ability to deal with their physiological changes causing cognitive dysfunction. Although the term, PTSD, has been around for many years, only recently has it become recognized in the English vocabulary. In 1980, the term was added to the *Diagnostic and Statistical Manual of Mental Disorders – III* (APA, 1987), allowing for a more thorough diagnosing medical approach and a critical analysis of the injury.

The term, PTSD, is identified in the DSM V as a disorder, but is critically looked upon by many military leaders, as well as Veterans as a term that should be relabeled. For the benefits of this thesis, I argue that the relabeling of the term is required and should be referred to as military war PTSD rather than generalized with other forms of PTSD. The term, "disorder," has a negative societal stigma (Ruzek, 2011) attached to it, resulting in

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many reluctant Veterans to seek help because of the negative repercussions from peers and from higher military authority. I further argue that the term, disorder, is not the word of choice among many Veterans, and that the term should be changed from a “disorder” to an “injury” which has been caused by exposure to trauma. Having the word changed fits military troop culture and may reduce the stigma associated with the disorder that otherwise is seen as negative (APA, 2013).

Several scholars have reported that exposure to violence leads to more violence (Steinberg, 2000). Violence is a primary factor that contributes to PTSD which can be attributed to exposure from extreme trauma, causing cognitive dysfunction (Ford et. al., 1999). Traumatic events that may lead to PTSD include, “...military combat, violent personal assault, being kidnapped or taken hostage, a terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disasters, severe automobile accidents, or being diagnosed with a life-threatening illness” (Chamberlin, 2012, p. 362). In the following section, academic scholars reveal explanations on how battle exposure and induced trauma experienced by Veterans may result in PTSD and the effects of such exposure.

The Effects of PTSD

Herman (1997, p. 115) suggests that society has no “...knowledge or understanding of the psychological changes... [or the effects that take place due to combat engagement].” The effects of PTSD is important to be recognized, for it establishes a necessity for treatment. Veterans are sent into battle and are made to endure the atrocities that are left behind by war and return to an implemented legislative policy that does not recognize the hardship nor pain that families have to face when injured

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Veterans return home from battle. For many, the impact received from both government and society is fiercely negative. While some Veterans are resistant to the effects of trauma, others are particularly vulnerable. The population with the highest risk are Veterans who are exposed to combat and extreme traumatic situations. The majority of society does not understand what it feels like to go to combat, furthermore, they do not understand that the effects of combat may make an everlasting imprint on a soldier's mind. Herman (1997, p. 115) states that "prisoners of war who succumb to brain-washing are often treated as traitors". Soldiers who are exposed to traumatic situations may transition from one identity to another, not by willful choice, but, rather, their shift is due to duress and adaptation to their environment.

Therefore, soldiers adapt to extreme situations in order to maintain survival. According to Herman (1997), imposed societal stigma and stereotyping can pressure a Veteran to question their own identity after returning back to society from battle. When society imposes an ideology that faults the character of a Veteran and questions their service to their country, this type of secondary trauma causes a returning Veteran extreme duress, forcing them to question their role as a soldier, their identity and their actions while in combat (Herman, 1997).

Because of the lack of societal knowledge surrounding war and its effects on Veterans, there is a societal perception that does not recognize the damage that causes cognitive dysfunction as being justified and warranted. Due to the rising number of diagnosed Veterans who are returning from Afghanistan with PTSD, there is a forced societal need to recognize the symptoms of PTSD and how they relate to cognitive dysfunction. PTSD became a very serious issue following the Vietnam War, in which

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many Veterans met with insufficient resources and knowledge from medical practitioners tasked to administer care (Chamberlin, 2012). The reasons why diagnosing PTSD was so difficult during the Vietnam era was because the disorder “...was also ambiguous...” (Chamberlin, 2012, p. 362). Veterans returning with PTSD had limited access to the necessary support services, limiting a person’s choice to seek help and deal with their mental trauma appropriately (Chamberlin, 2012). The Vietnam War ended over 40 years ago, but I question as to whether the ambiguity has changed surrounding the determining of PTSD which I claim has been a factor that contributes to the prolonging of treatment.

Research conducted to analyze the traumatic effects of PTSD on Vietnam Veterans revealed that combat Veterans of that era have difficulties with relationships or the ability of “...feeling emotionally close to anyone” (Herman, 1997, p. 63). In addition, the study also noted that male Veterans with PTSD were either not likely to marry and those who were already married with children had severe parenting issues and were more likely to divorce. Many of these male Veterans of that era resorted to violence, whereas female Veterans claimed similar dysfunctional behaviour except they did not indulge in violence (Herman, 1997). Based on academic literature, this type of behaviour is a common modern occurrence which has not evolved, but has stayed relatively consistent among the Veterans who are suffering from PTSD and similar to those of previous eras. Research conducted by Finley (2011, n.p.) found that:

OEF/OIF Veterans with PTSD were four times more likely to describe thoughts of suicide than were those with no PTSD (rates are even higher among those with PTSD and other mental illness, such as depression or alcohol or drug abuse).

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Veterans who are identified as having mental problems who cannot actively engage in a responsible societal manner are labelled by society as deviant and dysfunctional possessing a possible mental disorder, resulting in consequences that may lead to self-harm (Firm, 2012; Finley, 2011). Ruzek (2011) recognizes that Veterans with PTSD are not the only people who are effected by the stigma placed upon them by society as I argue in the following section. Family members as well as military colleagues who serve together operationally are all quite close, a relationship that resembles a family unit are also negatively influenced by such societal behaviour.

Stigma

Herman (1997, p. 69) suggests that “Veterans with PTSD do not seek help because they live in fear of conflict or social embarrassment...,” as well as the process in which society socially stigmatizes Veterans who display symptoms of PTSD or who are diagnosed with mental illness. Unfortunately, the stigma is not isolated and the effects of such stigma can cause Veterans to become fearful of being labelled what society identifies as lepers and unworthy of maintaining a military role (Fear, Seddon, Jones, Greenberg, & Wessely, 2012). Soldiers who actively serve and experience deployment may become concerned and begin to live in denial once they return from deployment. There is a perceived notion by many Veterans that displayed symptoms of PTSD are grounds for dismissal from the military (Fear et al., 2012)

Therefore, those who display symptoms of PTSD fear being stigmatized, suggesting that the effects of stigma can sway a Veteran’s decision from pursuing rehabilitative treatment measures. The effects of societal stigma can manifest a display of dissociative behaviour from peers and family members (Geller et al., 2009). Research

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conducted by Ben-Zeev, Corrigan, Britt and Langford (2012) and Venter (2014, p. 264) reveal that “many service members do not utilize the available services designed to assist them in coping with post-traumatic stress disorder and other mental health problems that emerge during active duty” because of stigma. Following combat deployment, only a small portion in relation to the number of Veterans returning with PTSD seek help. There is enough evidence that substantiates that societal stigma is a contributing factor why many Veterans do not seek medical help upon their return home from deployment (Venter, 2014; Ben-Zeev et al., 2012; Kim, Thomas, Wilk, Castro & Hoge, 2010).

Stigmatized Veterans feel betrayed, as well as dishonoured for their contributed service, resulting in some Veterans engaging in behaviour that is considered unbecoming of a soldier. Societal stigma, paired with the lack of governmental support, play a pivotal role in Veteran re-integration. Without rehabilitative measures and proper programming in place to guide Veterans as they leave the military, some may find it extremely difficult to deal with life as a civilian.

Societal Dissonance

Societal dissonance takes into consideration a cause and effect approach. Societal dissonance can be defined as a negative environment where trauma is presented which has a negative effect on a soldier when deployed into a war zone. The damage caused by battle exposure is not resolved once they return home, rather it is magnified by the negative reaction of those responsible for sending them into harm’s way. Without services, Veterans are made to feel insignificant, which has a detrimental effect on a Veteran’s psychological faculties, which may result in displays of dysfunctional behaviour such as deviance, violence and a painful emotional state.

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When a Veteran is negatively affected by societal abuse and is under constant scrutiny through the processes of bureaucracy, they become further traumatized by the experience. The damage sustained from such exposure causes a Veteran to egress from the rest of society; they may dissociate from professional societal partners and become reclusive. Many Veterans, including my participants, stated that, because of the “negative stigma” attached to PTSD paired with bureaucracy and stringent guidelines in order to qualify for benefits, was enough not to seek help. Therefore, when a Veteran dissociates from society and chooses to deal with their PTSD, a greater chance exists that the individual may display dysfunctional behaviour and engage in self-medicating practices to deal with this problem.

Deviance

According to Sherman, Fostick, and Zohar (2014), there is a positive association between PTSD and aggressive, antisocial, and violent behaviour. A correlation exists between Veterans with PTSD who were found to misuse alcohol and who engaged in substance abuse to an increase in violent behaviour (Sherman, Fostick & Zohar, 2014). A study conducted by Brenda, Rodell and Rodell (2003) found that among homeless Veterans in the US, greater than 25% of this homeless population committed nuisance offences, with almost 50% committing crimes the year that this article was published. Veterans who are subjected to policing intervention are dealt with by officers who are not trained in mental illness, nor do they understand what many of these Veterans have experienced. To understand this relationship, there needs to be a level of taught instruction to recognize and understand that the root causes to a Veteran’s mental injury is not precise, rather it is multifaceted and very complicated. Therefore, any type of

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intervention needs to be done by highly trained and qualified individuals who understand how to deal with the situation.

The treatment for PTSD is just as vast as not all treatment has the same effect on Veterans who possess PTSD. Shalev, as cited by Junger (2015) found that societies that disconnect from their Veterans, the incidence of PTSD will be substantially higher than if they were more connected and understood what a Veteran is going through when they return from battle. Naomi (2015, n.p.) claims that “Israel is arguably the only modern country that retains a sufficient sense of community to mitigate the effects of combat on a mass scale. Despite decades of intermittent war, the Israel Defense Forces have a PTSD rate as low as 1%. ” Among the Israeli people, there is a societal collective understanding known as a “shared public meaning of a war” (Junger, 2015, n.p.). “Those who come back from combat are re-integrated into a society where those experiences are very well understood” (Naomi, 2015, n.p.).

According to researchers, if a soldier perceives that their engagement in war is legitimate, then their morale and conduct will be reflected in a positive manner (Junger, 2015). If there is a negative societal collective that views a soldier’s occupation during a war as wrong, as they return home from deployment they will be disenfranchised by those who sent them to war.

As a former US senator and Congressional Medal of Honour recipient, Bob Kerrey states

We’re not philosophers. We’re not religious leaders. We’re young kids. You send us over there, you put us there on a mission to kill and then we come back and you say, ‘What did you do over there? Kill all those women and children and all that terrible stuff?’ (Wimmer & MacPherson, 1986).

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Therefore, Veterans who return to a negative collective society supported by a government which does not provide support and rehabilitative resources upon a Veteran's return may manifest into actions of violence by those who are directly affected by such bureaucratic policy as discussed in the following section.

Violence

When a Veteran returns from deployment and recognizes that they may have psychological issues and are displaying symptoms that would reveal cognitive impairment, some may self-diagnose because of the stigma that society attaches to mental disorders. Veterans who have experienced societal stigmatization have a tendency to be very hesitant to expose themselves to be viewed by others as a mentally wounded individual. The issues that these Veterans face is the secondary trauma that is being inflicted by self-stigma and the torment of societal bias toward mental illness.

Veterans want help, but they are afraid that the government will not provide the services required without repercussions for their actions if they come forward with evidence of a mental injury. The government has a responsibility to provide proper medical services to facilitate proper societal reintegration. Without treatment, Veterans may find themselves exposed to situations that they feel they cannot deal with in a reasonable and logical manner, also known as a painful emotional state. When a Veteran enters into this state, the outcome normally leads to a traumatic event such as suicide or behaviour that requires police intervention. Veterans with PTSD tend to retreat and isolate themselves from the rest of society, also known as antisocial peer association. Many Veterans feel that they have lost their identity and fall into a classification of conditioning called “unfinished grief” (Pivar, 2000, p. 15).

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In this state, soldiers may express behavioural effects of isolation, dissociation, depression, and anxiety (Lambie & Randell, 2013). According to Dieter (2015, n.p.), PTSD has effected “over 800,000 Vietnam Veterans, at least 175,000 Veterans of Operation Desert Storm, [who are suffering from] Gulf War Illness which has been linked to brain cancer and other mental deficits”. There are greater than 300,000 US Veterans who were deployed to Afghanistan and Iraq who are suffering from PTSD related symptoms (Dieter, 2015).

According to a *Global News* report conducted by Terry (n.d.), there have been 3,424 disability claims related to Canada’s commitment to the campaign in Afghanistan. Canada supplied 40,000 troops to the operational campaign, whereby 158 of those soldiers died and almost 10 % of that population required psychiatric attention due to the trauma associated with their deployment. Every participant indicated that they had issues trying to reintegrate back into society as a direct result of their deployment and the way they were treated when they returned.

Many Canadian Veterans who return from deployment and who suffer from PTSD may become deviant and engage in violent altercations. The politics of military protocol and policies designed to confuse and prolong the application process for help is just too frustrating for many Veterans. Which Results with some Veterans becoming so discouraged during the application process that they decide to forgo help. The participants in this research were able to get assistance, but for many Canadian Veterans who suffer from PTSD, there is a perceived notion that the government would rather watch them die than to provide proper assistance.

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In the following Method section, I argue that there is a narrow body of scholarly research that specifically analyzes qualitative research studies regarding Veterans and their reintegration process, but even more limited is the amount of research that analyzes the narratives of Veterans with PTSD.

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Chapter 3

Method

The bulk of literature on PTSD focuses on the symptoms of the disorder, the behavioural and relational adjustment and the physiological effects of exposure to a traumatic experience by Veterans. In addition, there is a limited understanding of the effects of PTSD on Veterans by society and how it relates to the societal stigma attached to mental illness (Chamberlin, 2012). There is little to no literature elaborating on the struggles that Veterans experience upon their return from deployment from a narrative perspective.

I argue that all the participants who voiced their narratives on the website, *Make the Connection*, displayed symptoms of PTSD, which is supported in the DSM V. Furthermore, the information found in the narratives verify that violence is a contributing factor to PTSD among Veterans with mental injuries. Governmental policy and legislative changes have imposed a bureaucracy which hinders Veterans from seeking rehabilitative measures in order to properly reintegrate back into society. This argument supports research conducted by Chapin (2015) affirming that bureaucracy causes Veterans extreme frustration and increased manifested anxiety.

Therefore, I have applied qualitative methods in this thesis in order to consider the following research question: “How are veterans with PTSD treated within our society by the government who sent them into harm’s way and the society that receives them upon their return from battle?” This area of study is quite problematic and seen as controversial on many fronts: (1) from the perspective of families and Veterans dealing with bureaucracy when seeking help and rehabilitative measures; (2) from a societal

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perspective on how governmental agencies are dealing with the demand to provide service in dealing with rehabilitative measures; and (3) from a governmental perspective with regards the administration of sufficient resources to deal with the growing number of Veterans needing medical attention.

According to many current and past military personnel, the current system that has been specifically designed to help Veterans reintegrate back into society has failed. These Veterans are extremely frustrated with the current government and their policies and feel that their voices are not being heard (Day, 2014). It is for that reason that Veterans and their stories need to be told and heard by the rest of society. Veterans need to know that people do recognize their service commitment to their country and, through their dialogue and processes of engagement, their voices may make a difference within a social context. Furthermore, in doing so adds to a movement of progressive change in governmental policy, an enhancement to policy development, and the possible creation of better accessible treatment approaches for Veterans suffering with PTSD.

Validity and Reliability

For the purpose of my research, and according to Silverman (2010, p. 14), “validity is another word for truth.” As a Veteran, I have experienced deployment and can relate to many of the participants and how they felt when they returned home. Hammersley (1987, p. 69), considered among many academic researchers as an authoritative figure on defining validity, states that “an account is valid or true if it represents accurately those features of the phenomena that it is intended to describe, explain or theorize.” When defining reliability, Hammesley (2013, p. 67) states that reliability is a representation of “consistency.” Yet, according to Winter (2000, n.p.), the

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definition of reliability is “...as varied and complex as validity.” The majority of research for this thesis was analyzed from a website that was government funded and supported.

The website, *Make the Connection*, is maintained and owned by the VA, and it promotes rehabilitation and awareness through narrative postings of Veterans who tell their stories of how they are dealing with PTSD. Silverman (2005, pp. 303-311) proposes strategies for further understanding validity; a researcher can increase their assumption that the data being researched is valid by implementing these strategies in their approach to analyzing data. For the purpose of establishing validity, the process of using: (1) the “constant comparable method” (p. 303) was used by analyzing the narratives and comparing each of them; (2) and through performing “comprehensive data treatment” (p. 303). This process entails incorporating and analyzing all the narratives; and (3) “searching for deviant cases” (p. 303) by isolating those cases that are different from the majority of the narratives.

Through the process of using these techniques set out by Silverman (2005), I was able to deem that the narratives that were being analyzed were valid. Furthermore, the symptoms and the experiences that many of the Veterans discussed in their narratives were very similar to symptoms that I experienced, as well as many of my colleagues once we returned from deployment.

Morse, Barrett, Mayan, Olson, and Spiers (2002, p.14) suggest, as a researcher, the key to actively attaining reliability is through a method of “...focusing on processes of verification during the study...”. Verification processes guide the researcher to make certain decisions during the stages of analyzing data such as when to stop or continue and when to adjust the research approach in order to successfully attain reliability (Morse et

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al., 2002, p. 16). One of the measures for establishing reliability among the data collected is consistency and overlap, labelled as saturation. The process of recognizing reliability involves analyzing all the narratives and monitoring common or repetitive experiences and symptoms. Reliability was established once the data started to overlap as I started noticing saturation and commonalities among the experiences that the participants were discussing.

According to Hammersley (2013, p. 67), when there is a “...degree of consistency with which instances are assigned to the same category by different observers, or by the same observer on different occasions,” then reliability has been established. Therefore, this substantiates the information describing the effects of PTSD among the Veteran narratives. I argue that the narrative interviews in this research are reliable because of the representation of the VA supporting a website that services thousands of Veterans suffering from PTSD. Furthermore, from a liability perspective, all the Veterans interviewed were clinically diagnosed with PTSD using empirical medical scientific methods and were under medical supervision while attending the VA. Therefore, the interviews selected are considered credible and the method used to diagnose the soldiers are valid and reliable. In the following section, I discuss the phenomenological approach, a process that helps reduce the amount of personal bias that directly affects research analysis.

Speaking to Personal Bias

According to Merleau-Ponty and Lefort (1968, p. 14), “in order to see the world, we must break with our familiar acceptance of it.” For the purpose of reducing bias and limiting scrutiny, I employ a phenomenological approach in analyzing the data collected

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in this research study. A phenomenological approach allows a researcher to attain a deeper understanding (Spinelli, 2005, p. 12) of what Veterans with PTSD are experiencing. Thus, this moves the researcher in a direction to “...interpret and respond to the raw stimuli that bombard our senses”. Therefore, when using a phenomenological method, a researcher engages in a process that reduces the personal imposition of a researcher’s bias such as their “...beliefs, biases, explanatory theories and hypotheses...” right from the beginning of conducting research (Spinelli, 2005, p. 25). According to Finlay (2014, p. 122), the phenomenological approach proposes that the researcher needs to “...push beyond what we already know from experience or through established knowledge ... [and] break away from our own natural attitude and find a way to remain open to new understandings”.

Researcher bias is an issue that can negatively skew the collected data (Miles, Huberman, & Saldana, 2013). Therefore, it is important as a researcher to note any personal bias (Grant, 2008). Although it is very difficult to eliminate all bias influence, the researcher has a responsibility to choose a method of research and follow the processes of verification that would limit bias and promote validity and reliability (Morse et al., 2002). In this section, I will discuss: (1) the process of how and why I came to choose my research topic, including; (2) the use of sampling techniques; (3) how data was compiled and disseminated in order to have a better understanding of the effects of PTSD on Veterans and their re-integration process; (4) an explanation of how personal bias is reduced; (5) thematic analyzation; (6) and the phenomenological steps.

Furthermore, to reinforce my research, I use additional academic literature retrieved from the *National Canadian Archives* for Master Thesis and PhD dissertations

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surrounding the subject matter of PTSD. In addition to all the resources stated thus far, a compilation of peer-reviewed journal articles were synthesized, followed by several novels written by authors who had previously served in military combat.

The research for this study was retrieved from different external sources for the specific purpose that according to Morris (2015, n.p.),

Will teach you that a failure to understand this disorder [injury] is a failure to acknowledge that trauma is part of the human condition, and that to turn away from its history is to make yourself complicit in a plague of American disengagement.

No other people in history is as disconnected from the brutality of war as the United States today. (Morris, 2015)

The information retrieved is based on American and Canadian information from the US and Canadian sources, such as peer reviewed journals, soldier's blogs, newspapers, websites and other governmental documentation and legislative policies. I took the approach to view an American VA website for research, because it made sense, since there is far more information readily available and accessible in the US than in Canada, specifically when analyzing Canadian literature on the topic of PTSD and military engagement. I chose Canadian newspapers, blogs and court cases because of a surge in Veteran advocacy regarding the benefits Veterans were receiving or the lack of such services under the NVC implemented by the Canadian Government.

According to Denzin and Lincoln (2011, p.533), "...face to face social interaction is the most immediate and the most frequently experienced social reality. The heart of our social and personal being lies in the immediate contact with other humans." The VA

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website allows for Veterans to openly discuss their experiences, thus creating an opportunity for healing. This research validates the lives and experiences of these Veterans as people who believed in a cause for the betterment of democracy and world peace, and, as a result of their contribution, have been mentally injured. When I commenced my research, I had a perceived notion of what these Veterans were experiencing when they returned from their deployment. Basically, I wanted to affirm that I was not the only one who had different feelings upon returning from deployment.

To a qualitative researcher, face-to-face interaction is the preferred approach for collecting qualitative research (Denzin & Lincoln, 2011). The process of researching PTSD among Veterans can be difficult; many face challenges while trying to reintegrate and are reluctant to come forward to have their stories told. Therefore, face-to-face interaction may not necessarily be possible. As researchers, we must take advantage of alternative sources that can assist collection and not hinder access to rich data. For the purpose of this research, a computer was used to access data in lieu of face-to-face interviewing techniques.

The qualitative research techniques demonstrated in this thesis, according to Driscoll and Mcfarland (1989) "...may, with care, allow greater access to people's experiences" (p.187). The utilization of computers makes it easier to access information from the Internet, which presents an excellent opportunity to conduct a phenomenological inquiry.

In addition to the phenomenological approach, the process of subjectivity is intertwined within the method of analyzation. A subjective approach is applied in order to correctly describe and convey what the participants were saying in the interviewing

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process (Corbin & Strauss, 2015). To better explain, the words that are being used to describe what the participant is stating in their narrative is being done by the researcher. This can be conveyed not only under the parameters of Spenelli's (2005) steps in conducting the phenomenological process, but also to explicitly describe what the participant is saying. Doing so brings life to a participant's message. Denzin and Lincoln (2011) state that, when taking a subjective approach, a researcher seeks to explore the experiences of their participants as they remember it.

When Veterans recall an experience or tell a story, it educates the listener to see through the eyes of the Veteran what they endured. It is important to note that a subjectivist approach is one where the "...knower tries to understand the world placing him or herself in the footsteps of practioners living in that world" (Denzin & Lincoln, 2011, p.672). Therefore, conducting research from this perspective allows for a process that establishes parameters which may reduce the imposition of bias within research.

Reductions of Personal Bias and Phenomenological Steps

Finlay (2014, p. 122) argues that "...the reduction, or epoché, is a radical self-meditative process whereby the philosopher [researcher] brackets (puts aside) the natural, taken-for-granted everyday world and any interpretations in order to let the phenomenon show itself in its essence". This philosophical quote is based on a stance by Husserl who is stating that a phenomenological approach is as if "...stand[ing] above the world..." and observing (Husserl, 1970, p. 152). Therefore, the process of reduction and bracketing assists in limiting personal bias interference (Finlay, 2014). Spinelli (1989) claims that the phenomenological method entails interrelated steps. Spinelli (2005) lays out the three steps when utilizing a phenomenological method as: (1) the rule of epoche; (2) the rule of

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description; and (3) the rule of horizontalization. According to Moustakas (1994, p. 87) and Finlay (2014), the *epoche* is a position of neutrality, where “no specific position whatsoever is taken; every quality has equal value. When applying the rule of epoche, the researcher tries to reserve their ‘biases and prejudices’ and cast aside any ‘expectations and assumptions’ and attempt to impose a neutral stance.”

The principle behind the rule of description is simply “describe, don’t explain” (Spinelli, 2005, pp. 20-21). The rule of horizontalization urges the researcher to treat and approach each experience with having an equal value of importance and not to categorize with a hierarchal value or level of significance (Spinelli, 2005, p. 21-22). Throughout my processes of research, I engaged a phenomenological approach applying the three steps of this approach to limit personal bias and to take a stance of neutrality. Through careful and precise transcribing, I was able to analyze each narrative and create thematic categories that were coded to represent what the Veteran was discussing and feeling. Once these categories were thematically organized, I was able to understand how these Veterans were being treated by society and the hardships that they were enduring as they battle bureaucracy and reintegration. The following section illustrates how purposive sampling was applied and the justification of participant selection.

Participant Selection

The sampling technique used for the participant selection was purposive sampling. Purposive sampling is a process that involves choosing specific people or a portion of a population to be researched. The focus of purposive sampling is to critically highlight those individuals with particular attributes that will be better suited for relevant research (Suen, Huang, & Lee, 2014; Silverman, 2010). The target population selected to

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be analyzed is Veterans suffering from PTSD. A criteria was needed to be established in order to rationalize that the location of participant selection was justified.

When I began my research, I perused through websites that were dedicated to topics related to PTSD in the early fall of 2014. Through a process of networking, I was able to locate a website meeting my criteria promoted by VA, detailing interviews that were specifically geared toward Veterans with PTSD. This particular website promoted different types of forums where the public and military personnel can visit and retrieve information that is specific in regard to their injuries.

I was able to validate the website that I had chosen, for it referenced a limited risk of liability and contained a sufficient participant pool that represented the topic of research, to qualify the web site, it needed to fall within a criteria consisting of certain parameters: (a) the website needed to be publically accessible with no restrictions; (b) the website needed to post prerecorded interviews of Veterans who have been diagnosed with PTSD; (c) the site needed to be gender neutral, and have postings of both male and female interviews; and (d) all the Veterans on the website had to have experienced some form of trauma that was combat-related causing PTSD. The VA website chosen met the parameters set out in the criteria, thus, was considered appropriate.

The prerecorded interviews that were to be analyzed were conducted by Veterans who are suffering from PTSD with the intent to promote awareness, wellness and rehabilitation measures to other Veterans battling PTSD. The Internet bridged the gap in lieu of face-to-face interviewing, and it was through this medium that the participants are able to voice their experiences. Veterans want other soldiers who have served and who

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are suffering from PTSD to know how they feel and how they are being treated by governmental agencies and societal perceptions towards PTSD among Veterans.

For the purpose of this research, 28 Veteran interviews, consisting of both men and women, were selected. Due to the amount of Veterans overall who are suffering from PTSD due to exposure to extreme events, I could illustrate only a snapshot of the severity that this injury has on Veterans. A brief overview of how the participants were chosen for this study is as follows: of the 194 Veteran narratives found on the website *Make the Connection*, 14 narratives were from women and the remaining narratives were from 14 male participants.

The quality of the narrative interviews were rich in scope and contained information that was powerful and easy to understand. The content of the interviews, as defined by Corbin and Strauss (2015, p. 347), "...makes the reader think and want to read more." The interviews were not face-to-face and were of a secondary nature. I am not aware of the questions asked by the interviewer for each interview, but can surmise that each participant was asked a set of questions regarding their experience with PTSD and what possessed them to seek help and their process of receiving such treatment. What was said in the interviews can be validated because of the similarities between other Veterans and their symptoms, which is identified in the DSM V (2013).

Veterans are able to utilize this web site to relate to others' experiences and, hopefully, may be enticed to get the help they need. The narratives act as an information portal where Veterans with mental injuries can access information and seek direction to other sources that may be available. I argue that the narratives in these videos are just as

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vivid as the memories of thousands of Veterans who have fought and continue to fight the horrors they experienced while on deployment.

Through the use of a sampling reduction technique, I divided the remaining participant pool by 14 to equal the amount of women selected to be analyzed and from the remaining pool 14 male narratives were chosen to be analyzed. I employed 28 US military semi-structured qualitative interviews supported by previous published academic literature and quotes by Canadian military Veterans that were of a secondary nature.

The selection was representative of both female and male Veterans, all of whom have experienced combat-related traumatic experiences causing PTSD. In addition, all the participants served in foreign theatres such as Europe WW II, Korea, Vietnam, Iraq, Kuwait, and Afghanistan. For the purpose of definition, the term, theatre, is given for the origin of combat. The process of analysis included the grounded theory method and strategies of inductive coding involving sorting, synthesizing, and the summarizing of the data collected (Denzin & Lincoln, 2011; and Spinelli, 2005). The research created several arguments such as: PTSD effects everyone differently, and there are different types of PTSD. In order to treat Veterans successfully, there needs to be an understanding of the root cause of the symptoms.

To preserve the context in which a Veteran is speaking, a systematic approach was undertaken using a process of thematic analyzation. This is a process that involves several steps: (a) analyzing the research data; (b) undertaking a process of coding and categorizing; (c) establishing themes; (d) analyzing the themes that have been created; (e) labelling thematic categories; and (f) creating a detailed account of the research (Braun & Clarke, 2006) as discussed in the following section.

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Thematic Analyzation

Thematic analyzation according to Braun and Clarke (2006) is a flexible research tool that can help provide rich and detailed reflections of the data collected. The goal of using this method is to zero in on identifying, analyzing and reporting certain themes found within the narratives being analyzed. According to Rubin and Rubin (1995, p. 226), when analyzing narratives “...you discover themes and concepts embedded throughout your interviews.” Braun and Clarke (2006) describe a theme as a process of labelling or capturing a certain aspect of the research that signifies something important about the research, paralleling a patterned response. I continued to follow a systematic process (Braun & Clarke, 2006), analyzing each of the narratives chosen, creating specific themes that reflected what was said among the Veterans.

The thematic analysis that I conducted specifically led me to recognize the obstacles Veterans encountered as they reintegrated back into society. Due to the amount of interviews to be analyzed and transcribed, I selected the first five female narratives followed by five male narratives and repeated this process until I had compiled my participant pool. I wanted to compare the symptoms that female Veterans were having with male Veterans in order to identify whether the experiences that both faced had the same effects. Each interview lasted approximately 5 minutes. I analyzed mannerisms, facial expressions and transcribed exactly what was being said in each interview. In order to protect the participants and to preserve anonymity, I chose pseudonyms for each one of them.

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Through the process of conducting my research, I was looking for specific symptoms and personal perceptions that stood alone and were different from the common symptoms that Veterans were having. Furthermore, I wanted to get a better understanding of how these Veterans were dealing with their trauma and the dilemmas of reintegration. I entered into this research with a personal perception of how I personally dealt with reintegration after returning from Iraq in 1991. Once I returned from deployment, I knew how I received things were different not only in how I personally felt, but also in the way I was received by others once they knew I had just returned from a war zone.

My ideas and perceptions were my own and not anyone else's, but the process of reintegration was similar to that of the participants in this thesis. As a Veteran, I could relate to these people and felt that my experience had similarities on many fronts even though I did not know these people personally. We were all experiencing similar societal perceptions, stigma and bureaucracy regarding rehabilitation measures. The narratives in this thesis allow for awareness and an understanding that Veterans do experience a transitioning upon post deployment that requires special attention.

Once the interviews were transcribed, the objective was to analyze and identify comparable similarities, noting any anomalies through a process of coding and conceptual ordering. Conceptual ordering “refers to the organization of data into discrete categories...” whereas coding is a process of denoting concepts that signify a certain meaning (Corbin & Straus, 2015, p.61). A code sheet was created and certain concepts and words were used to represent each and every interview, making notes of words chosen from the transcribed interviews and placing them under noted thematic categories. According to Denzin and Lincoln (2011), the process involves searching transcripts for

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“...recurrent distinct interactive practices...” (p.534).The code words and concepts were further analyzed and, through a process of operationalization, the development of subthemes were thus established.

I analyzed the themes in this study, being critical for particular situations that were not common between the participants. Each of the participants served during a certain occupational era, therefore they were experiencing different environments and situations that may have made their experiences unique. Having a diversified group of participants who all served in different operational campaigns allows for the opportunity to hypothesize that common similarities between participants are due to environmental factors. If the results are conclusive of this fact, than there can be an argument that environmental factors did play a factor in influencing the traumatic experience and the physiological changes that have contributed to cognitive dysfunction.

Once I viewed the interviews and was able to absorb what was being said, I felt that they were contributing by expressing how they felt and how they were struggling with their injuries. By voicing their experiences, it allowed those who were suffering from PTSD an opportunity to realize that they are not alone and there are people who can help. According to Stanley and Wise (1983), for the women who were interviewed, their voices, as well as the men who are suffering from PTSD, are making a contribution and what they say matters and is important as well as valid. Their input does make a difference, it makes a difference with those who are suffering and those researchers who want to listen and learn from their experiences. Based on literature and my research, a large portion of Veterans with PTSD face tremendous barriers within society upon their reintegration back into normalcy.

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In analyzing the interviews, I was able to utilize a qualitative approach and include Veteran’s voices in the research process. What is important to note, according to Denzin and Lincoln (2011) is that the methods of categorization enables an opportunity to analyze “...particular ties [that] are inferred between categories of person and their category-bound activities-including the moral accountability of these activities” (p.533). My research was not constrained by geographical area as the data collected originated both in the US and in Canada.

Table 1. Research Participant Occupation Demographic (War Campaign)

Participants	WWII/ Korea (1941–1953)	Post-Korea (1954-1959)	Vietnam (1960-1975)	Post-Vietnam (1976–1989)	Desert Era (1990–2000)	OEF/OIF/OND (2001 – Present)
Male	2		4	1	3	4
Female		1			3	10

Table 1 illustrates the eras and campaigns where the participants were engaged and where they were deployed. These were campaigns that ranged from WWII through to the present day campaign of war on terror (OEF/OIF/OND).

The participants in this thesis are not the objects of research, but “... rather subjects of critical importance” (Grant, 1991, p. 18). In the following Chapter, I reveal, through the voices of Veterans, the difficulties they face while trying to properly reintegrate back into society. These are Veterans who are being received by a societal collective, as well as a government that has sent Veterans into harm’s way. Regrettably, both our government and society in general has chosen to take limited responsibility for their actions once Veterans return from battle.

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My research not only supports the illustration of the modified process trauma model (p.10), but also contributes to scholarly research and helps explain that exposure to a traumatic experience involves violence, and, without treatment, the lack of resources may contribute to Veterans externalizing their internal anxiety which possibly can lead to dysfunctional behaviour. As previously stated, violence is illustrated in the modified processes of the trauma model (p. 10) which is identified as the root of the trauma that causes PTSD.

The following Chapter provides an overview of the results gleaned from my research, combining the Veteran's voices along with relevant themes generated from their narratives.

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Chapter 4

Results

For example, a Canadian veteran who continues to suffer from PTSD states that:
...dealing with the Department of Veteran Affairs is no picnic...they delay in the [deliverance of] help in hopes that you will give up or die! That is how a lot of us feel, that is how most of my experience with them has felt!

The quote stated above is not an uncommon sentiment, Veterans are faced with a world plagued with bureaucracy and insufficient guidance leading to normalcy. According to the deputy minister of Veterans Affairs, General Natynczyk (2015, n.p.), "...the federal department needs to shore up its resources and show more respect, care and compassion for Vet[eran]s living with physical injuries and mental scars."

Therefore, the findings of my research reflect the voices of some Veterans who are suffering from PTSD and the analyzation of their interviews retrieved from a US web site, *Make the Connection*. I categorized the effects of PTSD retrieved from the interviews and placed them into themes. These themes include: (1) access to services; (2) the mislabeling of military war PTSD; (3) military sexual trauma; (4) societal disconnect; and (5) societal dissonance. Within these themes the main findings are elaborated upon such as: (a) resistance to therapy; (b) the ability to properly communicate; (c) being in a dysfunctional mental state; and (d) internal anxiety manifested from a sense of betrayal by those meant to oversee their well-being.

Throughout their voices, it becomes evident that Veterans with PTSD are suffering from a mental injury, one that was not brought on by themselves, but rather was thrust upon them by exposure to traumatic events that involved severe violence and battle

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exposure. The narratives provided by the participants allows for more of a sympathetic and empathetic approach in understanding what Veterans experience, allowing me to suggest meaningful practices of rehabilitative measures.

Recent legislative changes made by the Conservative government has resulted in severe frustration and a limited accessibility to resources specifically designed for rehabilitative measures among Veterans returning from Afghanistan and other deployments. This has been a course of action that further promotes secondary trauma as brave men and women try to reintegrate back into society. For example, the closure of nine VAC clinics across Canada has created a limitation to receive proper treatment for those suffering with PTSD.*

Many Veterans, including the participants, may not show visual scars of their injuries, but they display behaviour that is associated with mental illness and they are often discredited for their service. As May indicated in the introduction to this thesis, her scars are not physical, but lie in her abilities to cope with the memories of her deployment and the battling of societal stigma that associates her injury with a mental illness. Once May returned from battle, she quickly realized that the society she had left and the one she had returned to was not very accepting nor familiar with how to deal with her mental injuries.

* Under the new Liberal Government, Prime Minister Justin Trudeau has vowed to re-open the 9 VA clinics which were shut down by the previous Conservative government (*CBC News*, 2016).

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May served with the US Army during the desert era from 1981 – 1992, in the excerpt cited below, May explains the difficulties and how she felt once she returned from deployment.

Coming back from Desert Storm, I was raging, I was very, very angry, and you have to put that anger somewhere, preferably somewhere positive. I didn't know how to do that at that time, so it came out in all kinds of bad ways, um, there were fights, just a lot of negative experiences, and I had no idea where it was all coming from. I had no idea that I had post-traumatic stress disorder, actually I returned in 91, and it was 10 years later before I had a personal traumatic event and all the memories from my military service in Saudi Arabia during Desert Storm rushed back, and I found myself at the VA hospital talking with a counselor, who suggested I speak with a lady at a place called the Vet Centre. And after a couple sessions with this therapist, who incidentally did save my life, she told me, she said, you have PTSD from your military experience, and my initial response was, I don't have that. That's not me. One of the things I was doing is that I did not talk to anyone that I served with. I had no connection with anyone. I had nothing to do with anything military and I never ever mentioned anything about me being in the military or anything about my military service, and that is a classic symptom of PTSD, the avoidance, the numbness. ...PTSD affects your relationships in every way. It affects relationships with friends, with romantic type relationships, and it even affects the way you raise your children.

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According to Off (2013, p. x) as cited by Finkle, “[one] Canadian military analysis claims that 13% of our troops suffered from mental and emotional problems within five years of returning from Afghanistan.” The points of my results reveal that, if a Veteran who suffers from symptoms that resemble PTSD and they do not seek therapy upon their return, they may become deviant as a result. A report released by senior officials from the Pentagon’s Joint Staff affirm that major mistakes were made in the missions to Iraq and Afghanistan, such as poor planning and preparedness by the military forces for deployment that has subjected Veterans to increased risk (Smith, 2012).

It is difficult to understand from a civilian’s perspective how to interpret what Veterans experience during their involvement in war. It is through reports such as the one made by Pentagon senior officials previously stated and through the voices of the participants in this research, that allow for a better understanding of why Veterans return from deployment psychologically injured. According to the voices of the participants who served on the ground in Afghanistan and Iraq, there was an uncertainty of who or where the enemy was and when they were going to strike. When working in this type of environment, uncertainty is a cause for major concern and frustration among the soldiers, who claim they were fighting an insurgency that was concealed among the local population. Smith (2012, n.p.) states that:

There was a failure to recognize, acknowledge and accurately define the environment in which the conflicts occurred, leading to a mismatch between forces, capabilities, missions, and goals. US forces were poorly prepared for peacekeeping and had not adequately planned for the unexpected. In the first half of the decade, strategic leadership repeatedly failed and, as a result, US military

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training, policies, doctrine and equipment were ill-suited to the tasks that troops actually faced in Iraq and Afghanistan.

In other instances, a lack of military preparation and cultural awareness resulted in “...excessive aggressive behaviour by peacekeepers in Rwanda, Bosnia, Herzegovina, and, most notoriously, at Abu Ghraib prison in Iraq” (Schwerzel, 2005, n.p.). Veterans have been sent into peace-keeping operations, with no “mandate to protect innocent people (civilians who are not involved with the military)” (Off, 2013, p. xii). The failure to prepare troops and provide cultural awareness has led Canadian troops to experience and participate “in [a] number of [international] incidents of abuse” (Schwerzel, 2005, n.p.). I argue that these experiences during the desert era is no different from those who served during the Vietnam conflict.

A few of the participants who served in the Vietnam conflict stated that they were not properly prepared for the cultural experiences they were exposed to in Vietnam, nor were they properly prepared once they returned home from their mission. The anxiety that many Veterans possessed was exacerbated by a portion of society who did not agree with their deployment and they were given an extremely hard time when they returned home. For example, Mike, a participant, describes his experience of how feelings of resentment can consume a person where, ultimately, a person feels trapped and lost. Consider the following excerpt as Mike describes his experience as numbing and describes how he felt with regards to his experience: “I numbed it inside, I know I felt ashamed, and you know it’s like, I feel like nobody understands really what I went through, and like that it was a really dark time in my life”.

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The above quote describes how Mike felt when he returned from deployment to find that society and the people who he cared about did not understand what he was going through. Many of the participants felt alienated once they returned from their deployment, very similar to the way Mike felt, which may result in some Veterans choosing not to seek help because of the stigma associated with behaviour that people do not understand. The injuries sustained from battle paired with the bureaucracy of getting help once a Veteran returns from deployment can be quite overwhelming.

Dealing with the stress of reintegrating back into society has caused some Veterans to seclude themselves from the rest of society. Many of the participants chose not to engage in social interaction for fear of being rejected by the people they cared for as well as the rest of society. This process of disassociation is linked to secondary trauma. In the following excerpt Arthur discusses what happens when society rejects a Veteran's honourable service.

You isolate yourself, you have a total distrust for any authority whatsoever and you have an anger problem, there's deep depression, you want to be left alone, and you're not close to people whatsoever. So, those are some of the symptoms that manifested themselves over the years. I didn't see myself as needing help, because, first of all, nobody understood what I went through and number two, I didn't see myself as doing anything wrong. I started having serious problems at work. I started having problems with the people I was working with on a daily basis. I had problems with communicating with management because I saw them as authority and I didn't know what was happening to me. I was confused, I was

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frustrated, I was angry, I isolated myself 100%.... It was so bad, and I didn't understand what was happening to me, that I just wanted to commit suicide.

When the military does not provide suitable rehabilitative measures for their Veterans for proper reintegration, such actions can result in a distrust for authority forcing a Veteran into a possible depressive state. Arthur, a participant, isolated himself and experienced major depression and anger. Such factors contributed to a distrust toward authorities, and a few believed that no one understood what he went through while he served in Vietnam. Once Arthur returned from deployment, he did not recognize that he needed medical attention or psychological help in dealing with his internal anxiety and feelings of alienation. Arthur felt confused and hopeless, similar to the feelings of many other Veterans who are suffering from PTSD. Such feelings and heightened anxiety led him to believe that ending his life was the right thing to do.

A Canadian Veteran who I had served with, who wishes to remain anonymous, heard I was writing a thesis on PTSD and decided to write me a letter. As a former Canadian Military Combat Engineer, who had been deployed to Kuwait/Iraq, Bosnia, and Afghanistan, he saw his share of death and devastation. In the following excerpt he describes how he felt when he realized that PTSD started effecting his life:

In the beginning, I had to see a Psychiatrist twice a week, and over the next 8 years it eventually worked its way down to once every couple of months. After the first couple of years I quit the meds, cold turkey, doc hated that I did it but I just couldn't live in a non-emotional state any more, it was affecting my life, so I opted to get back on the roller coaster and deal with the lows and highs as they came at me. At first the majority was lows, I felt a very low self-worth, well, still

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do at times. Not a day goes by where suicide doesn't come to mind, and there have been days where I have looked at myself in a mirror with a bottle of pills in hand convincing myself to go one more day to see if things get better. There are times when my mood drops so much I don't even bother getting out of bed. Two or three days passed before I ventured out again. Things really haven't gotten much better since release, I did take a couple years off at the start to try and get my head right, but dealing with the Department of Veteran Affairs is no picnic. You may have heard the expression that they delay in the help in hopes that you will give up or die, 'that is how a lot of us feel, that is how most of my experience with them has felt.' Don't get me wrong, I know of others where DVA has been great for them, but the poor far outweighs the good. Trying to fit in hasn't been easy either. Going from such a structured environment to chaos is not easy. I am used to doing things a particular way, I am used to the guy next to me doing things the same way with the same skill, that's gone, that's not easy, and I find myself continually frustrated by having to try and work like this. It is a shame that our pensions are not enough to live on once we get released (Anonymous).

Thus, as detailed above, a Canadian Veteran experiences the bureaucracy of the Canadian VAC and feels that governmental agencies would rather see Veterans go without services, thus, oftentimes exposing them to deepening psychological trauma and duress. Due to recent legislative changes made by the Conservative government and the closure of clinics across Canada, the VAC has implemented a help line in lieu of the closures to help Veterans access rehabilitative services and assist with any issues they

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may have. As addressed in the following section, Veterans view such actions by the government as a method to cut costs on the backs of those who need assistance.

1) Access to services

The most common issue among military personnel once they leave the military is a lack of direction by support staff, and instruction to properly assimilate back into society coupled with the stigmatism associated with mental illness. This was revealed as a major concern among the majority of participants. One of the participants reveals that he did not seek rehabilitative help because of the societal stigma and the stereotypical mentality of associating their military trade and status and whether they should or should not seek out rehabilitative measures:

So at the Vet. Center, when I came there, I was afraid because of the stigmatism you always hear [about]. Like people coming in and getting counselling [stating] that ‘Oh you don’t need counselling you’re a Marine! You don’t need that...

The above excerpt comes from a participant, Max, who served in OEF/OIF/OND. He states that, because he was a Marine, there was this societal perceived notion that Marines are not susceptible to mental injury. Many Veterans, including the participants in this research who suffer from mental injury, are not given the tools to navigate and understand the societal stigmatism that is typically associated with mental illness. Nor do many Veterans know what benefits they are eligible to receive. As one participant revealed during their interview, they did “...not know what [they were] entitled to”. The lack of services and access to support resulted in many of the participants “feeling so incredibly helpless”. Another participant, Ernest, upon his return from deployment, stated “I didn’t know what I was doing, I was a lost person, I had no training for anything, [and]

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I didn't have any profession. I was like one of those millions of other soldiers, lost". Many participants like Mary indicated that "coming home was tough... [the] first six months that I was at home I wanted to go back". Another participant states that "as horrible as it was while we were there, it's just that you had more of a sense of purpose". From my experience, dealing with post deployment assimilation, the first six months is the hardest time to adjust. Many of the Veterans who I served with who suffer from PTSD felt very alienated and angry for having to deal with the stringent guidelines they needed to access rehabilitative measures.

Pedwell (2015), in *The Canadian Press*, states that the Veteran's Ombudsman, Guy Parent, was quoted as saying "...more needs to be done to address the needs of Canada's military servicemen and women" in a Report titled, *My Five Years As a Veterans Ombudsman*. The Report revealed that 1,800 Canadian Veterans who were potentially eligible for a particular allowance were not informed of its existence by Veteran Affairs. Once this was identified by the Ombudsman who then followed up with the VA, "close to 600 [of those] veterans were found to be eligible and received retroactive payments totaling \$14 million" (Pedwell, 2015, n. p.). It is this type of oversight that needs to be corrected in order for Veterans to receive the proper funding allocation in order to properly reintegrate back into society. Because PTSD is categorized as a disorder that encompasses other disorders that fall under the same umbrella, it is often difficult to address the specific symptoms that an individual is experiencing.

A Canadian Veteran who has chosen to be anonymous was quoted in the Legion Magazine (2013, n.p.) as saying, "In short, the stigma concerning mental health issues in my mind prevented me from sourcing the care I needed." Stigma, coupled with a societal

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lack of understanding of what Veterans actually go through while overseas may manifest into a process of ostracizing Veterans who display dysfunctional behaviour. Such processes may result in Veterans externalizing their internal anxieties by engaging in violence or acts of behaviour such as self-medicating (Delisi, & Vaughn, 2008; Ford et al., 2012). The scrutiny by governmental agencies who are threatened by such behaviour are governed by a policy that is specifically implemented to reduce risk.

According to Levine and Land (2014), approximately 36% of Veterans both male and female actually seek out rehabilitative services. This figure is highly disproportionately in favour of men. One reason given why the majority are men who seek services is associated with the difficulties women have in accessing proper treatment resulting in most female Veterans “receiving services elsewhere or receiving no treatment at all” (Levine & Land, 2014, p. 61). Some of the female participants in this research, such as Daisy, experienced difficulties assessing proper rehabilitative services. Daisy stated that she “had a real hard time with counseling...” Many of the staffing members who are tasked to help Veterans are non-military personnel, therefore, they cannot relate to the military experience that many soldiers go through nor do they understand military culture. Daisy claims that her first therapist was not a veteran. Another participant, Mary, states that many “...people can’t see the wounds, the wounds we brought home... nobody understood...”

Off (2013, p. xii) comments on the returning soldier in the following excerpt:

The same soldier didn’t come back from Iraq or Afghanistan. Nor did he / [she] return from the World Wars, from Vietnam, Bosnia Rwanda... or Troy. In Homer’s *Iliad*, the warrior Achilles despairs: Fate is the same for the man who

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holds back, the same if he fights hard. We are held in a single honour, the brave with the weaklings. A man dies still if he has done nothing, as one who has done much.

The above excerpt basically states that once a soldier goes to war and is exposed to battle exposure, they return to society differently and are often faced with additional trials and tribulations. One of the interesting findings in this research was that Veterans, as much as they are effected by PTSD and the memories from their deployment, have an urge to return to the theatre that caused the psychological trauma. I found that this was a common theme among many of the Veterans who had experienced deployment versus garrison living. It was as if letting go was not an option. Once a Veteran experiences war, they just want to forget the negative experience, but do not want to let go of the whole memory. I argue that the reason behind wanting to return to war is because this was a time that shaped who they are now.

The participants believed that they were fighting for a cause, one they understood as having risks such as putting their lives on the line. Their engagement represented something bigger than themselves. I argue that many of these Veterans feel that to forget their experiences would be a sacrilege to those they left behind, the experience of war is an event in one's life that may shape that person. Unfortunately, that experience may have negative repercussions, the effects of battle exposure can cause physiological damage that can impair a Veteran's cognitive functioning once they return home from deployment (Ford et al., 2012).

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As suggested by many of the participants, dealing with PTSD is very difficult, specifically when attaining support for rehabilitative measures. Veterans shy away from treatment measures for several reasons. My research reveals that many Veterans are treated by medical staff who just do not understand what they are dealing with and are not empathetic towards them. When the participants were treated by rehabilitative staff who were seen to be empathetic and familiar with military culture, they were more open and receptive to receiving therapy. One of my participants, King, states that, upon his return from deployment, he personally “...couldn’t understand what was going on...it’s not something you [can] control”.

Without proper rehabilitative treatment, not only were Veterans directly affected by the injuries sustained from battle exposure, but they are also scrutinized by their families once they returned. Families, such as spouses who do not understand what their partners experience while on deployment, have a tremendously difficult time trying to associate with their spouses while they try to assimilate back into society (Off, 2013). Mike, one of the participants indicated that, without treatment, dealing with PTSD “was really hard” especially when involving family members because it is “something they didn’t understand.” Marci indicated that, for the spouses of Veterans suffering with PTSD, they should “find help [for themselves] to try to understand what the[ir] [spouses] are going through and [then] maybe the Veteran [s] [who are suffering] would also be more willing to try to get help”.

The injuries that one of the participants, King, sustained during his deployment did not affect him until he returned home and tried to reintegrate back into society. The extensive “...battle with the bureaucracy upon [a Veterans] return” (Rose, 2014, n.p.)

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contributes to the difficulty of reintegration, adding to the subjection of secondary trauma due to the lack of services available. The military is well aware that exposure to trauma may cause PTSD if not treated medically and such effects can lead to violence (Levine, & Land, 2014). As stated previously, violence leads to further violence (Steinberg, 2000). The scars that Veterans possess as previously discussed are not necessarily visible, and the lack of due care and attention by societal agencies, including government, contributes to the secondary trauma experienced by some Veterans. This results in several reasons why there is a tremendous reluctance for Veterans to seek help. Many Veterans become extremely frustrated with the lengthy wait times to get service as well as the bureaucratic process to qualify for benefits. The number of PTSD cases continues to rise illuminating the need for greater rehabilitative services required for proper societal reintegration.

Carlson (2015) claims that there are over 700,000, Canadian Veterans who will require medical treatment in order to deal with their injuries sustained from operational deployments. Many of these Veterans do not seek medical attention because of the bureaucracy involved in order to qualify for benefits, the societal stigma, and the institutional stigma attached to mental illness (Chapin, 2015; Chamberlin, 2012; Mittal, Drummond, Blevins, Curran, Corrigan, & Sullivan, 2013; White, 2014).

According to my participants, Veterans are resistant to treatment for several reasons: (1) a fear of a backlash from the higher ranking members of command; (2) a frustration due to lengthy and restrictive parameters to ascertain benefits; and (3) according to a VA spokesman, other reasons why some Veterans avoid getting help is "...because they worry about losing their temper around patients who are [exaggerating their symptoms and taking advantage of] the system" (Junger, 2015, n.p.). There have

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been studies conducted that indicate that some Veterans will exaggerate their symptoms in order to receive rehabilitative measures to access extended benefits (see Zarembo, 2014; Freeman et al., 2008; Poyner, 2010).

Zarembo (2014, n.p.), with regards to disability awards states that:

...disability awards for PTSD have grown nearly five-fold over the last 13 years, so have concerns that many Veterans might be exaggerating or lying to win benefits. Moering, a [current psychologist] and a former Marine, estimates that roughly half of the veterans he evaluates for the disorder exaggerate or fabricate symptoms.

The quote above clearly indicates that there is evidence to support that some Veterans will lie about their symptoms in order to attain further benefits. The results of a 2007 study of 74 veterans with chronic PTSD, the majority from the Vietnam War, revealed that more than half of the participants exaggerated their symptoms in order to attain benefits (Freeman, Powell, & Kimbrell, 2008). In addition to the previously stated study, Poyner (2010) states that millions of dollars have been spent on Veterans who have been “erroneously diagnosed with PTSD” (p.131).

Therefore, I argue that these studies illuminate a flawed system used to assess Veterans for benefits. Furthermore, there needs to be more concrete measures to diagnose PTSD. In lieu of a policy that implements stricter guidelines for Veterans to qualify there should be a focus of implementing better practices that address the symptoms of PTSD so that Veterans can deal with their injuries sustained while deployed. Due to the amount of bureaucracy, restrictive guidelines, and tremendously lengthy wait times as previously discussed, many legitimate Veterans who possess PTSD are being scrutinized and denied

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medical disability insurance for rehabilitative measures. Many of the participants support the claim that “dealing with the VA...is basically a patience marathon. If you give up, nobody stops and the race just moves on around you” (Morris, 2015, p. 167). According to Ruzek (2011), North America does not accommodate all Veterans equally, specifically when dealing with mental health. There are a number of Veterans who are losing hope of getting the attention they necessarily need in order to receive professional care.

My research supports Off’s (2013) study that clearly indicates reasons why “soldiers are reluctant to disclose their mental health issues, [some] fearing reprisal or mockery, and governments are [resistant] to gather full statistics out of a concern for the costs of compensation [to Veterans]” (p. x). Veterans such as Arthur, one of the participants who has no faith in the medical system states that he does not “trust [the] authorities, [and] believe[s] no one underst[ands] what he went through [while] in Vietnam.” Although the Vietnam conflict ended just over 40 years ago, the realities of that war still resonates with some of the Veterans who served during that era. Similar psychological issues are currently affecting Veterans who are returning from conflicts such as Iraq and Afghanistan. A Canadian Veteran writes in the following excerpt about the difficulties of having to deal with the societal stigma and its effects:

The stigma of having PTSD affected me at work... dealing with the Department of Veteran Affairs is no picnic. You may have heard the expression that they delay the help in hopes that you will give up or die, that is how a lot of us feel, that is how most of my experience with [the VA] has felt.

In addition, the stigma that is associated with PTSD contributes to Veterans not coming forward for treatment. Coffey (2015) makes an excellent consideration why many

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soldiers choose not to come forward for treatment. He rationalizes that America is a collective society that establishes parameters in order to sanitize themselves from the visual aspects and the direct effects of war. I argue that society has a tremendous misunderstanding of what Veterans endure while on deployment, which is sensationalized by the media and propagated through film, television and other social media portals. It is unreasonable to expect a Veteran who is subjected to horrific trauma to return home psychologically unaffected.

There is a societal perception that a Veteran has the ability to disassociate their war experience and reintegrate as if nothing has ever happened. According to Justice McCarroll (2014) as cited by CBC News reporter Alan White, society has no idea of the experiences that many Veterans face while on deployment. He states:

...members of the general public have come to expect that...the military are superhuman, and that the horrendous things they see on a regular basis don't bother them. I say to that, how could they not be bothered by what they see? We think these people are superhuman. They are no different than us. They have families, they go to work every day, but we expect that they're able to handle [traumatic] situations... (n.p)

This type of societal pressure makes it quite difficult for Veterans with PTSD to adjust without proper rehabilitative treatment. Current governmental policy and the current societal mindset has created blanket measures of enforcement that represents a blatant disregard for the wellbeing of wounded Veterans who are trying to reintegrate back into society. I argue that mentally injured Veterans have become categorized as liabilities in the eyes of government policy and its agendas illuminating a blatant

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disregard for the sacrifices Veterans have endured. I also include here Canadian examples of Veterans who are battling the Canadian government for treatment.

All the Veterans indicated through their narratives that they were affected by their engagement upon their return and are alienated by society. Michael, who served in Desert Storm, states “a lot of people were against what I did... a lot of people were totally against the war”. The stigma attached to mental illness, according to (Ruzek, 2011), forces some Veterans to feel concerned and may transcend them into a state of reclusiveness.

The negative behaviour propagated by media sources on the topic of PTSD enhances the nature of secondary trauma among soldiers while trying to reintegrate back into society. Many of the participants felt that their mental injuries hindered them from properly reintegrating back into the roles they left behind prior to being deployed. There is a common consensus among the participants who feel that PTSD is overgeneralized by society. The results of overgeneralizing PTSD may cause Veterans and their families feeling betrayed and very frustrated when trying to qualify for benefits.

Many scholars such as Dr Crowely consider the question whether war PTSD is universal (Reisz, 2014). I argue that the term is universal and is overgeneralized. The term, “military war PTSD,” has not officially been coined as such, but has been overrepresented under a PTSD category encompassing different types of mental disorders creating an argument that the term should be relabeled. The following section provides an overview of this argument.

2) The mislabeling of military war PTSD

The current PTSD term is perceived by many members of the military community who advocate for change as being used incorrectly. Many of the participants reveal that the stigma attached to PTSD is quite negative, and this restricts progression and assimilation. Research conducted by Ruzek's (2011) highlights the view that societal stigmatism is rooted in the media propagating mental illness preventing Veterans from properly assimilating back into society. Furthermore, the fact that PTSD is associated with mental illness is one reason why the term should be relabeled.

I argue that the new term should be relabeled as *military war post-traumatic stress injury* in order to reflect the military culture that Veterans are exposed to and to reflect an injury sustained from battle exposure, not biologically inherited. Dealing with Civilian PTSD representing a population who have never been to war, those who have been victims of rape, whether it be civilian or military, and those who are exposed to military sexual trauma (MST) should be dealt with differently than PTSD incurred from war. Therefore, I argue that the relabeling of PTSD is a step in the right direction to implement better treatment measures and policy changes in order to address those who need specific resources to properly reintegrate back into society. This highlights an acknowledgement that the injury was sustained from engaging in military operations. The problem that many Veterans face upon their return from deployment who suffer from PTSD, is a proper diagnosis in order to receive proper treatment for rehabilitation.

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In the following excerpt, Macie, a participant, describes her experience upon returning from Desert Storm:

I had Desert Storm syndrome, and they didn't call it [that] back then, and so a lot of us went through different diagnoses. I have been in and out of medical care within the VA system, and I can tell you that I would not be sitting here today if it were not for the great care that some of those people gave to me. I went in for [a] physical first because I didn't even realize I had the mental. There was constant pain, you go in and out of fatigue, there is memory loss, it's very similar to PTSD, which I also had and didn't realize... I visited the mental health clinic several times. Um, I was diagnosed with depression, of course, this was before PTSD supposedly came about.

In the above excerpt, Macie, a desert era combat Veteran with the US Air Force, returned from deployment with memory loss, anxiety, and anger issues. She did not feel like herself and did not understand why she felt the way she did until she was finally diagnosed with PTSD. The term, syndrome, was used to envelop a broad spectrum of symptoms where a specific diagnosis has not yet been medically established.

Furthermore, when practitioners do not specifically identify a Veteran's medical issue based on their symptoms and displayed behaviour, a Veteran may engage in behaviour such as self-medicating to deal with their internal anxiety.

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Mary discusses how her father, a Vietnam Veteran who returned from war, did not get the necessary medical attention upon his return from Vietnam. In the following excerpt she describes her father's experience:

The big eye opener for me was my Dad was a Vietnam Vet[eran] who, when he came home never received any help, he self-medicated with alcohol and became an alcoholic because he never dealt with his issues and he still never helped himself, but he was aware enough of that when I came home. One of the first things he said to me was to get yourself signed up at the VA. Then, unfortunately, our first Veterans Day together as combat veterans I took my Dad to the hospital. They admitted him and six days later [as a result of not dealing with his illness] he passed away from cirrhosis. For the longest time, I was angry with him, you know I always felt like I was competing for his love ... with that bottle and then I realized when I came home why it was so much easier. I started to kind of fall into that same pattern always drinking, um, drinking so much that... you know it wasn't like I was drinking every single day but when I did drink, I drank a lot and then I wouldn't remember, one day I realized, wow! I am walking down that same path and if I don't do something now, I'm going to have that same future.

According to Chapin (2015), addiction is a common symptom of PTSD as many Veterans resort to substance abuse in order to deal with their manifested anxiety. When a Veteran becomes vulnerable and cannot resist from engaging in behaviour that is viewed by societal norms as deviant, they lose their sense of purpose. The majority of the participants engaged in self-medication, delving into, whether it be alcohol or drugs, behaviour that often leads to addiction (Grant, 2012). Taylor (2015) claims that "...in a

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strange way addiction can be seen as an attempt to regain a basic sense of purpose when no other is available. The purpose becomes to supply yourself with the substance you're addicted to" (n. p.).

Due to the lack of medical support and knowledge around PTSD during the Vietnam era, psychologists and psychiatrists could not accurately diagnose PTSD (Chamberlin, 2012). According to Chamberlin (2012), because of such improper medical practices and the misdiagnosing of PTSD, many Veterans of that era self-medicated. This claim is supported by May, who states that when seeking help, it is very important to "find a good, good therapist, [one] that has training in [the] military [and understands military culture]..." Although the female population in the military has experienced substantial growth over the last two decades, the majority of the population still remains male. Women who are suffering from PTSD are having to deal with service personnel who are not necessarily well versed in the topic area and are being further scrutinized for coming forward or displaying symptoms of PTSD.

Female Veterans further claim that the VA administration lacks the experience and recognition of MST, further indicating that the "environment is not conducive to treating women who suffer from MST or battle-related PTSD" (Levine & Land, 2014, p. 61). As discussed in the following section, this is a common mentality in the military.

3) Military sexual trauma

Many female Veterans who experience MST feel that, according to one of my participants, Laura, that "...using our resources [is] negatively frowned upon, um, especially for women in the military" because "...there is still a large group of men and women in our nation and especially in our military branches who [feel] you got to suck it

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up and deal with it”. Tammy, one of the participants, argues that the military hierarchy categorizes and “...stereotype[s] women in the military.” She further states that if there is a situation and you do not conform to the demands of your male cohorts, then they will impose other measures such as “blackmail”. According to the findings in this research, women are scrutinized and exposed to behaviour that resembles a misogynistic culture. Caplan (2011, p. 43) tries to depict the breadth of having to become accustomed to a military environment by stating that:

...anxiety can also result from the concerns women and men may have about living up to military’s extremely masculine standards. For men, the anxiety can come from feeling they are not manly enough. For women, the anxiety is often more complex, because striving to act in traditionally masculine ways in order to prove they deserve to be in the military can conflict with any wish they have to act in traditionally feminine ways. Thus, women may be anxious about being both insufficiently masculine and overly masculine.

If women are exposed to an abusive and negative environment, they may internalize their feelings of anxiety, which also may result in displayed patterns of resentment and anger at a later date. When a woman is sexually victimized by someone they know, paired with exposure to a traumatizing war environment, the results of such an experience can be psychologically catastrophic. MST is different from military war trauma even though both may happen while on deployment. For those who are sexually traumatized, approximately 50% of victims develop PTSD. According to a 2010 article in the *Journal of Traumatic Stress*, 20% of Veterans deployed to Iraq and Afghanistan developed PTSD (Satel, 2010).

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The difference between the two is that one is chosen to be forgotten, while the other is preserved as a moment in time that has contributed to the shaping of an individual. MST and war PTSD involve traumatic experiences and both can be argued, as previously discussed, as being universal, but MST is distinct and categorized as such falling under a classification of sexual trauma and assault. Military war PTSD is overgeneralized and associated with several other disorders, often making it difficult for clinicians to diagnose (Cohen, 2013).

Although there has been an immense body of literature on the topic of PTSD, the results of my research affirms that governmental agencies and society, as a whole, stigmatize soldiers injured in battle upon their return. Such a stigmatization may give them a sense of a societal disconnect from society as discussed in the section below.

4) Societal disconnect

In a qualitative study conducted by Liebling (1999, p. 161), her sentiments in reflection of her research mirrors how many Veterans feel when they return to a society that does not care:

The experience of returning into our own worlds was disturbing; we experienced a sense of detachment and disorientation, and a frustration at wanting to share the experiences with others, and yet finding a way of describing what we had experienced almost impossible.

One of the participants, Michael, states that because of “negative public opinion,” such negativity “had an impact” on reintegration. Furthermore, he stated that “some people looked down on his service”.

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Terri, one of the participants, states that relationships become extremely fragile as society “criticizes you,” specifically by those who do not understand what a Veteran endures while integrating, and she suggests that the best way to deal with a troubling relationship is to abandon the relationship and “leave him, or leave her”. Maurice, like many other Veterans, has a difficult time “hav[ing] to rely [upon] somebody else”. Maurice further states that, when a Veteran leaves the military, using military behaviour to socialize “is the hardest part...using your military values and beliefs in everyday life knowing that you can’t turn around to the person next to you and be like, hey, you’re not doing your job” is extremely difficult when trying to assimilate back into society. People have a difficult time dealing with things they do not understand, including the effects of combat and the physiological changes that take place in a soldier’s mind (Herman, 1997). Coffey (2015) further argues that there is a lack of understanding and awareness by society of what exactly a Veteran experiences while in combat.

Therefore, when a Veteran returns from battle he/she is expected “...to leave all that dirty combat behind him!” (Coffey, 2015, n. p.). Society does not want to recognize that part of a soldier’s job in combat may involve killing another human being, as if to say, according to Coffey (2015, n.p.), “what happens over there stays over there”. Unfortunately, for Veterans who have been exposed to combat, this is not the case. As a societal collective, there is a level of complacency among the general population that would rather ignore what is happening in our own backyard rather than having to face the responsibility for contributing to an ever growing situation regarding the issues related to PTSD. It is far easier to send a Veteran to a therapist conveying a message to those directly effected “... [we as a societal collective] don’t want to listen – or that we don’t

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feel qualified to listen” (Caplan, 2011, n. p.). As one participant suggests in the following excerpt:

Nobody understood what I went through, and number two, I didn't see myself as doing anything wrong. There was negative public opinion for the Gulf War, which had an impact, people looked down on my service. A lot of people were against what I did, so that didn't help any. I remember filling lots of [employment] applications out, people were getting ready to hire me till they flipped the back page over and said, you were in the military? I said yea, you in the Gulf War? I said, yes, I was. They said, we'll call you. Nobody would ever call and just a lot of people were totally against the war. A lot of people would talk down to me, quite a bit. It was pretty difficult.

As Michael's narrative above shows, finding employment for some Veterans becomes extremely difficult.

I argue that systemic disenfranchisement, coupled with the societal stigma attached to PTSD, is associated with the externalizing of manifested internal issues related to violence, suicide, substance abuse, and poor physical health which can be attributed primarily due to a lack of governmental support. My research justifies my argument that presents a construct of an endless cycle that is not being addressed by a collective government that initiates the problem.

Once the participants returned from deployment, they were subjected to unnecessary bureaucratic abuse, as well as stigmatized and not understood by the society that received them upon their return, the same society that sent them into harm's way. One participant claimed upon her return from deployment that “nobody understood me,

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nobody got me...when I came home”. According to Mike, “It was really hard to transition my family, they didn’t understand what I was going through”. For many Veterans, like Mike, a mental injury is associated with mental illness (Fear et al., 2012; Chamberlin, 2012; Mittal, Drummond, Blevins, Curran, Corrigan, & Sullivan, 2013; White, 2014). The societal stigma that has traditionally focused on mental illness are biological disorders such as schizophrenia or manic depression (Corrigan, 2004). Therefore, Veterans with PTSD are treated differently due to a lack of understanding toward their injury, thus contributing to a deeper level of disenfranchisement.

When Veterans return home to this kind of negative societal opposition, many veterans become reclusive and resentful. Durkheim (cited by Hechter & Horne, 2003, p. 115) states, “...the more the family and community become foreign to the individual, so much the more does he [she] become a mystery to himself, unable to escape the exasperating and agonizing question: to what purpose?” The lack of societal support available and the bureaucracy that Veterans experience when trying to access treatment are factors that contribute to secondary trauma. The NVC does not take into consideration what is in the best interest of the Veteran and their families, but, rather, what is in the best interest of the government. I argue that the implementation of the NVC and its stringent policy guidelines restrict Veterans from receiving proper benefits. This causes a negative experience among Veterans which contributes to furthering the damage sustained from battle trauma and elevates levels of PTSD. According to Moncur (2014, n. p.), dealing with the VAC causes secondary trauma.

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A former Canadian Veteran who did a tour in Afghanistan comments on his experience with the VAC in the following excerpt:

I have come to the conclusion that it was both my time in Afghanistan and the failures within Canada's Department of Veterans Affairs that aggravated my PTSD since returning home. ... fighting the Taliban was equally as damaging to me mentally as the fight I face every day on the home-front in Canada, with VAC.

According to Rose (2014, n.p.), this form of secondary trauma mirrors the phenomena known as “sanctuary trauma,” a concept that “occurs when an individual who [has] suffered a severe stressor next encounters what was expected to be a supportive and protective environment’ and discovers only more trauma.” For many of the Veterans who have left the military and who are currently being released from the military experience, this type of situation deepens the issue (Rose, 2014, n.p.).

When Mike returned to his country from deployment, he was “angry” and “...just didn’t feel the value [of life] anymore...started isolating [himself, and] was just in operation shut down mode. [He] didn’t trust anybody”. This type of behaviour and angry emotion was felt by many of my participants. Anger is linked to several consequences, such as spontaneous aggression (Teten, Miller, Stanford, Petersen, Bailey, Collins, Dunn, & Kent, 2010), a resistance to treatment (Forbes, Creamer, Hawthorne, Allen, & McHugh, 2003), and addiction that encompasses drug and alcohol abuse and self-medication (Seedat, Stein, & Forde, 2003).

In addition to the previous claim, Veterans with higher levels of anger were more resistant to therapy and more susceptible to violence which is linked to more severe PTSD (Taft, Street, Marshall, Dowdall, & Riggs, 2007). When the participants engaged

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in this type of behaviour, it caused many to become, as Erin suggests “angry, drained, tired and moody”. Most of the participants did not understand why they were angry, Arthur states, “I had problems with communicating...I didn’t know what was happening to me, I was confused, [and] I was frustrated”. When Mary returned from deployment, she knew something was wrong, but could not figure out what exactly was bothering her. She stated that she continuously went in and out of mood swings and was constantly “raging”. Many of the participants felt this way, they felt that their anger was manifested from betrayal, but it was so intense that many would lose self-control, and as Dawn claims, she “would be angry at things that would not make absolute sense”.

These physical and emotional feelings may hamper an individual’s perception of reality, creating an internal manifestation of hyper-arousal which is intensified at night. According to the participants, adjusting to sleeping was difficult as most Veterans had tremendous difficulties controlling reoccurring nightmares based on recollected experiences while on deployment. Therefore, because of instability, tremendous anxiety, anger issues and always feeling on guard, the participants felt safer locked in their own homes separated from the rest of society.

One participant stated that they “... couldn’t go anywhere or do anything without my mom, so if my mom didn’t want to go out, I didn’t go out”.

I argue that some Veterans who are unable to seek out rehabilitative measures are unable to properly assimilate back into societal normalcy. While my data stems from a grounded theory approach and, although the term, societal dissonance, has not been coined as such, I believe that my results reveal that my participants have succumbed to societal dissonance. A direct result of contributing societal factors due to dysfunctional

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behaviour that had developed after physiological changes to the brain had occurred from battle exposure. This term can be defined as a disconnect between a person suffering from PTSD who is made to feel alienated, confused and extremely uncomfortable, regardless of where they reside in a global society and the normative ways of life.

5) Societal Dissonance

The Oxford Dictionary (2015) defines behaviour as the way in which a person acts or conducts oneself, especially towards others. Societal dissonance should not be confused with behaviour, it is a process of egressing from society, a form of behaviour that is the direct result of, in this case, imposed government policy. Societal agencies governed by government policy penalizes those who are mentally injured from battle with the imposition of stringent policy restrictions in order to access rehabilitative measures. I argue that the damages caused by war trauma may force a psychological disconnect resulting from physiological changes to the brain. Such damage may force a Veteran to disassociate and disconnect from the society when they are denied proper medical attention.

As previously discussed in this thesis, war PTSD and its effects, I argue, is universal, therefore, it does not matter where a Veteran resides. The effects of PTSD forces a Veteran to internalize feelings of anger and resentment, coupled with fear which may cause them to behave in such a manner that sees them disconnecting from their family, society and the normative ways of life. The behaviour that a person demonstrates can be viewed as negative or positive and have similar effects on another individual. Many Veterans, similar to the participants in this research, may appear to be normal. From a societal perspective, as long as their actions and behaviour are not considered

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risky or dangerous, there is this idea that they must be normal. This is considered by some as a common societal perception that, if a person looks normal, then this would eliminate any possibility of having a mental disorder [injury] based on appearance.

When the majority of society directs this type of stereotypical mind set toward a Veteran, this type of behaviour absolutely enrages those who are suffering from PTSD. According to Willis of *Reddit* (2015), an entertainment, social networking, and news website, there was a letter posted on this website describing the ignorance people have toward Veterans who are suffering from PTSD who do not have visual scarring. The letter is titled as: *Disabled Army Vet's Perfect Response after He's Slammed for Using Special Parking Bays*. The Veteran returned to his vehicle where there was a note attached to the windshield. The letter is elaborated in the following excerpt:

Buddy, stop parking in handicap spots!!!! You DO NOT have a sticker nor do you look handicapped, I have taken a picture of your licence plate and sent it to the office for towing by the courtesy officer. Stop being a jerk!! (Willis, 2015, n. p.)

The Veteran responded by posting the letter written by the disgruntled driver on the Internet where it has since gone viral, but, before doing so, he went on to state that:

“In the state of Texas, if a vehicle has DISABLED VETERAN licence plates, that vehicle is not required, BY LAW, to have a handicapped placard displayed, nor a handicapped emblem on the licence plate, UNLESS that vehicle is parked on FEDERAL property”. (*Yahoo News*, 2015, n. p.)

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The issues around military PTSD are multifaceted, Veterans who have to deal with governmental bureaucracy often find themselves very frustrated with the process, resulting in behaviour that is less becoming of a soldier from a societal perspective. Steve, a participant, chose to deal with marijuana and describes his behaviour in the following excerpt:

I had trouble adjusting to life back home. I used drugs and didn't want to leave [my] house. The drug thing was still prevalent, the marijuana stuff was still prevalent. That was still my source of coping.

In the above excerpt, Steve describes how he dealt with his PTSD. He served in Vietnam, he had trouble adjusting to life once he returned home. He used drugs and did not want to leave his home. Whereas, for Mary, when she returned from deployment, her drug of choice was alcohol because it was easy to attain. She states “I started to drink a lot, I started to kind of fall into that same pattern [of] always drinking...I drank a lot and then I wouldn't remember”. One participant, Claus, also self-medicated in order to sleep and to rid himself of having nightmares.

My research found that many of the participants self-medicated with alcohol or drug use because they could not deal with the continuous nightmares which affected their sleeping patterns, societal abuse, and rejection from those who once cared for them. These actions may lead to internal anxiety for Veterans who do not receive help for their PTSD. According to D'Aliesio (2016), 17 Canadian serving military members committed suicide in 2015, which included six Veterans who had served in Afghanistan. Since the war had ended, 62 Canadian soldiers and Veterans who have died by suicide.

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In the following excerpt, a fellow Canadian Veteran who has chosen to be anonymous, describes how attempting to end his life was a solution to dealing with his internal anxieties of PTSD.

On Feb 28 [of] this year, I [attempted to hang] myself. My 3rd attempt in 10 years since retiring. I belong to many Veteran sites that are truly for the Veteran, politics aside. I learned to reach out to personal Veteran friends when I would become depressive or hyper. It was not enough because when I would fall I could not put my finger on the phone. That morning I was a bag of hammers. I had not slept in days. I awoke with total recall of an event, threw up all over the bed and voided myself on the floor. I don't remember most of what followed. On my first tour of Bosnia in 1994, during the height of the Civil war, I saw and did stuff that is forever burned into my soul. For all of the detractors out there that would tell me to suck it up or get on with life...well I could not. After a firefight during a Body exchange, I found a bundle at the side of the road. A dead little child the same age as my own daughter, I buried her and made a promise that I would try to make her death mean something...

The excerpt above is not an uncommon sentiment among Canadian and US Veterans battling PTSD. During the 13-year war in Afghanistan, 158 Canadian soldiers died during the mission. According to records obtained by *The Globe and Mail*, between January, 2002, and April 8, 2014, 183 military members have taken their lives; of the 183 people who took their lives, 59 soldiers committed suicide after the war ended (D'Aliesio, 2015).

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The results of my research reveal that if Veterans do not access resources that are available to them for proper reintegration from deployment, there is a high percentage that shows that Veterans suffering from PTSD will externalize manifested anxiety in the form of dysfunctional behaviour. One participant, Mary indicated that she was able to take advantage of the support and counselling services available through the VA, but only because it was close and its location was where she resided. She stated that the services provided were limited, but the services that were available proved to be advantageous in dealing with the residual effects of trauma and aiding in the recognition of her destructive behaviour.

Another participant named Robert "...didn't start going to the VA until 1996". He states that he "served in the United States Marine Corps from 1948 to 1952 and spent 15 months in Korea". Robert did not get the help he required in order to help him properly reintegrate back into society. He suffered with internal anxiety for 48 years after serving in the military. The results reveal that this is not an uncommon response by Veterans of that era or in present day deployments.

In this chapter, I have explored participants' insights into their experiences in the military including their return home and the ramifications of a lack of varying services, not only from our government (in both the US and Canada) but also their views of necessary changes that need to be made within the various agencies that propose to attend to their needs.

In the following Chapter, I illuminate how my research will not only enhance previous literature, but may also create an opportunity for a more in-depth conversation with regards to the effects of PTSD and the bureaucracy surrounding rehabilitative measures.

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Chapter 5

Discussion

The aim of this study is to provide a platform that would enable Veterans who suffer from PTSD an opportunity to discuss their reintegration processes. I believe in doing so will enhance discussions surrounding PTSD and broaden our understanding of the issues that Veterans face as they try to reintegrate and adapt to societal norms. My research is multi-layered, each layer providing insight to the damaging effects of PTSD and how bureaucracy contributes to enhancing those effects. When there is insufficient programming and the lack of proper direction by military officials, many Veterans find their departure from the military very trying and difficult.

The difficulties of having to face stringent policies implemented by governmental agencies which restrict rehabilitative measures is, that for some Veterans, they can barely deal with their injuries, let alone deal with the bureaucracy of getting help. Society, in general choose to rationally ignore the physiological effects of battle trauma effecting many Veterans.

The results of my research parallel the findings of studies conducted by Fear, Seddon, Jones, Greenberg, and Wessely (2012) which illuminates the idea that society places a stigma on mental injuries, associating dysfunctional behaviour with biologically inherited mental disorders. Based on previous academic research found in the literature, there is evidence that supports the idea that uncontrolled deviant behaviour is due to extended periods of battle exposure. Moreover, exposure to severe trauma and the effects of such trauma may alter a veterans “cognitive and emotional orientation to the world” (Paludi, 2011, p. 531).

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In my research, I affirm that the negating of rehabilitative measures prior to and after the release of a member of the forces can be detrimental to reintegration and present a greater propensity for Veterans to either engage in dysfunctional behaviour or become disassociated from society due to untreated induced trauma (Huebner & Gustafson, 2007). Trauma introduced by violence is supported by the modified model of the processes of trauma (p. 10) originally introduced by Gido and Dalley (2009). As Veterans try to reintegrate back into society they are penalized for the physiological changes that have taken place in their brains, thus resulting in an impairment to normal cognitive functioning.

The policing actions surrounding justice measures to implement societal control do not take into consideration the effects of trauma, rather, it deflects the idea of rehabilitation and promotes secondary trauma among Veterans. Such negative societal factors allow for an in-depth discussion under such categories as access to services, resistance to treatment, the mislabeling of military war PTSD, military sexual trauma, societal disconnect, and societal dissonance.

Research has identified that Veterans who possess PTSD return from deployment experiencing transitional issues which are societally constructed, supported by policies that benefit governmental agencies. As Fenichel (1945) states:

Neuroses do not occur out of biological necessity, like aging; nor are they purely biologically determined, like leukemia ... Neuroses [is] socially determined... corresponding to a given and historically developed social milieu [which] cannot be changed without corresponding change in the milieu (p. 540).

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Fenichel's (1945) claim of neuroses supports the results of socially constructed restrictive actions, which may lead to societal dissidence, found to be a contributing factor that exacerbates the effects of PTSD based on research identified in this thesis. The majority of the participants stated that, when they returned from deployment, the society that they were returning to had changed. Many Veterans felt like second-class citizens during their reintegration process, systematically discriminated against and made to feel disenfranchised, despite their citizenship and their proven service record. Veterans who choose not to seek help because of the societal stigma may later display symptoms and engage in dysfunctional behaviour.

Veterans return from deployment with psychological and physiological changes that directly affect the way they function and integrate back into society (Chamberlin, 2012). Research conducted by Apel and Burrow (2011) affirm that exposure to violence can cause enough physiological damage to motivate an individual to engage in deviant behaviour. Therefore, violence causing trauma is a contributing factor that may enable a soldier who is integrating back into society to a greater propensity to commit a crime (Cruise & Ford, 2011).

According to research conducted by Alliance (2009), there were approximately 140,000 veterans who were serving prison sentences in US state and federal penitentiaries as of 2004. I would argue that the majority of those prisoners were directly affected by the same bureaucracy that my participants spoke of in their narratives which later led to deviant behaviour. This behaviour falls in line with research conducted by Mongillo, Brigigg-Gowan, Ford, and Carter (2009) who state that exposure to trauma, causing cognitive impairment contributes to the externalizing of internal-manifested anxiety. The

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domino effect created by trauma and the lack of rehabilitative measures provided by governmental support agencies eventually leads to and supports Steinberg's (2000) argument that violence leads to continued violence. Once a Veteran has committed to engaging in violence due to manifested anxiety, with no support to deter such behaviour or personal acknowledgment reinforcing the idea that such displayed behaviour is socially unacceptable, many Veterans spiral out of control.

Veterans who have to battle bureaucracy feel lost! Many who suffer from PTSD are “unaware and are unwilling to accept how critically wounded they are” (Pugliese, 2015, n. p.). When they externalize their internal anxiety, they are not aware that the trauma they were exposed to while on deployment caused such cognitive dysfunction. These reactive actions spark alarms among policing agencies that target certain types of behaviour with stiff consequences, such as the over consumption of alcohol resulting in intimate violence and drug use promoting dysfunctional behaviour leading to other forms of violence and possibly murder.

There are members of society who feel that providing resources to those who are dysfunctional is catering to a population that will not benefit from such measures, also considered a waste of taxpayer's money. According to Rosenheck, Dausey, Frisman, and Kaspro (2000), benefits in the form of “disability payments is associated with improved subjective quality of life and is not associated with increased alcohol or drug use” (p. 1549).

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Veterans with PTSD tend to self-diagnose their disorder based on societal perception and the direct effects of societal stigma. This can be very problematic for returning Veterans, according to Mittal et al. (2013, p.87) “...public [societal] and self-stigma can discourage adequate treatment and create barriers to work, housing, and health care opportunities”. There are distinctions between both public [societal] and self-stigma according to Corrigan and Kleinlein (2005). Societal stigma carries a negative attachment, persona or belief toward a group that is associated with their behaviour. These types of groups are seen by society as groups that associate with similar like individuals who are viewed as being dangerous, not intelligent, incompetent, not able to make rational decisions, and possessing character flaws of weakness.

When Veterans are affected by self-stigma, they possess insecurities about themselves, they are consumed by negative thoughts of inadequacy, weakness and incompetence (Corrigan & Kleinlein, 2005). The majority of my participants identify with Corrigan and Kleinlein (2005), in that not only were they affected by societal stigma, but also by self-stigma as well. This results in many of them self-medicating with alcohol or drug use because the waiting times to receive help is just too lengthy and unacceptable (Barabe, 2015).

Veterans who are suffering will engage in such behaviour as a last effort in order to deal with the stigma attached to their injuries, and a method to deal with the memories of loss and horrific scenes of horror experienced while on deployment. For many Veterans who go without help, addiction leads to incarceration and suicide. According to Love (2006), substance abuse is considered the single most deciding factor that causes Veterans to become incarcerated.

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Once incarcerated, “the stigma of a criminal conviction brings into play more subtle and wide-ranging forms of discrimination and shaming” (Love, 2006, p. 2). Shaming and intimidation, as argued earlier, can cause severe damaging effects to a Veteran’s cognitive functions that may later lead to deviant behaviour (Walsh, Spangaro, & Soldatic, 2015; Stuewig, Tangney, Kendall, Folk, Meyer, & Dearing, 2014; Bender, 2010). Moreover, Love (2006) argues, that once a person has been incarcerated and labelled as a felon, “it is almost impossible to get rid of the label; the public is easily persuaded that “convicted felons” must be segregated and excluded from the rest of society” (p. 2).

When Veterans are rejected by society they are more susceptible to feelings of loss and displacement and choose not to seek rehabilitative measures. Therefore, it is of utmost importance that attention be placed on the allocation of resources that targets a movement of future endeavours that focus on the implementation of preventative and awareness measures that lead to proper societal reintegration.

Society needs to take responsibility for the damaging effects sustained in battle by acknowledging that the decisions made by a societal majority was the determining factor that sent young men and women into harm’s way. The government has a responsibility to insure that guidelines are in place which would help direct Veterans to access resources to properly reintegrate back into society. This type of proactive support enables healthy family adjustment. Without direction and the lack of treatment due to bureaucracy forces many Veterans to forgo the search for help.

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Coffey (2015) makes an excellent consideration why many Veterans choose not to come forward for treatment. He rationalizes that America is a collective society that establishes parameters to sanitize themselves from the visual aspects and the direct effects of war. I argue that it is no mystery that the government has implemented stringent policies scrutinizing Veterans with PTSD, following protocols that prevent certain benefits and rehabilitative measures from being applied to Veterans who require them. The frustration that many Veterans feel is extreme as this Canadian Veteran, states that the VAC “wants you to die before you are eligible for benefits”.

Through the chapters of this research, many examples have been illustrated exposing a governmental agenda specifically mandated to reduce costs to meet budgetary restraints, resulting in many Veterans being subjected to unnecessary scrutiny. For example, according to research conducted by Sherring (2015), there is a percentage of military personnel who are medically discharged after being diagnosed with PTSD, thus having to wait for an unnecessary extended period of time for a case manager to assess benefits.

This is affirmed by reports in *The Huffington Post* (2015) whereby Canadian soldiers who are diagnosed with PTSD are having to wait greater than half a year for proper diagnosis in order to access rehabilitative measures. This results in some to turn to suicide in lieu of dealing with the bureaucracy of waiting to receive help. One Canadian Veteran states that "...people have committed suicide during the wait[ing] periods...as a result of [lengthy] wait periods [people] change their minds, from seeking medical attention (Huffington Post, 2015, n. p.). Barabe' (2015) is cited by a CBC new reporter

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that wait times are "...far too long...we run the risk of losing someone because we were not fast enough to pick up the message" (n. p.).

Mr. O'Toole, recently replaced by Kent Hehr of the Liberal government as the new VA minister declared that "getting funding and benefits upon release from the Armed Forces should not be [so] complicated or cumbersome" (Sherring, 2015, n. p.). This begs the question, why is it then that Veterans continue to have to battle for rehabilitative services and benefits? I argue that the programs implemented under the NVC are in need of a critical analysis due to the amount of frustration being displayed by the Veteran population and their families.

The bureaucracy surrounding the implementation of the critical injury benefit (CIB) program falling under the NVC implemented in 2006 only caters to Veterans who were severely injured after March 31, 2006. The CIB was created to recognize trauma associated with a severe wound or injury, which either requires or required immediate hospitalization and or institutionalization (Pugliese, 2015).

An excerpt taken from *The Sub-committee on Veterans Affairs of The Standing Senate Committee on National Security and Defence* examining the subject matter of elements contained in Division 17 of Part 3 of *Bill C-59* shows that the

[CIB] is intended to provide immediate compensation [for a] unique subset of injuries that our men and women have suffered and regrettably will suffer into the future. These are the cases where there is a sudden single event, a traumatic event. As I indicated in my earlier remarks, physical injuries will be the more common ones, but it may be flexible enough that there may be mental health conditions that could be captured by it. For instance, if you were so traumatized

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by an event that you required immediate care and treatment of a significant degree in order to get you through the following days and weeks, you may well qualify for the benefit. Senator, the answer is simply that this is not a disability award benefit. It is a Critical Injury Benefit. The title reflects the target population — critical injury, traumatic injury, life-altering effects essentially — but recognizing that during and after that period that flows from the event, the condition may well be stabilized at a point. We have cases where the veteran has said to us, ‘You mean to tell me I was hospitalized for weeks, I went through multiple surgeries, my family thought I might die, my family's lives were absolutely disrupted and interrupted for weeks and weeks, and now a year later when I come to you and look for a disability award, you're telling me it's only worth whatever it might be, 20 per cent assessment or 30 per cent assessment?’ Why? Because through medical interventions and effective rehabilitation programs, the end state is actually much better than it looked at the outset.

So this benefit is targeting a unique set of circumstances, and it is intended to fill that gap of providing immediate compensation for those events, but before the condition has become stable, when the individual then becomes eligible for our disability benefit program under the Charter (Butler, 2015, n. p.)

Therefore, based on the information stated above, the CIB program is deemed discriminatory to those who served in Afghanistan, Iraq, Bosnia, Yugoslavia, Somalia and other operational theatres prior to and including March 31, 2006, where severe injuries or mental trauma was sustained that required later medical attention.

Furthermore, one could argue that the CIB program uses stringent policy guidelines and

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limited time parameters to exclude Veterans from qualifying under this benefit program. Many Veterans who experience symptoms of battle trauma reveal these symptoms after they have returned from deployment, or when they left the military altogether.

One could argue that if a Veteran sustained a non-life threatening injury or injuries over a period of time (injuries that directly affected them later in life where surgery was required to repair the damage that was sustained from earlier incidents during a Veteran's career), the chances of entitlement is slim. It is because the injuries and parameters stipulated under the CIB must be considered serious, the end result is quite dire, but the initial incident was not deemed serious enough to constitute a traumatic event, even though the damage may lead to total disability later in life.

It is cases like this that infuriate Veterans and soldiers who proudly served. These men and women who, later in life become disabled because of an accumulation of injuries sustained through a career in the military, do not qualify under the CIB program. PTSD is a brain injury where its effects may stay dormant for many years after the initial exposure to trauma until an environmental trigger manifests internal anxiety which may cause a Veteran to engage in dysfunctional behaviour.

Furthermore, research conducted by Black and Papile (2010) found that mental health and the stigma surrounding PTSD was a factor that contributed to an improper reintegration and transitional movement back into society. Britt and Pury (2008) argue that it is possible that some Veterans resist therapy due to guilt, and the perception of possessing a flawed character, where accountability is of utmost importance. Some Veterans possess a mentality that reflects a demeanour that a person must be responsible and be accountable for their own actions (Britt & Pury, 2008).

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Britt and Pury's (2008) argument supports an older Veteran's ideology to resist therapy, deemed a possible reflection of a type of generational nurturing and or familial trend. The older participants in this research study who served prior to the desert era, such as those who served in Korea, Vietnam, and WWII all seemed to follow this generational trend.

The NVC, which came into effect in 2006 was primarily established to meet the necessities of what was considered "new" veterans, focusing on those who served in Afghanistan. I argue that there is an assumption being made by government officials that Veterans who have served in deployments to Afghanistan and Iraq are perceived to have a different set of needs than those who served in operations during the Second World War, Korea or any United Nations (UN) peacekeeping missions prior to and including March 31, 2006.

The creation of the NVC has wreaked frustration across the country among many Veterans who have returned with PTSD. The participants all speak of "...an injurious transition [which] is the result of relatively anomic social conditions in civilian life, compared to life in the military, particularly life on deployment" (Rose, 2015, p. 89).

Research conducted by Black and Papile (2010) identify the view that Canadian Veterans lose a sense of belonging once they leave the military. According to Thompson et al. (2014), leaving the military introduces a secondary type of transitional stress which is illustrated in the modified process model (p. 10) resulting in secondary trauma. Veterans who find transitioning difficult may possess feelings of isolation and become disconnected from family and friends. Many Canadian Regular Force Veterans released

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between 1998 and 2012 had a similar notable prevalence of health conditions and disabilities (Thompson et al., 2014).

There was not much disparity between the Veterans being released from the forces between 1998 through 2012. Service members released during 1998-2013, and who were diagnosed with an anxiety disorder or PTSD represented approximately 11% of those released (Thompson et al., 2014). In addition, approximately one third of Canadian Regular Force Veterans (either still active or released) are receiving services from the VAC (Thompson et al., 2014). The NVC notes that "...a key component of the Department's efforts [is] to ensure Veterans and their families receive the care and support they need, when they need it..." (VAC, 2014, n. p.).

I argue that the percentage of Veterans diagnosed with PTSD and who are currently receiving treatment does not reflect the actual number of Veterans who are currently suffering from PTSD. According to Levine and Land (2014), the use of VA services among men and women is approximately 36% of Veterans who actually attain rehabilitative services. This is highly disproportionately in favour of men. One reason given why the majority are men who seek services is associated with the difficulties women have in accessing proper treatment resulting in most female Veterans "receiving services elsewhere or receiving no treatment at all" (Levine & Land, 2014, p. 61).

Research reveals that "...only about 50% or fewer service members who would benefit from mental health services ...seek care, a large percentage abort therapy before achieving remission of post-traumatic stress symptoms" (Gibbons, Migliore, Convoy, Greiner, & DeLeon, 2014, p. 366).

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To add insult to injury, many Veterans are subjected to ill equipped health workers who train for clinical settings who are unfamiliar with the history of PTSD, “nor [do] they possess an even rudimentary understanding of the global war on terror” (Morris, 2015, p. 14). According to a participant, Glen, states “they don’t have an understanding of your exact issue...” thus, creating an argument that without proper clinicians who understand military PTSD, many Veterans are left feeling displaced, frustrated and angry. PTSD is an overgeneralized category that encompasses biological mental disorders and takes a tremendous amount of training and understanding in order to arrive at a medically legitimate diagnosis.

The participants in this study all identify similar effects of PTSD resulting in behaviour which supports Dr. Crowely’s (2014) consideration that the effects of war PTSD is universal which was previously discussed on page 65 in this thesis. Therefore, the environment to which a Veteran is exposed becomes a factor that may contribute to a mental injury. As previously discussed in the literature review, PTSD is classified in the DSM-5 as an injury sustained from [battle] exposure to a perceived threat of death or serious injury, but continues to be societally associated with mental illness (Fear et al., 2012; Chamberlin, 2012; Mittal, Drummond, Blevins, Curran, Corrigan, & Sullivan, 2013; White, 2014). I argue that, rather than continue to classify and label PTSD as a disorder, it is important to take an approach that acknowledges PTSD as an injury and not a biologically inherited trait.

I further argue that the label given to represent the current disorder should reflect the culture from which it originated, as the label needs to recognize one’s exposure to military trauma. I believe that the renaming of PTSD would be positive and beneficial, a

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movement that is “geared specifically to [Veterans]” (Black & Papile, 2010, p. 396).

Make no mistake, the symptoms of PTSD can be cross referenced with several mental medical disorders, but there are distinct differences between these disorders and military war PTSD. Whether it be in search of a diagnosis to establish therapy measures or qualify for certain benefits, military war PTSD is different from other classified PTSDs, such as military sexual trauma (MST) (Buckalew, 2015).

Although MST occurs while serving in the military and possibly while on deployment, such events are severely underreported by military officials for both men and women (APA, 2015). According to a study conducted by Sheppard et al. (2015), MST is extremely under reported and may be closer to 20 times greater than the reported amount. Male soldiers are less likely to report sexual assault than female soldiers who are sexually assaulted. As well as, male soldiers who are sexually assaulted will not seek treatment for the assault and “...are even less likely to gain support or sympathy when the perpetrator is female” (O’Brien, Keith & Shoemaker, 2015, p. 360). A participant named, Tracey, states “If you are a victim of MST, then you usually have a lower threshold to PTSD”. Tracey’s statement is affirmed by a research study conducted by the APA (2015). According to the APA (2015), “[both] female [and male] veterans who were sexually assaulted are also more prone to develop post-traumatic stress disorder than other [Veterans] who experienced combat, and are significantly less likely than other PTSD sufferers to seek help” (n. p.).

Furthermore, Schry et al. (2015) argue that male veterans who reported being subjected to MST suffer more severe symptoms of PTSD and depression than those who were not sexually assaulted. A study conducted by Kintzle et al. (2015), consisting of 325

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female Veteran participants, all of whom reported being sexually assaulted, met the criteria for PTSD diagnosis, but only 14 percent (46) sought treatment following the assault. Greater than 75 percent of the total participants did not seek out treatment until years after the trauma had occurred. Time is a factor that is considered problematic, specifically when trying to establish grounds for rehabilitative benefits.

There are Veterans who battle governmental bureaucracy for decades in search of financial compensation for PTSD resulting from MST and battle exposure (Wax-Thibodeaux, 2014). Based on an “external review into sexual misconduct in the CAF,” Milewski (2015, n.p.) reports that “retired Supreme Court justice Marie Deschamps calls for sweeping change in macho military culture”. Deschamps further comments that “...there is a broadly held perception in the lower ranks [of the military] that those in the chain of command either condone inappropriate sexual conduct, or are willing to turn a blind-eye to such incidents” (n.p.). Military (female) personnel criticize lengthy delays in the investigation process and the administering of subjective reporting (Milewski, 2015).

One could possibly argue that it is because the majority of the personnel in the US and Canadian military are male, and it was not until January of 2013 that the US lifted the ban on women to enrol in combat positions in the US (Baldor, 2015). The Canadian military permitted women to enrol in combat positions in 1989 (Wente, 2013). The population of women being deployed in today’s military is growing since Vietnam, whereby the US deployed 7500 women.

During the 90’s surrounding the Gulf War conflict, the US deployed 41,000 women, and approximately 160,000 women were deployed to Iraq and Afghanistan (Corbett, 2007). According to Corbett (2007, n. p.), there is “data [that] reflect[s] a larger

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finding, supported by other research, that women are more likely to be given diagnoses of PTSD, in some cases at twice the rate of men”. Furthermore, 1 out of every 10 soldiers serving in Iraq is female (Corbett, 2007).

Women are the minority in the military, but, according to some male soldiers, women do not have a place in combat. A participant, May, states that:

Female soldiers are subjected to mental abuse, physical abuse and torment, and, in extreme cases, some are sexually traumatized during operational deployment.

Female soldiers who are sexually traumatized are told to refrain from appealing to a higher authority by their assailants, they normally know who attacked them, raped them, and verbally abused them.

May claims that she was sexually assaulted and traumatized while she slept. Women who are often sexually traumatized are often afraid to come forward because they feel threatened by military personnel who are familiar with the incident or afraid of measures by senior military officials that would limit their possible career advancement (Greenberg, 2014). Often, women who serve in the field are subjected to unsolicited touching while they sleep. May recalls while sleeping in-between shifts that:

...on many occasions when the person came to get me to wake me up in my tent, I was asleep in my tent. They would come in, and they're just supposed to tap you or make some kind of noise so you can get up and get on duty. Well that was a prime opportunity to be fondled and groped and then when you're out on a post, this happened to me numerous times, you're out on a post, there's a roving sergeant of the guard, or maybe some other people walking around. For whatever reasons, those were prime opportunities where you're basically in isolation and those were times when I was

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sexually harassed. I remember the faces, the words, the smells, the negative, unwarranted, unsolicited touches, I remember all of that...and its 20 years.

A participant, Laura, states “I was raped by my sergeant...” Fortunately, for Laura, her assailant was charged, convicted and jailed, but, for many women, their cases are never heard or the behaviour experienced is diminished and dismissed by higher authority. According to Laura, “...there is still a large group of men and women in our nation and especially in our military branches who [state that]... you got to suck it up and deal with it”. The problem with this approach for many Veterans, especially those who are effected with PTSD is that they become displaced and frustrated as they have no one to turn to for assistance in fear of being stigmatized. Veterans who fall into this state of cognitive functioning leave the military disgruntled with feelings of resentment to those they served under. They are also received by their families who are not prepared for their return, nor know how to deal with the effects of PTSD.

Societal Disconnect

Based on the arguments made thus far, Veterans are returning to a society that is ill-equipped to receive them. Veterans are governed by policy established by a government that does not accept responsibility for their actions. According to Morris (2015, pp 3-4), society is not prepared to listen, nor are they ready to embrace decisions made on their behalf. He states, “The war had hurt me. I wanted the country to feel some of that hurt. After a while, I realized that the problem wasn’t just that they didn’t understand the war, but that they didn’t want to understand it”.

The majority of society do not understand what it feels like to go to combat, nor do they understand the experiences that caused the trauma related injuries among

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thousands of Veterans who have returned from deployment (Coffey, 2015). As a societal collective, there is a level of complacency among the general population that would rather ignore what is happening in our backyard, rather than have to face the responsibility for contributing to an ever growing situation regarding the issues related to PTSD.

Society needs to understand that Veterans who are injured during deployment return home feeling lost and alienated in need of support; they require rehabilitative measures in order to return to some sort of normalcy. One participant “felt betrayed by the people she thought were her friends;” another participant returned from deployment tried to find employment, but once people knew where he had been, they treated him differently. He stated “a lot of people were against what I did, a lot of people were totally against the war”. It is this type of behaviour and societal ignorance that leads to a Veteran externalizing their internal manifested anxiety.

Such societal actions can promote a loss of moral purpose for a Veteran, due to a perceived notion that they have “...become a burden [to society,] to their family [all] due to their mental health symptoms... [thus, there is] a function of social anomie” (Rose, 2015, p. 93). According to Rose (2015, p. 93), “The anomic transition to civilian life” is a transitional period where a Veteran moves from a sense of purpose to feelings of hopelessness while trying to reintegrate back into society. When Veterans leave the military, whether it be on their own accord or are forced out due to the legislative policy that states they are medically unfit to continue service, they become withdrawn, possess feelings of loss and alienation, and begin to feel out of place with no family to turn to.

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According to Berry (2011):

The VAC personnel [that] I have dealt with, could not have made me feel like more of an inconvenience or a burden. The mental and physical care delivered by VAC to my comrades and myself has been sadly lacking to date. Society may not want to deal with the victims of a conflict, or victims who are stigmatized by governmental agency, and who are perceived as unwanted and regarded as a burden once they return from deployment (Chamberlin, 2012).

The current government, nor the society that elected to have such a government represent them wish to take responsibility for the physiological and social damage that Veterans sustain from battle exposure. According to Liberal MP Frank Valeriote, as cited by Campion-Smith (2014, n. p.) “These men and women are neglected in the Canadian Forces and then completely abandoned as veterans”. The majority of the participants spoke of these experiences, faced with the difficulty of having to establish relationships with those who they had never served with, and they were forced to prove their self-worth to a community that did not understand their service, nor their sacrifice, resulting in a loss of purpose, and increased anxiety. Many of the participants stated that the society they returned to “does not understand them” and, therefore, shuns them.

Veterans who have experienced battle do not want to talk to people who do not understand what they have gone through, nor do they want to deal with people who have no understanding of military culture. The possible problem of not understanding is not just a societal problem, but a Veteran problem as well. Many Veterans are questioned by members of society asking them to express their experiences while under deployment. But, because of a lack of programming and rehabilitative measures, Veterans with PTSD

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do not know how to relate, thus they may enable a negative societal stigma of not being approachable. Coffey (2015, n. p.) gives an example of a conversation that may take place between a civilian and Veteran:

Veteran – The public just does not get us, man!

Joe Civilian – So tell us about the war, and what you went through.

Veteran – ...I can't/do not want to talk about it. You would not understand.

Interestingly, according to Coffey (2015), there are several reasons why Veterans do not like to discuss their deployments such as: 1) Operational Security (OPSEC) where soldiers sign a non-disclosure statement promising not to discuss information regarding their participation while in theatre; 2) emotional trauma; and 3) “that guy” representing military personnel who brag about experiences never encountered. In the military “...those who talk the most have done the least. Usually, you would never know the guys who have done the really cool stuff, because they do not try to draw attention to themselves” (Coffey, 2015, n. p.).

The mental injuries that Veterans possess clouds society's acknowledgment of their contribution, thus providing an argument that society has little understanding of the PTSD that these Veterans are dealing with and its association with the externalizing of manifested internal issues of violence, suicide, and substance abuse. The torment of war and exposure to war violence supports a dialogue that references victimization as a form of abusive conditioning that parallels violence. This establishes the view that war violence is rooted in a process of traumatization. Veterans with PTSD may eventually act out internal anxieties as a result of such exposure to that violence.

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I propose a new modified model (p. 10) of the processes of trauma, introducing a new process to the original arrangement created by Gido and Dalley (2009), and I argue that without violence, there would not be an event. Therefore, I claim that violence is the commencing point of any traumatic event. Furthermore, I also argue that once violence has been introduced, the effects of that violence can lead to PTSD and further traumatic actions by Veterans. Research by Ford (2005) concludes that the effects of trauma can compromise a Veteran's ability to maintain self-control, thus enabling their inability to properly reintegrate back into society. Veterans who return from deployment suffering from symptoms of battle exposure fear that if their symptoms are recognized by whom they serve, they will be targeted and forced to leave the military.

There is an unrealistic expectation that all serving military members who are deployed will return unscathed by their experience. Chamberlin (2012) argues that there are some people in society who do not view Veterans who return injured as victims of war, rather, they are willing participants of their own demise if they are either injured or succumb to PTSD. Studies conducted by two American Psychiatrists following WW I (Appel, & Beebe, as cited by Herman (1997) conclude that soldiers who are exposed to combat for a range of up to approximately 240 days may become vulnerable to psychological and or physiological damage due to exposure. Appel and Beebe (n.d.) conclude that:

There is no such thing as 'getting used to combat.' ... Each moment of combat imposes a strain so great that men will break down in direct relation to the intensity and duration of their exposure. Thus psychiatric casualties are as inevitable as gunshot and shrapnel wounds in warfare. (Herman, 1997, p. 25)

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According to Morris (2015), “Veterans who are surrounded by death for so long... [forget] how to live” (pp 10-11). When Veterans leave the military, as indicated by the participants, there is the absence of a military culture to provide guidance and direction shrouded from public scrutiny. What seems to be consistent is that all the participants mention that they served and that some wanted to re-enlist once they left the military. According to Rose (2015, n. p.) in an interview with a soldier who claims:

Once we are done our tour, once we leave [the military], we are thrown back into our Canadian society where we are back to dog-eat-dog competition, individualism and materialism, and even if suffering from PTSD or difficulty with adjusting to life back in Canada, we would rather redeploy on a dime and get back to that balance that being in combat brings, that leveler of us all.

Veterans who have served, although traumatized by a war experience, do not want to forget their service nor their military experiences (Buckalew, 2015). According to Peterson (2016, n. p.), if you were to ask a Veteran to “...choose the best experiences of their lives, they’ll usually say it was war”. The issue for many Veterans suffering from PTSD is properly dealing with the internal anxiety paired with having to deal with the process of reintegration and the transition of military life to civilian life.

Chamberlin (2012) argues that there is no difference between how Canadian and American military treat their military personnel in regards to deportment upon returning home from deployment and their expectations of reintegration back into society. The belief in military culture is that a soldier must always be diligent and address their internal issues, and not bring disrespect to their uniform or service. Chamberlain (2012, p. 358) claims that Veterans who are suffering from PTSD “...had failed to live up to

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culturally constructed notions of the ideal male citizen soldier. Thus, victims were blamed for their unmanly behaviour by way of stigmatizing medical diagnoses”.

Furthermore, a Veteran who returns mentally injured returns as the “soldier [who] fails to be the strong man he is expected to be and is reduced to a tearful, mentally broken one” (Chamberlain, 2012, p. 363).

The military does such an excellent job in challenging freshly enlisted soldiers by forcing them to face their fears and breaking down their personal barriers. The environment in which a soldier trains is considered a field where only the strongest adapt, thus, they become hardened by the experience they endure. Those who are weak and who cannot adapt are removed from the training and sent home. Once a soldier has proven that they are worthy of representing the uniform they wear by being able to endure boot camp and battle school, they are then shipped to a regiment where they are joined by their new military family and undergo further training related to their position of employment. The process involved in getting to this point for many soldiers is extremely challenging, as well as the transition from civilian to military soldier.

The culture in which young military adults are exposed to is an environment that is very private. When people who are not in the military stigmatize Veterans who are suffering from PTSD, everyone in that military environment is affected. The damage of imposed negative stigmatization affects everyone who has a relationship with that soldier (Veteran) (Ruzek, 2011). Military culture is defined as “both a written and unspoken system of beliefs, values, language, manners, customs, courtesies, traditions, and expected behaviors evidenced in rank structure, creeds, Profession of Arms, regulations, housing, social groups, lifestyles, and behaviors” (Gibbons et al., 2014, p. 368).

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When joining the military, individuals are stripped of their identity, they are indoctrinated, shaped, and given a new identity as well as being introduced to a new family. Junger (2015) sums up the meaning of a soldier's ethos, describing that "...loyalty creates an expectation that members will self-sacrifice to contribute to in-group welfare" (n. p.). The military is a family of soldiers who are "...virtually never alone day after day, month after month...you eat together, sleep together, laugh together, suffer together. That level of intimacy duplicates our evolutionary past..." (Junger, 2015, n. p.). The representation of what a family is, to someone who has served honorably becomes distorted and troubling when there is a societal collective that chooses not to accept those who return mentally injured. This type of societal reaction causes confusion, frustration, and heightened anger, reinforcing the idea of secondary trauma as found in the modified processes of trauma on (p. 10).

One could argue that age may play a contributing factor in who becomes affected by battle exposure and the severity of the damage sustained from deployment. The average age of enlistment in the US is under 21 years. According to Kokemuller (2015), the US Army reported an average enlistment age of just under 21 in 2012, whereas the *US Air Force Personnel Center* reported an average age of 29, as of 2013 (Kokemuller, 2015). Nearly 39.8% of the total force in the US is 25 years of age or younger as of 2013 (*The Office of the Deputy Assistant Secretary of Defense*, 2013). Approximately 40% of the reserve military in Canada and 19% of the total Canadian forces are under the age of 24 years (Park, 2015). These numbers present an argument and give a possible reason why both the US and Canada are seeing such high numbers of PTSD cases. The lack of maturity in critical components of the brain may possibly reveal why young Veterans are

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more susceptible to PTSD than older service personnel as Aamodt (2011) argues that the prefrontal cortex does not fully develop in males until the age of 25.

For Veterans who are suffering with PTSD, reintegrating back into society becomes a tremendous task for they are constantly being reminded by environmental cues that trigger dissociated memories from deployment. These implicit memories are often so powerful that they may force a Veteran into seclusion and enable anti-social, self-destructive and reclusive behaviour. Therefore, in the following Chapter, I argue that it is vital that we address the needs of Veterans as they return from deployment and provide them with the necessary tools to properly reintegrate back into society.

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Chapter 6

Conclusion

Both the Canadian and US government have contributed to the elevated numbers of Veterans returning from war with PTSD. Many Veterans who enter into military life, do so for their own reasons, but what is common, is the bond that is created within the culture. The problem that many Veterans face is the transition from normalcy (a conditioned regimented way of living) to a chaotic reintegration to a civilian life. There is a grand societal expectation that the experience of exposure to trauma does not ultimately affect a soldier and, for those who return with a mental injury, they are shunned by those who sent them into harm's way.

My research has led me to understand that like most things in my life, including the lives of my participants, our lives have been shaped by the experiences we have been exposed to while serving in the military. It is those experiences that allow Veterans to associate with other Veterans who have served and to consider a common bond of experience that creates an opportunity that helps in the healing process. The research conducted for this thesis speaks out to “a broader and potentially more efficacious audience” (Currie, 2007, p. 180), suggesting that a problem exists and something needs to be done to fix it. As Chamberlin (2012) argues:

Understanding the historical narratives of PTSD is important in understanding the disease, its treatment and its victims. Although soldiers are trained to kill and expected to be fearlessly unaffected by war, this is not the reality. Throughout the history of war, men have been both mentally and physically broken by the battlefield. The carnage of war has often left military medicine struggling to

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maintain its fighting force and adequately treat its soldiers. This struggle is particularly true of war psychiatry and the health problems it addresses, such as PTSD and other trauma related psychological disorders. These disorders represent a complicated intersection between mind and body that is both ambiguous and lacks disease specificity, making it difficult for medicine to understand and interpret. (p. 359)

Historically, as long as there has been war, there has been PTSD. Veterans have been trained to endure harsh conditions, to be fearless as they go into harm's way and fight to the death (Chamberlin, 2012). According to Buckalew (2015), the rehabilitative treatment Veterans receive to assist recovery from their mental injuries needs to be approached differently than the generalized treatments for PTSD. There has been quite a backlash toward the previous Canadian Government and the VAC over the handling of Veterans returning from Iraq and Afghanistan with regards to the lack of services being rendered to assist wounded Veterans. Many Veterans have frowned on the promoting of the NVC, claiming that the government is hindering the advancement of health services for Veterans and not addressing the needs of service members who suffer from PTSD nor their families.

There is a societal concern to understand and critically examine what causes PTSD and to further establish initiatives to support Veterans in their recovery as they reintegrate back into society. According to D'Aliesio (2016), the Canadian Forces has just recently announced that they will be increasing the 2014 suicide numbers for serving members from 19 to 21, considered the highest single year tallies in the last 15 years. As previously stated, almost half of the suicides committed were by Veterans who had

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served in Afghanistan. Furthermore, the amount of Canadian soldiers committing suicide continues to grow and has presently reached at least 62 suicides (D' aliesio, 2016). These numbers are a clear indication that not only has society failed to care for our returning Veterans, but the government has also failed in providing access to rehabilitative resources. As Chamberlin (2012) states, it is so important to consider historical narratives so we can understand the experiences that Veterans have been exposed to in order to try to comprehend and create programs that may assist in their recovery. What is vital to proper reintegration is the implementation of further platforms and rehabilitative initiatives that takes into consideration the thoughts of a Veteran's experience such as: a Canadian version of the web platform *Make the Connection* which can be accessed through different social media portals.

Veterans need this type of platform in order to have their thoughts heard and experiences voiced among the general population. What they do not need is to be disenfranchised and stigmatized due to mental injuries beyond their control. This type of societal behaviour facilitates aggression and resentment among Veterans forcing some to become disruptive and display symptoms that are not truly understood by those who witness such actions. An independent report prepared in the spring of 2015 for *Veterans Affairs* revealed “little evidence [that] the department is adequately dealing with — or reacting quickly to — the increasing number of soldiers being let go for medical reasons” as well as an insignificant amount of “measurable and dramatic improvements in service related outcomes related to transition” (Brewster, 2016, n. p.).

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Limitations

The most obvious limitation of this thesis is that the data collected is of a secondary nature, uploaded onto a public accessible platform titled, *Make the Connection*. This platform is a US based website which is logistically maintained, funded and owned by *Veteran Affairs* promoting rehabilitation and awareness through previously videotaped interview postings of Veterans who tell their stories of how they are dealing with PTSD. Each of the participants answered a battery of questions which, as a researcher, I was not privy to access. Therefore, I argue that there is a possibility that social desirability exists among the participants during the video recording sessions, thus creating a limitation with regards to the depth of the interpretation surrounding each interview. There was no face-to-face contact, and the information provided by the participants through the interview process was necessarily limited. Future research could include actual conducted interviews rather than previously retrieved recorded sessions.

Another limitation is the size of the participant pool as well as the selectivity of the participants provided on the website. It is not clear how the participants were chosen to participate in the process of creating personal profiles to be posted on the web site, *Make the Connection*. The participants who have been chosen to voice their experiences may be considered a vulnerable population who have the ability to recognize that they need help and possessed the resources to seek out rehabilitative measures. I argue that not all Veterans possess the strength, capability and resilience to be able to discuss their experiences on a publically broadcasted website. Veterans who possess positive support and have access to resources that enable rehabilitation and proper reintegration may not venture on to such a broadcasted platform. The utilization of accessible governmental

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support programs may present an option that enables a Veteran to discuss their experience publically, unfortunately, for the purpose of this research, the selection process of how participants were chosen is unknown. Future research could look at factors that influence internal strength and cognitive conditioning that may lead to a resistance to the susceptibility of PTSD. There are some Veterans who return from deployment unscathed by the experience, but, for many others, the exposure to trauma is just too great for one person to deal with.

Future Policy Implementation

In a practical and rational sense, what propositions or ideas can be thought of in terms of policy implementation to the substantive focus of this study—returning Veterans with PTSD? Each Veteran’s account offers an opportunity and insights into further suggestions that have evolved from this thesis. The ensuing discussion highlights these proposals.

In addition to what has recently been stated in this study, a focus should be placed on underreported areas of research such as Veteran suicide, female and male MST, and the susceptibility that female soldiers have to PTSD compared to males who have been exposed to similar traumatic experiences. Furthermore, there has been a recent shift to gene research “focusing on genes that play a role in creating fear memories. Understanding how fear memories are created may help to refine or find new interventions for reducing the symptoms of PTSD” (NIMH, n.d., p. 1).

According to Berman, McClosky, Fanning, Schumacher, & Coccaro (2009), a version of the 5-HTTLPR gene has been located which controls levels of serotonin, a neurotransmitter or brain chemical that is believed to regulate behaviour, moods and

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thought processes which is believed to promote the fear response. Lower levels of serotonin are associated with instability, impulsivity and overreacting to situations. In addition to these factors, low serotonin activity is also associated with aggressive behaviour, suicidal thoughts, impulsive overeating and excessive sexual behaviour (Berman, McClosky, Fanning, Schumacher, & Coccaro, 2009; Barlow, Durand, Stewart, & Lalumiere, 2015).

Researchers need to focus their efforts on listening to veterans; they need to work parallel to the symptoms that are being expressed by veterans who feel that their voices are not being heard. At the very core of this extreme suffering is the view of this researcher that Veterans are not their disorders “of suffering” ...Veterans are not schizophrenics, or autistics...but real people who are suffering from an injury sustained from exposure to a traumatic experience while on deployment.

Combat veterans aren't damaged. They are enlightened, complicated souls forced to live life by a set of rules and expectations that can make pursuing true happiness feel like chasing the moon. And for those who ultimately descend into a darkness from which they cannot save themselves, it was not war that broke them. It was the peace to which they returned, but never found. (Peterson, 2016, n. p.)

There is currently scientific research that illustrates that the utilization of advanced brain imaging technologies will “...be able to pinpoint when and where in the brain PTSD begins” (NIMH, 2014, n.p.). Research will provide a more comprehensive and broader understanding that may then lead to better targeted treatments that are specifically suited and designed for each person's individual needs.

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A current Canadian study titled, “ Soldiers with Post-traumatic Stress Disorder See a World Full of Threat” conducted by Todd et al. (2015) affirms that PTSD causes physical changes to the brain which has been revealed by using magnetoencephalography (MEG), a type of x-ray imaging process. A US study conducted by Georgopoulos et al. (2010) using a MEG imaging process revealed that MEG imaging can objectively identify the damage caused as a result of exposure to trauma. These two recent studies assessing PTSD and the effects of battle exposure on the brain can establish a clearer link to the areas of the brain that are being damaged by exposure to trauma. The hippocampal region area of the brain has been revealed as the area that becomes damaged due to battle trauma that, in some cases, was a contributing factor that resulted in PTSD (Bremner et al., 1995a, 1995b).

Vietnam veterans diagnosed with PTSD were shown to have neurodevelopmental impairment, in other words, damage sustained from exposure may likely have caused a small hippocampus (Gurvits, Lasko, Schachter, Kuhne, Orr & Pitman, 1993). A study analyzing both physical and sexual abuse of children revealed an extremely interesting, but disturbing fact that trauma caused an abnormality to the hippocampal region. More specifically, the hippocampal volume compared to a control group of non-abused children was much lower. This study concurs with other studies that confirm that extreme and or severe stress of military combat damages the size of hippocampus and contributes to the cause of PTSD (Bremner et al., 1995a, 1995b).

Research conducted by Gurvits et al. (1996) using magnetic resonance imaging (MRI) analyzed the hippocampal volume in chronic, combat-related PTSD Veterans. The study revealed that, in veterans exposed to combat, both their left and right sides of the

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hippocampus was smaller than a group of nonveterans. There is evidence that Veterans who have been exposed to trauma may have a reduction in hippocampal volume and impaired memory function.

Furthermore, having low volume may present a vulnerability issue and susceptibility to PTSD in the event of future deployment. Studying the volume of other organs and not solely of the hippocampus region could reveal that trauma also reduces the volume in other areas of the body. Therefore, this new research may allow for a better understanding of the effects of trauma and exposure to combat on other components of the body and may further help in diagnosing PTSD (Gurvits et al., 1996).

Chief of Defence Staff General Jonathan Vance, as cited by Brewster (2016, n. p.), states that “It's critical to reach veterans dealing with health issues as they are transitioning from military to civilian life and [to] ensure they are "seen to and treated" before they reach a crisis stage”. More research is needed that focuses on veterans who suffer from PTSD who lose their children to family services because they cannot provide proper care due to their illness. Research conducted by Chamberlin (2012, p. 363) affirms previous research that Veterans who display aggressive episodes of behaviour due to triggers find it difficult to communicate, “...they are often reduced to uncontrollable behaviour (such as ... lashing out at others)”.

Studies conducted by Wick and Nelson Goff (2014) reveal that the presence of communication within a relationship helps facilitate the mending process and relationship functioning. Using one of the most current and comprehensive models of systemic traumatic stress, *The Couple Adaptation to Traumatic Stress Model (CATS)* created by Nelson Goff and Smith (2005) provides a systemic description of how individual and

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relationship systems are directly affected when trauma has been experienced. The use of this model, as well as the implementing of measures that would provide easier access to health services for families in need, may reduce the involvement of family services.

Future research and policy implementation needs to address factors that tie mental illness and PTSD to dysfunctional behaviour with the goal of stopping the cycle of violence. Research does identify that mental illness is associated with the criminal justice system (Corrigan, 2004), but society fails to recognize that resources are needed to help Veterans combat their injuries.

According to Terry (n. d.), there are Canadian military personnel currently suffering from PTSD who have claimed that accessing treatment is extremely difficult. These Veterans blame the stigma attached to the disorder, and that there is also a systemic dysfunction within the military organization. Interestingly, Terry (n. d.) states that doctors who are treating these military Veterans blame the media and military culture for the difficulty of accessing treatment. One Veteran who did not want to be named stated that "...if you mention that you have PTSD on base it is like you have a disease" (Terry, n. d.).

These men and women risked their lives, gave their service, and are in desperate need for the implementation of better user accessible programs which would help facilitate an easier process of transition and re-integration back into society. Recognizing the relationship between trauma and deviant behaviour and the root causes that contribute to Veterans displaying deviant behaviour would alleviate the burden placed on society and the criminal justice system. In doing so, it may be plausible that fewer Veterans and their families will endure the effects of trauma resulting in Veterans receiving the

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treatment they require in order to properly reintegrate back into society. Treatment for war PTSD has to be approached differently, although the symptoms of PTS are similar and, thus are blanketed under one roof; war PTSD is different.

The trauma that Veterans sustain from war exposure is experienced in a group environment, therefore I argue that trauma treatment should resemble a similar format and be administered in a group environment. I theorize that approaching treatment from a holistic perspective may prove more beneficial than from a pharmaceutical approach. Barker, an anthropologist from the group *Promundo*, is cited as saying “our [America’s] whole approach to mental health has been hijacked by pharmaceutical logic...PTSD is a crisis of connection and disruption, not an illness that you carry within you” (Junger, 2015, n. p.). According to Junger (2015, n. p.), “PTSD is a disorder of recovery, and if treatment only focuses on identifying symptoms, it pathologizes and alienates vets” Kohrt, an anthropologist and psychiatrist, theorizes that if treatment was more inclusive and the “...focus is on family and community, it puts them [Veterans] in a situation of collective healing” (n. p.).

The government needs to recognize there is a perception of loss to a Veteran once they leave the military, and it is this loss that needs to be facilitated by the providing of resources to help navigate back into society. Through the process of qualitative research and narrative analyzation, researchers can begin to understand where there needs to be more attention in order to truly understand the effects of PTSD and the ramifications of reduced resources allocated to Veterans. My hope for this research is that, through my participants’ narratives, I have provided a picture of Veteran’s experiences that will help us to see more clearly their lives, their needs, and their concerns.

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JUSTICE

References

- Aamodt, S. (2011, October 10). Brain maturity extends well beyond teen years. *NPR News*.
Retrieved from <http://www.npr.org/templates/story/story.php?storyId=141164708>
- Alliance, D. P. (2009). *Healing a broken system: Veterans battling addiction and incarceration*. Drug Policy Alliance.
- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental health disorders (DSM-III-R)*. Washington, DC: American Psychiatric Publication.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental health disorders (DSM-5)*. Washington, DC: American Psychiatric Publication.
- Apel, R., & Burrow, J. D. (2011). Adolescent victimization and violent self-help. *Youth violence and juvenile justice*, 9(2), 112-133. doi: 10.1177/1541204010376939
- Baldor, L. (2015, August 18). Officials: Military likely to open most combat jobs to women. *The Associated Press: Military Times*. Retrieved from <http://www.militarytimes.com/story/military/pentagon/2015/08/18/officials-military-likely--open-most-combat-jobs--women/31945141/>
- Barlow, D. H., Durand, V. M., Stewart, S. H., & Lalumiere, M. L. (2015). *Abnormal psychology: An integrative approach* (4th ed.). Toronto, ON: Cengage Learning.
- Benda, B. B., Rodell, D. E., & Rodell, L. (2003). Crime among homeless military veterans who abuse substances. *Psychiatric Rehabilitation Journal*, 26(4), 332-345. Retrieved from <http://search.proquest.com.uproxy.library.dc-uoit.ca/docview/204770276?accountid=14694>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

Ben-Zeev, D., Corrigan, P. W., Britt, T. W., & Langford, L. (2012). Stigma of mental illness and service use in the military. *Journal of Mental Health, 21*(3), 264-273.

doi: 10.3109/09638237.2011.621468

Berman, M. E., McCloskey, M. S., Fanning, J. R., Schumacher, J. A., & Coccaro, E. F. (2009). Serotonin augmentation reduces response to attack in aggressive

individuals. *Psychological Science, 20*(6), 714-720.

doi: 10.1111/j.1467-9280.2009.02355.x

Berry, K. (2011, November 11). CANADA'S SHAME: How our country is failing our veterans (Part I). *The Canadian Veterans Advocacy*. Retrieved

<http://canadianveteransadvocacy.ca/news-media/content/shame1.html>

Black, T. G., & Papile, C. (2010). Making it on civvy street: An online survey of canadian veterans in Transition/Réussir sa transition vers la vie civile: Sondage en ligne des ex-membres des forces canadiennes en situation de transition. *Canadian*

Journal of Counselling and Psychotherapy (Online), 44(4), 383-401. Retrieved

from

<http://search.proquest.com.uproxy.library.dcuoit.ca/docview/818788076?accountid=14694>

Blackwell, T. (2016, January 7). Most troops face trauma but few suffer from PTSD, study of active soldiers finds. *National Post Canada*. Retrieved from

<http://news.nationalpost.com/news/canada/most-troops-face-trauma-but-few-suffer-from-ptsd-study-of-active-soldiers-finds>

Soldiers with PTSD waiting up to 6 months for help

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi: 10.1191/1478088706qp063oa

Bremner, J. D., Randall, P. K., Scott, T. M., Bronen, R. A., Seibyl, J. P., Southwick, S. M.,... Innis, R. B. (1995a). MRI-based measurement of hippocampal volume in patients with combat-related posttraumatic stress disorder. *American Journal of Psychiatry*, 152(7), 973-981. doi: 10.1176/ajp.152.7.973

Bremner, J. D., Randall, P. K., Southwick, S. M., Krystal, J. H., Innis, R. B., & Chamey, D. S. (1995b). Stress-induced changes in memory and development. In *American Psychiatric Association Syllabus and Proceedings Summary*, 148, 112.

Brewster, M. (2016, January 6). At least 2,250 veterans are homeless, according to ground breaking analysis. *CBC Politics Canada*. Retrieved from <http://www.cbc.ca/beta/news/politics/2250-canadian-veterans-homeless-1.3390674>

Britt, T. W., & Pury, C. L. (2008). Counseling military personnel following traumatic events. In N. Arthur & P. Pederson (Eds.), *Case incidents in counseling for international transitions* (pp. 290-295). Alexandria, VA: American Counseling Association.

Bronstein, S., Black, N., & Griffin, D. (2014, January 30). Veterans dying because of health care delays. *CNN Investigations*. Retrieved from <http://www.cnn.com/2014/01/30/health/veterans-dying-health-care-delays/>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

- Buckalew, C. (2015, August 5). Why Civilian PTSD, MST, And Warfighter PTSD Are Each Uniquely Different. *The Havok Journal*. Retrieved from <http://havokjournal.com/nation/why-civilian-ptsd-mst-and-warfighter-ptsd-are-each-uniquely-different/>
- Butler, B. (2015, May 27). The Sub-committee on Veterans Affairs of The Standing Senate Committee on National Security and Defence: *Parliament of Canada*. Retrieved from <file:///C:/Users/100244466/Documents/Veterans,%20Evidence,%20May%2027,%202015.htm>
- Campion-Smith (2014, September 16). Suicide claims more soldiers than those killed by Afghan combat. *The Star.com Canada*. Retrieved from http://www.thestar.com/news/canada/2014/09/16/suicide_claims_more_soldiers_than_those_killed_by_afghan_combat.html
- Caplan, P. J. (2011). *When Johnny and Jane come marching home: How all of us can help veterans*. Cambridge, MA: MIT Press.
- CBC News (2014, August 1). *CBC News*. Retrieved from <http://www.cbc.ca/news/canada/montreal/soldiers-with-ptsd-waiting-up-to-6-months-for-help-1.2724582>
- CBC News (2015, July 16). PTSD diagnoses nearly triple amongst veterans in 8 years. *CBCNews*. Retrieved from <http://www.cbc.ca/news/canada/nova-scotia/ptsd-diagnoses-nearly-triple-amongst-veterans-in-8-years-1.3154518>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

Chamberlin, S. M. E. (2012). Emasculated by Trauma: A Social History of Post-

Traumatic Stress Disorder, Stigma, and Masculinity. *The Journal of American Culture*, 35(4), 358-365. doi: 10.1111/jacc.12005

Chapin, A. (2015, April 23). Married to PTSD: Veterans' spouses whose home lives are battlefields. *The Huffingtonpost*. Retrieved from

http://www.huffingtonpost.ca/2015/04/23/maisonneuve_n_7064806.html

Coffey, N. (2015, August 28). Veterans, it's our fault that the public doesn't understand us. *The Havok Journal*. Retrieved from

<http://www.havokjournal.com/culture/veterans-its-our-fault-that-the-public-doesnt-understand-us/>

Cohen, H. (2013). Associated Conditions of PTSD. *Psych Central*. Retrieved from

<http://psychcentral.com/lib/associated-conditions-of-ptsd/>

Corbett, S. (2007, March 18). The women's war. *New York Times*. Retrieved from

http://www.nytimes.com/2007/03/18/magazine/18cover.html?_r=0

Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage Publications.

Corrigan, P. W. (2004). Target-specific stigma change: A strategy for impacting mental illness stigma. *Psychiatric Rehabilitation Journal*, 28(2), 113-21.

doi: 10.2975/28.2004.113.121

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

- Corrigan, P. W., & Kleinlein, P. (2005). The impact of mental illness stigma. In P. W. Corrigan (Ed.), *On the stigma of mental illness: Implications for research and social change* (pp. 1-44). Washington, DC: American Psychological Association Press.
- Cruise, K. R., & Ford, J. D. (2011) Trauma exposure and PTSD in justice-involved Youth. *Child & Youth Care Forum*, 40(5), 337-343. doi: 10.1007/s10566-011-9149-3
- Currie, E. (2007). Against marginality: Arguments for a public criminology. *Theoretical Criminology*, 11(2), 175-190. doi: 10.1177/1362480607075846
- D’aliesio, R. (2015, Nov, 10). Defence Minister orders top soldier to make suicide-prevention a priority. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/news/politics/defence-minister-orders-top-soldier-to-examine-rise-in-military-suicide-rates/article27193336/>
- D’aliesio, R. (2015, November 24). Veterans Affairs needs to show more respect to vets: deputy minister. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/news/national/veterans-affairs-needs-to-show-more-respect-to-vets-deputy-minister/article27473747/>
- D’aliesio, R. (2015, December 15). The unremembered. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/news/veterans/article26499878/>
- D’aliesio, R. (2015, January 12). Seventeen Canadian soldiers died by suicide last year. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/news/national/seventeen-canadian-soldiers-died-by-suicide-last-year/article28139590/?cmpid=rss1>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012).

Understanding interpersonal trauma in children: why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82(2), 187-200. doi: 10.1111/j.1939-0025.2012.01154.x

Day, A. (2014, November 6). The Veterans Revolt: Charting A Year Of Rising Anger & Despair. *Legion Magazine*. Retrieved from <https://legionmagazine.com/en/2014/11/the-veterans-revolt-charting-a-year-of-rising-anger-despair/#sthash.9dKHk75m.dpuf>

Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE handbook of qualitative research: 4th ed.* CA: Sage.

Dieter, R. C. (2015). *Battle Scars: Military Veterans And The Death Penalty*. Washington, DC. Death Penalty Information Center.

Delisi, M., & Vaughn, M. G. (2007). The Gottfredson-Hirschi Critiques Revisited: Reconciling Self-Control Theory, Criminal Careers, and Career Criminals. *International Journal of Offender Therapy and Comparative Criminology*, 52(5), 520- 537. doi: 10.1177/0306624X07308553

Drapeau, M.W. (2013). Equitas class action lawsuit. *Scott v. Canada (Attorney General) 2013 BCSC 165*. Retrieved from <http://mdlo.ca/wpcontent/uploads/2013/11/Equitas-Lawsuit.-The-key-points.pdf>

Driscoll, K., & McFarland, J. (1989). The impact of a feminist perspective on research methodologies: social sciences. *The effects of feminist approaches on research methodologies*, 185-203.

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

- Dyer, K. A. (2001). The importance of telling (and listening) to the story. *Journey of Hearts*. Retrieved from <http://journeyofhearts.org/kirstimd/tellstory.htm>
- Fear, N. T., Seddon, R., Jones, N., Greenberg, N., & Wessely, S. (2012). Does anonymity increase the reporting of mental health symptoms?. *BMC Public Health*, *12*(1), 797-803. doi: 10.1186/1471-2458-12-797.
- Fenichel, O. (1945). *The psychoanalytic theory of neurosis*. New York: W.W. Norton &.
- Finkel, D. (2013). *Thank you for your service*. Toronto, ON: Bond Street Books.
- Finley, E. P. (2011). *Fields of combat: Understanding PTSD among veterans of Iraq and Afghanistan*. Ithaca, NY: Cornell University Press.
- Finlay, L. (2014). Engaging phenomenological analysis. *Qualitative Research in Psychology*, *11*(2), 121-141. doi: 10.1080/14780887.2013.807899
- Firm, C. E. L. (2012). *Post-traumatic stress disorder: Out of sight, not out of mind*. Guelph, ON: Mood Disorders Society of Canada.
- Forbes, D., Creamer, M., Hawthorne, G., Allen, N., & McHugh, T. (2003). Comorbidity as a predictor of symptom change after treatment in combat-related posttraumatic stress disorder. *The Journal of Nervous and Mental Disease*, *191*(2), 93-99. doi: 10.1097/01.nmd.0000051903.60517.98
- Ford, J. D., Chapman, J., Connor, D. F., & Cruise, K. R. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice and Behavior*, *39*(6), 694-724. doi: 10.1177/0093854812436957

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

- Ford, J. D., Racusin, R., Daviss, W. B., Ellis, C., Thomas, J., Rogers, K., ... Sengupt, A. (1999). Trauma exposure among children with attention deficit hyperactivity disorder and oppositional defiant disorder. *Journal of Consulting and Clinical Psychology, 67*(5), 786-789. doi: <http://dx.doi.org/10.1037/0022-006X.67.5.786>
- Freeman, T., Powell, M., & Kimbrell, T. (2008). Measuring symptom exaggeration in veterans with chronic posttraumatic stress disorder. *Psychiatry Research, 158*(3), 374-380. doi:10.1016/j.psychres.2007.04.002
- Georgopoulos, A. P., Tan, H. M., Lewis, S. M., Leuthold, A. C., Winskowski, A. M., Lynch, J. K., & Engdahl, B. (2010). The synchronous neural interactions test as a functional neuromarker for post-traumatic stress disorder (PTSD): A robust classification method based on the bootstrap. *J. Neural Eng. Journal of Neural Engineering, 7*(1), 016011. doi: 10.1088/1741-2560/7/1/016011
- Geller, A., Garfinkel, I., Cooper, C. E., & Mincy, R. B. (2009). Parental incarceration and child well-being: Implications for urban families. *Social Science Quarterly, 90*(5), 1186-1202. doi: 10.1111/j.1540-6237.2009.00653.x
- Gibbons, S. W., Migliore, L., Convoy, S. P., Greiner, S., & DeLeon, P. H. (2014). Military mental health stigma challenges: Policy and practice considerations. *The Journal for Nurse Practitioners, 10*(6), 365-372. doi: 10.1016/j.nurpra.2014.03.021.
- Gido, R. L. & Dalley, L. (2009). *Women's Mental Health Issues Across The Criminal Justice System*. Rennsylvania: Prentice Hall.
- Government of Canada Justice Laws Website (2015) *Pension Act* (R.S.C., 1985, c. P-6). Retrieved from <http://laws-lois.justice.gc.ca/eng/acts/p-6/page-1.html#h-2>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

- Grant, J. (1991). *Finding our voice, transforming our world: A study of the experiences students enrolled in women's studies at two maritime universities*. (Master's thesis).
- Grant, J. (2008). *Charting women's journeys: From addiction to recovery*. Lanham, MD: Lexington Books.
- Grant, J. A. (2012). *Men and substance abuse: Narratives of addiction and recovery*. Boulder, CO: FirstForumPress.
- Greenberg, N. (2014). What's so special about military veterans? *International Psychiatry*, 11(4), 80-82.
- Gurvits, T. V., Shenton, M. E., Hokama, H., Ohta, H., Lasko, N. B., Gilbertson, M. W., ... Pitman, R. K. (1996). Magnetic resonance imaging study of hippocampal volume in chronic, combat-related posttraumatic stress disorder. *Biological Psychiatry*, 40(11), 1091-1099. doi: 10.1016/S0006-3223(96)00229-6
- Hammersley, M. (1987). Some Notes on the Terms 'Validity' and 'Reliability'. *British Educational Research Journal*, 13(1), 73-82. doi: 10.1080/0141192870130107
- Hammersley, M. (2013). *What's wrong with ethnography?*. London: Routledge.
- Hechter, M., & Horne, C. (2003). *Theories of social order: A reader*. Stanford, CA: Stanford University Press.
- Herman, J. (1997). *Trauma and Recovery*. New York, NY: Basic Books.
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, 351(1), 13-22. doi: 10.1056/nejmoa040603

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

- Huebner, B. M., & Gustafson, R. (2007). The effect of maternal incarceration on adult offspring involvement in the criminal justice system. *Journal of Criminal Justice*, 35(3), 283-296. doi: 10.1016/j.jcrimjus.2007.03.005
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology; An introduction to phenomenological philosophy*. Evanston: Northwestern University Press.
- Junger, S. (2015, May 7). How PTSD became a problem far beyond the battlefield. *Vanity Fair*. Retrieved from <http://www.vanityfair.com/news/2015/05/ptsd-war-home-sebastian-junger>
- Kim, P. Y., Thomas, J. L., Wilk, J. E., Castro, C. A., & Hoge, C. W. (2010). Stigma, barriers to care, and use of mental health services among active duty and National Guard soldiers after combat. *Psychiatric Services*, 61(6), 582-8. doi: 10.1176/appi.ps.61.6.582
- Kintzle, S., Schuyler, A. C., Ray-Letourneau, D., Ozuna, S. M., Munch, C., Xintarianos, E.,... & Castro, C. A. (2015). Sexual trauma in the military: Exploring PTSD and mental health care utilization in female veterans. *Psychological Services*, 12(4), 394-401. doi.org/10.1037/ser0000054
- Kokemuller, N. (2015, October). What Is the Average Age That Soldiers Join the Military? *Demand Media*. Retrieved from <http://work.chron.com/average-age-soldiers-join-military-25737.html>
- Lambie, I., & Randell, I. (2013). The impact of incarceration on juvenile offenders. *Clinical Psychology Review*, 33(3), 448-459. doi:10.1016/j.cpr.2013.01.007

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

What, in your view, is preventing the treatment of veterans with PTSD in Canada? (2013, December 11). *Legion Magazine*. Retrieved from file:///C:/Users/100244466/Documents/What,%20in%20your%20view,%20is%20preventing%20the%20treatment%20of%20veterans%20with%20PTSD%20in%20Canada%20-%20Legion%20Magazine.htm

Levine, B., & Land, H. (2014). Gender Disparities Among Veterans: The high rate of post-traumatic stress disorder among women in the military. *Military Behavioral Health*, 2(1), 59-63. doi: 10.1080/21635781.2013.845070

Liebling, A. (1999). Doing research in prison: Breaking the silence? *Theoretical Criminology*, 3(2), 147-173. doi: 10.1177/1362480699003002002

Love, M. C. (2006). *Relief from the collateral consequences of a criminal conviction: A state by-state resource guide*. Buffalo, NY: William S. Hein.

Milewski, T. (2015, April 30). Harassment in Canada's military tolerated by leadership, former justice finds: Retired Supreme Court justice Marie Deschamps calls for sweeping change in macho military culture. *CBCnews*. Retrieved from <http://www.cbc.ca/news/politics/harassment-in-canada-s-military-tolerated-by-leadership-former-justice-finds-1.3055493>

Merleau-Ponty, M., & Lefort, C. (1968). *The visible and the invisible: followed by working notes*. Evanston: Northwestern University Press.

Merriam-Webster Dictionary, (2015). Retrieved from <http://www.merriam-webster.com/dictionary/stress>

Miles, M. B., Huberman, A. M., & Saldaña, J. (2013). *Qualitative data analysis: A methods sourcebook*. Thousand Oaks, CA: SAGE.

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

Mittal, D., Drummond, K. L., Blevins, D., Curran, G., Corrigan, P., & Sullivan, G.

(2013). Stigma associated with PTSD: Perceptions of treatment seeking combat veterans. *Psychiatric Rehabilitation Journal*, 36(2), 86-92.

doi: 10.1037/h0094976

Mongillo, E. A., Briggs-Gowan, M., Ford, J. D., & Carter, A. S. (2009). Impact of traumatic life events in a community sample of toddlers. *Journal of Abnormal Child Psychology*, 37(4), 455-468. doi: 10.1007/s10802-008-9283-z

Moncur, B. (2014, June 8). Why Fighting Veterans Affairs Is Like Fighting the Taliban. *The Blog*. Retrieved from http://www.huffingtonpost.ca/bruce-moncur/veterans-affairs-canada_b_5106048.html

Morris, D. J. (2015). *The evil hours: A biography of post-traumatic stress disorder*. Houghton Mifflin Harcourt.

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2008). Verification strategies for establishing reliability and validity in qualitative research. *International journal of Qualitative Methods*, 1(2), 13-22.

doi: 10.1177/160940690200100202

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.

Naomi, V. (2015, May 23). Why the rate of PTSD in the IDF is 1 percent - Sebastian Junger. *Commentary Magazine*. Retrieved from <http://www.drnaomionisrael.com/articles/2015/5/23/why-the-rate-of-ptsd-in-the-idf-is-1-percent-sebastian-junger>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

National Institute of Health. (n.d.). Post-traumatic stress disorder research. *NIMH Fact Sheet*. Retrieved from <https://infocenter.nimh.nih.gov/pubstatic/OM%2009-4299/OM%2009-4299.pdf>

National Institute of Health. (2009). PTSD: A growing epidemic. *The Magazine: A publication of the National Institutes of Health and the Friends of the National Library of Medicine*. Retrieved from <https://www.nlm.nih.gov/medlineplus/magazine/issues/winter09/articles/winter09pg10-14.html>

National Institute of Health. (2014). Post-traumatic stress disorder: Causes. *Adoption*. Retrieved from https://adoption.com/wiki/PostTraumatic_Stress_Disorder:_Causes

Nelson Goff, B.S., & Smith, D. (2005). Systemic traumatic stress: The couple adaptation to traumatic stress model. *Journal of Marital and Family Therapy*, 31(2), 145-157.
doi: 10.1111/j.1752-0606.2005.tb01552.x

O'Brien, C., Keith, J., & Shoemaker, L. (2015). Don't tell: Military culture and male rape. *Psychological Services*, 12(4), 357-365. doi: 10.1037/ser0000049

Oxford Dictionaries, (2015). Retrieved from <http://www.oxforddictionaries.com/definition/english/behaviour>

Parent, G. (2014). *Advocating for improvements for veterans: 2013 – 2-14 Annual Report*. Retrieved from <http://www.ombudsmanveterans.gc.ca/pdfs/reports/annual-annuel-2013-2014-eng.pdf>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

- Paludi, M. A. (2011). *The psychology of teen violence and victimization*. Santa Barbara, CA: Praeger.
- Park, J. (2015). *A profile of the Canadian Forces*. Retrieved from <http://www.statcan.gc.ca/pub/75-001-x/2008107/article/10657-eng.htm>
- Pedwell, T. (2015, July 9). Veterans Ombudsman Guy Parent says gaps remain in system to aid military personnel. *CBC News Canada*. Retrieved from <http://www.cbc.ca/news/canada/veterans-ombudsman-guy-parent-says-gaps-remain-in-system-to-aid-military-personnel-1.3145034>
- Peterson, N. (2016, January 6). Why Soldiers Miss War. *The Daily Signal*. Retrieved from <http://dailysignal.com/2016/01/06/why-soldiers-miss-war/>
- Pivar, I. L. (2000). *Measuring unresolved grief in combat veterans with PTSD* (Order No.9978707). Available from ProQuest Dissertations & Theses Global. (304645605). Retrieved from <http://search.proquest.com.uproxy.library.dcuoit.ca/docview/304645605?accountid=14694>
- Poyner, G. (2010). Psychological evaluations of veterans claiming PTSD disability with the Department of Veterans Affairs: A clinician's viewpoint. *Psychological Injury and Law*, 3(2), 130-132. doi: 10.1007/s12207-010-9076-x
- Pugliese, D. (2015, March 31). New benefits for veterans – the pros and the cons. *Ottawa Citizen*. Retrieved from <http://ottawacitizen.com/news/national/defence-watch/new-benefits-for-veterans-the-pros-and-the-cons>
- Reisz, M. (2014, September 4). Battle scars: Did Achilles suffer from PTSD? THE. Retrieved from <https://www.timeshighereducation.com/news/battle-scars-did-achilles-suffer-from-ptsd/2015568.article>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

Rose, S. (2014, December 3). Sanctuary Trauma and the ‘Sacred’. Retrieved from

<http://steveroseblog.com/2014/12/03/sanctuary-trauma-and-the-sacred/>

Rose, S. (2015, April 17). What Veterans know about leadership. Retrieved from

<http://steveroseblog.com/2015/04/17/what-veterans-know-about-leadership/>

Rose, S. (2015). *Applying Durkheim’s theory of suicide: A study of altruism and anomie*

among Canadian veterans of Afghanistan (Unpublished doctoral dissertation).

Kingston, ON: Queen’s University.

Rosenheck, R. A., Dausey, D. J., Frisman, L., & Kaspro, W. (2000). Outcomes after

initial receipt of social security benefits among homeless veterans with mental

illness. *Psychiatric Services (Washington, D.C.)*, 51(12), 1549-1554.

doi: 10.1176/appi.ps.51.12.1549

Rubin, H., & Rubin, I. (1995). *Qualitative interviewing: The art of hearing data*.

Thousand Oaks, CA. Sage.

Ruzek, J. I. (2011). Caring for veterans with deployment-related stress disorders Iraq,

Afghanistan, and beyond. Washington, D.C.: *American Psychological*

Association.

Satel, S. (2010, July 17). The battle over battle fatigue. *Mental Illness Policy Org*.

Retrieved from <http://mentalillnesspolicy.org/mentalhealth/ptsd-mentally-ill.html>

Schwerzel, J. (2005). Nato Review. Retrieved from

http://www.nato.int/docu/review/2005/issue2/english/main_pr.html

Scott v. Attorney General of Canada, BCSC 1651. (2013). Retrieved from

http://www.millerthomson.com/assets/files/veterans/9994922_1_FiledApplicatoin

[-Response-of-the-Plaintiffs-.PDF](#)

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

- Seedat, S., Stein, M. B., & Forde, D. R. (2003). Prevalence of dissociative experiences in a community sample: Relationship to gender, ethnicity, and substance use. *The Journal of Nervous and Mental Disease, 191*(2), 115-120.
doi: 10.1097/01.nmd.0000050940.16782.6b
- Sheppard, S. C., Hickling, E. J., Earleywine, M., Hoyt, T., Russo, A. R., Donati, M. R., & Kip, K. E. (2015). Preliminary data suggest rates of male military sexual trauma may be higher than previously reported. *Psychological Services, 12*(4), 344-347.
doi: 10.1037/ser0000047
- Sherman, N. (2011). *The untold war: Inside the hearts, minds, and souls of our soldiers*. New York: W.W. Norton.
- Sherman, S., Fostick, L., Zohar, J. and on behalf of the Israeli Consortium on PTSD (2014), Comparison of criminal activity between Israeli veterans with and without PTSD. *Depression and Anxiety, 31*(2), 143–149. doi: 10.1002/da.22161
- Sherring, S. (2015, June 15). Veteran with PTSD left fighting for help. *Ottawa Sun*. Retrieved from <http://www.ottawasun.com/2015/06/15/veteran-with-ptsd-left-fighting-for-help>
- Schry, A. R., Hibberd, R., Wagner, H. R., Turchik, J. A., Kimbrel, N. A., Wong, M., . . . Brancu, M. (2015). Functional correlates of military sexual assault in male veterans. *Psychological Services, 12*(4), 384-393. doi: 10.1037/ser0000053
- Silverman, D. (Eds). (2005). *Doing qualitative research: A practical handbook*. Thousand Oaks, CA: Sage Publications.
- Silverman, D. (Eds.). (2010). *Doing qualitative research*. Thousand Oaks, CA: Sage Publications.

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL
JUSTICE

Smith, J. (2012, June 11). U.S. military admits major mistakes in Iraq and Afghanistan.

The Atlantic. Retrieved from

<http://www.theatlantic.com/international/archive/2012/06/us-military-admits-major-mistakes-in-iraq-and-afghanistan/258339/>

Spinelli, E. (1989). *The interpreted world: An introduction to phenomenological psychology*. London: SAGE.

Spinelli, E. (2005). *The interpreted world: An introduction to phenomenological psychology*. London: SAGE.

Stanley, L., & Wise, S. (1983). Back into the personal or: our attempt to construct feminist research. *Theories of women's studies*, 20-60.

Starr, B., & Mount, M. (2009, February 5). Army official: Suicides in January

“terrifying.” *CNN U.S.* Retrieved from <http://articles.cnn.com>

Steinberg, L. (2000). Youth Violence: Do Parents and Families Make a Difference?

PsycEXTRA Dataset. doi: 10.1037/e524382006-006

Suen, L. W., Huang, H., & Lee, H. (2014). A comparison of convenience sampling and purposive sampling. *Hu Li Za Zhi*, 61(3), 105-11. Retrieved from

<http://search.proquest.com.uproxy.library.dcuoit.ca/docview/1537381331?accountid=14694>

Taft, C. T., Street, A. E., Marshall, A. D., Dowdall, D. J., & Riggs, D. S. (2007).

Posttraumatic stress disorder, anger, and partner abuse among Vietnam combat veterans. *Journal of Family Psychology*, 21(2), 270-277.

doi: 10.1037/0893-3200.21.2.270

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

Taylor, S. (2015). Purpose. *Wake up world: It's time to rise and shine*. Retrieved from <http://wakeup-world.com/2015/02/15/a-sense-of-purpose-means-a-longer-life/>

Terry, A. (n.d.). Invisible Wounds. *Globalnews*. Retrieved from <http://globalnews.ca/invisible-wounds/1257394/invisible-wounds/>

Teten, A. L., Miller, L. A., Stanford, M. S., Petersen, N. J., Bailey, S. D., Collins, R. L., . . . Kent, T. A. (2010). Characterizing aggression and its association to anger and hostility among male veterans with post-traumatic stress disorder. *Military Medicine*, 175(6), 405-410. doi: 10.7205/milmed-d-09-00215

The Office of the Deputy Assistant Secretary of Defence. (2013). 2013 Demographics profile of the military community. Retrieved from <http://download.militaryonesource.mil/12038/MOS/Reports/2013-Demographics-Report.pdf>

Theresa Do, T. (2014, January 31). Veterans fight office closures across Canada. *CBC News Politics*. Retrieved from <http://www.cbc.ca/news/politics/veterans-fight-office-closures-across-canada-1.2518484>

Thompson, J. M., Van Til, L., Poirier, A., Sweet, J., McKinnon, K., Sudom, K., ... & Pedlar, D. (2014). Health and Well-Being of Canadian Armed Forces Veterans: Findings from the 2013 Life After Service Survey. *Charlottetown PE: Research Directorate, Veterans Affairs Canada. Research Directorate Technical Report, 3, 2.*

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

Todd, R. M., MacDonald, M. J., Sedge, P., Robertson, A., Jetly, R., Taylor, M. J., &

Pang, E. W. (2015). Soldiers with posttraumatic stress disorder see a world full of threat: Magnetoencephalography reveals enhanced tuning to combat-related cues. *Biological Psychiatry*, 78(12), 821-829. doi: 10.1016/j.biopsych.2015.05.011

U.S. Department of Veterans Affairs. (2012). In Chamberlin, S. M. E. (2012).

Emasculated by trauma: A social history of post-traumatic stress disorder, stigma, and masculinity. *The Journal of American Culture*, 35 (4). 363. Retrieved from http://journals2.scholarsportal.info.uproxy.library.dcuoit.ca/pdf/15427331/v35i0004/358_ebtashpsdsam.xml.

U.S. Department of Veterans Affairs (2014). PTSD: National Center for PTSD: DSM-5 Criteria For PTSD. Retrieved from http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp

Venter, H. J. (2014). Barriers to Psychiatric Care among Military and Veteran

Populations in the US: The Effect of Stigma and Prejudice on Psychological and Pharmacological Treatment. *International Journal of Advances in Psychology*, 3(1), 1-9. doi: 10.14355/ijap.2014.0301.01

Whal, O. F. (1999). Mental health consumers' experience of Stigma. *Schizophrenia Bulletin*, 25(3), 467-478. doi: 10.1093/oxfordjournals.schbul.a033394

Walsh, J., & Frueh, S. (2014). Improving treatment programs for PTSD. *The National*

Academies in Focus, 14(1), 11. Retrieved from

<http://search.proquest.com.uproxy.library.dcuoit.ca/docview/1619302498?accountid=14694>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

- Wax-Thibodeaux, E. (2014, December 25). Female veterans battling PTSD from sexual trauma fight for redress. *The Washington Post*. Retrieved from https://www.washingtonpost.com/politics/female-veterans-battling-ptsd-from-sexual-trauma-fight-for-redress/2014/12/25/f2f22d8e-7b07-11e4-b821-503cc7efed9e_story.html
- Wente, M. (2013, January 26). Women in combat: Let's get real. *The Globe And Mail*. Retrieved from <http://www.theglobeandmail.com/opinion/women-in-combat-lets-get-real/article7879189/>
- White, A. (2014, November 3). Cpl. Ron Francis had no business in criminal court, judge says. *CBC News New Brunswick*. Retrieved from <http://www.cbc.ca/news/canada/new-brunswick/cpl-ron-francis-had-no-business-in-criminal-court-judge-says-1.2822083>
- Wick, S., & Nelson Goff, B. S. (2014). A Qualitative Analysis of Military Couples With High and Low Trauma Symptoms and Relationship Distress Levels. *Journal of Couple & Relationship Therapy*, 13(1), 63-88.
doi: 10.1080/15332691.2014.865983
- Willis, A. (2015, October 13). Army veteran's response to cruel note about his disability is perfect. *Reddit*. Retrieved from <http://metro.co.uk/2015/10/13/army-veterans-response-to-cruel-note-about-his-disability-is-perfect-5437063/>
- Wimmer, A., & MacPherson, M. (1986). *Long Time Passing: Vietnam and the Haunted Generation*. Bloomington, IN: Indiana University Press.

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

Winter, G. (2000). A comparative discussion of the notion of 'validity' in qualitative and quantitative research. *The Qualitative Report*, 4(3), 1-14. Retrieved from <http://nsuworks.nova.edu/tqr/vol4/iss3/4>

Woolhandler, S., Himmelstein, D. U., Distajo, R., Lasser, K. E., McCormick, D., Bor, D. H., & Wolfe, S. M. (2005). America's neglected veterans: 1.7 million who served have no health coverage. *International Journal of Health Services*, 35(2), 313-323. doi: 10.2190/UPBQ-C3RH-D367-5H9D

Yahoo News, (2015, October, 14). See Disabled Army Vet's Perfect Response after He's Slammed for Using Special Parking Bays. Retrieved from <https://ca.news.yahoo.com/see-disabled-army-vet-perfect-113340932.html>

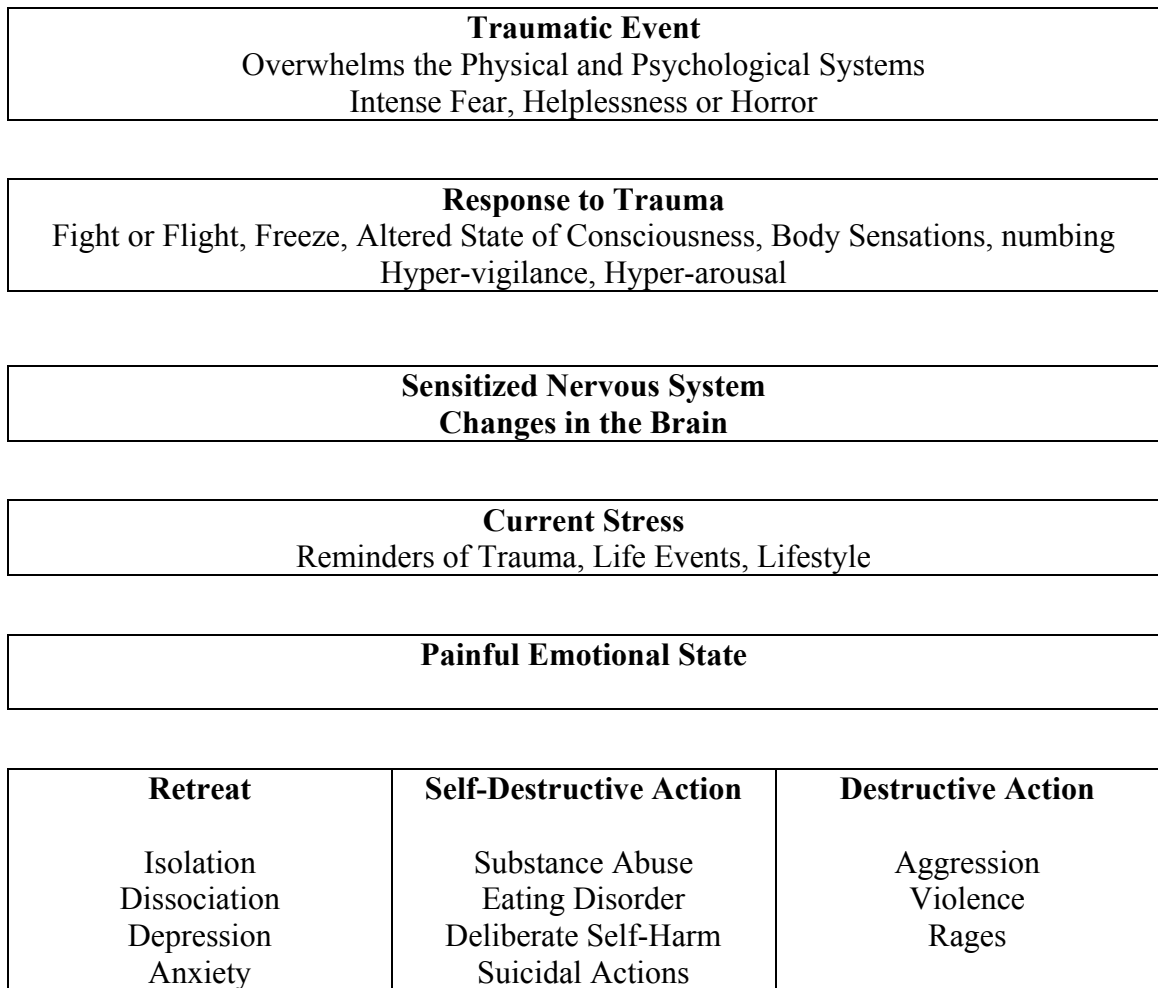
Zarembo, A. (2014, August 3). As disability awards grow, so do concerns with veracity of PTSD claims. *Los Angeles Times*. Retrieved from <http://www.latimes.com/local/la-me-ptsd-disability-20140804-story.html>

PTSD AMONG VETERANS – A BATTLE FOR BENEFITS: A MATTER OF SOCIAL JUSTICE

Appendix A

Process of Trauma

Chart A: Process of Trauma



The chart illustrated above is of the Processes of Trauma
(Gido & Dalley, 2009, p. 166)