The War at Home: Consequences of Loving a Veteran of the Iraq and Afghanistan Wars

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Citation

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Abstract

Objective. The experiences of parents, partners, and siblings of Iraq and Afghanistan War veterans were explored, to understand the consequences of repeated deployments on participants' mental health. Method. Purposive sampling was used. Respondents completed preliminary electronic surveys and participated in one of three focus groups. Results. High levels of relationship and psychological distress exist. Reactions and coping with deployment were split along gender lines, with females reporting anxiety and males reporting avoidance or anger. Veterans returned with significant emotional demands. The need for social and emotional support was identified. Conclusion. Similar to the experiences of spouses of veterans, extended family members are negatively impacted during deployment and reintegration. They are struggling to cope and lack the necessary skills to do so. Attempts at help seeking are unsuccessful. Recommendations include training for clinicians, school counselors and physicians to address the needs of this population, and also development of support groups for families of veterans and the veterans themselves.

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INTRODUCTION

War is widely acknowledged as a public health issue; nonetheless, there is a paucity of research on war, in general, and even less on the Iraq War. While a reasonable amount of research on PTSD and veterans has been done with Vietnam War veterans ([1] , [2] , [3] , [4] , [5] , [6] , [7] , [8] , [9] , [10]), there are considerable differences between their experiences and those of Iraq War veterans ([11] , [12]). There are even less data available on the health and well-being of spouses and children of military service members, and virtually no research on the health and well-being of parents, partners, siblings and other relatives of war veterans.

According to the National Military Family Association ([13]), the United States armed forces are comprised of more than 2.5 million active duty and Ready Reserve (National Guard and Reserve) troops. Of those, almost half have served in Iraq or Afghanistan, with combat tours lasting longer than in any other wars; more than 420,000 military personnel have been deployed more than once ([14] , [15]). The nature of the conflicts in Afghanistan and Iraq increases the risk of psychological distress and trauma for veterans. There are five key contributing factors to the increased risk: 1) face-to-face combat in an urban environment where there are no front lines, and everyone (men, women, and children) must be treated as the enemy; 2) the need to remain in a constant state of hypervigilance in an attempt to avoid highly lethal improvised explosive devices (IEDs); 3) stop-loss policies that force military personnel to remain in the service beyond the end of their contracts; 4) repeated deployments with insufficient downtime for rest and recuperation between them; and 5) the improved survival rate of seriously wounded veterans, leaving many of them significantly, and permanently disabled, and requiring long-term care. Hoge et al. ([11]) reported that approximately 30 percent of veterans who had returned from their first deployment to Iraq were suffering from depression, anxiety, or posttraumatic stress disorder (PTSD).

According to the Department of Defense (DOD) ([16]), over 4,900 military service members have died, and approximately 31,000 have been physically wounded. The most recent report from the Army Surgeon General ([17]) reveals that soldiers who serve more than one tour of duty are 50 percent more likely to suffer from PTSD, and the most recent study from the DOD Task Force on Mental Health indicated that 38% of active duty soldiers, 31% of active duty Marines, and 49% of returning National Guard

troops reported psychological symptoms ([18]). In a survey of 12,500 active-duty service members at 30 military installations, Miles found that 33% reported high levels of stress and the use of alcohol as a coping mechanism ([19]). The suicide rate among troops deployed to Iraq reached an all-time high in 2006 (20:100,000) - almost double the national rate of civilian adult suicides, and this figure does not include suicides committed by veterans while not under formal mental health treatment or who had already separated from the military. Moreover, there is increasing evidence of indirect effects of war on spouses and children of veterans, including divorce, intimate partner violence, child abuse, motor vehicle and motorcycle incidents, and alcohol and illegal substance use ([20] , [21] , [22] , [23]). Although stress is not a cause of mental illness, exposure to stress increases the relative risk of experiencing mental health problems, including depression, anxiety, and behavioral disorders (e.g., substance use and addiction), and stress experienced by one individual can have carry-over effects on other family members ([24]). Persistent life strains are a product of life events, such as having a loved one repeatedly deployed into a war zone, preparing for the fact and living with the constant fear that the loved one may either be severely injured or killed, and continual adjustments to that loved one returning home, which over time have deleterious effects on one's psychological well-being ([22]). The less time one has to prepare for deployment and the less experience one has with these events, relates to a lesser sense of control. In reaction, conscious or unconscious rage may develop, and Peebles-Kleiger and Kleiger ([25]) found that attempts by spouses of deployed service members to discuss their anger elicited uncomfortable silence or even censure for complaining.

There is increasing interest in the indirect effects of war on the spouses of veterans, and a number of studies have demonstrated that spouses of veterans with PTSD are at increased risk for experiencing psychological and relationship distress ([26] , [27] , [28] , [29] , [30] , [31] , [32]). Furthermore, it has been suggested that spouses and children of veterans may experience secondary traumatic stress, whereby they manifest the same symptoms experienced by the veteran with PTSD as a response to the chronic stress that results from being in close proximity to the trauma survivor ([30]). Problem behaviors linked to PTSD include social withdrawal, substance use, and dissociation; hyperarousal symptoms include irritability and anger, which act to diminish relationship functioning and social support, the latter of which has been identified as one of the strongest correlates of lower rates of PTSD ([21]).

Addressing the effects of war on spouses and children of veterans is crucial, not only for their well-being, but also for the well-being of veterans. However, there is a paucity of information about indirect effects of war on loved ones (other than spouses) in the lives of veterans, i.e., parents, partners (i.e., girlfriends, boyfriends, fiancées, those living in a committed relationship without benefit of marriage), siblings and extended family members. The goal of this exploratory study was to uncover the experiences of these individuals, in order to understand the consequences of these experiences on research participants' mental and physical health, to contribute to the body of literature on the indirect costs of war, to identify service needs, and to illuminate directions for future research.

METHODS

THEORETICAL FRAMEWORK

This was a phenomenological qualitative study, informed by Ricoeur's hermeneutic phenomenology ([33]). There were 23 respondents who completed preliminary electronic surveys and participated in one of three focus groups. Ricoeur's hermeneutic phenomenology is grounded in interpreting discourse (the text) as a whole. The decision to use this framework was based on two key aspects. First, Ricoeur states that "interpretation is the hinge between language and lived experience" ([34] , [[[p. 66]]]). This is particularly relevant to focus groups where lived experience is articulated and then transcribed into a text and interpreted. Second, Ricoeur rejects the idea of bracketing one's own preconceptions about a phenomenon, allowing the researcher to adopt a more active role in the interpretation process; thus, avoiding the stance of passive recipients of knowledge. The focus of the analysis moves from attempts to understand the narrators' meanings to understanding the meaning of the experiences as they are expressed in the text. The decisive difference between the two foci is in how language is viewed, i.e., either as a tool representing the world, or as a medium through which we interpret and begin to change ourselves and our conditions. According to Manning and Cullum-Swan ([35]), in the first instance, language is viewed as a system of signs that are strung together to comprise codes. People are viewed as speaking and hearing subjects who communicate through sets of signs and codes that are institutionally generated. Persons who understand a culture have access to the codes and can select from among them to create and understand meaning. Thus, a closed system of predetermined meanings exists in which elements can be

derived and systematically sorted according to a set of rules.

In the second instance, language is viewed as the medium through which we interpret and begin to change ourselves. We do not attempt to discover "The Continent of Meaning" in social discourse ([36] , [[[p. 20]]]). Instead of seeking pre-existing meanings, we enter into a context of communicative interaction and rescue the "said" of such discourse by fixing it in perusable terms before it perishes. We move from an epistemological approach, whereby data are collected, categorized, and analyzed, to being in relationship with others, in order to reach new understandings about the world in which we live.

PARTICIPANTS

Purposive sampling was used to recruit adult loved ones of Iraq and Afghanistan War veterans, who were either currently serving in either of those two wars, or who had already served and been redeployed to the United States. Participants were recruited via flyers posted at community colleges, universities, coffee shops, and veteran centers in the San Francisco Bay Area, and through the Internet site - Craigslist. This resulted in 23 participants (male = 10; female = 13), 4 of whom were veterans themselves, and all who resided in the San Francisco Bay Area at the time. Participants identified themselves as wives (n=2), partners (n=2) mothers (n=3), fathers (n=2), sisters/sisters-in-law (n=4), brothers (n=7), uncles (n=2), and cousins (n=1). Together, they represented 20 male Iraq War veterans (some participants were related to the same veteran, e.g., mother and daughter) serving in the Army (n=9), Marines (n=7), Air Force (n=2), and Navy (n=2), each of whom had completed an average of two deployments to Iraq and/or Afghanistan between 2004 – 2007.

PROCEDURE

The flyer directed potential participants to the Swords to Plowshares website, where they were asked to complete an electronic survey, using Survey Monkey. The survey was developed by staff at Swords to Plowshares, an agency that has worked with veterans since the early 1970s, and pilot tested with a small group consisting of Iraq War veterans, the parent of an Iraq War veteran, and the spouse of an Iraq War veteran. Open-ended questions were asked to identify each service member's branch of service; the number of times deployed to Iraq or Afghanistan; the dates of deployment; and the respondent's relationship to the service member. Using a five point Likert scale, with responses that ranged from Very Positive to Very Negative and included a neutral response, respondents were asked two questions to assess how the deployment had affected their lives and how the deployment had affected their service members' lives. Respondents were asked to provide an email address to receive detailed information about locations and times of focus groups.

Three focus groups were held – one each in San Francisco (n=9), Oakland (n=7), and San Jose, California (n=7) - between July and October, 2007. During audiotaped sessions, questions were asked to assess the following: 1) the ways in which veterans' deployments and transitions impacted participants' lives; 2) the ways in which the deployment affected participants' interactions with their veterans; and 3) the types of support participants sought out and received (both formal and informal). IRB approval was granted for this study, and informed consent was provided.

DATA ANALYSIS

Data from Survey Monkey were downloaded and descriptive data analysis was conducted using SPSS. Audiotapes were transcribed into verbatim written records, the accuracy of which was verified by comparing the tapes with the transcripts. Participants were assigned pseudonyms to protect confidentiality. Transcripts were read and reread in order to find commonalities. Categories were created for each recurrent topic. These original categories were used as the basis for analyzing new data which were either classified into an existing category or used to modify or create new categories. Relationships among and between categories were explored and analyzed in order to identify underlying themes.

According to Lincoln and Guba ([37]), trustworthiness of qualitative research may be judged by its credibility, dependability, confirmability, and transferability. Credibility refers to the confidence one can have in the truth of the results. It can be established through the use of peer debriefings and member checks. In this study, peer debriefings were accomplished by sharing the data and ongoing data analysis with colleagues, and member checks involved two participants who were asked to provide feedback at periodic intervals during data analysis, interpretation, and the formulation of conclusions. This served to ensure that the essence of participants' experiences was adequately described.

Dependability refers to the stability of findings over time, and confirmability refers to the objectivity of the data. To ensure these, an independent judge coded 15% of the data

and comparisons between the researcher's and the judge's codes were made. An agreement rate of 87% was reached with 85% being considered very good for coding purposes ([38]).

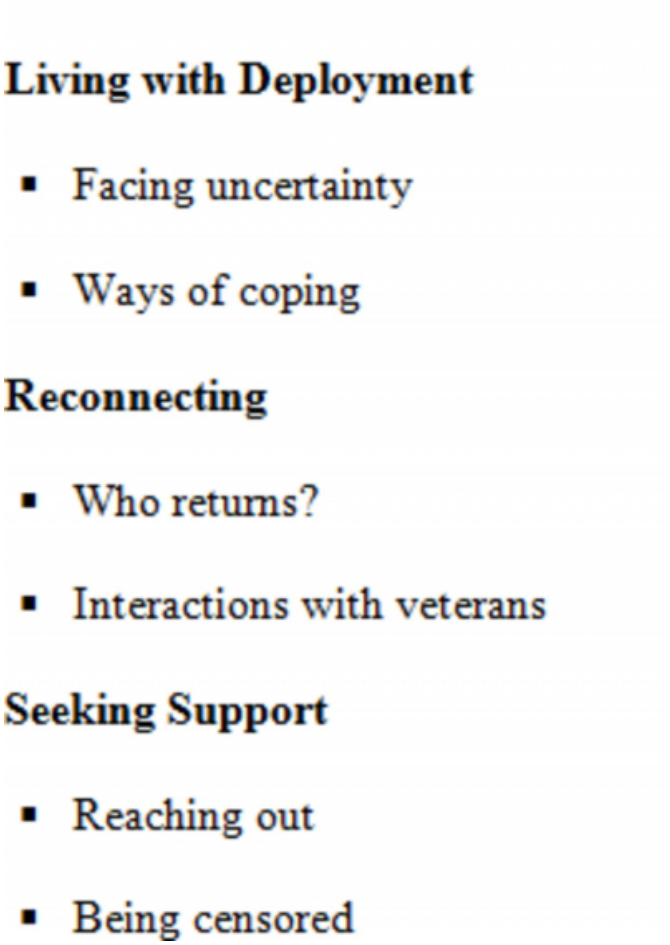
Transferability refers to whether the findings can be transferred to similar contexts or situations and preserve the meanings, interpretations, and inferences of the research. This is typically accomplished by providing the widest range of rich, thick descriptions from which those interested in making a transfer can reach their own conclusions about its applicability to similar contexts, circumstances, or environmental conditions. Because this was an exploratory study with a small sample and saturation – the point at which all data is supportive of identified categories and themes – was not reached, transferability is not assured. Instead, the results indicate the need for additional research with a larger, more diverse sample, to ensure saturation is attained.

RESULTS

The electronic survey was completed by all focus group participants (N=23). Two closed-ended questions were used to assess the impact of the war on participants and on their veterans. In response to "How has the deployment affected your life," 75% of respondents answered Somewhat to Very Negative; 9% answered No Effect; and 16% answered Somewhat Positive. In response to "How has the deployment affected your veteran's life," 45% of respondents answered Somewhat to Very Negative; 16% answered No Effect; and 39% answered Somewhat to Very Positive.

Figure 1

Table I. List of Categories & Themes Among 23



Loved Ones of Iraq and Afghanistan War Veterans

The major themes that emerged from this study are presented in Table I.

LIVING WITH DEPLOYMENT

Whether participants support the war or not, having a loved one deployed into a war zone is stressful and cause for concern about the outcome, i.e., the psychological and physical impact on the veteran. Participants identified emotional, psychological, and physiological responses to the stressor.

Facing Uncertainty. This theme illustrates the psychological and emotional impact on participants and other family members. Both male and female participants' stories indicated significant levels of distress about having a loved one involved in the war(s) and a sense of having no control over the outcome, i.e., being injured or killed overseas and/or returning home with psychological issues.

Speaking about the tension in both her own family and that

of her brother-in-law, one female participant said,

"It's the second time he's been deployed in two years, and it just really messed with his head and messed with her [sister's] head. . . .It's a huge mess, and it's put so much strain, emotionally, on both of our families."

Echoing this story, another female participant shared,

"Having my son in Iraq is the most stressful time; there's no other way to say it. It's horrible, and then to have two other daughters; so you're not just dealing with what you're going through but you have your family, the kids."

Another female participant, a veteran's sister, shared,

"You don't know what's going on in his head. You don't know what his life is going to be like when he's back. You don't know what his life is going to be in the future. . . .I want to know, but I don't want to know."

A male participant, a father, said,

"It's just gotten to the point where I really don't care about anything. I don't care, as long as they bring my family back. . . . I love him. I don't know what I would do if something happened. My mother died, and my father died, and I dealt with it. Within the past five years, I just started to have a real relationship with him, and now he's off killing people

. . . I don't know what I would do."

Ways of Coping. Having a loved one in a war zone and not knowing whether or not he or she will return home, or in what physical or psychological state he or she might return in is extremely difficult to cope with. Participants' methods varied between reactive responses – emerging as states of hyperarousal – and conscious choices to avoid dealing with their feelings and circumstances.

Reactive responses were split along gender lines, with females identifying more anxiety, saying they had a difficult time sleeping and eating, and describing continual states of nervousness. Alternatively, male participants were much more likely to express anger. Mike, a veteran's brother, shared "I'm so angry. . . .This whole thing just makes me so angry and so enraged that I'm glad I could bring it up [tonight]." James, another veteran's brother, said,

"I don't like the war situation. . . it really bothers me. It irritates the [#@!&] out of me . . . . It affects me daily, and it affects the way I deal with them [people from the Middle East] . . . Even if they don't say something derogatory, I want to reach behind the counter and yank them and beat . . . them. . . . I want somebody to pay for my brother's anguish. . . . I want to make someone suffer. . . . I wasn't like that before. . . . I'm singling out people, and the kind of work that I do, I do social work, drug and alcohol rehab. I know that I can't really be that way, but it's hard not to because of the feelings I have."

In contrast to the outward manifestation of emotion, some participants described a desire to numb their emotions by avoiding thinking and feeling about the issue. While one male participant talked about his anger toward people from the Middle East, he also shared that he repressed feelings, saying, "I hold on to a lot of stuff. . . . because I don't want to suffer like my mother has; to a certain degree though, I kind of do." Another male participant, a veteran's brother, avoided conversations with family members as a way to protect himself and them. He said,

"When I speak to my relatives, throughout the country, anytime ZZZZ [the veteran's name] would come up in conversation, 90 percent of the time, the conversation ended in tears on both ends of the phone, and that wasn't good. . . . I especially try not to talk to grandma, because we both end up in tears. It's not good for her. It's not good for me. . . .Sometimes, my grandson says "Why are you crying?" and you just can't explain it to a 7 year old. . . .I avoid a lot of telephone conversations."

Another male participant, a father and Vietnam War veteran, attempted to avoid dealing with his feelings through the use of alcohol. He said,

"It's torn our family apart. I had almost quit drinking, and I started up again. It tears the whole family apart. . . . I had all this pain from the Vietnam era. I totally divorced myself from my feelings and now that he's [son] deployed, some of them come up. It's a no-win situation. I put myself in an emotional void."

Another male participant, another Vietnam War veteran and the uncle of and Iraq War veteran, also indicated a desire for emotional avoidance, saying,

"It makes me ill. . . .It's a chance for me to revisit Vietnam; doing things that I was doing there. Any day that I don't think about that is a good day, and there aren't very many of them."

RECONNECTING

As veterans returned home, their loved ones were filled with relief and excitement; however, the excitement was of short duration as participants realized that their veterans were not the same individuals who had gone to war and interactions became increasingly difficult.

Who Returns? The person who goes off to war experiences things that change him or her in profound ways. All participants noted that their veterans were no longer the people they had been prior to deployment. A female participant, the sister of a veteran, said "You see people who come out of the Iraq War, and they just seem a little off, like they're still there." Another female participant, a veteran's wife, stated "They're all a little different when they come back. . . it's basically a revolving door to Iraq. It's ridiculous, and nobody comes back the same. It's terrible."

A few participants specifically noted a change in their veterans from pre-deployment to post-deployment, saying that the veterans were much more intense, easily angered, depressed, or withdrawn than before. Another female participant said, "My son has always been laid back; that's his nature. . . but one thing I noticed is that if you ask him to do anything now, he's very quick-tempered."

In addition to anger, participants described their veterans as depressed and/or withdrawn. a male participant shared,

"My brother was enthusiastic. . . and then he went back [second tour of duty] . . . . I've noticed his emails have been depressed, and [he] says things he normally wouldn't say . . . He's on depression medicine. He's distant. He's not communicating . . . . It has an effect on me."

Talking about her partner, one of the female participants above said,

"He doesn't want to do things he used to, like travel, go out, and be social. He doesn't want to go out with friends . . . it's like a withdrawal thing, and [he] won't talk about it [but] maybe I don't want to hear about it. I'd probably be horrified. It's this Catch-22; everything just kinda [sic] comes to a halt."

Intimating that their children may have PTSD and/or traumatic brain injury (TBI), a male participant said, "My son is scared all the time and having tremors in the middle of the night – nightmares, I guess." A female participant shared, "My son [has told] us some horrible, horrible things. . . .He saw 10 of his comrades get blown away in front of him. . . talked about body parts and blood. . . . When he came back from Iraq, our [home] alarm system went off, and he went into complete combat. . . . He has seizures now. . . [and] he goes through mood swings. . . . Oh my God, he goes through these things."

Interactions with Veterans. Participants voiced concerns for veterans and feelings of inadequacy about their ability to support and assist veterans when they returned from war. All participants indicated that interactions with their veterans resulted in relationship distress, and some of them indicated experiences of either verbal and/or physical abuse.

Most participants spoke about tension between themselves and their veterans, leading to communication difficulties and, sometimes, estrangement. A male participant shared,

"ZZZZ [veteran brother] and I never had any problems. . . . There was some distance between us [when he deployed to Iraq], but by the time he came home for the first time, we bridged that. When he came home the second time… we really had animosity towards each other. There was tension between us…my kids were pretty young [and] they could tell that things weren't right."

A male participant voiced a similar experience, saying, "I don't see him [brother] much. He's so stressed out; we're not as close as we used to be; our relationship is pretty tenuous. Elaborating on the factors linked to communication difficulties, A male participant, the father of a veteran, stated, "I'm caught in the middle. I don't know how to describe it. I can't say anything right." He noted that no matter what he said, it led to arguments and anger. A female participant, the partner of a veteran, had the opposite issue, and described feeling estranged from her partner. She said, "I'm really concerned about the way this has affected my relationship with my partner. . .he isn't talking about it, and I feel helpless."

In addition to relationship distress, some participants spoke about experiences of abuse. A female participant, a veteran's mother, said,

"I don't know what it's like to be a soldier over there, and I have no idea about the experience. Who knows what he's going through? He got so angry that he hit the wall and broke his hand. I had a really hard time with that; it was scary."

A female participant, a veteran's partner, shared,

"His anger is toxic, and I'm tired of fighting. I'm tired of watching him drink himself to sleep night after night, and I'm tired of being his punching bag. . . . He's turned into a drunken monster, and I don't know what to do."

SEEKING SUPPORT

Participants expressed a desire for support from others and voiced the challenges they confronted as they tried engage others in conversation. They explained that others with whom they conversed and whom did not have a loved one in the military, either could not or would not refrain from discussing the politics of the war, or seemed uncomfortable engaging in conversation, and therefore censored participants. Moreover, most participants shared that they were seeking ways to cope with their experiences, because "having [a loved one] deployed is really upsetting."

Reaching out. Participants variously shared, "I'm here to hear what other people are doing, how they're doing [because] it's so hard"; and "We, as a family, don't know what to do, who we can really call on." They described the "need to talk about it, because it's upsetting," and because "it's a painful subject." A female participant, a veteran's mother, said, "I seen [sic] some pictures that I probably shouldn't have seen – some of the stuff they've seen and done. It's very upsetting, and who can you talk to?"

Participants described challenges they faced in their attempts to locate support, saying "There's not a lot of support groups. . .as a mom, it's tough." The desire for ongoing support was summed up best by a female participant, the sister of a veteran, who shared, "I didn't know there were things such as this, such as places to talk about this. Hopefully, there will be more."

Being Silenced. Participants' desire for support groups was driven, in part, by reactions from others with whom they had tried to engage in conversation. A male participant, the brother of a veteran, said,

"If you try to bring it up to people, they try to bring politics into it. . . It's hard to get into a support group, because people can't have a support group without discussing politics. . . . The support group you want to join is because you want someone to be able to reach out to you for what you're going through, not for whether you're angry about the politics, or how you feel about the politics, but how it's affecting you."

A male participant, another veteran's brother, shared,

"When I express myself, people get offended and say I'm being too negative, not patriotic. . . .What do we do to deal with that? You know, I have no one [to talk to]. If I start to talk about this with people, they're like, 'Whoa, whoa, settle down guy'."

DISCUSSION

The indirect impact of the wars on loved ones of veterans is important as 75% of participants reported being negatively affected by the deployment of their veteran and their stories explain the ways in which that unfolds in their lives. Participants are concerned about their veterans, whether the veteran is in Iraq, or Afghanistan, or in the United States. Veterans are struggling with reintegration, and family members are at a loss for how to care for them. Moreover, the strain of having a veteran serving is taking its toll on participants' marriages and relationships with other family members, e.g., grandparents, children, and grandchildren, and on participants' mental health. It is most likely that these carry-over effects are not unidirectional but are instead reciprocal in nature, leading to increased individual stress, relationship distress, and mental health problems, similar to those documented in the lives of veterans' spouses ([26] , [27] , [28] , [29] , [30] , [31] , [32]). Although not explicitly explored, it is likely that work relationships and work productivity are also being negatively impacted.

As noted in the results section, three main categories - Living with Deployment, Reconnecting, and Seeking Support – emerged from the data, and each category contains two themes. These are all listed in Table I and discussed in this section.

LIVING WITH DEPLOYMENT

Preparing for and living with the deployment of a loved one is incredibly stressful. Never knowing if the next phone call or visitor to your home is the one that will deliver the message that your loved one has been seriously wounded or is dead is something that most people do not encounter. Participants spoke about the uncertainties they face or faced while their veterans are or were deployed, i.e., whether or not the veteran would come home alive; if the veteran came home alive, if he or she would be physically or psychologically wounded; if the veteran was wounded, what the future would hold for him, or her, or the family. Their stories illustrate the emotional and psychological toll that ongoing feelings of fear and uncertainty are taking on participants, and other immediate, and extended family members, including relationship strain between adults and

children.

Two forms of coping with the uncertainties were illuminated by the data – reacting, which emerged as states of hyperarousal, and seeking to avoid feelings or thoughts about their circumstances. It has been suggested that spouses and children of veterans may be at risk for developing secondary traumatic stress ([30]) due to their close proximity to a veteran with PTSD. While none of the participants in this study had been diagnosed with such a disorder, they did exhibit symptoms of emotional distress, i.e., anxiety, behavioral disorders, and anger, and it is likely that some of them are suffering with depression.

In addition to the possibility of developing secondary traumatic stress, it has been found that spouses who have little control over being left behind often develop a sense of rage ([25]). The intensity of anger expressed by some of the male participants may be a response to their lack of control over their loved one's deployments and subsequent relationship issues upon veterans' return home. This reaction is of concern, not only because of the negative mental and physical health consequences on oneself of harboring such anger, but also because of the implications for the ability to provide emotional support to the returning veteran and the likelihood of distress in other relationships. While only one participant described what might be considered racial profiling, i.e., his rage against people who appeared to be of Middle Eastern descent, this certainly warrants additional exploration. The negative impact on work relationships and community interactions could be significant, possibly leading to assault and concomitant criminal charges (perhaps for hate crimes), legal action, and economic consequences.

In contrast to the reactions described above, participants described both the desire to numb their emotional, and psychic pain, and the ways in which they attempted to do so. A few people spoke about withholding their thoughts and feelings as a way to protect themselves and other family members. Although only one person revealed drinking alcohol as a way to avoid dealing with his emotions, it is quite possible that other participants and/or their family members are coping in similar, unhealthy ways, which may lead to addictions and exacerbate already strained family and work relationships. This is an area which deserves further inquiry and should include special attention to veteran status from previous wars. Among the participants in this study were veterans from the Vietnam War who described the pain they continued to live with as a result of their experiences 30 or more years ago and their desire to escape that pain. It may be that some veterans from previous wars need an additional level or type of support to address their unfinished processing of former trauma.

Two participants described the difficulties of dealing with minor children – one person said that he did not know how to talk with his seven-year old grandchild, and a mother referred to the difficulty of coping with a veteran's deployment while attempting to raise her other children. Their stories suggest a tension between finding ways to deal with their own emotions, fulfilling their responsibilities as parents and grandparents, and understanding how to help the children, who have limited experience and skills, to comprehend adults' emotions and cope with their own emotional distress.

RECONNECTING

Significant numbers of veterans are returning from the war with PTSD, depression, and anxiety ([11] , [16]), and the suicide rate for veterans is almost double that of the adult civilian rate ([17]). As we might imagine, when an individual goes off to war, he or she does not return unaffected. This was supported by almost all participants', who described their veterans as "a little off," "different," "quick-tempered," "depressed," or "withdrawn." Two participants indicated that their veterans might actually be suffering from PTSD, or TBI, or both, revealing that their loved ones were having nightmares, mood swings, or seizures. This certainly had an impact on participants, operating as a considerable stressor in their lives and negatively affecting their interpersonal relationships with veterans.

The persistent strain of having a loved one deployed into a war zone does not end when that loved one comes home, and the initial relief and exhilaration that participants felt upon their veterans' return home was quickly replaced by feelings of inadequacy and frustration in dealing with their loved ones, or fear for their own safety or the safety of their veterans. Participants were at a loss for how to talk or live with their veterans. Moreover, there was an overbearing tension between wanting to assist the veteran, by encouraging him or her to talk about his or her experiences, and fearing what the veteran might reveal and the ways in which that might change one's ability to care for or continue to love the veteran. In essence, participants struggled with these challenges, and repeatedly stated that they did not have the skills to deal with their angst.

SEEKING SUPPORT

The relationship between health and social support has been well documented. In fact, social support serves as a key psychosocial protective factor that reduces ones' vulnerability to the deleterious effects of stress on somatic health ([39]), and emotional support in particular has been found to mediate the harmful effects of stress on mental health ([40] , [41] , [42]). Moreover, emotional support is most consistently and strongly associated with good health and well-being.

Participants had a very strong desire to locate sources of support, particularly the need to talk about their experiences with others who were either living with similar circumstances or who were compassionate and could listen without judging or bringing politics into the dialogue. A number of participants had seen graphic images from the war and in some cases had heard shocking stories. They had learned that they cannot process their thoughts, or feelings with their veterans, or even with other family members. Unfortunately, their attempts to process with friends or acquaintances fell short in providing the support that they needed and desired.

Participants intimated they had few, if any, places where they could share their feelings and receive emotional support. Similar to the experiences of veterans' spouses documented by Peebles-Kleiger and Kleiger ([25]), some family members revealed that when they do have opportunities to discuss their feelings, they are not met with understanding or compassion but are either censored and dismissed as unpatriotic, or the conversations become political discussions about the war – neither of which is beneficial to family members.

LIMITATIONS

Although this was an exploratory, qualitative study with a small sample from one geographic region – the San Francisco Bay Area – it illuminates some of the issues facing parents, partners, and other relatives of veterans serving in the Iraq and Afghanistan Wars, none of which appear to be qualitatively different from those facing spouses of veterans. While the emotions of participants prior to their veterans' deployment were not specifically explored, there appears to be a downward spiral, whereby the stress of having a loved one deployed to war and the resultant diminished relationship functioning between all family members leads to less social support for both veterans and their loved ones, increasing everyone's vulnerability to mental health problems.

CLINICAL IMPLICATIONS

There are three areas in which services for the loved ones of veterans could be improved and in which training for practitioners would be beneficial. First, support groups for both adults and children should be established for people who need a safe environment in which to discuss their fears, concerns, and feelings about their veterans. Second, physicians and other health practitioners should be trained to routinely inquire if patients are part of the population that has a loved one in the military, and they should be prepared as necessary to screen or refer them for screening, follow-up treatment, and psychological services. Third, mental health practitioners, i.e., therapists, social workers, and school counselors, should be trained to work with this population and address the unique issues with which they are faced.

FUTURE RESEARCH

Findings from this study indicate the need for further research among this population in two primary areas. First, additional focus groups should be held to explore the experiences of culturally and racially diverse family members of veterans, minor siblings of veterans, and family members who have joined formal organizations, such as Blue Star Mothers and Military Families Speak Out. Second, in addition to gathering qualitative data, surveys and scales to assess physical ailments, mental disorders (i.e., anxiety and depression), and help seeking behaviors should be implemented. These results could be used to inform services and programs.

CONCLUSION

In summary, we are just beginning to acknowledge the magnitude of work necessary to address the mental health needs of veterans returning from war. However, veterans do not exist in vacuums; they bring the war home with them. They return to and interact with family members who are already engaged in their own emotional turmoil. We cannot afford to ignore either our veterans or their families. They are the walking wounded among us, and we owe it to them to provide the care and support they need to heal, and live healthy and productive lives.

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