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Veterans' Experiences Of Iraq War and Afghanistan War And Influences On Post Traumatic Stress Disorder Symptoms After Deployment

–A systematic literature review



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The aims of this thesis are to generalize the veterans' experiences in OEF/OIF and their expression of PTSD symptoms, in order to investigate how their traumatic experiences influence the expression of their PTSD symptoms. This would offer the health care providers a better understanding of veterans' mental status, so they can launch earlier, better and more effective interventions for the PTSD patients.

This thesis applied the method of systematic literature review. Limited by certain criteria, after the filtration of previous studies, 8 articles were selected, scanned, and analyzed. The results show that the experiences of veterans lie on environment, physical experiences, and psychological feeling. These were the factors that influenced the veterans' expression of PTSD symptoms. The expression of PTSD symptoms on the veterans was categorized as changed way of thinking and mental problems, the somatic symptoms and co-morbidities were taken into considerations, too.

The implications of this study were to help the health care providers establish an evidence-based nursing idea when they encounter different traumatic experiences and PTSD symptoms.

KEYWORDS:

Veterans, PTSD symptoms, OEF, OIF, experiences, nursing intervention

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LIST OF ABBREVIATIONS

PTSD	Post Traumatic Stress Disorder
OEF	Operation Enduring Freedom, Afghanistan War
OIF	Operation Iraqi Freedom, Iraq war.

1 INTRODUCTION

Since the 9.11 terrorist attacks, Post Traumatic Stress Disorder is gradually becoming a familiar term for the society. And in the past decade, there is an increasing concern on the victims suffered from PTSD: they are the citizens of terrorist attacks, the veterans returning from Iraq and Afghanistan, the survivors of earthquakes and tsunami, and the rescue workers in the traumatic events. During the author's searches on the PTSD studies of these victims, it was found that much concern was given on the returning veterans because the incidence was higher among the veterans and they were a more representative group of PTSD sufferers.

Deploying in the war was a difficult time for the veterans. By 2009, the death casualties of U.S. soldiers and service providers in Iraq and Afghanistan exceeded five thousands. In addition, more than 35,000 got physical injuries (U.S. reaches milestone of 5,000 deaths in Iraq and Afghanistan wars, 2009). But since they can hardly remove the war experiences from their memory, we can't know how many of them suffered the mental disorders.

Although many studies have been done on the mental health problems or PTSD of veterans from Iraq and Afghanistan war, their experiences and the impact on the expression of PTSD symptoms was not widely discussed. The majority defined the experiences of the war as only the scene of the war: the bullets, the scattered bomb pieces, or the bloody body parts. However, the experiences of the sound, smell, psychological feelings can also call them the memories of the war and the PTSD symptoms appear. Without a comprehensive understanding of their experiences, some symptoms could be overlooked.

Since the rising incidence rate and population suffering PTSD, the veterans are seeking help in primary health care unit and community mental health centers, or the family members of the veterans urge them to receive the medical treatment, to some extent this offers opportunities and challenges to the advanced practice psychiatric nurses to provide veterans not only earlier-launched interventions, but also informed, compassionate, theory-based and evidence-based education and treatment. (Diana et al.2009, 278.) For the health care workers, who encounter the PTSD patients every now and then, and who stay with the PTSD patients a lot. We should be more alert and careful with the patients' symptoms which are not easily seen.

The purpose of the thesis is to find out the expressions of veterans PTSD symptoms through the investigation towards the OEF and OIF veterans' experiences in the military service, to get the health care providers more and better understanding of veterans' various experiences in the war, also make us to be more sensitive to the veterans PTSD symptoms.

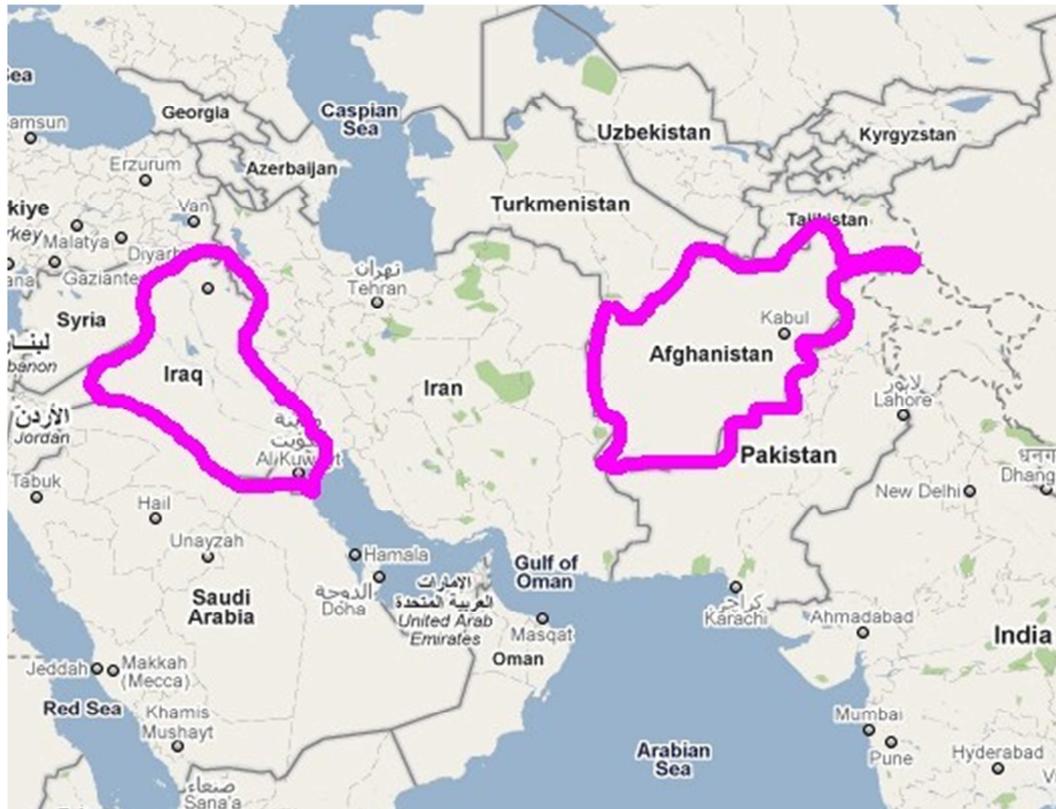
2 BACKGROUND

2.1 Operation Enduring Freedom- Afghanistan (Afghanistan war), Operation Iraqi Freedom (Iraq war) and Veterans

Triggered by the 911 terrorism attack in 2001, the Operation Enduring Freedom- Afghanistan (widely known as Afghanistan war) component of Global War On Terror (GWOT). And the military interventions was started by the US forces and allied forces in October 2001 (Schetter et al. 2007, 136). After less than two years, the Operation Iraqi Freedom (Iraqi war) started in March 2003 for the reasons that Iraq had weapons of mass destruction. The aims of the OIF were to end Saddam Hussein's regime, to find out the weapons of mass destruction and finally to help the Iraqi people to build up a government representing Iraq people. The Operation forces were mainly served by America, many other countries around the world provided forces too, for example, Germany, Great British, Denmark, South Korea and so on.

In this thesis, veterans are: those combat soldiers who have participated in the two wars in Afghanistan or Iraq, the service members who have served for the battle such as the transportation groups and technical support groups, and the service members who have provided living service to the soldiers, for instance, the medical groups and the cooks.

Since the initiation of the Afghanistan war in 2001, over 1.8 million US soldiers and service members deployed in the OEF-Afghanistan and the OIF. And around 37% of them had been Afghanistan or Iraq twice. (U.S. Department of Veterans Affairs 2009, [Referred to 6.7.2010].) From October 2001 to the late summer of 2009, more than 5,000 U.S. soldiers and service members died in the two wars, and more than 35,000 U.S. military members got physical injuries. (U.S. reaches milestone of 5,000 deaths in Iraq and Afghanistan wars 2009, [Referred to 25.5.2010].) In this case, the population of the veterans is considerably large, and their physical and mental health is concerned by the society.



Picture 1: The location of Afghanistan and Iraq (Goole map 2010. [Referred to 15.6.2010]).

2.2 OEF/OIF and veterans' mental health

According to the National Center for PTSD, as many as 500,000 troops serving in Iraq and Afghanistan suffered from some form of psychological injury, with PTSD being the most common. The incidence of PTSD among the veterans is higher than the civilian populations, especially for the veterans who were in combat (Norris & Slone, 2007,78). According to new study by San Francisco Department of Veterans Affairs Medical Center and the University of California, nearly 1/3 returning veterans from Middle East war received the diagnosis of mental disorders, 22% of them have PTSD, 17.4% have depression (Karen, 2009,1651). In this case, the researchers encouraged the health care providers start early targeted interventions to prevent this chronic mental illness.

In a study conducted by Erbes et al. in 2007. There are more than 100 survivors that are randomly investigated and interviewed. The fact is classified into five negative aspects, including PTSD, depression, alcohol abuse, quality of life and mental health service utilization. The following chart presents their proportion in the field of PTSD (12%), alcohol abuse (33%), and mental health service utilization (56% from PTSD, 18% from alcohol abuse).

For the female veterans, most of them were military nurses, in most cases, they suffered the sexual assault PTSD more than combat-caused PTSD. 99% of the female veterans diagnosed with PTSD had a history of physical assault, and 51% had been sexually assaulted during their military service. Sexual stress was obviously a more dangerous factor in the development of PTSD than combat (Dobie. 2002).

2.3 Post Traumatic Stress Disorder

2.3.1 Post Traumatic Stress Disorder Diagnosis Criteria, and Symptoms

As a form of psychiatric disorder, PTSD develops after the individuals have experienced or witnessed the traumatic events, and the traumatic events are usually life-threatening or physical integrity-threatening, and people's reactions towards the trauma usually are fear, helpless and horror (DSM-IV, APA 2000).

PTSD can be acute or chronic, depending on its duration. The PTSD onsets after a trauma in one to three (1-3) months, and the symptoms last fewer than three ($1 < T < 3$) months, this kind of PTSD is termed acute PTSD. While the chronic PTSD means the symptoms are not presented until three months after the trauma. If the PTSD appears after 6 months, it's called delayed onset. (Committee on Veterans' Compensation for PTSD 2007, 71.)

The classical generalized symptoms of the PTSD are usually categorized as avoidance and numbing symptoms, re-experiencing symptoms and physiological hyper arousal, such as sleeping disturbances, like insomnia and nightmares, decreased concentration, irritability and an overactivity to stimuli. (Resick & Calhoun 2001,61.)

Table 1: The criteria of PTSD diagnosis in the Diagnostic and Statistical Manual of Mental Disorders. (DSM 4th edition, American Psychiatric Association.)

The victim was:	In the ways that
A.Exposed to a traumatic event	<ul style="list-style-type: none"> a) experienced, witnessed, or confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of the self or others. b) response involved intense fear, helplessness, horror.
B.Persistently reexperiencing	<ul style="list-style-type: none"> a) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. b) recurrent distressing dreams of the event. c) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). d) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. e) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
C.Avoiding the stimuli, numb	<ul style="list-style-type: none"> a) efforts to avoid thoughts, feelings, or conversations associated with the trauma; b) efforts to avoid activities, places, or people that arouse recollections of the trauma; c) inability to recall an important aspect of the trauma; d) markedly diminished interest or participation in significant activities; e) feeling of detachment or estrangement from others; f) restricted range of affect (e.g., unable to have loving feelings); and g) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).
D.Increased arousal.	<ul style="list-style-type: none"> a) difficulty falling or staying asleep; b) irritability or outbursts of anger; c) difficulty concentrating; d) hypervigilance; and e) exaggerated startle response.
Duration	The symptoms of BCD last more than 1 month
Impairment	The disturbances cause impairment in the functions of the social, occupational and other areas,

2.3.2 Risk factors

The risk factors of PTSD are categorized to Pre-traumatic, Peritraumatic, and Posttraumatic risk factors (Brewin 2000,748; Ozer 2003, 53; Bisson 2007, 399). The factors are summarized and categorized in the form below.

Risk factors for the veterans not only involve the combat related factors such as severity and type of combat exposure, being wounded or injured, witnessing death or being tortured, the risk factors but also lie on the aspects of the environment, e.g. military environment and the homecoming environment. The environment of highly prolonged stress, nervousness and nostalgias for families makes them aggressive and depressive. For the female veterans, being female is an additional risk factor because they were so easily to be sexual assaulted. (Committee on Veterans' Compensation for Posttraumatic Stress Disorder 2007, 30.)

Table 2: Categories of PTSD risk factors and examples.

Category	Relation to PTSD	Definition	e.g. factors
Pre-traumaic risk factors	Affect PTSD's development	Factors which are un-related with the trauma	age, gender, education degree, social status, trauma history, family psychiatric history
Peritraumatic risk factors	(Schnurr et al. 2004, 86)	Factors related with the current trauma and survivor's response.	"severity of the trauma" (Brewin 2000, 748; Ozer 2003, 53).
Posttraumatic risk factors	Responsible for PTSD's maintenance on individuals (Schnurr et al. 2004, 86)	Factors related with the posttrauma conditions	"lack of social support and exposure to additional life stressors" (Vogt, King & King 2007, 99).

2.3.3 Post Traumatic Stress Disorder Vs. Acute Stress Disorder

In DSM-IV the term acute stress disorder (ASD) was come up to define the symptoms onsets within one month after the trauma. As a “sibling of PTSD”, ASD actually shares many features of PTSD in symptoms, for example, numbness, irritability, flashbacks, sleeping disturbance and so on. However, the differences between ASD and PTSD need to be noticed. The major difference between PTSD and ASD lies on the symptoms’ onset and duration. According to DSM-IV, ASD diagnosis is given when “the disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event” (DSM IV-TR; APA, 2000). If the ASD symptoms prolong to more than one month, a PTSD diagnosis should be considered.

Another difference is that ASD symptoms are more related with the dissociative symptoms, such as emotional disconnection, dissociative amnesia, or the survivors feel that they were unrelated with the trauma events.

2.3.4 Co-morbidity

Comorbidities are the additional disorders (at least one) to the diagnosis of PTSD, and comoridity is an important issue in PTSD (Committee on Veterans' Compensation for Posttraumatic Stress Disorder 2007, 70). As highest incidence of mental disorder of veterans, the impacts of PTSD sometimes extend to social dysfunction, for example, withdrawal and social anxiety. The military-related PTSD often co-morbids with depression, anxiety, and substance abuse, for example, alcohol addiction.

Some studies have been done on the veterans to assess the range of comorbidities, and the results revealed that high rates of veteran samples had additional diagnosis. They were mainly met the criteria of Axis I diagnosis (including clinical mental disorders and learning disorders, DSM-IV, American Psychiatric Association) or Axis II disorders (including personality disorders and mental retardation, DSM-IV, APA). (Kulka et al.1990; Kessler et al.1995, 1048; Bollinger et al.2000,255 ; Dunn et al.2004, 76.)

Generally, the more problems a person has, the higher levels of functional impairment may happen. It is obvious that PTSD may induce functional impairment in the aspects of psychological, biological, behavioral and attention mechanisms. However, there are quite few researches which can prove that comorbidities make the functional impairment worse, because additional disorders to PTSD may not cause incremental functional impairment. (Committee on Veterans' Compensation for Posttraumatic Stress Disorder 2007, 73.)

2.3.5 Assessment and Treatment

The assessment of PTSD is mainly based on the criteria in DSM: the patient has been exposed to the trauma, and the symptoms such as intrusive thoughts, nightmares, or dissociative states appear. In addition, for the veterans, military histories need to be inquired with skepticism because some people may deceive about the traumatic experiences. The reasons for deception on this vary among the veterans, few of them do so as a result of the increasing compensation on the traumatized veterans, while some of the veterans doing so reflects the thought that PTSD is a sign of weakness, but as a soldier, they can't be feeble. (Foy 1992, 16.)

Majority researches concerning the treatment for PTSD have been done. Generally, the treatments divide into two categories: psychotherapy and pharmacotherapy. Psychotherapy aims at re-constructing the veterans' cognitions. While the pharmacotherapy is used to change the level of neurotransmitters or other chemicals in the brain.

Although there were some studies concerning the pharmacotherapy on PTSD such as prozosin, anticonvulsant, and novel antipsychotics (olanzapine and risperidone), these studies were deemed either as low-quality or uncertain-efficiency on PTSD by Committee on Treatment of PTSD, and actually quite limited medications for PTSD have been approved by Food and Drug Administration (FDA). (Committee on Treatment of PTSD 2008, 58; Friedman et al. 2007, 9.) The only two medications have been approved by FDA are SSRIs: sertraline and praxetine (Friedman & Davidson 2007, 376).

The Committee on Treatment of PTSD (2008,93) categorizes psychotherapies as "exposure, cognitive restructuring, coping skills training, exposure plus cognitive restructuring, exposure plus coping skills, eye movement desensitization and reprocessing (EMDR), other psychotherapies, and group format psychotherapy" (Committee on Treatment of PTSD 2008, 93). Among the researches of psychotherapies, a vast of researches are done on the Cognitive-Behavioral Therapy (CBT), and it is recognized as the most successful approaches in the treatment of PTSD (Friedman 2007,9).

During the CBT in a medical setting, a multidisciplinary treatment team is formed by the psychiatrists, psychologists, social workers, nurses, and other therapist such as physical therapist and creative therapy. It is the psychiatrist's role to formulate the regimen of medication and plan the treatment. The social workers work to evaluate the social and environment resources and provide support like housing and income. But there are certain disadvantages of the multidisciplinary treatment team, the major one is the cooperation issue, since the team members are from different subjects, everyone is prone to use their own field's perspective to explain the problem, disagreements and arguments are not uncommon. (Foy 1992, 41.)

3 AIMS AND RESEARCH QUESTIONS

The aims of this thesis were to generalize the veterans' experiences in Middle East wars and their PTSD symptoms, in order to investigate how their war experiences influence their PTSD symptoms. Therefore, the research questions were come up as following:

- a. What kind of experiences did the veterans have in the OEF and OIF
- b. And what are the influences on the PTSD symptoms?

The purpose of the study is to call people's attention on veterans' experiences and their post traumatic stress, and to offer the health care providers a better understanding of veterans' mental status, so as to launch earlier, better and more effective interventions for the PTSD patients.

4 THE LITERATURE REVIEW

The research method applied in the thesis is systematic review. Inclusion and exclusion criteria were made to filter the searching results from the databases. The results were collected and analyzed to yield more satisfactory literature. In the end of this chapter, the literatures are elaborated with forms.

4.1 The research method

4.1.1 Systematic review

As a kind of literature review, Systematic review is “concise summaries of the best available evidence that address sharply defined clinical questions” (Mulrow et al. 1997). It is a method based on peer-reviewed protocol seeking to “Identify” “Select” “Assess” “Synthesis” and “Interpret or summarize” the available high quality evidences (Hemingway & Brereton 2009, 1). The method conducting systematic review is generated by Cochrane Collaboration, which is an international organization that offers review about the medical interventions’ efficiency. (Why do literature review in health and social care? [Referred to 10.4.2010].)

Traditionally, a systematic review is used to examine the efficiency of a clinical intervention and drugs. However, nowadays it can be also used if the topic is relative to evidence of experiences. (Hemingway & Brereton 2009, 3.) And this is one of the reasons that this thesis adopts systematic literature review, because the idea of the thesis is to investigate the veterans’ experiences and PTSD symptoms in Iraq and Iran wars.

4.1.2 Importance of systematic review in health care

The advantages of systematic review in the health care and medical research are firstly to help the researchers to get a comprehensive picture of the topic area, secondly, to disclose the new evidence, and thirdly to encourage the objective thinking.

With the expanding of internet sources, the access of publications is getting easier day by day. A vast of hits show after searching. However, even if there are many results, they may be still unsatisfying. Maybe because the researches done in a certain field or certain group of people are not suitable for another area. Or, there are flaws that exists in the research itself. When we are reviewing the literatures, it is important to draw the merits of the researches and realize the flaws. (Why do literature review in health and social care? [Referred to 10.8.2010].)

4.2 The review process

The idea of the thesis was to investigate veterans' experiences in the OEF/OIF and how influenced the veterans' PTSD symptoms, the experiences could be combat experience, explosion experiences, sexual assault experiences and so on. Articles concerning the two aspects "veterans experiences" and "veterans PTSD symptoms" were focused in order to answer the research questions. The process of looking for the qualified and satisfactory articles is shown below concretely.

4.2.1 Databases & Exclusion and inclusion criteria

The articles were achieved from two major databases which can be accessed to through the web pages of libraries of Turku University of Applied Science: *Ebsco host* and *Elsevier: Science Direct*. Under the database Ebsco host, there are four sub-databases, but only two of them were suitable for searching: Academic Search Elite and CINAHL. These databases were used because, firstly they contain a large amount of publications and the publications are conveniently to access to, secondly they are for the professional academic searching, and thirdly they offer full-text articles.

The databases were searched by the key words (only in English, thus the articles are all English) “veterans experiences”, “PTSD symptoms”, “Operation Enduring Freedom” or “OEF” or “Afghanistan war”, “Operation Iraqi Freedom” or “OIF” or “Iraq war” with the limitations of full-text and being published after the year 2001 because the two wars started in 2001 and 2003.

The inclusion criteria were:

1. The sample of the veterans in the articles had participated in the OEF-Afghanistan and OIF.
2. The research articles were published between 2001—2010.
3. The studies are related with the veterans’ experiences in the war. Or the articles discuss the Middle East wars’ veterans’ PTSD symptoms.

Exclusion criteria were:

1. The studies which contain nothing related with research topics of this thesis.
2. The veterans were not the group returning from Afghanistan war or Iraq war.

The studies that were not focused on the veterans' experiences or PTSD symptoms, but other mental health problems

4.2.2 Databases & Exclusion and inclusion criteria

In order to narrow the scale and accurately find the articles satisfying the inclusion criteria, combinations of key words were necessary. Since the topic of this literature review is "veterans' experiences of OEF and OIF and their PTSD symptoms". The term "veterans' experience" was used to combine with other terms "OEF-Afghanistan", "OIF", "PTSD symptoms". Besides, the terms that can be veterans experiences such as "explosion" "sexual assault" "combat exposure" and so on were put together to find more concerning their war-related experiences.

The two databases all together found 40 articles with approved titles. But in these studies, after reading the abstracts, 18 were excluded, 22 remained to be further examined. Finally, 8 articles were selected as qualified. The process of the literature review on the research questions could be better shown in Table 3 below.

Table 3: The data collection process

Database	Searching terms	Hits	Approved title	Approved abstract	Approved full-text
Ebsco-host	veterans'experiences OEF-Afghanistan	57	2	2	1
	veterans'experiences OIF/Iraq war	465	4	2	1
	PTSD symptoms OEF-Afghanistan veterans	19	3	1	1
	PTSD symptoms OIF veterans	61	10	6	2
Elsevier: Science Direct	veterans'experiences OEF-Afghanistan	494	8	7	1
	veterans'experiences OIF/Iraq war	538	8	2	1
	PTSD symptoms OEF-Afghanistan veterans	6	2	1	0
	PTSD symptoms OIF veterans	10	3	1	1
Sum			40	22	8

4.3 Analysis of the literature

Among the 8 accepted articles for literature review, two of them used merely interviews, another two applied the professional instruments to conduct the interviews, then the rest four articles either adopted questionnaires made by themselves, or used the professional instruments such as Combat Experience Scale, PTSD check list, Health Related Functioning scale etc. Since there is publication year limit for the searching, all the articles were published between 2004 and 2010. The articles are listed in the Table 4 according to the strength of relating to the research purpose. In the following paragraphs, the literatures are briefly discussed and analyzed.

The first study (a) well fulfills the inclusion criteria. It applied Colaizzi's phenomenological method to analyze the interviews to 37 military nurses who had participated the OIF and OEF. It revealed their experiences during the war deployment from different aspects, including explosion, chaotic scene, terrible working environment and so on, also recorded their life after the deployment—this answered the second research question. Although the samples were the military nurses, the author has mentioned in the background that service members in the OEF-Afghanistan and OIF are also part of veterans.

The 3rd (c.) and the 4th (d.) studies are conveyed merely by interviews, without any instruments. The samples in these two studies are all veterans returning from OIF. In the two studies, the conditions of Iraq were revealed; the veterans' physical experiences and emotional feelings toward the war were recorded, as well as their feelings and situations after coming home, moreover, their coping methods toward their mental status were explained. Thus they are exactly fitful for the research purpose of this thesis. Although these two studies focus on the veterans' experiences and feelings in the war and after deployment, PTSD is not specially mentioned. However, the authors explained in the articles that the samples suffered the PTSD, and their behaviors and feelings of the samples fulfill the diagnostic criteria of PTSD. So they could also be used for the 2nd research question.

The data of the fifth study was obtained through mail surveys to 272 OEF and OIF veterans to achieve the purpose that analyses the structure of PTSD, and the association between PTSD symptom structure and psychosocial functioning of veterans. The surveys were analyzed by the Confirmatory Factor Analytic Method, and the result shows that 4-factor dysphoria model better represents PTSD symptom structure, with the sub-clusters “re-experiencing, avoidance, dysphoria, and hyperarousal symptoms” (Pietrzak et al. 2010, 323). The association was built, e.g. “re-experiencing symptoms were associated with alcohol problems” (Pietrzak et al. 2010, 323). This study obtained the veterans PTSD symptoms and categorized them, so it meets the 2nd research questions’ requirements and provides the author of this thesis a lot of ideas in the results part.

Through the titles of the 6th and 7th (f and g), it was easy to see that both of them discuss about the war experiences’ impacts on the veterans’ health condition physically and psychologically. The data of these studies were gathered from the questionnaires in which professional instruments were used, for instance, PCL. The samples were all from Iraq war, and sample number is very high: one is 2068, the other is 800. Although PTSD was just one aspect of the studies and others mental problems like alcohol problems, depression were also mentioned, PTSD was the most important, and took a large part in the studies. They fulfill the criteria because the veterans’ experiences and some psychological symptoms were known through the survey.

In all the studies above, gender differences are not specialized, the selection of samples did not focus only on men or women. Even in the first study, the sample is 37 military nurses, but still, 5 nurses are men. The following study focus only on women.

The second study is a case report of a female veteran's experiences in the OIF, as well as her treatment barrier to psychiatric care unit. The sample is a military nurse who served for OIF for 19 months and suffered from chronic PTSD. The data was collected by review of records of female's PTSD and an interview to her. In the beginning, the author of the second study reviewed records concerning "PTSD and comorbidity", "PTSD incidence rate in general and in women", "PTSD in VA mental health care for women" and "PTSD in military nurses". The reviewed records were not only concerning the OEF-Afghanistan or OIF veterans with PTSD, many of them were from the researches on the veterans of other wars and combat, such as Vietnam war. And this part are not reviewed in this bachelor thesis, it was only referred to for improving the knowledge concerning PTSD and military women. However, the later part of the study which is the interview part fulfills the inclusion criteria. The military nurse's life-predeployment, life-deployment and life-prodeployment were described, which can help to answer both of the research questions of this thesis.

Another study was done to explore the association between the PTSD symptoms and substance misuse among the female veterans returning from the OEF and OIF. The samples were 36 female veterans. Their PTSD symptoms were evaluated by PCL, the results showed that 31% of the participants suffered PTSD, 47% seized drinking problem and 2% of them had drug abuse. The high scores of the participants' substance abuse measurement forecasted the PTSD. Although the results and indications are helpful for this thesis, the gender differences are not given out, these two studies specialized in the female are kind of limited for this thesis.

Table 4-1: Introduction for the articles reviewed (1).

Authors/ Year/ Title	Aim& Purpose	Method	Sample	Main results	Implication/Recommendation
a. Scannell-Desch &Doherty. (2010) Experiences of U.S. Military Nurses in the Iraq and Afghanistan Wars, 2003–2009.	Discuss the real experience of U.S. OEF and OIF military nurses, and their life after the war	Colaizzi's phenomenological method. Interview	37 military nurses who participated in OEF or OIF	Deploying in the war is a hard time. And the life coming to home wasn't easy than expected.	Nursing in the war was a special area, the nurses should share the experiences on how to cope those.
b.Feczner & Bjorklund (2009) Forever changed: PTSD in Female Military Veterans, A case report.	This study records the experience of a female veteran with PTSD in the OIF, and her barrier to the treatment	Case report through interview	A female veteran from OIF	The war for women is a hard issue, and this complicated the diagnosis of female veterans' PTSD.	The psychiatric nurses would see more female veterans, this would help them to advance the practice.
c. Jerome et al.(2004) Bringing the war home	Reveal the soldiers' conditions after the war the their PTSD symptoms, as well as how they cope with the psychological stress	Interview	A veteran of Iraq diagnosed as PTSD	Deploying in the war is a hard time. The life after the war wasn't good.	To help people to understand the veterans problems and help the health care providers to improved practices, also share that how they cope their psychological stress.
d. Eliscu (2008) This is the face of the war in Iraq	Reveal the veterans' situation in Iraq and call the society's attention.	Interview	A veteran came back from Iraq	The life of the veterans in Iraq was terrible, after deployment the status of them is not good.	To help the society and health workers to know the veterans' experiences during the deployment and after the deployment.
e. Pietrzak et al.(2010) Structure of PTSD symptoms and psychosocial functioning in Veterans of Operations Enduring Freedom and Iraqi Freedom.	Examine the connection between PTSD symptom clusters and the veterans' psychosocial dysfunctions	Questionnaires.	272 OEF–OIF Veterans from Connecticut	The PTSD symptoms are positive related with the psychosocial functioning of the veterans	This is the first one concerning longitudinal studies of PTSD and functional outcomes of veterans coming back from OEF OIF.

Table 4-2: Introduction for the articles reviewed (2).

Authors/Year/Title	Aim & Purpose	Method	Sample	Main result	Implication/Recommendation
f. Killgore et al. (2006) The effects of prior combat experience on the expression of somatic and affective symptoms in deploying soldiers	To testify the hypothesis that the prior combat experience could make the soldier complain more the somatic symptoms than affective symptoms	Quantitative study combined with the self-reported symptoms complaints.	2068 U.S. soldiers just prior to combat deployment during Operation Iraqi Freedom.	Previous combat exposure could make the veterans show more somatic symptoms fewer affective symptoms.	In the practice, the previous combat exposure experiences should be taken into consideration when diagnosing the mental problems
g. Vasterling et al. (2008) Posttraumatic stress disorder and health functioning in a non-treatment seeking sample of Iraq war veterans: A prospective analysis	Find the association between PTSD and health functioning	Survey questions were given: PTSD checklist and health-related functioning tests.	800 U.S. veterans who deployed to Iraq	The veterans' PTSD severity is associated with the health functioning and somatic symptoms	The findings implies great on reduction of the veterans' health problem associated with PTSD
h. Nunnink et al. (2010) Female veterans of the OEF.OIF conflict: Concordance of PTSD symptoms and substance misuse.	This study investigate the rates of comorbid PTSD and substance abuse in a group of female veterans.	Questionnaires and quantitative researches.	36 female veterans	Of the 36 samples, 11 (31%) screened positive for PTSD, 17 (47%) screened positive for high-risk drinking and 2 (6%) screened positive for drug abuse.	To help the health workers and the whole society to pay attention to the female veterans PTSD symptoms and their increasing mount and rate of drinking.

5 RESULTS

In this chapter, the answers of research questions are given as a result of literature view. Since the research questions were answered separately: the Sub-chapter 5.1 categorizes the veterans' experiences in OEF-Afghanistan or OIF to three themes: environment, physical experience, psychological feeling. Sub-chapter 5.2 summarizes the influences on the veterans' PTSD symptoms. Although the two questions were answered separately, in the discussion part, the relation between them and the indication would be discussed.

5.1 The veterans' experiences in the Operation Enduring Freedom-Afghanistan and Operation Iraqi Freedom since 2001-2010

5.1.1 Environment

Half of the studies mentioned about the environment in Iraq or Afghanistan, including temperature, diet, ubiquitous insurgents etc. The weather in Iraq was terrible, temperature stayed up 120 °F (48.8 °C), sometimes even more than 140 °F (60°C). Because of the high temperature, the water came from the buffalo was so warm that it was 110 °F (43°C) and it tasted like chlorine. Not only the water, the food the veterans ate were always MRE (meals ready to eat). There was sand everywhere thus everything was wrapped by dust. Even the weather was like this, the soldiers and service members often lived without shower. (Feczer & Bjorklund 2009, 285; Scannell-Desch & Doherty 2010, 6.) Housing conditions in Middle East war field was even worse: tent, trailer, or

plane were there resting places and workplace. A veteran described her house was like “box” (Scannell-Desch &Doherty 2010, 7).

However, the weather, the food, or the houses were not worse than the life-threatening situation in Iraq and Afghanistan. The most scaring was the tense in the air since the suicide bombers and insurgents who pretend to be civilians were too difficult to recognize, this was the special stress of the OEF and OIF, just as a combat veteran said “You don’t know who is an enemy” (Jerome et al. 2004,100). The bullets were flying everywhere, the tracer fire was all over, and the explosion may happen anytime. (Jerome et al. 2004,100; Eliscu 2008,60.) It was entirely possible that their friend was joking to you a couple of minutes ago, but now he’s dead.

For service members, for example, the health care providers who took care of the detainees, American soldiers, insurgents and so on, the conditions, materials and stuff of the workplace were far away from satisfaction. A nurse of the OR said that the OR was just set in a tent, without many devices missing. (Scannell-Desch &Doherty 2010, 7.)

5.1.2 Physical experiences

5.1.2.1 The scene, the smell, the sound of the war

The scene in the battle field was chaotic: the shard of the bombs scattered everywhere, the body part of persons lied there look like “chunk of meat”, blood can be seen everywhere. Veterans in two studies recalled that the smell of the war was the mix of body odor (because of not bathe),sewage and blood. ([Scannell-Desch &Doherty 2010,6](#)).

The sound of the war was deemed as the sound of the helicopters by the veterans in half of the studies. Some veterans described as “I’ll always remember”. Some veterans also hated or scared of the sound of explosion and alarm. Because of the sound, sleep is difficult during the war even you are off the shift, the alarm with the command “clear” could start at any time to avoid an explosion. ([Feczner & Bjorklund 2009, 285](#); [Eliscu 2008, 59](#).)

5.1.2.2 Combat experiences



Picture 2: Iraq battle field ([Referred to 30.6.2010]).

In one study, the combat exposure' correlation with PTSD symptoms were evaluated by the instrument combat exposure scale (CES) which contains 15 terms self report. The combat experiences such kill an enemy, fire the weapon to the enemy or friend, witness of injuries or death. (Pietrzak et al. 2010, 325) And the higher the score, the more possibilities to suffer PTSD. In the 3rd study, the veteran encountered the ambush (Jerome et al.2004, 102). In other study, the veteran told about his experiences encountering three insurgents and a combat in Fallujah causing 71 American soldiers death, more than 600 wounded. (Eliscu 2008, 59)

As the author mentioned above in the beginning, by 2009, more than 35,000 got physical injured ([U.S. reaches milestone of 5,000 deaths in Iraq and Afghanistan wars, 2009](#)). The wounds and injuries could be any place of the body: some were shot, someone's limb were blown off by the mortar attack or stepping on the Improvised Explosive Device, some got blind because of the shard of the bomb, some may suffer hearing loss as a result of the sound in the battle field. ([Jerome et al. 2004, 98](#); [Eliscu 2008, 56](#); [Feczer & Bjorklund 2009,286](#); [Scannell-Desch &Doherty 2010,5.](#))



Picture 3: Witness of the death and injury (US Navy seals. com. [Referred to 30.6.2010]).

5.1.3 Psychological feelings

The feelings during the war fabricated together can push a military member to the brink of meltdown. The feelings were mainly compassion, anxiety, panic, empathy, pity, painful and even shock. The shock usually first came from the witness of injuries or death of a close friend and bloody scene. (Feczer & Bjorklund. 2009). In one study, a military nurses showed her feelings as

“I was scared, I always had 9-mm handgun in my shoulder holster, even in the OR, I never took it off. I always had clips of bullets loaded it, too. It always with me.” (Scannell-Desch & Doherty. 2010,9)

Although there were scandals about the abusing the prisoners, there were still a lot of veterans who showed empathy towards the civilian and children.

As a result of the abusing prisoners scandal, the military members' work was highly scrutinized by the society and public globally, which made them extra stressful (Feczer & Bjorklund. 2009,288; Pietrzak et al. 2010,325). However, the feelings during the war were not only negative responses. The kinship and military friendship was built up. They relied on each other and trusted each other. A very good team work was shown in the activities. Many veterans thought that this friendship built in the life-threatening situation is real friendship. (Jerome et al. 2004,99; Eliscu 2008,58.)

5.2 Influences on the PTSD symptoms on the veterans returning from Iraq and Afghanistan

5.2.1 Change way of thinking and mental problems.

In all the studies, the veterans' avoidance and numbing symptoms were mainly expressed as they lack of goal and motivation (Jerome 2004; Pietrzak et al. 2010; Killgore et al. 2006; Eliscu 2008; Vasterling et al. 2008; Feczer & Bjorklund 2009; Scannell-Desch &Doherty 2010).Because they thought they had been through the worst situation, and nothing is important anymore. Many veterans believe "to be alive" is more than enough, and they didn't want to do or consider anything else.

Three of the studies' veterans reported difficulties to get back to their normal life, and felt detached from their families (Feczer & Bjorklund 2009, 287; Scannell-Desch &Doherty 2010,9;Pietrzak et al. 2010,326). Besides, in two studies, the veterans felt themselves useless and depressed (Feczer & Bjorklund 2009,288).

Among the expression of hyper-arousal symptoms, the most typical is the sleeping disturbance for the veterans. In the review of the eight studies, each of them reported that the veterans suffer from sleeping disturbance. It took them many hours to sleep, even if they can fall asleep, the time of the sleep was short with an average 3-5 hours, and they woke up in the nightmares (Jerome et al.2004,101;Eliscu 2008,59; Pietrzak et al. 2010,325; Vasterling et al. 2008,350; Feczner & Bjorklund 2009,288). Another special expression on the veterans is their over-alert responses to something, they felt unsafe, some of them thought others as potential enemies, and some of them said that they put the gun under their pillow. (Jerome et al.2004, 100; Eliscu 2008,59; Pietrzak et al. 2010,326.)

5.2.2 PTSD and somatic problems

In one study, the association between the PTSD and health functioning was mentioned: that PTSD can exacerbate somatic symptoms such as fainting, palpitation, gastrointestinal problems and other illness. (Vasterling et al. 2008, 349.)

In two studies, some veterans re-experienced the war mainly by the stimuli of weather, sound, smell and scene. The hot weather reminded them the weather in Iraq, the thunderstorm took them back to the explosion, the sound of helicopter made them feel like in Iraq, the blood and meat reminded them the body parts blown off in Iraq. All these could possibly make them sick. ([Scannell-Desch &Doherty 2010, 8](#); [Jerome et al.2004, 99](#)) But some veterans also re-experienced the war scene without stimuli, the intrusive image just appeared. One veteran reported that the picture of he was shooting the enemy suddenly came to his mind. ([Eliscu 2008, 58](#); [Pietrzak et al. 2010, 325](#))

In the study done by Killgore (2006) also mentioned about the somatic symptoms, the results proved that the veterans with PTSD caused by combat experiences complain of more physical problems than the affective symptoms. And this greatly reminds the health care providers to notice some possible PTSD veterans with few affective complaints, such as depression and anxiety.

5.2.3 PTSD and substance abuse

The PTSD often comorbid with substance abuse. In one study, the concordance of PTSD symptoms and substance abuse was testified among the female veterans who coming back from the OEF /OIF. The results showed that the relationship between the alcohol abuse and PTSD, and they were positive related. ([Nunnink et al. 2010, 655](#))

6 DISCUSSION AND LIMITATIONS

6.1 Discussion of the results

Through the literature review of the eight articles, the experiences of PTSD sufferers are categorized as environment experiences, physical experiences, and psychological experiences during the Iraq and Afghanistan war. These experiences influenced many veterans' post-war life, and induced a series of PTSD symptoms which were very typical and common for veterans. In general, the symptoms can be avoidance, re-experiencing, hyper-arousal, sleep problems, and also many of them have somatic problems. However, the symptoms can be very minor and specific which were not easy to find or understand, for examples, some veterans who witnessed the broken part of body, can't eat or see the chunk of meat. To be sensitive to these and to be aware of their experiences deeply is very important to help them launch to the early consultation and treatment.

In the previous studies about the experiences of veterans, the combat exposure was mostly mentioned. In the combat, lost of friend, witness of death, fire of the weapon was mostly seen as PTSD risk factors. But compared with the combat exposure, the terrible general environment and their psychological and emotional feelings were less noticed. So veterans without combat exposure were less noticed, as well as their PTSD. Only two studies wrote about this: because of the environment in Iraq and Afghanistan, not only the combat exposure veterans were prone to get PTSD, but also the service members were shocked (Feczner&Bjorklund 2009,286; Eliscu 2008,60).

After the deployment, many similar scene, smell, or sound of the war could make them re-experience the war, therefore make them feel sick, not only mentally but also physically. Many veterans thought the life was not like before, and their way of thinking was changed. They turned to be numb and lacked of goal and motivation. Actually not all the feelings towards the war were negative, the kinship and banding built in the war was deemed as real friendship. Killgore et al. (2006) mentioned in the study about their relying on each other. So when they came back to the normal life, this can be a barrier, many of them would be quite cold and without interest to others since there was not more real kinship like that. There even were scandals concerning the abusing prisoners and sexual assault, veterans in one study proved that many of the veterans were still kind and empathy towards the civilian.

In fact, the experiences discussed in this thesis are still limited, even though they were obtained and summarized by literature review. For example, the sexual assault experiences and the abusing prisoners' or being abused experiences were unfound, no record about the veterans talking about this kind of experiences. Their psychological feelings towards these were unknown.

In all studies, veterans' typical PTSD symptoms were discussed. However, it is possible that PTSD symptoms co-happened with other symptoms, and the PTSD was unnoticed. In two studies, the expression of PTSD can be also noticed from the somatic symptoms; a relationship between them was established. The comorbidity of PTSD with substance abuse was discussed in one study, but further detection on the reasons is needed.

For every kind of PTSD, whatever the veterans' PTSD, the PTSD caused by the sexual harassment, or catastrophe caused PTSD, has the specific and typical symptoms. It is very necessary and important to know the certain group of symptoms, therefore in the observation, the family members of suffers and health care staff would be alert to those minor symptoms.

6.2 Limitation

The limitation is mainly from the filtration of the articles when collecting data. Some articles were excluded due to the research method or the limited access to some articles, or only abstracts exist. Besides, the population who served for Iraq and Afghanistan was large; this study just examined several thousands of them via the articles review.

Thus there were three possibilities to generate bias, in the first place, it's quite possible that the some samples have participated different researches, so the results of different researches are so similar, secondly, there are so many veterans who are reluctant to face their PTSD or they are not diagnosed, so their experiences, psychological status, and health functioning are unknown. Thirdly, even some veterans participated in the researches concerning their experiences in the war, some experiences were kept secret. For example, the sexual assault experience, it's entirely possible to have been through this. However, it's very difficult to find the veterans who were interviewed mentioned about their sexual assault experiences, both male and female veterans.

6.3 Health care practice and PTSD

6.3.1 Barrier to treatment

This thesis provides a sample of generalized experiences and PTSD symptoms among the veterans so that the health care workers could predict the risk factors, detect their PTSD symptoms on time, and provide earlier and more effective interventions.

The veterans' barrier to seek treatment for their mental problems was mentioned in six articles. Although this is not the main topic of this thesis, the author would like to explain this aspect, so as to help the health workers in the practice. The main barrier they don't go for help is: as military members, they can't be weak like that. Besides, in one study, a veteran said about the PTSD: "If you are going to psychiatric clinic for PTSD, they look at you like you are crazy."

Although this thesis tried to list as many as possible the veterans' experience in the OEF and OIF, the various experiences still can't be totally illustrated, and the impact of the expression of PTSD symptoms is not fully explained because of the limitation of the research method and access to some studies. But in the health care practice for the veterans with PTSD, the experiences of the veterans are not exactly the same because of duty and gender differences, everyone has their own experiences which would possibly affects the expression of their PTSD symptoms. Therefore the nurses have to consider the evidence-based nursing for different kinds of experiences and symptoms.

6.3.2 Nurses involved PTSD treatment

For the nurses apart from the U.S, the veterans with PTSD are not commonly seen in the psychiatric units. But the PTSD didn't exist only among the veterans, as well as the natural disaster survivors, terrorist attack survivors and raping victims. The experiences of each of these groups are different; the expression of PTSD symptoms on each group of survivors may not be the same. But it's still important to get to know the experiences and give the empathy.

In the psychiatric unit, the nurses are usually the first to contact with the patients. The preliminary assessment could be made by the nurses. In order to make more meaningful assessment, it is better to know their possible experiences as much as possible. This knowledge can be either gained from films and books or experiences gained from other veterans. Another important point which needs to be aware of is: the experiences need to be heard with skepticism. Some individuals may pretend to have symptoms for some reasons.

After this, an interview can be conducted; the interview is always an important step. During the interview, though the therapists have known the specific knowledge, they must acknowledge the veterans' expertise and encourage them to present the information. In this step, there would be great value if a positive therapeutic relationship is built, it will help to insure the well-implementing of the treatment plan.

In psychiatric unit, the communication skills are essential skills for the health care staff. A better communication would help to gain more information. During the talk, it is important to let the patients talk instead that the staff talk much. If the patients don't want to talk, first allow the silence and then a little related topic can be given, ask "why" to the patients, such as "why do them feel so". The staff has to acknowledge the experiences the clients have and show the respect and empathy to the clients.

Usually, a multidisciplinary treatment team is formed by the psychiatrists, psychologists, other therapists, social work and nurses. As nurses, the main role is to gather information instead of diagnosis and to make treatment plan. Nurses should follow the treatment plan, and communicate with other team members when there are problems. The nurses' role is mainly to gather information and brief to others. It is not advised to interrupt the treatment just by our own view, a comprehensive consideration is desirable.

Nurses are responsible for the patient care and 24-hour patients' behavior observation. The monitoring serves a lot of helps for evaluating the intervention and managing the patients. The observation means to see, to feel, to hear, and even to smell, aims to gather as much as information for the team members to make diagnosis and treatment plan. Although the patient's self-report is essential for the treatment intervention, the nursing report is more objective. Since many PTSD patients reported sleep disturbance, the methods promoting sound sleep should be considered into the nursing plan.

As mentioned in the thesis, many PTSD patients may have the symptoms of somatic symptoms such as fainting, gastrointestinal pain and so on. But for the patients, many of them were not aware that somatic symptoms are the expression of PTSD, and the somatic pain is caused by their mental problems. As a result, the somatic health problems adversely intensify their anxious, depression, or scary. Therefore, when the nurses meet the patients with PTSD who also have physical health problems, we have to be more sensitive to this situation and report to the team members, so the psych-education can be given. Or we can give a basic consultation on this.

Usually in the psychiatric units or day clinics, therapeutic therapies are conducted to help the patients improve their skills to make them to express themselves. Some activities can be lead by the nurses, such as creative therapies, art therapies, theme therapy as so on. In these therapies, the nurses have to observe the patients' responses, encourage and motivate the patients to express themselves and take part in the activities, and enjoy themselves. But the nurses are not allowed to force the patients to do these activities.

Since the Cognitive Therapy is considered the most effective psychological therapy. The nurses can give cognitive therapy as well. The cognitive therapy can teach the sufferers that their thoughts can affect their feelings and behaviors, therefore by modifying the negative and unhelpful thoughts to gain health mental state. The nurses can teach the patients to evaluate and modify their way of thinking.

In the psychiatric settings, among all the team members, the nurses are the group that has the most interactions with the patients. So it would be a great value if the nurses can be alert with the patients' PTSD symptoms, then the early intervention which is the earlier, the more effective would be launched.

7 CONCLUSION

This thesis applies the method of systematic literature review to investigate the veterans' experiences at OEF/OIF. The articles that fulfill the criteria were quite few, and 8 articles were selected to answer the research questions.

The veterans' mental health problems are calling the society's attention. The war-related experiences gave them special trauma which caused the PTSD. PTSD incidence is the highest among the veterans returning from OEF/OIF. Their experiences are various and affect their mental health and symptoms.

The aspects of their experiences lie on environment, physical experiences and psychological feelings. Their expressions of PTSD symptoms are categorized as re-experiencing, numbness and avoidance, hyper-arousal. Their expression of PTSD symptoms is closely related with their experiences in the war. Inquiring of their experiences in the war would help to discover their PTSD symptoms. Otherwise the PTSD symptoms would be ignored. It is worth to notice that the expression of PTSD symptoms beyond the mere symptoms of diagnostic criteria, the PTSD may also affect the somatic symptoms. Since PTSD co-morbid with other disorders, the symptoms of other problems may cover the PTSD symptoms. For health care workers, this should be noticed.

The investigation of the relationship between traumatic experiences and expression of PTSD symptoms among the veterans remind us that for different kinds of traumatic survivors, an inquiry of the experiences is indispensable, and observation of the victims' symptoms is necessary. These would help the relatives and psychiatric unit nurses to discover the patients problems and launch an earlier, better, and more effective interventions.

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