

# Toils After War: A Study of Media Portrayals of Veterans and of How PTSD Affects Employment, Family Life, and Continuing Education in Overland Park, Kansas

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# Toils After War: A Study of Media Portrayals of Veterans and of How PTSD Affects Employment, Family Life, and Continuing Education in Overland Park, Kansas

## **Abstract**

The nature of this survey is to look at veteran's issues in a general note, so as to get an idea of possible solutions to help veterans. The specificity and more recent nature of PTSD awareness and veterans issue has led to a dearth of research into the social implications of such issues in the social sciences. This is a necessary area for improvement, one that this study will hopefully provide. The results, while only generalizable to veterans in JCCC, showed an importance in family, concerns in employment and healthcare. All of these require further research.

## **Cover Page Footnote**

The Faculty Mentor for this project was Corbin Crable, Journalism.

# Toils After War

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A STUDY OF MEDIA PORTRAYALS OF VETERANS AND OF HOW PTSD AFFECTS EMPLOYMENT, FAMILY LIFE, AND CONTINUING EDUCATION IN OVERLAND PARK, KANSAS.

“America tends to forget wars quickly, especially since such a small percentage of the population served.” -Veteran

Alexander Rawson  
JCCC |

## **Introduction**

As a society, many Americans sympathize with the plight of the military veteran—from the simple “thank you for your service” to the “military discount” at restaurants. All the while, the Veteran’s Affairs Hospital was constructed specifically to give assistance to returning soldiers with problems that most citizens do not normally face. To the average American, veterans hold a venerated place in society. Sixty-one percent of veterans believed that the public supported Afghanistan and Iraq veterans (2014 IAVA Member Survey). Yet, despite all of this, many veterans still have trouble transitioning to civilian life.

The 2014 Iraq and Afghanistan Veterans of America (a non-profit focusing on veteran’s issues) member survey found that 70% of veterans did not think that the public actually understood the sacrifice made by veterans and their families. Out of 2.8 million veterans, the survey found that the top 3 areas of difficulty while transitioning to be employment (28%), loss of identity (19%), and mental health concerns (17%); when it comes to mental health concerns, 73% of veterans believed not enough was being done.

To this end, I have constructed this survey to gauge ways we can assist veterans in the transition to civilian life at societal and interpersonal levels, including media coverage. Areas such as family life, the workplace, and media will be examined to discern what each can better do to help. It isn’t a question of whether we have done enough, it is a question of what we haven’t done, and where we need to make improvements.

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issues in the social sciences. This is a necessary area for improvement, one that this study will hopefully provide. The results, while only generalizable to veterans in jccc, showed an importance in family, concerns in employment and healthcare. All of these require further research.

## **Background**

Previous research has provided a baseline needing further study. A psychological study from the University of Maryland provides a good look at the stigma associated with veterans. Hipes, Lucas, and Kleykamp ran a laboratory experiment looking at the general public's general aversion toward veterans (2014). They measured people's agreeableness with an actor (playing as either a civilian, a veteran who was not deployed, a veteran who was deployed, or a veteran with PTSD). The results showed:

[...] that previous contact with veterans reduces the status loss associated with a PTSD label. Perhaps those in close contact with veterans have had positive interactions with veterans with PTSD, and the PTSD label thus does not signal to them diminished competence on tasks. Or, participants who know many veterans may be military personnel or veterans themselves, or come from military families, both of which our demographic measures did not assess. Another possible limitation is that we indicated the partner had PTSD by saying that he had been hospitalized for the condition. We might expect reactions to the partner to be different had we not indicated that his PTSD was severe enough to require hospitalization. Further research manipulating these characteristics could be useful in assessing the impact of a PTSD label apart from hospitalization. (Hipes et al. 2014)

While the results are not conclusive, considering the lack of further research, it does provide a general starting point. They also noted that merely being deployed led to status loss (Hipes et al. 2014).

Along with this, specific issues have been noted. An audit study by sociologist Meredith Kleykamp (University of Kansas) in 2010 noted that despite the general belief that service provides a jumping off point in getting a career, there is little evidence of this being true. This also compares with the IAVA survey, which noted that, at the time of the survey, only 53% of veterans had been employed, with 77% stating they had suffered from unemployment at some point after serving.

## Theoretical Framework

There are a number of general theories that can provide valuable insight into transitions into civilian life. These theories include Emerson and Messinger's *Micro-politics of Trouble*, Erving Goffman's *Moral Career of a Mental Patient*, Agenda Setting theory, and Pierre Bourdieu's concept of Social Capital. The following provide key points of analysis for looking at a veteran's transition, especially in the case of those who may have PTSD.

### *Moral Career of a Mental Patient*

Erving Goffman originally developed what he described as the "Moral Career of a Mental Patient" through his ethnographic works (1961). In it, he described that those who have a mental illness often undergo three distinct phases: pre-patient, in-patient, ex-patient. The first phase follows when a person slowly learns they have a mental illness and the second phase discusses the process as a person enters a hospital of some kind and is diagnosed. Goffman did not go into detail about the 'ex-patient' stage, but described it as the summation of interactions as others deal with this new identity (as a person with a mental illness). Goffman described the moral career as "the regular sequence of changes that career entails in the person's self and in his framework of imagery for judging himself and others" (qtd in Mollie 38).

Rubin Mollie expands this model by acknowledging that, while people in certain scenarios may go through similar stages (he describes as pretreatment, treatment, and posttreatment), individuals may still go through differing trajectories. Identifying these trajectories and the factors that lead to these trajectories will be a major focus of my analysis.

### *Micro-Politics of Trouble*

Emerson and Messinger provided an interactional model for looking at issues that occur in people's lives. The model looks at "the processes whereby troubles are identified, defined, responded to, and sometimes transformed into a recognized form of deviance" (Emerson and Messinger 121). After someone recognizes a problem, they will look for some kind of "remedy." Of course, certain problems can't be solved by the individual person. These are called relational troubles, "those in which remedial efforts are addressed to another in a recognized relationship with the troubled person" (Emerson and Messinger 123).

Many of the "trajectories" I hope to identify will be noted by finding the ways that people react with third-party groups, such as friends and family, the VA, and employers. In bringing in assistance, the "complainant [announces] the presence of trouble by seeking remedial action" and another party is described as the "troubleshooter" (Emerson and Messinger 126). Depending on a number of factors, a person may come to agree with the possible remedy offered by a troubleshooter, or disagree with the troubleshooter, or begrudgingly give in to the decision. All of this is based on whether the person "accepts the other's version of what is wrong" (Emerson and Messinger 125). The "frame of reference" of the troubleshooter may also come into question, as a doctor will tackle a conflict or deviance differently than a police officer or a judge.

### *Agenda Setting Theory*

Media scholars developed agenda setting theory to explain the effect of news media and public opinion. The theory was first hashed out by Maxwell McCombs and Donald Shaw after noticing a high correlation between the issues the public considered important and the issues discussed in the news. This theory has expanded, looking at how the news can affect public opinion. The media can either focus on “certain objects and issues” or on “certain attributes (characteristics or traits) of the objects and issues” (Sage Encyclopedia). Recent studies have also looked at the type of associations that people make between issues related to the “configurations of issues and attributes” drawn on the news.

This can help to understand the impact that the media can have on public opinion of veterans and issues they focus on. Stigmatization of veterans may not be immediately made by the news, but particular associations the news posit can create the door for widely held assumptions and views towards veterans. An association can be drawn as the media focuses on only a certain set of issues, but also by featuring particular portrayals of veterans while discussing those issues. This creates a certain association that people make.

### *Social Capital*

Sociologist Pierre Bourdieu outlined the theory of social capital to explain the importance of social bonds in our daily lives. Social Capital can be conceived as “ ‘the aggregate of actual or potential resources linked to possession of a durable network...’ that can be drawn upon by group members” (qtd in Carpiano 2007). The understanding is that certain social networks can become a form of support in times of crisis. Importance comes in how social capital is accrued through these networks. Not only does it include ones bonds to others, but also the trust one has in these bonds.



This theory can help understand the importance of family, friends, and other relationships in assisting veterans better transition to civilian life. This also can help explain how social capital may be lost, as veterans and civilian relationships get severed. Veterans may believe that their family does not understand what they are going through, ruining the level of trust needed to access resources.

### **Research Question**

This study seeks to answer multiple questions about the possible links between PTSD and veteran status; willingness to seek and use resources that will assist in better transitioning to civilian life; and media influences on the VA, the workplace, and how veterans view both.

- *Social capital*: How does one's veteran status cause a veteran to distance or strengthen ties with family members and friends? How strong are the ties that bind the veteran with his or her unit throughout civilian life? How do the connections made with unit and family members offer support at various points as veterans' transition into civilian life — focusing on employment opportunities and access of healthcare?
- *Healthcare*: How does the media portray veterans and the VA in its news and feature coverage? Does this coverage influence veterans' opinion of the VA? Do veterans believe that media coverage of the VA steers them toward alternative resources for coping with PTSD or PTSD symptoms? Does a connection exist between VA coverage and a veteran's willingness to work with the program itself? How helpful are the alternative resources to veterans' overall well-being and transition into civilian life? Does a veteran's willingness to work with the program have a negative effect on his or her well-being?
- *Employment*: Does a connection exist between a veteran's hesitation to disclose to employers his or her PTSD or veteran status and the ability of employers to accommodate

the veteran in the workplace, and if this may lead to unemployment? Does a connection exist between the destigmatization of PTSD and veteran status, and a veteran's personal willingness to disclose this information that may aid in providing necessary accommodations? Is there correlation between the media's portrayal of veterans and treatment during employment? Does a connection exist between period of unemployment and strain on family relationships? Does a connection exist between gender roles and periods of stress during unemployment?

## **Methods**

To conduct this study, we e-mailed a survey through the Veterans and Military Resource Center at Johnson County Community College. Kena Zumalt, director of the program, e-mailed a total of 334 potential respondents. All respondents were kept anonymous.

The survey questions only looked at basic demographic information (including age, race, gender, and number of members in the respondent's household); information about a person's military career; perceptions of the media and how respondents' military careers and possible Post-Traumatic Stress may have affected their employment opportunities, healthcare, treatment, and family life. We used Survey Monkey to disseminate the surveys and perform basic analysis of the data.

We sent the survey on Oct. 18, and respondents had two weeks to complete the survey. I received 67 responses, with one response removed as it was outside of the population in question. This led to a response rate of 19.76 percent. Variables to analyze consisted of Personal, Interpersonal, and Societal (looking at media stigmatization). Personal variables

consist of specific actions of veterans, Interpersonal consists of actions between individuals and the veteran, and societal variables look at norms and expectations which may affect individuals.

Personal variables analyzed: First, did the veteran attempt to use alternative resources before going to the VA, or not go to the VA at all. This period could be described as pre-treatment, looking at self-help tactics. Next is the duration of time a veteran took before going to the VA and their general opinion of the VA. After that, whether the veteran distanced themselves from their family and friends. Looking at employment, there is also the question of whether a veteran was willing to disclose information to their employers.

Interpersonal variables analyzed: First, there is the preparedness of the family/friends as they assist the veteran in transitioning back to civilian life. Next, the relation between the veteran after deployment, and whether they stay in contact with their unit. Finally, interactions with the employer, whether there is conflict between employer and veteran.

Societal variables analyzed: This section looks specifically at the media as a guiding force in conversation and daily life. This includes how the media affects awareness of veteran's issues, how the media creates possible stigmatized images of the veteran, and how the media may influence views on resources a veteran may use otherwise (the VA).

## **Results**

After compiling the data, a number of crosstabulations were run to assess key issues and areas for improvement. A Chi Square test was done to test possible connections between variables. Certain assessments provided results that were promising but require further research (p-value < .1), others showed significant results (p-value <.05). It should be noted that the

hyperlocality of the results, the specificity of the sample population, should not be assumed to match the general population of veterans across America, nor even across Kansas.

**H1: Is there a connection between whether a veteran distanced themselves from their family, and whether their symptoms improved over time?**

The Null Hypothesis was that there was no improvement of symptoms relating to a veteran's social distance to their family. The Alternate Hypothesis was there was some change in intensity of symptoms relating to a veteran's social distance to their family.

The Chi-Square test did not provide significant results ( $p\text{-value} = .481$ ). For this reason, I failed to reject the null hypothesis.

**H2: Is there a connection between whether a veteran distanced themselves from their family, and the duration of time before going to the VA (relating to PTSD)?**

The null hypothesis was that there was no change in duration of time before going to the VA and whether a veteran distanced themselves from their family. The alternate hypothesis was a difference between the two.

The Chi-Square test did not find significant results ( $p\text{-value} = .731$ ). For this reason, I failed to reject the null hypothesis.

**H3: Is there a connection between duration of time before going to the VA and easing of symptoms, if they had PTSD?**

The null hypothesis was that there was no change in duration of time before going to the VA and easing of symptoms. The alternate hypothesis was that there was a difference between the two.

The Chi-Square test did not find significant results ( $p$ -value = .578). For this reason, I failed to reject the null hypothesis.

**H4: Is there a connection between whether a veteran sustained ties with their unit and the duration of time before going to the VA, for PTSD related issues?**

The null hypothesis was that there was no change in if a veteran sustained ties with their unit and the duration of time before going to the VA, for PTSD related issues. The alternate hypothesis was that there was difference between the two.

The Chi-Square test did not find significant results ( $p$ -value = .461). For this reason, I failed to reject the null hypothesis.

**H5: Is there a connection between whether a veteran experienced a period of unemployment at some point in their life and whether their symptoms improved over time (relating to PTSD)?**

The null hypothesis was that there was no change in if a veteran had experienced unemployment at some point in their life and whether their symptoms eased over time. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found promising results of a relation existing between unemployment and improvement over time ( $p$ -value = .071). For this reason, I tentatively reject the null hypothesis. It should be noted that promising does not mean ultimately beneficial, but that there is some connection between the two.

**H6: Is there a connection between whether a veteran worked with the VA in a positive manner and whether their symptoms improved over time?**

The null hypothesis was that there was no change in symptoms relating to general opinion of the VA. The alternate hypothesis was that there was difference between the two. This variable was used under the assumption that if a veteran was willing to work with the VA in a positive manner, they would generally value the VA and their treatment. This is an imperfect variable, as it does not account for other factors that may affect their opinion, such as poor treatment by staff or scandals.

The Chi-Square test did not find significant results ( $p\text{-value} = .815$ ). For this reason, I failed to reject the null hypothesis.

**H7: Is there a connection between media awareness of veteran's issues and negative coverage of military PTSD?**

The null hypothesis was that there was no change in negative coverage of military-based PTSD and whether the veteran believed there was growing media awareness of veteran's issues. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found promising results of a relation existing between media awareness and negative coverage (.058). For this reason, I tentatively rejected the null hypothesis.

**H8: Is there a connection between negative coverage of military PTSD and likelihood of a veteran going through some period of unemployment?**

The null hypothesis was that there was no change in negative coverage of military-based PTSD and whether the veteran believed there was growing awareness of veteran's issues. The alternate hypothesis was that there was difference between the two.

The Chi-Square test did not find significant results ( $p\text{-value} = .913$ ). For this reason, I failed to reject the null hypothesis.

**H9: Is there a connection between whether a veteran, with or without PTSD, was willing to disclose relevant information to their employer relating to possibly necessary accommodations and unemployment?**

The null hypothesis was that there was no change in unemployment relating to whether a veteran, with or without PTSD, was willing to disclose relevant information to their employer relating to possibly necessary accommodations. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found promising results of a relation existing between media awareness and negative coverage (.060). For this reason, I tentatively rejected the null hypothesis.

**H10: Is there a connection between whether a veteran sustained ties with their unit and easing of symptoms, if they had PTSD?**

The null hypothesis was that there was no change in if a veteran sustained ties with their unit and whether their symptoms. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found promising results of a relation existing between continued ties with the unit and possible easing of systems( $p$ -value = .078). For this reason, I tentatively reject the null hypothesis.

**H11: Is there a connection between whether a veteran used alternative methods to deal with PTSD and whether they delayed seeking assistance with the VA due to stigma associated with it?**

The null hypothesis was that there was no change in use of alternative methods to deal with PTSD and if stigma led them to delay seeking assistance with the VA. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found significant evidence of a relation between VA stigma and use of alternatives for treatment ( $p$ -value = .050). For this reason, I reject the null hypothesis.

**H12: Is there a connection between the duration of time before going to the VA for treatment, relating to PTSD, and use of alternatives for treatment?**

The null hypothesis was that there was no change in the duration of time before going to the VA for treatment, relating to PTSD, and use of alternatives for treatment. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found significant evidence of a relation between the two variables ( $p$ -value = .001). For this reason, I reject the null hypothesis.

**H13: Is there a connection between media stigma towards the VA and the veteran's general opinion of the VA as a whole?**



The null hypothesis was that there was no change in the perceived media stigma towards the VA and the veteran's general opinion of the VA as a whole. The alternate hypothesis was that there was difference between the two.

The Chi-Square test did not find significant results ( $p\text{-value} = .468$ ). For this reason, I failed to reject the null hypothesis.

**H14: Is there a connection between the duration of time before going to the VA for assistance and preparedness of families for the return of the veteran to civilian life?**

The null hypothesis was that there was no change in the duration of time before going to the VA for assistance and preparedness of families for the return of the veteran to civilian life. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found significant evidence of a relation between family preparedness and how long it took before a veteran went to the VA ( $p\text{-value} = .041$ ). For this reason, I reject the null hypothesis.

**H15: Is there a connection between whether a veteran's family was prepared for the veteran's transition back to civilian life and whether a veteran distanced themselves from their family?**

The null hypothesis was that there was no change in whether a veteran's family was prepared for the veteran's transition back to civilian life and whether a veteran distanced themselves from their family. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found significant evidence of a relation between family preparedness and whether a veteran distanced themselves from their family (p-value =.014). For this reason, I reject the null hypothesis.

**H16: Is there a connection between whether a veteran was willing to disclose relevant information to their employer relating to possibly necessary accommodations and whether a veteran described their experience with their employer as positive or negative?**

The null hypothesis was that there was no change in whether a veteran described their experience with their employer as positive or negative and whether a veteran was willing to disclose relevant information to their employer. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found significant evidence of a relation between disclosure and experience during employment (p-value =.049). For this reason, I reject the null hypothesis.

**H17: Is there a connection between whether a veteran can support their family after becoming unemployed and the level of stress they felt during that time?**

The null hypothesis was that there was no change in whether a veteran can support their family after becoming unemployed and the level of stress they felt during that time. The alternate hypothesis was that there was difference between the two.

The Chi-Square test found significant evidence of a relation between inability to support family and stress (p-value =.026). For this reason, I reject the null hypothesis.

## **H18: Is there a connection between social distancing and family preparedness and whether a veteran can support their family?**

The null hypothesis was that there was no change in whether a veteran can support their family after becoming unemployed and the level of stress they felt during that time. Alternate hypothesis 1 (AH1) was that there was difference between social distancing and ability to support family. Alternate hypothesis 2 (AH2) was that there was a difference between family preparedness and ability to support family.

The Chi-Square test did not find significant results for AH1 (p-value = .530), nor AH2 (p-value = .364). For this reason, I failed to reject the null hypothesis.

## **Discussion**

The data raises a number of interesting questions and startling results. For one, it highlights the importance of family to veterans. Family preparedness had an influence on whether a veteran felt their relationship with their family became strained during the transition to civilian life, along with providing a necessary link towards going to the VA. Relating to Emersen and Messinger, the family becomes a key troubleshooter as they are one of the easiest to identify Post-Traumatic Stress as a problem, specifically a relational problem. It could be said that after identifying this problem, or subsequent other problems, this then activates the veteran's social Capital by showing cause to need assistance. This can especially be seen by the importance of connection to a veteran's mates from the army, navy, air force to later improvement of symptoms.

Another area of concern relates to the importance was the general view of the media by most veterans. What was implicated by the data was actually quite interesting. When it came to

veteran's issues, those who noted harsh negative stigma by the media were more likely to assert the media did not offer awareness of veteran's issues. This denotes that where the media creates harsh stereotypes of veterans, often as ticking time bombs with PTSD, they ignore much of the genuine issues relating to veterans. While not conclusive, it is an important distinction to notice. Relating to the importance of the media, 82.76% of veterans believed the media had an obligation to accurately and honestly represent veterans' issues. At the same time, no veteran went to the VA for assistance because of the media. On a less sour note, this stigma had little effect on their general opinion of their time with the VA after they did get assistance.

When it came to the VA, there was startling results relating to improving symptoms of PTSD. Quite frankly, the most startling was the lack of connection between the VA and improvement. This was measured both by how long it took them to go to the VA and their general opinion of their time with the VA. This likely shows the importance of Social Capital in not only aiding veterans in areas beyond just mental health, but also for making sure a veteran perseveres through the program.

One of the more dire issues relating to veterans is employment and unemployment. Whether or not a veteran is willing to disclose information to their employer, it is important that employers work to make sure veterans feel welcome to disclose such information. Without this, employers are likely to interpret actions by veterans, especially those with PTSD, in a negative light. This had terrible effects on their experience while employed. Of even more concern is that this negative treatment also led more veterans to be unemployed.

While unemployed, veterans were more likely to feel stress. This stress was especially tied to their ability to support their families. This did not change whether a veteran distanced

themselves from their family, nor whether the family was prepared. This shows the importance of family to veterans.

## **Recommendations**

There are areas where we can improve in our treatment of veterans, much which has already been implied by the data:

- 1) Family members of returning veterans need to seek programs informing them how to assist their veteran as they transition to civilian life. While veterans are specially debriefed each time they return from a mission, their families are not. It is important that veterans and their families are given extensive debriefings to assist all of them.
- 2) Employers need to better work to accommodate veterans and provide an environment where veterans feel they can be open about concerns or issues.
- 3) News stations need to better portray veterans issues, along with avoiding any possible stereotypes that are currently harming their ability to inform the public.

## **Suggestions for further research and Conclusion**

Further areas of examination include going into further depth over issues of unemployment, social capital, and healthcare. When measuring social capital, I was unable to go beyond a rudimentary examination. Further research would include using models for measuring social capital. By building a particular variable relating to social capital, compiling their connections to their neighborhood, their unit, and their family, it would allow for drawing stronger connections to the importance of social capital in veterans issues. Ultimately, this was a

very broad survey, with much of what was covered deserving more breadth and detail in their own rights.

Relating to healthcare, basic measures of whether the VA was helpful were used. One area that was attempted to test was how willing a veteran was to work with the program. While a question was made to test this (Would you describe your experiences with the VA as positive or negative?) it ultimately was based on a particular assumption and did not go into enough detail. Further research should be made on the many variables that affect how a veteran perceives the VA during treatment, and if they continue with that treatment.

When it came to employment and unemployment, a particular question of importance that was only noticed afterwards was the duration of time a veteran was unemployed. This would have been important in measuring the importance of social capital in finding new jobs. Without this necessary part, the survey was lacking. It would also be pertinent to go into detail on the particular ways a veteran may not receive necessary accommodations, how their coworkers treated them, and how their bosses reacted to incidents, big or small.

The other point is that the sample in question was small and hyperlocal. It only looked at veterans in Johnson County Community College, and cannot even be generalized to veterans within Overland Park. It would be pertinent to run similar questions to the general populous in America. This holds especially true for questions which showed promising results ( $p\text{-value} < .1$ ), but required further testing, larger population. If those trends hold true, it would be key to look into those areas.

### **Concluding Remarks**

I believe this paper has shown key areas where we as a society need to work further to assist veterans everywhere. This paper is but a small step towards what needs to be a comprehensive effort to research ways to help those who are coming home. ‘Home’ for many veterans often looks very different when they return ‘home’. While the media is an essential informer to the people, often those who may not understand what a veteran is going through, it has clearly failed in key areas. Whereas veterans may not see direct ways that the media harms them, it is still the one that informs the public, politicians, activists. Where the news stigmatizes veterans, they fail to provide a necessary understanding to provide action. Our goal should be further research, further understanding — a critical lack of empathy that carries meaning to action. It is, in my opinion, this empathy that we owe to veterans.

## Bibliography

- 2014 IAVA Member Survey. Retrieved from [http://media.iava.org/IAVA\\_Member\\_Survey\\_2014.pdf](http://media.iava.org/IAVA_Member_Survey_2014.pdf)
- Bird, Chloe E., Peter Conrad, and Allen M. Fremont, eds. *Handbook of Medical Sociology*. 5th ed. N.p.: Nancy Roberts, 2000. Print.
- Richard M. Carpiano, Neighborhood social capital and adult health: An empirical test of a Bourdieu-based model, In *Health & Place*, Volume 13, Issue 3, 2007, Pages 639-655, ISSN 1353-8292, <https://doi.org/10.1016/j.healthplace.2006.09.001>.
- Emerson, Robert M., and Sheldon L. Messinger. "The Micro-Politics of Trouble." *Social Problems*, vol. 25, no. 2, 1977, pp. 121–134. *JSTOR*, JSTOR, [www.jstor.org/stable/800289](http://www.jstor.org/stable/800289).
- Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. N.p.: Penguin, 1990. Print.
- Hipes, Crosby, Jeffrey W. Lucas, and Meredith Kleykamp. "Status- and Stigma- Related Consequences of Military Service and PTSD: Evidence from a Laboratory Experiment." *Armed Forces & Society* 41.3 (2014): 477-95. *Sage Publications*. Web. This experiment showcases stigma toward military personnel, those who have been deployed, and those who have been deployed and have PTSD.
- Kleykamp, Meredith. "A Great Place to Start?: The Effect of Prior Military Service on Hiring ." *Armed Forces & Society*, vol. 35, no. 2, 1 Jan. 2009, pp. 266–285., doi:10.1177/0095327x07308631.
- Maclean, Alair. "The Things They Carry: Combat, Disability, and Unemployment among U.S. Men." *American Sociological Review* 75.4 (2010): 563-85. *JSTOR [JSTOR]*. Web.
- Rubin, Mollie. *Perspective on Veterans' Health and Care*. Diss. U of Pennsylvania, 2012. N.p.: n.p., n.d. *Publicly Accessible Penn Dissertations*. ScholarlyCommons, 1 Jan. 2012. Web.
- Zhang, X. (2016). Agenda-setting theory. In C. Carroll (Ed.), *The SAGE encyclopedia of corporate reputation* (Vol. 2, pp. 31-33). Thousand Oaks,, CA: SAGE Publications Ltd. doi: 10.4135/9781483376493.n17



# Appendix 1

## Survey Questions

### Sec 1. Demography

1.1 What is your Gender?

1. Man
2. Woman
3. Other (please list)

1.2 Are you attracted to Men, Women, or both?

1. Men
2. Women
3. Both

1.3 Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban?

1. Yes
2. No
3. Don't know/refuse to tell

1.4 Which of the following describes your race? You can select as many as apply. White, Black or African American, Asian or Asian American or some other race.

1. White (e.g., Caucasian, European, Irish, Italian, Arab, Middle Eastern)
2. Black or African-American (e.g., Kenyan, Nigerian, Haitian)
3. Asian or Asian-American (e.g., Asian Indian, Chinese, Filipino, Vietnamese or other Asian origin groups)
4. Some other race

1.5 How many people, including yourself, live in your household?

1. 1
2. 2
3. 3-4
4. 5-6
5. 7-8
6. More than 8

1.6 What is your age?

1. 17-19
2. 20-29
3. 30-39
4. 40-49
5. 50-59
6. 60-69
7. 70-79

8. 80+

1.7 Are you a Veteran, Dependent of a Veteran?

1. Veteran
2. Dependent

**Sec 2 [IF VETERAN] Military Career**

2.1 In what Branch of the military did you serve?

1. Army
2. Navy
3. Air Forces
4. Marines

2.2 Would you describe your service as:

1. Administrative
2. Combat
3. Other (please specify)

2.3 How many years of service have you had?

1. 1
2. 2-5
3. 5-10
4. 11+ years of service

2.3 As a Veteran, do you have PTSD?

1. Yes, a medical professional has diagnosed me with PTSD.
2. Yes. I have not been officially diagnosed, but I believe I suffer from PTSD.
3. No. I do not suffer from PTSD
4. I would not like to say.

2.3a [IF NO PTSD] Do you feel that others often perceive you as having PTSD?

1. Yes
2. No

2.3b [IF PTSD] Which of the following PTSD-related symptoms do you experience? (Please select all that apply)

1. I relive memories/flashbacks of the event(s) through triggers such as a car backfiring, fireworks going off, seeing an accident, or hearing loud noises.
2. I try to avoid people, places, and things that might trigger memories of the traumatic event.
3. I find it difficult to express emotions and cannot talk about what happened to me.

4. Sometimes I do not feel positive or loving feelings towards others, or I might feel guilt or shame related to the event(s).
5. I find myself always on the lookout for potential danger and am often in fear of my own safety.
6. Often, I am angry or irritable.

[IF PTSD] 2.4b Would you say your symptoms have eased over time?

1. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

### **Sec 3: Media**

3.1 Do you think the news and television helped make veteran issues a main concern?

2. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

3.2 Are there areas in which you think the news and television has negatively impacted the conversation on PTSD and veteran issues?

3. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

3.3 Do journalists have a responsibility to veterans to accurately and fairly report veteran's issues?

4. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

3.4 What terms can you think of that best describe how veterans are represented in news and television? (open-ended)

### **Sec 4: Employment**

4.1 When working, did you feel you could tell employers about your service or possible PTSD?

5. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

4.2 Do you think this has positively or negatively affected your experience at the workplace?

6. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

4.3 Have you been unemployed for an extensive amount of time, or are currently unemployed?

1. Yes
2. No

4.4 Has your military service positively or negatively affected hiring chances?

7. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

4.5 Do you think the media has negatively or positively affected employment?

8. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

## **Sec 5: Healthcare**

5.1 How often have you gone to the VA Health Services?

1. Weekly
2. Once a Month
3. Once a year
4. Once in my life
5. Never

[IF PTSD YES] 5.2 When you learned you may have symptoms of PTSD, did you go to the VA:

1. As soon as possible
2. Within first month
3. Between the First month and six months
4. Between six months and a year
5. More than one year Later
6. Don't know/remember

[IF 5.1 YES; 5.2 not 1, 2] 5.3 Did you use alternative methods to deal with PTSD (such as music, exercise, or distancing yourself from loud heavily public areas) first?

1. Yes
2. No

[IF 5.4 YES] 5.4 Did these alternative methods benefit you in your life?

1. Helpful |A little Helpful |Indifferent |A little Unhelpful |Unhelpful

5.5 Did media portrayals of the VA cause you to delay seeking treatment for possible concerns or issues (such as ptsd or war related complications)?

1. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

5.6 What ultimately led you to seek treatment at the VA?

1. Family member
2. Another veteran
3. The media
4. Judicial mandate

5. N/A

Would you describe your experiences with the VA as positive?

1. Helpful |A little Helpful |Indifferent |A little Unhelpful |Unhelpful

## **Sec 6: Family and Friends**

6.1 Military service has \_\_\_ your family life and friendships at home.

1. Strengthened- N/A- Strained (1-5 scale)

6.2 Do you feel your friends or family were originally ill-equipped to deal with your return from deployment?

9. Agree |Somewhat Agree |Indifferent |Somewhat disagree |Disagree

6.3 Do you stay in close contact with other members of your regiment?

6.4 [IF 4.3 yes] Unemployment left me unable to support my family.

1. Yes  
2. No

6.5 [4.4 yes] Please select the option that best corresponds with your feelings during your period of unemployment.

1. Indifferent      A little stressful                      Somewhat stressful      Very stressful

## **Sec 7: Concluding Questions**

7.1 Is there anything else you feel is relevant to the survey that you would like to mention or go into more detail? (open-ended question)