



BEATA BOROWSKA-BESZTA*, ALEKSANDRA PAKIEŁA

Nicolaus Copernicus University, Poland

* ORCID 0000-0002-2133-4400

Acquired disability during foreign missions in male war veterans Case study report of wives' voice

ABSTRACT: Beata Borowska-Beszta, Aleksandra Pakieła, *Acquired disability during foreign missions in male war veterans. Case study report of wives' voice.* Interdisciplinary Contexts of Special Pedagogy, No. 32, Poznań 2021. Pp. 137-171. Adam Mickiewicz University Press. ISSN 2300-391X. eISSN 2658-283X. DOI: <https://doi.org/10.14746/ikps.2021.32.08>

The article is a qualitative research report written from the theoretical perspective of disability studies. Qualitative research, case study, carried out for the purposes of this article, concerns learning about disabilities acquired in husbands a war veterans by their wives. The place of research is military culture, while the aim is to understand the essence of what wives learned about the disability of their husbands during the entire process of adaptation to life with a disability after returning from a mission, against the background of life in military culture. The theoretical part of the article contains a review of world literature with an emphasis on defining acquired disability. The very phenomenon of acquiring disability by veterans during military missions and its background, i.e. the anthropological phenomenon of culture shock, were analyzed. The empirical part of this article is a qualitative report of 3 case studies and 3 voices of war veterans' wives. The research question in this report was formulated as follows: What did the wives learn about the acquired disability of their own veterans' husbands after their return from military missions abroad? Research results generated after coding and categorization analyzes (Gibbs, 2011) indicate categories that answer the main research question and sub-questions in the following contexts: (a) acquired disability, (b) military support, (c) veterans' privileges (d) auto-marginalization of veterans (e) wives' infirmity, (f) alcohol and domestic violence, (g) before suicide, (h) wives suggesting changes in the support of veterans with acquired disabilities. The results of the analyzes indicate that the

wives learned about the symptoms and characteristics of their husbands' disabilities (mental and physical) and, additionally, they learned about the secondary disability (auto-marginalization, alcohol or drug addiction, domestic violence, escalation of suicidal thoughts) during adaptation after military missions.

KEYWORDS: acquired disability, war veterans, males, learning, wives

Introduction

Foreign literature in the field of social and medical sciences as well as Polish indicate precisely the fields of difficulties experienced by war veterans after returning from foreign missions. These are i.a. complex psychological, psychiatric and health problems such as depression, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), chronic pain, substance addiction analyzed by Weiss and Albright¹, chronic diseases e.g. diabetes and hypertensive disease, described by McGeary, Ford, McCutchen and Barnes² orthopedic problems and visible, recognizable acquired disability including loss of arms or legs. Sometimes, the need for wheelchair use by veterans arises. This suggestion results from two reasons related to the acquired disability: firstly, males who acquire disability are members of the military culture community³⁻⁴ and secondly, their acquired disability is strongly related to the cultural context of acquiring disability what means during foreign missions in cultures of Asia or the Middle East separate from

¹ E., L., Weiss, D., L., Albright *Introduction to the Special Issue: Mental Health Care for Military Service Members, Veterans, and Their Families: Opportunities for Social Work*, "Social Work in Mental Health", (2014), 12(5-6), pp. 387-390, DOI: 10.1080/15332985.2014.927408

² M., McGeary, M., A., Ford, S., R., McCutchen, D., K., Barnes *A 21st century system for evaluating veterans for disability benefits*, "Committee on Medical Evaluation of Veterans for Disability Compensation" Board on Military and Veterans Health, 2007, pp 65-66.

³ B., Borowska-Beszta, *Artefakty i technologia kultur wojskowych wspierająca weteranów z niepełnosprawnościami*, „Kultura Współczesna”, 2018, 3(102), s. 27-41.

⁴ B., Borowska-Beszta, *Reedukacja weteranów z niepełnosprawnością nabytą-urazowym uszkodzeniem mózgu (TBI). Założenia teoretyczne i rozwiązania praktyczne*. "Niepełnosprawność. Dyskursy Pedagogiki Specjalnej", 2019, 34 s. 176-192.

European ones. For this reason, the theme of culture shock analyzed by Oberg⁵; Gullahorn and Gullahorn⁶; Irving⁷; Borowska-Beszta⁸, Dutton⁹ will be included in the following analyzes of the theoretical part. It should be noted that a research on acquired disability by war veterans during foreign missions is not sufficiently represented in Polish disability studies, special and social pedagogy or social work. The existing complexity of the life situation of families with war veterans is less known to educational researchers of adulthood and disability. These facts also became the reasons for the research and this report. The following research report covers 3 case studies and is located in military culture analyzed by Borowska-Beszta^{10,11}. In addition, the intention of the researchers was, on the one hand, to generate a picture of the complex process of learning by wives about the husband's acquired disability in a given family, and the way of life with a war veteran. The empirical part of the research report presented in the article is based on raw data collected remotely in 2020 by the second author of this article as part of her master's thesis¹². The second author of this

⁵ K., Oberg, *Culture Shock*. Presentation to the Women's Club of Rio De Janeiro, 3. Aug, Brazil 1954.

⁶ J., Gullahorn, J., Gullahorn, *An Extension of the U-Curve Hypothesis*, "Social Issues", 1963, 19 (3), pp. 33-47.

⁷ R., Irwin, *Culture shock: negotiating feelings in the field*, „Anthropology Matters Journal” 2007, 1(9), pp. 1-11. https://www.anthropologymatters.com/index.php/anth_matters/article/view/64/124 (Accessed: 4. Apr 2021)

⁸ Borowska-Beszta, B. *Anatema szoku kulturowego w andragogice specjalnej*, „Edukacja Otwarta” 2008, 2(2), s. 163-180.

⁹ E., Dutton *Towards a Scientific Model of Culture Shock and Intercultural Communication*. "Journal of Intercultural Communication", 2011, 27, (Accessed 4.Apr. 2021) <https://immi.se/intercultural/nr27/dutton.htm>

¹⁰ B., Borowska-Beszta, *Artefakty i technologia kultur wojskowych wspierająca weteranów z niepełnosprawnością*, „Kultura Współczesna”, 2018, 3(102), s. 27-41.

¹¹ B., Borowska-Beszta, *Reedukacja weteranów z niepełnosprawnością nabytą-urazowym uszkodzeniem mózgu (TBI). Założenia teoretyczne i rozwiązania praktyczne*. "Niepełnosprawność. Dyskursy Pedagogiki Specjalnej", 2019, 34 s. 176-192.

¹² A., Pakieła *Weterani wojenni z niepełnosprawnością nabytą w opiniach żon. Trzy studia przypadków*. Niepublikowana praca magisterska. Wydział Filozofii i Nauk Społecznych, UMK w Toruniu 2020.

article has also prepared an answer to the detailed research question 1.2. concerning military support (category 2) and veteran privileges (category 3). This report is based on a review of the literature, theoretical analyzes, assumptions of the research project, analyzes of the generated categories (1,4,5,6,7,8) and codes as well as the conclusions of the research conducted by the first author of the article. The text of the report is preceded by the theoretical part, taking into account the definition of the issues of acquired disability, adaptation of veterans to disability, analysis of the phenomenon of culture shock, and selected theoretical threads of the problems of family functioning. The empirical part of this report includes details of the research assumptions, a description of the purposive sample, data collection assumptions and analyzes, a discussion of the conditions of triangulation, the results with conclusions and, moreover, suggestions for pedagogical support and social workers of families and veterans having acquired disabilities.

Acquired disability and cultural shock as a contexts of veterans return from missions

Acquired disability is a broad category that includes disabilities that have been acquired by humans in the life cycle as a result of external traumatic or disease factors. According to Dunn and Brody “«acquired physical disability» covers a wide range of disabilities resulting from injury or disease; thus, the loss of a limb due to an accident at work or eye damage due to a brain tumor falls under this category, as do the mental and physical consequences of depression following a stroke or myocardial infarction”¹³. An acquired disability is, inter alia, acquired brain injury (ABI) or traumatic brain injury (TBI). ABI according to the Australian Institute of Health (AIHW) is the occurrence of “<< multiple disabilities resulting from damage to the brain

¹³ D., S., Dunn, C., Brody, *Defining the Good Life Following Acquired Physical Disability* “Rehabilitation Psychology” 2008, 53 (4), p. 413.

acquired after birth >>”¹⁴. Various causes of ABI include head trauma or lack of oxygen to the brain’s blood vessels as a result of the injury; a disease, infection, stroke or tumor affecting the brain; or long-term substance abuse¹⁵. According to Rushworth¹⁶, acquired brain injury is sometimes described as “hidden disability” because the related brain injury is not visible and difficult to identify. Tallman and Hoffman¹⁷ indicate the following acquired disabilities “eye damage, spinal cord injury (SCI), traumatic brain injury (TBI), amputation, burns, pain conditions and cardiac incidents”¹⁸. Dorsett adds that acquired disability, associated with spinal cord injury (SCI), causes additional health and social complications. The author adds that the acquisition of a disability results in both body paralysis, dependence and the need to use a wheelchair, changes in body functions, as well as changes in life roles¹⁹. Lejzerowicz and Tomczyk²⁰ after Brzezińska²¹

¹⁴ Australian Institute of Health and Welfare, (AIHW) 2007. Disability in Australia: Acquired Brain Injury. Cat. No. 96. <https://www.aihw.gov.au/reports/disability-services/disability-australia-acquired-brain-injury/contents/table-of-contents>. Australian Institute of Health and Welfare, p. 2.

¹⁵ Australian Institute of Health and Welfare, (AIHW) 2007. Disability in Australia: Acquired Brain Injury. Cat. No. 96. <https://www.aihw.gov.au/reports/disability-services/disability-australia-acquired-brain-injury/contents/table-of-contents>. Australian Institute of Health and Welfare, p. 2.

¹⁶ N., Rushworth, *Out of Sight, Out of Mind: People with an Acquired Brain Injury and the Criminal Justice System*. Brain Injury Australia 2011 https://www.braininjuryaustralia.org.au/wp-content/uploads/CJSpolicypaper_FINAL.pdf. (Accessed 4. Apr 2021)

¹⁷ B., A., Tallman, A., C., Hoffman, *Meaning making concerning acquired disability* In E. M. Altmaier (Ed.), “Reconstructing meaning after trauma: Theory, research, and practice”, 2017, pp. 133–151. Elsevier Academic Press.

¹⁸ B. A., Tallman, A., C., Hoffman, *Meaning making concerning acquired disability* In E. M. Altmaier (Ed.), “Reconstructing meaning after trauma: Theory, research, and practice”, 2017, pp. 133–151. Elsevier Academic Press, p. 140.

¹⁹ P., Dorsett, *The Importance of Hope in Coping with Severe Acquired Disability*, “Australian Social Work”, 2010, 63(1), p 83.

²⁰ M., Lejzerowicz, D., Tomczyk *Acquired disability: self-esteem and identity integration*, “Polish Psychological Bulletin” 2018, 49(2), pp. 262–271 DOI – 10.24425/119494

²¹ A., Brzezińska, *Dzieciństwo i dorastanie: korzenie tożsamości osobistej i społecznej* [Childhood and adolescence: the roots of personal and social identity. In: A. Brzezińska,

also emphasize the social aspect of acquired disability, i.e. the emergence of dependence on other people. The authors write that “accidents or diseases causing disability give a whole new dimension to the existing living conditions. A person who suddenly fell ill becomes seriously dependent on others, often unable to live independently, thus experiencing a lack of autonomy and integrity.”²² Summarizing the above definitions, it should be indicated that the acquired disability may be visible or invisible and, consequently, causes two types of effects that model the further life of a person with acquired disability. These are health effects related to health and the need for rehabilitation (medical, psychological) and re-education as well, analyzed by Borowska-Beszta²³. Additionally, acquired disability has social consequences, such as changing one’s own autonomy into dependence on other people and changing social roles. Most often, people, including war veterans, who acquire disabilities lose their previous professional privileges, e.g. able-bodied soldiers and their current social position.

Thinking about war veterans, as members of family, and also part of a broad military culture (dominated by hegemonic masculinity) – Borowska-Beszta²⁴ indicates that the state of acquired disability provokes in previously fit or ultra-fit and healthy males, loss of the valued value of this culture – fitness and health, and it causes a change in the body image. Males who become veterans remain in military culture after returning from missions, but in changed roles, related to the loss of professional position and social privileges of healthy soldiers, and in a changed autonomy to greater dependence. After soldiers with acquired disabilities return from their missions, a difficult process of adaptation takes place in the subjective dimen-

A. Hulewska, & J. Słomska (Ed.), „Edukacja regionalna” [Regional Education], Wydawnictwo Naukowe PWN, Warszawa 2006, s. 47–77.

²² M., Lejzerowicz, D., Tomczyk *Acquired disability: self-esteem and identity integration*, “Polish Psychological Bulletin” 2018, 49(2), DOI – 10.24425/119494 p. 263.

²³ B., Borowska-Beszta, *Reedukacja weteranów z niepełnosprawnością nabytą–urazowym uszkodzeniem mózgu (TBI). Założenia teoretyczne i rozwiązania praktyczne. “Niepełnosprawność. Dyskursy Pedagogiki Specjalnej”*, 2019, 34 s. 176-192.

²⁴ B., Borowska-Beszta, *Artefakty i technologia kultur wojskowych wspierająca weteranów z niepełnosprawnością*, „Kultura Współczesna”, 2018, 3(102), s. 27-41.

sion: (a) to their own disability and (b) to family life in families to which the veterans return from missions, cultural, (c) military culture and professional environment, and to (d) the cultures of origin after returning, e.g. from a mission in Asia or the Middle East. A veteran, therefore, experiences a complex process of subjective adaptation to own acquired disability, body image, and cultural adaptation. This means re-adaptation in the culture of origin in the micro-cultural (family, friends) and macro-cultural (military culture, homeland) dimensions. The first process, the *subjective adaptation* of a veteran, is discussed by the authors who analyze the issue of the effects of acquiring given types of disability as a result of traumatic events, e.g. traumatic brain injury (TBI). Jacobs et al. associate the acquired disability of veterans after traumatic brain injury (TBI) with the effects of: deformation of sensory and cognitive functioning, problems in the motor and emotional sphere, personality changes or depression.²⁵ In addition, traumatic brain injury (TBI) can cause permanent effects in the form of epilepsy as mention Englander, Cifu, and Diaz-Arrastii²⁶. The second, the process of *cultural adaptation* of the veteran, accompanies the former and thus the situation of a veteran with an acquired disability on a foreign mission is more complex than if the veteran became disabled in the culture of origin. The process can be illustrated as follows: (1) going on a mission to Asia or the Middle East, (2) acquiring a disability in the battlefield in a foreign culture, (3) returning to the culture of origin and adaptation to life in a family, military culture and homeland. These three stages that constitute the background of the acquisition of disability by a veteran are often accompanied by a culture shock, which may occur both when adapting to a separate culture in which military ac-

²⁵ K., Jacobs, L., A., Hendricksc D., J., Sampsonc E., Nardonea A., Lopezd K.B., Rumrilld P., Staufferd C., Eliasb E., Scherere M., Dembed J. *Project Career: Perceived benefits of iPadapps among college students with Traumatic Brain Injury (TBI)*, "Work" 2017, 58, pp. 45-50, https://content.iospress.com/download/work/wor_2596?id=work%2Fwor2596 (Accessed 15.05.2018) p. 46.

²⁶ J., Englander, D., Cifu, R., Diaz-Arrastii *Seizures after Traumatic Brain Injury*, "Arch Phys Med Rehabil.", 2014, 95 (6), pp. 1223-1224.

tivities are carried out, and after returning to the culture of origin – country. Culture shock is researched and analyzed for years. The process of culture shock as an anthropological phenomenon was illustrated by anthropologists, ranging from Oberg²⁷ to Irving²⁸ and Dutton²⁹, indicating its characteristics and stages. For Irving, culture shock may or may not be a disease. The author writes:

Culture shock is not necessarily an acute illness. The ‘shock’ refers to the rapidity of the physical movement, but the emotions and feedback emotions may occur over a relatively long period of time. There are myriad symptoms and signs of culture shock, including general unease with new situations, irrational fears, difficulty with sleeping, anxiety and depression, homesickness, preoccupation with health, and feeling sick or nauseous. Simply stated, any sort of mental or physical distress experienced in a foreign location could be a symptom of culture shock³⁰.

Significant remark was made by Dutton³¹ after Gullahorn and Gullahorn³², who indicated the clear phases of culture shock previously described by Oberg³³ and emphasized that culture shock also manifested during adaptation to one’s own culture after returning

²⁷ K., Oberg, *Culture Shock*. Presentation to the Women’s Club of Rio De Janeiro, 3. Aug, Brazil 1954.

²⁸ R., Irwin, *Culture shock: negotiating feelings in the field*, „Anthropology Matters Journal” 2007, 1(9), pp. 1-11. https://www.anthropologymatters.com/index.php/anth_matters/article/view/64/124 (Accessed: 4. Apr 2021)

²⁹ E., Dutton *Towards a Scientific Model of Culture Shock and Intercultural Communication*. „Journal of Intercultural Communication”, 2011, 27, (Accessed 4.Apr. 2021) <https://immi.se/intercultural/nr27/dutton.htm>

³⁰ R., Irwin, *Culture shock: negotiating feelings in the field*, „Anthropology Matters Journal” 2007, 1(9), pp. 1-11. https://www.anthropologymatters.com/index.php/anth_matters/article/view/64/124 (Accessed: 4. Apr 2021) p.2.

³¹ E., Dutton *Towards a Scientific Model of Culture Shock and Intercultural Communication*. „Journal of Intercultural Communication”, 2011, 27, (Accessed 4.Apr. 2021) <https://immi.se/intercultural/nr27/dutton.htm>

³² J., Gullahorn, J., Gullahorn, *An Extension of the U-Curve Hypothesis*, “Social Issues”, 1963, 19 (3), pp. 33-47.

³³ K., Oberg, *Culture Shock*. Presentation to the Women’s Club of Rio De Janeiro, 3. Aug, Brazil 1954.

home, calling it “reverse culture shock”. Coll, Weiss, and Yarvis³⁴ emphasize, however, that some soldiers will return from missions with problems far more than culture shock. According to the authors, these will be physical disabilities, acquired on the battlefield, and sometimes less visible and hidden, but present emotional or psychiatric disorders. The authors emphasize post-traumatic stress disorder (PTSD) as a particularly destructive phenomenon diagnosed in veterans. PTSD – post-traumatic stress disorder, if not supported by professionals in the field of psychology or psychiatry, may, according to Coll, Weiss and Yarvis³⁵ or Weiss and Albright³⁶, cause a veteran’s desire to help himself, by consuming excessive alcohol and drug use. After returning to their families, veterans with acquired (visible or hidden) disabilities have various personal problems, e.g. already indicated health, sexual problems, as Breyer et al.³⁷ mention, and often family, home problems³⁸. Breyer et al.³⁹ writing about the sexual problems of veterans indicates a certain mechanism of PTSD treatment related to the sexual dysfunctions of veterans.

³⁴ J., E., Coll, E., L., Weiss, J., S., Yarvis, *No one leaves unchanged. Insights for civilian mental health care professionals into the military experience and culture.* “Social Work in Health Care”, 2011, 50 (7), pp.487-500.

³⁵ J., E., Coll, E., L., Weiss, J., S., Yarvis, *No one leaves unchanged. Insights for civilian mental health care professionals into the military experience and culture.* “Social Work in Health Care”, 2011, 50 (7), pp.487-500.

³⁶ E., L., Weiss, D., L., Albright *Introduction to the Special Issue: Mental Health Care for Military Service Members, Veterans, and Their Families: Opportunities for Social Work*, “Social Work in Mental Health”, (2014), 12(5-6), pp. 387-390, DOI: 10.1080/15332985.2014.927408

³⁷ B., N., Breyer, B., E., Cohen, D., Bertenthal, R., C., Rosen, T., C., Neylan, K., H., Seal, *Dysfunction in Male Iraq and Afghanistan War Veterans: Association with Posttraumatic Stress Disorder and Other Combat-Related Mental Health Disorders: A Population-Based Cohort Study.* “J Sex Med.” 2014, 11, pp. 75–83.

³⁸ Lambert, S. M., Morgan, Michael M., *Supporting Veterans and Their Families: A Case Study and Practice Review.* “The Family Journal: Counseling And Therapy For Couples And Families”, 2009, 17(3), pp. 241-250 Doi: 10.1177/1066480709337800.

³⁹ B., N., Breyer, B., E., Cohen, D., Bertenthal, R., C., Rosen, T., C., Neylan, K., H., Seal, *Dysfunction in Male Iraq and Afghanistan War Veterans: Association with Posttraumatic Stress Disorder and Other Combat-Related Mental Health Disorders: A Population-Based Cohort Study.* “J Sex Med.” 2014;1, pp. 75–83.

“Being prescribed psychiatric medications appeared to significantly increase the risk of sexual dysfunction with the greatest risk in veterans with PTSD”⁴⁰. Hutchinson, Banks-Williams⁴¹ and Lambert and Morgan⁴² describe the problems that arise after returning home and family as follows:

„upon returning home, veterans often feel less “at-home” than they or their families expect. They have to adjust and find their place in a system that has learned to function without them while they were gone. Family members often ask if they have killed anyone and seem overly cautious in their approach to the returning soldiers” (Hutchinson and Banks-Williams⁴³, in Lambert and Morgan⁴⁴).

The authors indicate that during home adaptation, PTSD veterans abuse more verbal and physical violence in families⁴⁵ than veterans without PTSD. The authors Hutchinson and Banks-Williams⁴⁶

⁴⁰ B., N., Breyer, B., E., Cohen, D., Bertenthal, R., C., Rosen, T., C., Neylan, K., H., Seal, *Dysfunction in Male Iraq and Afghanistan War Veterans: Association with Post-traumatic Stress Disorder and Other Combat-Related Mental Health Disorders: A Population-Based Cohort Study*. “J Sex Med.” 2014;1, p 81.

⁴¹ J., Hutchinson, L., Banks-Williams, *Clinical issues and treatment considerations for new veterans: Soldiers of the wars in Iraq and Afghanistan*, “Primary Psychiatry”, 2006, 13, 66-71.

⁴² S. M., Lambert, M., Morgan, *Supporting Veterans and Their Families: A Case Study and Practice Review*. “The Family Journal: Counseling And Therapy For Couples And Families”, 2009, 17(3), pp. 241-250 Doi: 10.1177/1066480709337800.

⁴³ J., Hutchinson, L., Banks-Williams, *Clinical issues and treatment considerations for new veterans: Soldiers of the wars in Iraq and Afghanistan*, “Primary Psychiatry”, 2006, 13, 66-71.

⁴⁴ S. M., Lambert, M., Morgan, *Supporting Veterans and Their Families: A Case Study and Practice Review*. “The Family Journal: Counseling And Therapy For Couples And Families”, 2009, 17(3), p. 245 Doi: 10.1177/1066480709337800.

⁴⁵ J., Hutchinson, L., Banks-Williams, *Clinical issues and treatment considerations for new veterans: Soldiers of the wars in Iraq and Afghanistan*, “Primary Psychiatry”, 2006, 13, 66-71.

⁴⁶ J., Hutchinson, L., Banks-Williams, *Clinical issues and treatment considerations for new veterans: Soldiers of the wars in Iraq and Afghanistan*, “Primary Psychiatry”, 2006, 13, 66-71.

and Lambert and Morgan⁴⁷ emphasize that family members, spouses, partners of a veterans who returned home experience anxiety, exclusion from friendly groups, experience helplessness when it comes to understanding the veteran, hopelessness, depression and problems related to parental functions. Lambert and Morgan conclude that “soldiers’ coping skills can quickly become taxed and the often aggressive, violent, or isolating behaviors that they reactively employ can effectively distance the people that they need most for support and healing.”⁴⁸

To sum up, the life of a veteran with an acquired disability becomes a difficult path of subjective and complex adaptation to one’s own culture of origin, family and adaptation to the changed status of a veteran a lower position in the military professional culture. This configuration creates a picture of the multi-context and difficult life situation of a veteran with an acquired disability and his family. The whole process of difficult adaptation to the acquired disability involves both family members: wives and children. The complicated situation of families with veterans who returned from the mission is described abroad. Among others Weiss and Albright⁴⁹, pointing to problems related to veterans’ addiction to substances. Additionally, there are problems of a sexual nature, mentioned previously⁵⁰ and a tense family home situation may be

⁴⁷ S. M., Lambert, M., Morgan, *Supporting Veterans and Their Families: A Case Study and Practice Review*. “The Family Journal: Counseling And Therapy For Couples And Families”, 2009, 17(3), pp. 241-250 Doi: 10.1177/1066480709337800.

⁴⁸ S. M., Lambert, M., Morgan, *Supporting Veterans and Their Families: A Case Study and Practice Review*. “The Family Journal: Counseling And Therapy For Couples And Families”, 2009, 17(3), p. 245. Doi: 10.1177/1066480709337800.

⁴⁹ E., L., Weiss, D., L., Albright *Introduction to the Special Issue: Mental Health Care for Military Service Members, Veterans, and Their Families: Opportunities for Social Work*, “Social Work in Mental Health”, (2014), 12(5-6), pp. 387-390, DOI: 10.1080/15332985.2014.927408

⁵⁰ B., N., Breyer, B., E., Cohen, D., Bertenthal, R., C., Rosen, T., C., Neylan, K., H., Seal, *Dysfunction in Male Iraq and Afghanistan War Veterans: Association with Posttraumatic Stress Disorder and Other Combat-Related Mental Health Disorders: A Population-Based Cohort Study*. “J Sex Med.” 2014, 1, pp. 75-83.

come a place of escalation of domestic violence⁵¹⁻⁵². Difficult and complicated family situations, escalation of helplessness and constant refusal to accept help or the lack of professional support may end for a veteran with homelessness is analyzed by Byrne and Taglia⁵³, Kropkowska and Borowska-Beszta⁵⁴ or suicide, described by Kang and Bullmann⁵⁵ Rozanov and Carli⁵⁶, Weiss and Albright⁵⁷, Hester⁵⁸ and Peterson et.al⁵⁹ 2020). The authors, Kang and Bullman write that in the case of the suicides of veterans of the Iraq war, “the most common methods of suicide were by firearm (73%) and by hanging (21%)”⁶⁰. The above analyzes indicate that veterans

⁵¹ J., Hutchinson, L., Banks-Williams, *Clinical issues and treatment considerations for new veterans: Soldiers of the wars in Iraq and Afghanistan*, “Primary Psychiatry”, 2006, 13, 66-71.

⁵² E., L., Weiss, D., L., Albright *Introduction to the Special Issue: Mental Health Care for Military Service Members, Veterans, and Their Families: Opportunities for Social Work*, “Social Work in Mental Health”, (2014), 12(5-6), pp. 387-390, DOI: 10.1080/15332985.2014.927408

⁵³ T., Byrne, D., Treglia, D., Culhane, J., Kuhn, V., Kane, *Predictors of Homelessness Among Families and Single Adults After Exit From Homelessness Prevention and Rapid Re-Housing Programs: Evidence From the Department of Veterans Affairs Supportive Services for Veteran Families Program*, “Housing Policy Debate”, 2016, 26, (1), pp. 252-275, DOI: 10.1080/10511482.2015.1060249

⁵⁴ J., Kropkowska, B., Borowska-Beszta, *Mężczyźni bezdomni o aktywnościach codziennych: Etnograficzne studia przypadków*. „Niepełnosprawność. Dyskursy Pedagogiki Specjalnej” (tekst w toku wydawniczym) 2021.

⁵⁵ H.,K., Kang, T.,A., Bullman, *Risk of suicide among US veterans after returning from the Iraq and Afghanistan war zones*. „JAMA” 2008, 300, pp. 652-653.

⁵⁶ V., Rozanov, V., Carli *Suicide among War Veterans*. “Int. J. Environ. Res. Public Health”, 2012, 9, pp. 2504-2519 doi:10.3390/ijerph9072504

⁵⁷ E., L., Weiss, D., L., Albright *Introduction to the Special Issue: Mental Health Care for Military Service Members, Veterans, and Their Families: Opportunities for Social Work*, “Social Work in Mental Health”, (2014), 12(5-6), pp. 387-390, DOI: 10.1080/15332985.2014.927408

⁵⁸ Hester R., D., *Effective Strategies to Combat High Suicides and Trauma Among American Veterans*. “J Trauma Treat” 2017, 6, pp. 1-3. doi: 10.4172/2167-1222.1000403

⁵⁹ A., Peterson, M., Bozzay, A., Bender, M., Monahan and J., Chen *Those left behind: A scoping review of the effects of suicide exposure on veterans, service members, and military families*, “Death Studies” 2020, pp. 1-10. DOI: 10.1080/07481187.2020.1802628

⁶⁰ H.,K., Kang, T.,A., Bullman, *Risk of suicide among US veterans after returning from the Iraq and Afghanistan war zones*. „JAMA” 2008, 300, p. 652.

and their families experience serious family crises in the process of adapting to an acquired disability, which may end for a veteran with the unfortunate outcome of e.g. homelessness or suicide. At the same time, the lives of family members, wives, and children experiencing an escalation of mental and physical domestic violence by a veteran are analogously complicated and difficult.

The following empirical part of the article, a report on qualitative research, is a case study of learning about an acquired disability in 3 veterans by their wives. The empirical part is grounded in anthropological thinking about the community, the army, and treats it as a military culture described by Borowska-Beszta⁶¹⁻⁶². Adapting Schein's⁶³ model – military culture, like professional organizational culture, contains artifacts (material, linguistic, behavioral), values, norms and assumptions deeply hidden in structural layers. The following research report is written from the perspective of pedagogical disability studies, it points to the theoretical conclusions to research on disability in military culture, as well as recommendations for educators and social workers to work with military families.

Research design and Method

The main purpose of this report on qualitative research, based on suggestions by Flick⁶⁴⁻⁶⁵ and Silverman⁶⁶ and the case study method

⁶¹ B., Borowska-Beszta, *Artefakty i technologia kultur wojskowych wspierająca weteranów z niepełnosprawnością*, „Kultura Współczesna”, 2018, 3(102), s. 27-41.

⁶² B., Borowska-Beszta, *Reedukacja weteranów z niepełnosprawnością nabytą-urazowym uszkodzeniem mózgu (TBI). Założenia teoretyczne i rozwiązania praktyczne*. “Niepełnosprawność. Dyskursy Pedagogiki Specjalnej”, 2019, 34 s. 176-192.

⁶³ E., H., Schein, *Organizational Culture and Leadership*. Jossey-Bass, San Francisco 2004.

⁶⁴ U., Flick, *Projektowanie badań jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2010.

⁶⁵ U., Flick, *Jakość w badaniach jakościowych*. Wydawnictwo Naukowe PWN, Warszawa 2011.

⁶⁶ D., Silverman *Prowadzenie badań jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2008.

by Yin⁶⁷, is to learn and understand the knowledge acquired by 3 wives about the disability of 3 husbands war veterans, against the background of the process of adaptation of veterans. Therefore, in this research report, the following main research and detailed questions will be answered:

1. What did the wives learn about the acquired disabilities of their own veterans' husbands after their return from missions abroad?

In addition to the needs of this report, detailed research questions have been formulated:

Detailed research questions were formulated as follows:

1.1. What acquired disabilities were revealed in the veterans?

1.2. What military support did the veterans receive?

1.3. What areas of infirmity have revealed in family life?

1.4. What preceded veterans' suicides?

1.5. What changes in support, according to wives, should be made in the structures of the military to prevent suicide of veterans?

Purposive sample and data collection

Data for 3 case studies were collected with 3 wives of war veterans, Poles who acquired a disabilities during foreign military missions in Afghanistan and the Middle East, i.e. in areas affected by global military conflicts. Data collection was performed remotely using Skype in May 2020, during the ongoing Covid-19 pandemic and quarantine in Poland. The interviews were conducted and the data was collected by the second author of this article, in accordance with the methodological procedure of Flick⁶⁸. Recruitment of Informants 1,2,3 for interviews was based on the 'snowball' strategy by Maxwell⁶⁹. Personal data of

⁶⁷ R., K., Yin, *Studium przypadku w badaniach naukowych. Projektowanie i metody* Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2015.

⁶⁸ U., Flick, *Projektowanie badań jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2010.

⁶⁹ J., A., Maxwell, *Qualitative Research Design: An Interactive Approach, Applied Social Research Methods Series*, SAGE, London 1996

the informants were coded as: Informant1, Informant2, Informant3. Deeper coding assumed coding and anonymizing the age of informants, the shape of the family, and place of residence in Poland. The husbands' age, rank, time spent on missions as well as geographical details and locations of veterans during foreign missions in Asia and the Middle East have been also anonymized. We only inform that these were missions in Afghanistan and the Middle East. The data that we indicate as important for the research illustrate the emphasis by the Informants 1,2,3 that their husbands participated in more than one foreign mission and that their disability was acquired during the next, for example, 2nd or 3rd missions. The data collection procedure included the pre-interviewing of online interviews with telephone conversations with the Informants 1,2,3. Data collection was carried out using the Skype communicator, in accordance with the created matrix of a partially structured interview⁷⁰. We want to emphasize that collecting data on learning about acquired disability in husbands revealed an additional background. Firstly, the purposive sample, consisting of 3 Informants, turned out to be an attempt with a higher degree of difficulty in collecting data on acquired disability, which the Informants1,2,3 indirectly indicated as the background to the reality of the functioning of military culture. This means that the issue of the health of husbands who acquired disability in military culture was a delicate topic, related to the specificity of access to information about the life of military families, where especially the issues of husbands' work are tabooed and kept silent, in accordance with the internal norms of military culture. It happens that the lifestyle of military families is also silenced, especially where there is a crisis, e.g. in the case of alcohol use etc. Secondly, the case studies included the Informants 1,2,3 whose husbands, after returning from the mission, committed suicide in the given process of adaptation to disability. We would like to point out that the recruitment of 3 Informants whose disabled husbands committed suicide (after returning from the mis-

⁷⁰ S., Kvale, *Prowadzenie wywiadów*. Wydawnictwo Naukowe PWN, Warszawa 2010.

sion) was not the key to selecting the purposive sample, but it was revealed during the collection of data, thanks to the 'snowball' technique of interviewing 3 Informants whose husbands returned from foreign missions and manifested acquired disability. The data collection process revealed, inter alia, that the husband – of Informant1, manifested mental disorders after returning from the mission (depression, anxiety, persecutory thoughts), the husband of Informant2 acquired a serious leg injury during a foreign mission ("the gunshot almost torn his leg apart"), while Informant's3 husband lost his hand during a foreign mission. The above configuration of factors meant that the Informants1,2,3 revealed some tensions in general related to the disclosure of data about the military and the process of adaptation of husbands to the life of a veteran with an acquired disability. However, Informants 1, 2, 3 gave interviews stressing that they hope their voices will be heard. Informant1 stated, for example, that this is "the first time someone asks her and is interested in her opinion about her husband with an acquired disability". Informant3 stated, "I am very grateful that I can tell this story" (Informant3). Data collection was conducted in a calm, tactful manner, and discussions were conducted with respect to the boundaries of content disclosure, in line with the methodologists' recommendations as Silverman⁷¹, Denzin and Lincoln⁷², Flick⁷³, Kvale⁷⁴ and Rapley⁷⁵. What characterized the manner of expression by Informants 1,2,3 was related to the regulation of the disclosed content about disability in military culture. 3 Informants mentioned that they were unable to open up to third parties (from outside

⁷¹ D., Silverman *Prowadzenie badań jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2008.

⁷² N., K., Denzin, Y., S., Lincoln *Wprowadzenie. Dziedzina i praktyka badań jakościowych*, w: „Metody badań jakościowych”, red. N. Denzin i Y. Lincoln, Wydawnictwo Naukowe PWN, Warszawa 2009, T.1 2009, s. 19-57.

⁷³ U., Flick, *Projektowanie badań jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2010.

⁷⁴ S., Kvale, *Prowadzenie wywiadów*. Wydawnictwo Naukowe PWN, Warszawa 2010.

⁷⁵ T., Rapley, *Analiza konwersacji, dyskursu i dokumentów*. Wydawnictwo Naukowe PWN, Warszawa 2010.

the military culture) because, as they said, “they are afraid of the consequences” that the “state” could draw from the conversations. Such attention was also respected during data collection, where the limits of the depth of data disclosure and the limits of transcription were set by the Informants 1,2,3 themselves. The data, as we mentioned, was collected by the second author of this article, taking into account the respect of the ethics of data collection⁷⁶. Each Informant read the research consent form and gave her verbal consent to collect the data, according to Green and Bloome⁷⁷. The consent form^{78,79} contained the purpose of data collection, information on the purpose of the data. In addition, the conditions for the participation of each Informant 1,2,3 and the anonymization of personal data have been precisely defined. The deeper data coding level was ensured, and the handling of the collected materials, used to write the research report, was defined. The audio data was destroyed after the transcription was performed.

Analysis, Credibility and Limitations

Data from the transcription of 3 interviews was analyzed using the coding and categorization technique, according to Gibbs⁸⁰. The coding, categorization and interpretation in this research report were done on transcripts by the first author of this article. The credibility of qualitative research and case studies was ensured thanks to the triangulation

⁷⁶ T., Rapley, *Analiza konwersacji, dyskursu i dokumentów*. Wydawnictwo Naukowe PWN, Warszawa 2010.

⁷⁷ J., L., Green, D., Bloome, *Ethnography and ethnographers of and in education: a situated perspective*. In: Flood J., Heaths S.B., Lapp D. (Ed.). “Handbook for literacy educators: research in the community and visualarts” Macmillan, New York 1997, pp. 181-202.

⁷⁸ U., Flick *Projektowanie badań jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2010.

⁷⁹ T., Rapley *Analiza konwersacji, dyskursu i dokumentów*. Wydawnictwo Naukowe PWN, Warszawa 2010.

⁸⁰ G., Gibbs, *Analizowanie danych jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2011.

of data sources from Informants 1,2,3, now widows of military veterans with acquired disabilities⁸¹. A purposive sample drawn up to 3 case studies, which provokes a workable procedure of internal generalization of research results, limited only to a purposive sample, what mentioned Maxwell⁸². The conclusion is therefore limited to 3 cases.

Findings

The following qualitative analyzes based on coding and categorization revealed the following categories and detailed codes that provided answers to the research questions posed. The following categories are among the generated ones, which provide answers to the main research question and specific questions posed in the article. The main question was:

1. What did the wives learn about the acquired disabilities of their own veterans' husbands after their return from missions abroad?

The detailed questions of the researchers were as follows:

1.1. What acquired disabilities were revealed in the veterans?

- *acquired disability* (codes: mental disorder – depression, physical disability – serious leg injury, physical disability – arm amputation),

1.2. What military support did the veterans receive?

- *military support* (code: help),
- *veteran privileges* (code: money),

1.3. What areas of infirmity have revealed in the home life?

- *automarginalization of veterans* (code: refusal, doubts, marginalized masculinity),
- *wives' infirmity* (code: emotional overload, mission dis-suasion, failures in conversations with her husband about his medical treatment,

⁸¹ U., Flick, *Jakość w badaniach jakościowych*. Wydawnictwo Naukowe PWN, Warszawa 2011.

⁸² J., A., Maxwell, *Qualitative Research Design: An Interactive Approach, Applied Social Research Methods Series*, SAGE, London 1996.

- *alcohol and domestic violence* (codes: drinking to forget and not to think, drinking and beating, alcoholic arousing fear),
- 1.4. What preceded veterans' suicides?
- *before suicide* (codes: suicidal thoughts, faithful drinking mates, loss of a hand, loss of masculinity),
- 1.5. What changes in support, according to the wives, should be made in the structures troops to prevent veterans from suicide?
- *wives about changes in the support of veterans with acquired disabilities* (codes: state duties, against unpreparedness).

The following analyzes contain detailed verbatim data (raw data from transcripts) and answers to research questions. Research question 1. concerned the answers to the types of acquired disability in the transcripts of the interviews with Informants 1,2,3. The results of the analyzes revealed that the wives found out about two dimensions of acquired disabilities of the veterans, related to their mental functioning disorder and physical disabilities.

1. Category: Acquired disability

CODE: mental disorder – depression

Informant 1.

"Upon his return, my husband did not resemble himself in his behavior."

"He was a different man than before the mission..."

"He was afraid to leave the house."

"When he heard a sound, a sound similar to a shot, his whole body was paralyzed"

"Another time, he ran away and dragged me along the street"

"His smile vanished from his face."

"After the mission, he couldn't enjoy the simplest things as before."

"My husband <<hung up>> while talking to anyone.

"He did not answer questions."

"He looked as if he would be absent in a given room"

"He always wondered if he killed anyone."

CODE: physical disability – serious leg injury
Informant 2.

“First time injured” (during mission 3.)
 “Escape to the shelter, mine was shot in the leg”
 “The gunshot tore his leg almost to pieces”
 “Thanks to his friend’s quick reaction, he survived”

CODE: physical disability – hand amputation
Informant 3.

“Our conversations on the first mission were about 5-7 minutes each day.”
 “We had nothing to talk about, but I could talk and talk.”
 “But on the other side, all I could hear was what he had for breakfast, lunch and dinner, and that nothing had happened.”
 “He did not allow himself to think that he no longer had his hand”
 “He was closing more and more often”
 “For him, losing an arm is losing bravery.”
 “He had fears, depression. He didn’t take care of our son.”
 “He had no joy in life.”

Informants 1,2,3 precisely describe the nature and functioning of the husbands after returning from a foreign mission and the type of acquired disability. Husband of Informant1 manifested mental disorders related to depression, anxiety and persecutory thoughts. He was afraid to leave the house and he felt scared with loud noises and seemed sad and absent. Husband of Informant2 – acquired a physical disability, serious leg injury, as a result of being shot during his third participation in a foreign mission. Husband of Informant3 also acquired a physical disability – he lost his hand and experienced anxiety and depression. Informant3 indicates that in the understanding of the veteran, her husband – the loss of an arm was closely related to the loss of “bravery.” The above data also indicate the functioning of husbands in families (Informant1, Informant3), consisting in auto-marginalization, withdrawal from relations with the family, including children.

Detailed research question 1.2., formulated in this report and article, concerned the type of support received from the army. Coding and categorization revealed two categories as answering the question posed, and thus they indicated what wives learned about the support of their disabled husbands by superiors, military culture and the state. The two generated categories are 2. Military support and 3. Privileges of veteran.

2. Category: Military support

CODE: Help

Informant 1.

"Of course, he got money for the mission, the allowances."

"No, he didn't get any other support"

"As for help, my husband didn't get any. He was not even referred to a psychologist, in fact he needed a psychiatrist!"

"I thought that someone who was above him, although would call my husband asking about his health, asking if anything he needs, or would send him directly to a psychologist/ psychiatrist"

Informant 2.

"Money."

Informant 3.

"Yes, the state helped us when my husband was injured."

"They organized a trip to see my husband for me."

The above data shows that one of the three Informants received support from the state in the form of a trip abroad to visit her husband shortly after acquiring a disability (Informant3). All Informants 1,2,3 confirm the financial support they received from the army. At the same time, however, Informant1 emphasizes the lack of psychological and psychiatric assistance from the military and the lack of professional psychological or psychiatric monitoring of this support by the military.

3. Category: Privileges of veteran

CODE: Money

Informant 1.

"My husband did not need the privileges because he was unable to leave the house."

"In order to get help quickly, one had to get a veteran ID first. How was my husband supposed to do this, if he claimed that he was fine, because he did not want to admit that it was too much for him?... "

"How was he supposed to submit the application and all the papers that are needed for the veteran's ID to get free aid from the state? He had to apply for this help himself!"

Informant 2.

"I do not know."

Informant 3.

"After leaving the hospital, my husband was on a rehabilitation camp."

"I read a lot about subsidies, after all, as a veteran, the victim had priority for examinations and treatment."

The results of the research indicated the interpretation of the category of "privileges" in the opinions of Informants 1,2,3. In two cases (Informant1, Informant3), the wives of veterans knew that their husbands, as veterans with disabilities, had certain privileges. It was knowledge about the possibility of getting a veteran's ID card, using subsidies and going to a rehabilitation camp. Informant1 indicates the existing bureaucracy in the background of acquiring privileges of veterans who have to apply for this help and support on their own, being disabled for a short time. This means that the veterans found themselves on a difficult adaptation path to their own disability and were unable to do their own errands. Informant1 and Informant3 found out about subsidies due to their husbands and about priority for examinations and treatment. Informant's3 husband went through a rehabilitation stay because he asked for this kind of help

himself. Informant2 did not know the privileges of a veteran with an acquired disability.

Research question 1.3 concerned the examination of the areas of difficulties that appeared in family life after the return of a veteran with an acquired disability from the mission, and what the informants learned about it. The results of the research revealed 3 categories of infirmity in 3 families. The first one concerned the veteran himself and his auto-marginalization (category 4) in family life, as well as constant withdrawal from interpersonal relations, negation and refusal to accept professional help, doubts in everyday existence (Informant2), subjective feeling of loss of masculinity (Informant3) against the background of the progressing process alcohol addiction. The second category of infirmity concerned the wives themselves (Informants 1,2,3) and their inability to help her husband and witness the degradation of the husband's personality, his increasing violence and alcohol addiction. Informant2 clearly mentioned the abuse of her alcohol-addicted husband, and the fact that she had been beaten. The third category to describe family difficulties is alcohol itself and domestic violence (category 6).

4. Category: Veterans auto-marginalization

CODE: Refusal

Informant 1.

"He said he didn't need any help."

"And it was getting worse and worse with him."

"The husband did not want any help from anyone, he did not sleep at night. Because of it all, he reached for alcohol. He got drunk to the point of unconsciousness, because only then could he sleep normally..."

"He was starting to feel suicidal, he talked about it more and more."

Informant 2.

CODE: Doubts

"Would you like such a life? (husband did not want to)"

CODE: Marginalized masculinity

Informant 3.

"Fortunately, my husband had a series of surgeries and survived."

"He had a lot of wounds, scars and burns on his arm."

"When my husband returned to the country, he underwent a series of operations."

"He did not want to cooperate with doctors, he argued, he did not want to see anyone."

"He wasn't even interested in me and our son because he wanted to go back on a mission to help colleagues."

"My husband didn't even want to pick up his son."

"He kept repeating that he was unable to provide his own child with a decent life."

"He was worried who would earn for a house or family"

"He did not want to be a << housewife >>"

The above data indicate that Informants1,2,3 learned about the complex process of auto-marginalization of 3 veterans with acquired disabilities, against the background of adaptation. This process described by the wives, Informants1,2,3, is analytically based on three detailed codes: refusal – characterizing in particular the process of adaptation of the husband of the Informant1, but also of the Informant2 and Informant3. Veterans refused to accept help. Moreover, on the doubts – characterizing the process of adaptation of Informant's2 husband, marginalized masculinity – was characterizing the process of adaptation to the disability of Informant's3 husband, who associated acquired disability with masculinity, gender and change of role and position in the family. Auto-marginalization in the families of veterans, their refusal to obtain professional psychological help was a constant element of disappointment and serious difficulties in the family life of Informants 1,2,3.

5. Category: Wife's infirmity

CODE: Emotional overload

Informant 1.

"I was terrified, I didn't know what to do."

"I didn't recognize my husband, much less I didn't know how to help him."

"My heart was breaking as I watched it get worse each day."

"As a wife, I have never been on such a mission and I don't know, I can't even imagine what my husband felt then, he had to go through emotionally"

"Of course, I supported him as much as I could, but I did not help him as much as a specialist psychologist/ military psychiatrist would help."

CODE: Insistence on relinquishing mission

Informant 2.

"I told him not to go on missions anymore."

"The first was in Afghanistan"

"One would be enough for him. It was still not enough for him"

Informant 3.

CODE: Failures in conversations with my husband about treatment

"That was so many of our conversations, and they made me feel like we were moving apart."

"We live in the countryside and other people are not interested in the fact that my husband survived the trauma, but in how much he earned on the mission."

"The husband was in a critical condition in the hospital."

"I couldn't go to him, hug him, I didn't know what was happening to him and whether he would survive at all."

"I explained to him that there is a prosthesis."

"That we will do everything to make him have a hand."

"I was sending him to a doctor, a psychiatrist."

"After three visits, he stopped visits."

"I asked him, I begged him."

"But I couldn't force him for treatment."

"My requests did not work."

Moreover, Informants^{1,2,3} learned about their own infirmity during the adaptation to the disability of veterans' husbands. Category 5. has been described as - Wife's infirmity, has revealed its detailed content and contexts. The wives' infirmity manifested itself

in the form of emotional overloads (Informant1), insistence on relinquishing mission (Informant2) and failures in conversations with husband about treatment (Informant3). It should be emphasized, however, that in the context of the next generated categories, the wives (Informants1,2,3) experienced emotional overloads, learned about their own infirmity, while helping their husbands.

6. Category: Alcohol and Domestic Violence

Informant 1.

CODE: Drinking to forget and not to think

"Because of it all, he reached for alcohol."

"He got drunk until he passed out because only then could he sleep normally."

"My husband started drinking, in the beginning it was drinking to forget. Drinking so that one can fall asleep for a moment not to think about it. Later, however, it was only worse."

Informant 2.

CODE: Excessive alcohol use and beating

"He started to drink."

"He was drinking so much, he was beating me that I had no strength anymore."

"Not only was he an alcoholic, but he also abused me."

"Instead of spending money on a sick mother, he preferred to drink and beat."

Informant 3.

CODE: The fear-inducing alcoholic

"My husband came after the rehabilitation camp with an alcohol problem."

"According to him, he felt no pain while drinking, he forgot that he was no longer valuable."

"He became an alcoholic."

"I was slowly starting to fear my husband."

Category 6 is an additional context of the revealed infirmity of wives, indicated in category 5. The Informants 1,2,3 learned that the process of adaptation to the disability of disabled veterans is accompanied by their husbands' addiction to alcohol. This process turned out to be destructive to the functioning of the domestic life. Husbands were sometimes aggressive, arousing fear in their wives (Informant1, Informant3) or they used physical violence – beatings (Informant2). Wives showing a great deal of understanding of the situation experienced by their husbands with disabilities were left to deal with the problems generated by their husbands' behavior.

The answer to the 1.4 detailed research question of this report, defined as – what preceded the veterans' suicides – indicated category 7. Before suicide. The process of adaptation of veterans with acquired disabilities was a gradual process based on specific elements: a sense of inability to cope with disability, refusal to accept or resign from help, denial, becoming addicted to alcohol (Informant1,2,3) and other stimulants (Informant3). In addition, disability adaptation was unfortunate and ended with the suicide of 3 veterans. It should therefore be pointed out that the suicides of 3 veterans were not a sudden phenomenon, but rather an articulated conclusion by the veterans of a complex process of unfortunate adaptation to disability. Additionally, it is worth emphasizing that members of the military culture – colleagues – increased the addiction of a disabled veteran to alcohol. Informant2 talks about “faithful friends by the glass” and Informant3 talks about coming from a rehabilitation camp with an alcohol problem. An additional thread emphasized before the suicide was the subjective loss of masculinity after losing an arm, articulated by Informant3 about her husband.

7. Category: Before suicide

CODE: Suicidal thoughts

Informant 1.

“He was starting to feel suicidal, he talked about it more and more.”

“It certainly contributed to my husband's taking such actions.”

"As I said. I could support him, be with him. But what more could I really do?"

"I talked to him, he told me the same thing every time that he could see a picture, he couldn't sleep. But I am not a qualified psychologist, I was not able to help him. "

"In my opinion, as I said, a visit to a psychologist should be obligatory and the consequences if any of the soldiers did not show up for it. I think a psychologist would direct him to the right specialists to help him with alcohol, his suicidal thoughts. "

"He claimed that he shouldn't live in this world, that he couldn't make it."

CODE: Faithful colleagues "by the glass"

Informant 2.

"Yes, he could count on his friends by the glass."

CODE: Loss of a hand, loss of masculinity

Informant 3.

"During the camp, he and his friends drank beer if they didn't want to do anything else."

"A few beers, then they drank more and more."

"At the end there were other stimulants to forget."

"After the camp, he came back as a different person, I did not know if he would fall for other stimulants when going back for treatment."

"He committed suicide. The loss of a hand was a loss of masculinity for him. "

Answer to the research question 1.5. it was a suggestion of what the wives learned about the process of adaptation to disability and what changes they indicate in the procedures of supporting veterans in the military structures and by the state. The following content illustrate the wives' suggestions for changes that they believe would help other disabled veterans returning from a foreign mission and to adapt. The generated categories are the obligations of the state, and in the face of unpreparedness.

8. Wives about changes in the support of veterans with acquired disability

CODE: State responsibilities

Informant 1.

"Let the state introduce an obligation to visit a psychologist and it will be one very good help. I think this one visit will help a great many soldiers in the rest of their lives. "

"Let the state not deceive the soldiers what they will do in the war. Because for my husband it was supposed to be only a stabilization mission, i.e. training others. And it turned out that he will fight there, that he must have a gun with him. "

"He wasn't even referred to a psychologist, left alone but he needed psychiatrist."

"Men cannot ask for help, left alone have the courage to go to a psychologist. Even more so, my husband as a veteran who was in the war could not admit that this war simply surpassed him and is unable to cope on his own. Therefore, no privileges, allowances, etc. helped him before committing suicide "

Informant 2.

- (silence and no answer)

CODE: In the absence of readiness

Informant 3.

"I think my husband had a lot of opportunities to overcome the trauma after leaving."

"Unfortunately, he himself did not want this help."

"Everyone wanted to help him, but he did not want this help"

The observations and suggestions of the wives (Informants 1, 3) illustrate 2 categories of problems that should be solved and changed. The first concerns the obligations of the state, which should obligatorily refer veterans to visits to psychologists or military psychiatrists. Additionally, wives indicate the specificity of male gender function-

ing (Informant3), where “males are reluctant to ask for help and support”. The second aspect worth considering and changing is, according to Informants1,2,3, not explicitly expressed but advisable to undertake systematic actions encouraging the military culture and the state against the revealed lack of readiness of veterans to accept psychological or psychiatric help. The analyzed data indicated that the military culture in the case of 3 war veterans was unprepared to properly support its own members with acquired disabilities. Military culture did not support the wives as well. A veterans adapting to a complex disability had to apply for help on their own.

Conclusion

The presented research results concern 3 case studies of learning in the family by wives about acquired disabilities of their husbands, war veterans after returning from a mission. The wives learned that the husbands from the mission returned psychologically changed in health, and having acquired disabilities. In addition to the answers about the acquired disability itself and the context of life with the husband veteran, the Informants1,2,3 also learned about their husbands’ disabilities through the prism of the support of the army (superiors). Additionally, the Informants 1,2,3 learned about the areas of self-infirmity in home life, which was associated with participation in the self-marginalization of husbands, escalation of consumption of alcohol and drugs and the use of domestic violence – “abuse” (Informant2). One by one, Informants1,2,3 found out about their husbands’ suicidal thoughts and the implementation of the suicide. Therefore, the wives learned but also participated together with the veteran in their processes of adaptation to disability, life in the family, military culture and in the state. The data indicate that Informants 1,2,3 were disappointed with the support of veterans by their superiors, military culture and the state. Even sympathetic solidarity of colleagues soldiers worked against the veterans, exacerbating their addictions. It is not difficult to see that the Informants 1,2,3

received no support and were left to fend for themselves with the escalating problems of domestic violence. It is worth adding that the problem of the voluntary use of psychological or psychiatric help by a veteran who, in the opinion of 3 Informants, is not appropriate. In the opinion of the Informants^{1,2,3}, the information was particularly disappointing that the military culture and the state sent soldiers on missions, gave incomplete information about the purpose of the mission, but above all, it does not properly care for soldiers after returning from missions, as veterans with acquired disabilities. Although the Informants^{1,2,3} mentioned financial support and allowances after their husbands lost their health – such help, in their opinion, was insufficient. Informants^{1,2,3} stressed that the military and superiors should obligatorily refer veterans with acquired disabilities to psychiatric treatment or permanent psychological consultations. Veterans in Poland are left to their own decisions regarding their own treatment, especially of mental disorders, which is not good in the opinion of the 3 wives, Informants. Their reports showed a clear process of gradual degradation of family life as a result of the lack of proper help for a disabled veteran, which means directed from above by the military and superiors, and not left to the choice of veterans. The Informants^{1,2,3} assumed the burden of everyday life with veterans with acquired disabilities who had difficulties adapting to disabilities, using alcohol and drugs, using violence and mental and physical abuse of their wives, reported suicide and ended their own lives. Informants^{1,2,3} were completely infirm in the face of the problems of their husbands loss of health, escalation of domestic violence, abandonment of their husbands by their superiors in the army, husbands' refusal to receive psychiatric treatment and participation in psychological therapy. In the accounts of three informants, military culture did not support their husbands sufficiently. Firstly, social abandonment and the lack of interest of superiors in the fate of subordinate soldiers, one could say quasi tabooing disability as a phenomenon in military culture, and secondly, the inappropriate loyalty of colleagues "by the glass", who deepened the alcohol addiction of veterans with disabilities. Additionally, the results of the research

indicated an existing thread of identifying acquired disability (loss of a hand) with the loss of masculinity by a veteran (Informant3). Informant3 says: "he committed suicide. Losing a hand was for him a loss of masculinity" - which should also be investigated and analyzed in further research on disability acquired in military culture. Informant3 emphasizes "males cannot ask for help, left alone have the courage to go to a psychologist", which also indicates that refusal to accept help may be related to gender. 3 war veterans with acquired disabilities, recalled by their wives, Informants 1,2,3 - considered their own death to be the only solution to a given moment of personal infirmity in the process of adaptation to acquired disability. The process of adaptation of 3 veterans illustrates, apart from disability in the somatic and mental sphere, also an additional disability generated socially and culturally related to the lack of proper support for 3 families in military culture. The secondary disability of 3 veterans was revealed in the process of: auto-marginalization, addiction to alcohol and drugs, escalating domestic violence, articulating suicidal thoughts and suicides of 3 veterans. Additionally, when considering acquired disability in the perspective of the social and cultural model, specialist literature indicates the problem of social stigma in the army, among colleagues and the command, especially when the veteran's problem concerns PTSD traumatic stress "unfortunately, recent studies have found that concern about *stigma* (how a soldier will be perceived by peers and leadership) was disproportionately greatest among those most in need of help from mental health services (Hoge et al⁸³). The indicated problem of the *stigma* of disability in the army should also be taken into account when planning re-education activities⁸⁴ or supporting the families of a veterans with an acquired disability.

⁸³ C. W., Hoge, C. A., Castro, S. C., Messer, D., McGurk, D. I., Cotting, R. L. Kofman, *Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care*, "The New England Journal of Medicine", 2004, 351, pp. 13-22.

⁸⁴ B., Borowska-Beszta, *Reedukacja weteranów z niepełnosprawnością nabytą-urazowym uszkodzeniem mózgu (TBI). Założenia teoretyczne i rozwiązania praktyczne*. "Niepełnosprawność. Dyskursy Pedagogiki Specjalnej", 2019, 34 s. 176-192.

References

- Australian Institute of Health and Welfare, (AIHW) 2007. Disability in Australia: Acquired Brain Injury. Cat. No. 96. <https://www.aihw.gov.au/reports/disability-services/disability-australia-acquired-brain-injury/contents/table-of-contents>. Australian Institute of Health and Welfare, 2015.
- Borowska-Beszta, B., *Anatema szoku kulturowego w andragogice specjalnej*, „Edukacja Otwarta” 2008, 2(2), s. 163–180.
- Borowska-Beszta, B., *Artefakty i technologia kultur wojskowych wspierająca weteranów z niepełnosprawnością*, „Kultura Współczesna”, 2018, 3(102), s. 27–41.
- Borowska-Beszta, B., *Reedukacja weteranów z niepełnosprawnością nabytą-urazowym uszkodzeniem mózgu (TBI). Zakożenia teoretyczne i rozwiązania praktyczne*. „Niepełnosprawność. Dyskursy Pedagogiki Specjalnej”, 2019, 34 s. 176–192.
- Breyer, B., N., Cohen, B., E., Bertenthal D., Rosen, R., C., Neylan, T., C., and Seal K., H., *Dysfunction in Male Iraq and Afghanistan War Veterans: Association with Posttraumatic Stress Disorder and Other Combat-Related Mental Health Disorders: A Population-Based Cohort Study*. “J Sex Med.” 2014, 11, pp. 75–83.
- Brzezińska, A., *Dzieciństwo i dorastanie: korzenie tożsamości osobistej i społecznej [Childhood and adolescence: the roots of personal and social identity*. In: A. Brzezińska, A. Hulewska, & J. Słomska (Ed.), „Edukacja regionalna” [Regional Education], Wydawnictwo Naukowe PWN, Warszawa 2006, s. 47–77.
- Byrne, T., Treglia D., Culhane, D., Kuhn J., and Kane, V., *Predictors of Homelessness Among Families and Single Adults After Exit From Homelessness Prevention and Rapid Re-Housing Programs: Evidence From the Department of Veterans Affairs Supportive Services for Veteran Families Program*, “Housing Policy Debate”, 2016, 26, (1), pp. 252–275, DOI: 10.1080/10511482.2015.1060249
- Coll, J., E., Weiss E., L., Yarvis, J., S., *No one leaves unchanged. Insights for civilian mental health care professionals into the military experience and culture*. “Social Work in Health Care”, 2011, 50 (7), pp.487–500.
- Denzin N., K., Y., S., *Lincoln Wprowadzenie. Dziedzina i praktyka badań jakościowych*, w: „Metody badań jakościowych”, red. N.. Denzin i Y.. Lincoln, t.1 Wydawnictwo Naukowe PWN, Warszawa 2009, s. 19–57.
- Dorsett, P., *The Importance of Hope in Coping with Severe Acquired Disability*, “Australian Social Work”, 2010, 63(1), pp. 83–102.
- Dunn, D., S., Brody, C., *Defining the Good Life Following Acquired Physical Disability* “Rehabilitation Psychology” 2008, 53 (4), pp. 413–425.
- Dutton E., *Towards a Scientific Model of Culture Shock and Intercultural Communication*. “Journal of Intercultural Communication”, 2011, 27, (Accessed 4.Apr. 2021) <https://immi.se/intercultural/nr27/dutton.htm>
- Englander J., Cifu D., Diaz-Arrastii R. *Seizures after Traumatic Brain Injury*, “Arch Phys Med Rehabil.”, 2014, 95 (6), pp. 1223–1224.

- Flick U., *Projektowanie badań jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2010.
- Flick U., *Jakość w badaniach jakościowych*. Wydawnictwo Naukowe PWN, Warszawa 2011.
- Gibbs G., *Analizowanie danych jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2011.
- Green, J., L., Bloome, D. *Ethnography and ethnographers of and in education: a situated perspective*. In: Flood J., Heaths S.B., Lapp D. (Ed.). "Handbook for literacy educators: research in the community and visual arts", Macmillan, New York 1997, pp. 181-202.
- Gullahorn J., Gullahorn, J., *An Extension of the U-Curve Hypothesis*, "Social Issues", 1963, 19 (3), pp. 33-47.
- Hester R., D., *Effective Strategies to Combat High Suicides and Trauma Among American Veterans*. "J Trauma Treat" 2017, 6, pp. 1-3. doi: 10.4172/2167-1222.1000403
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., and Koffman, R. L. *Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care*, "The New England Journal of Medicine", 2004, 351, pp. 13-22.
- Hutchinson, J., Banks-Williams, L., *Clinical issues and treatment considerations for new veterans: Soldiers of the wars in Iraq and Afghanistan*, "Primary Psychiatry", 2006, 13, 66-71.
- Irwin, R. *Culture shock: negotiating feelings in the field*, „Anthropology Matters Journal” 2007, 1(9), pp. 1-11. https://www.anthropologymatters.com/index.php/anth_matters/article/view/64/124 (Accessed: 4. Apr 2021)
- Jacobs K., Hendrickson L., A., Sampson D.J., Nardonea E., Lopezd A., Rumrill K.B., Stauffer P., Elias C., E., Scherer M., Dembed J. *Project Career: Perceived benefits of iPadapps among college students with Traumatic Brain Injury (TBI)*, "Work" 2017, 58, pp. 45-50, <https://content.iospress.com/download/work/wor2596?id=work%2Fwor2596> (Accessed 15.05.2018).
- Kang, H., K., Bullman, T., A., *Risk of suicide among US veterans after returning from the Iraq and Afghanistan war zones*. „JAMA” 2008, 300, pp. 652-653.
- Kropkowska J., Borowska-Beszta, B., *Mężczyźni bezdomni o aktywnościach codziennych: Etnograficzne studia przypadków. „Niepełnosprawność. Dyskursy Pedagogiki Specjalnej”* (tekst w procedowaniu wydawniczym) 2021.
- Kvale S., *Prowadzenie wywiadów*. Wydawnictwo Naukowe PWN, Warszawa 2010.
- Lambert, S. M., Morgan, M., *Supporting Veterans and Their Families: A Case Study and Practice Review*. "The Family Journal: Counseling And Therapy For Couples And Families", 2009, 17(3), pp. 241-250 Doi: 10.1177/1066480709337800.
- Lejzerowicz M., Tomczyk D., *Acquired disability: self-esteem and identity integration*, "Polish Psychological Bulletin" 2018, 49(2), pp. 262-271 DOI - 10.24425/119494
- Maxwell, J., A., *Qualitative Research Design: An Interactive Approach*, Applied Social Research Methods Series, SAGE, London 1996.

- McGeary M., Ford M.A., McCutchen S.R., Barnes D.K. *A 21st century system for evaluating veterans for disability benefits*, "Committee on Medical Evaluation of Veterans for Disability Compensation" Board on Military and Veterans Health, 2007, pp 65–66.
- Oberg, K., *Culture Shock*. Presentation to the Women's Club of Rio De Janeiro, 3. Aug, Brazil 1954.
- Pakiela A., *Weterani wojenni z niepełnosprawnością nabytą w opiniach żon. Trzy studia przypadków*. Niepublikowana praca magisterska WFiNS, UMK 2020.
- Peterson A., Bozzay, M., Bender, A., Monahan M., Chen J., *Those left behind: A scoping review of the effects of suicide exposure on veterans, service members, and military families*, "Death Studies" 2020, pp. 1-10. DOI: 10.1080/07481187.2020.1802628
- Rapley T., *Analiza konwersacji, dyskursu i dokumentów*. Wydawnictwo Naukowe PWN, Warszawa 2010.
- Rozanov V., Carli V. *Suicide among War Veterans*. "Int. J. Environ. Res. Public Health", 2012, 9, pp. 2504-2519 doi:10.3390/ijerph9072504
- Rosof B.,M., Hernandez L.,M., *Gulf War Veterans. Treating Symptoms And Syndrome*, National Academy Press Washington, D.C. Military Culture, 2001 <https://www.defense.gov/News/Article/Article/1213804/translating-military-culture-to-the-civilian-workplace/> (Accessed 18.May2018).
- Rushworth, N., *Out of Sight, Out of Mind: People with an Acquired Brain Injury and the Criminal Justice System*. Brain Injury Australia 2011 https://www.braininjuryaustralia.org.au/wp-content/uploads/CJSpolicypaper_FINAL.pdf. (Accessed 4. Apr 2021)
- Schein, E., H., *Organizational Culture and Leadership*. Jossey-Bass, San Francisco 2004.
- Silverman D., *Prowadzenie badań jakościowych*, Wydawnictwo Naukowe PWN, Warszawa 2008.
- Yin R., K., *Studium przypadku w badaniach naukowych. Projektowanie i metody* Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2015.
- Tallman, B. A., Hoffman, A., C., *Meaning making concerning acquired disability* In E. M. Altmaier (Ed.), "Reconstructing meaning after trauma: Theory, research, and practice", 2017, pp. 133–151. Elsevier Academic Press.
- Weiss E., L., Albright D., L., *Introduction to the Special Issue: Mental Health Care for Military Service Members, Veterans, and Their Families: Opportunities for Social Work*, "Social Work in Mental Health", (2014), 12(5-6), pp. 387-390, DOI: 10.1080/15332985.2014.927408.