

**Coming Home as “Wounded Warriors”:
Identity, Stigma, and Status among Post-9/11 Wounded Veterans**

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The wars in Iraq and Afghanistan have produced a new generation of wounded, injured, and ill veterans known as “wounded warriors.” This term has come to define post-9/11 wounded veterans—it is used colloquially, as a medical term, and as an official status. Transposing the symbolism of the warrior in military culture, “wounded warrior” linguistically ties wounded veterans to a new fight—battling their injuries and fighting for recovery. Replacing the traditional label of ‘disabled veteran’, wounded Iraq and Afghanistan veterans have become a new class of wounded veterans. The rise of the term “wounded warrior” has also been coupled with shifts in the support infrastructure for post-9/11 wounded veterans—altering the social, cultural, and structural landscape of rehabilitation and reintegration. Many of today’s wounded veterans are inundated with resources, programs, and opportunities specifically earmarked for post-9/11 wounded, injured, and ill veterans.

Servicemembers’ homecoming defines their service and the meaning of their veteran status as much as the war they participated in. Veterans learn to make sense of their service and their new role as a veteran in the shadow of its socially constructed meaning in society. Vietnam veterans faced a hostile homecoming, a tension still affecting the cultural acceptance and psychological health of its veterans. Wounded Iraq and Afghanistan veterans come home to a society that knows them as “wounded warriors”; I ask: how does this impact the way these wounded veterans think of themselves, their service, and their sacrifices? This dissertation analyzes the symbolic meaning of “wounded warrior”—tracing how this social construct is defined, its impact on the wounded veteran community, and how it shapes the everyday lives of post-9/11 wounded veterans.

Despite the significance of the veteran role in society, sociologists know little about how veterans understand or enact their veteran identity. Much of the literature on veterans in military sociology examines the socioeconomic or health outcomes of military service, measuring the relative quantifiable advantage or disadvantage of military service compared to their civilian peers (Cooney et al. 2003; Smith et al. 2012; Teachman 2004; Teachman and Tedrow 2007). An emerging line of research grapples with the significance of veteran status in small group settings, by employers, and the media (Algra et al. 2007; Hipes et al. 2014; Kleykamp and Hipes 2015; MacLean and Kleykamp 2014). While these studies give insight into the public perception of veterans, they neglect the *subjective* experiences of veterans and their veteran status. Veterans actively construct, contribute to, and communicate their identity as a veteran, a process shaping the social and personal consequences of veteran status in their lives.

Similarly, sociological research more broadly has overlooked the study of military veterans particularly, and of significance to this project, in the areas of identity and disability. While only 7 percent of the U.S. population has ever served in the military, military service occurs at an important point in the lifecourse—during the transition to adulthood (Elder 1986; Kelty et al. 2010; Martinez 2011). Both the unique aspects of the military institution and the conditions of veterans' service (war vs. peace time, combat vs. non-combat) can profoundly shape the lifecourse trajectories of those who serve (Dechter and Elder 2004; Kelty et al. 2010). Military veterans are an important group for scholars of identity because of their explicit attachment to a common institution that can highlight or diminish certain characteristics and statuses. In disability studies, the lack of research on veterans is surprising given that veterans possess traditionally stigmatized disabilities that originate from an honorable source—their military service. The case of “wounded warriors” offers sociologists a unique opportunity to

analyze the consequences of an alternative construction of disability and stigma in society, refining theoretical connections between inequality, identity, stigma, and social status.

This dissertation bridges both of these existing gaps to examine the experiences of “wounded warriors” showing how post-9/11 wounded veterans craft, negotiate, and enact their status as “wounded warriors.” My research addresses four primary research questions: (1) How is “wounded warrior” defined and understood? What are its varied meanings, and for whom?; (2) How do post-9/11 wounded veterans navigate their social identity as a “wounded warrior”? What factors influence their experience as a “wounded warrior”?; (3) What consequences does the categorization of “wounded warrior” have on the community of post-9/11 wounded veterans? How do wounded veterans construct and maintain a collective group identity as “wounded warriors”? and (4) How does visibility (of injuries) impact veteran’s identification with the “wounded warrior” construct? How does visibility affect veteran’s relationship to the larger wounded veteran community? Using two forms of qualitative data, a content analysis of media coverage and in-depth interviews with post-9/11 wounded veterans, this study is the first to trace the lived experiences of wounded Iraq and Afghanistan veterans within the “wounded warrior” construct.

Methodology

This research seeks to understand the *subjective experiences of wounded veterans as “wounded warriors”*, a calling designed for qualitative methods. Qualitative methods allow researchers to explore complex questions with rich, in-depth data (Ambert et al. 1995; Matthews 2005; Ragin and Amoroso 2011; Sofaer 1999). My research questions center on how Iraq and Afghanistan veterans create, define, and protect the meaning of their veteran status within the socially constructed context of being “wounded warriors.” My status as an active-duty military

spouse signaled to respondents my knowledge, understanding, and investment in the community, allowing me greater access and trust within this niche veteran community. I conducted in-depth interviews with 39 post-9/11 wounded, injured, or ill veterans residing in San Diego, California and San Antonio, Texas as well as a content analysis of local and national print news media to understand the significance of the “wounded warrior” construct in the lives of wounded veterans. In both sets of data I attend to the role of visibility—whether a veteran’s injuries are readily seen—as a significant factor affecting both the portrayal and experience of veteran’s status as a “wounded warrior.”

In my first effort of data collection, a content analysis of media coverage on Iraq and Afghanistan wounded veterans, I analyzed articles from four print news sources: *The New York Times*, *USA Today*, *The Washington Post*, and *The San Diego Union Tribune*. These sources were intentionally selected to examine how journalists at both the national and local levels portray “wounded warriors” capturing a wider range of public discourse on wounded veterans. I created a stratified sample of 122 articles, aggregating data from each source between September 11, 2001 and December 31, 2013 through a Factiva database search with a customized search string. I analyzed and coded articles using an iterative open coding process based on seven themes relating to the portrayal of “wounded warriors”: (1) descriptive adjective use, (2) benefits, (3) injuries including type, circumstances, and experiences, (4) generations of veterans, (5) organizations and actors, (6) treatments (medical and other), and (7) veteran frames.

My second, and primary, focus of data collection was semi-structured in-depth interviews with post-9/11 wounded, injured, or ill veterans. I conducted 39 interviews, all face-to-face, over the course of two years (between June 2014 and July 2016) in San Diego, California and San Antonio, Texas. San Diego was the primary area of focus for participant recruitment. San Diego

County has the largest number of Iraq and Afghanistan veterans in the United States and is home to multiple Naval and Marine Corps bases (San Diego Regional Chamber of Commerce 2013). San Antonio was included as a secondary location to increase the diversity of visible injuries (to incorporate burn injuries) and service branch representation. San Antonio is home to the only Department of Defense military hospital with a specialized burn center to treat severe burns, inhalation injuries, and complex soft-tissue trauma. In each location I relied on community networks, regular volunteering with local organizations, and snowball sampling for participant recruitment.

To be eligible for my study, wounded veterans had to meet specific eligibility criteria designed to capture veterans who have experienced significant and disruptive medical issues during their time in military service related to military duties and/or combat/deployment as well as those who were at least two years post-injury. I intentionally sought to balance my interview sample between veterans with visible injuries and invisible injuries because visibility is a major comparative category in my analysis. Out of a total of 39 participants, 23 are categorized as having visible injuries (59 percent) and 16 are categorized as having invisible injuries (41 percent). The interview guide explored the following themes: path to the military, military service, getting hurt, immediate recovery process, getting into the “new normal”, identity and self-concept, “wounded warrior” construct, and the future ahead/wrap-up.

Findings

Wounded veterans occupy a particular *social location* because of their unique veteran status, nested within civilian society, the larger military/veteran community, and inside their own group as “wounded warriors.” My dissertation traces a progressive focus through these contextual layers, systematically analyzing wounded veterans experiences as “wounded

warriors” starting with the portrayal of “wounded warriors” in the media, then moving to veterans’ experiences in public interactions, and ending with the internal community dynamics among wounded veterans.

Veterans, especially those who are wounded, are the human face of war when they return home. How the media portrays these veterans helps to define the nation’s relationship with each conflict, a process of collective meaning that is ongoing for Iraq and Afghanistan veterans (Tinsley 2015). The print news media coverage of post-9/11 wounded veterans focuses on their experiences at home, primarily the quality and effectiveness of their medical care. In particular, the Department of Veteran Affairs and the military institution were framed in a negative way, positioning “wounded warriors” as victims of a system that is overwhelmed and underprepared. The media narrative about wounded veterans frames their experiences in a way that directs public attention towards their medical care, but away from other issues including their experiences in the military and their lives post-injury. In this way, the media keeps “wounded warriors” wounded by dedicating the majority of print space to medical recovery issues and the continual problems they faced at home (after war).

An analysis of the media’s coverage and attention to different wounds reveals the contrasting, unequal portrayal of amputees and veterans with Posttraumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI). Amputee “wounded warriors” are associated with positive outcomes, focusing on their progress in recovery and their post-injury accomplishments, while veterans with PTSD are bound by an overriding negative portrayal, primarily highlighted by frequent stories about homelessness and substance abuse. Wounded veterans living with TBI were most often described in a clinical way by their symptoms with less focus on any negative or positive outcomes after their injuries. TBI was labeled the “signature injury” of the Iraq and

Afghanistan wars yet reporting emphasized how little doctors and scientists know about it. The disparate framing of wounded veterans 'wounds' only serves to reify existing stereotypes and stigmas, rather than challenge or complicate conventional notions of mental illness or physical disability (Annaham 2009; Goffman 1963).

The privileging of "wounded warriors" with visible, physical injuries over those with invisible injuries or mental health problems is also reflected in veteran's own experiences in public interactions. Visibly injured veterans can use their veteran status to reject and dispel the stigma of their physical disabilities, especially in cases where their injuries align with the stereotypical images of "wounded warriors" (most notably amputees with prosthetic limbs). While visibly injured veterans benefit from their recognition as "wounded warriors" to repel stigma, their veteran status becomes a dominant status in public interactions, making it hard for them to escape being seen as a "wounded warrior" even when they attempt to downplay their injuries to others. Invisibly injured veterans choose to hide their "wounded warrior" status, rarely disclosing it unless it becomes necessary information, to avoid stigmatization. They 'op-out' of their "wounded warrior" status for two main reasons: first, they perceive their veteran status will only amplify the stigma of their invisible injuries, second, when they do disclose their invisible injuries they find others don't take their claims seriously. Veteran status conditions the responses of self and others, affecting the impact of stigma for "wounded warriors." All the veterans in this study are combat wounded (or have experienced combat), but it is the visibly injured *who are thanked* and the invisibly injured *who become feared*. This research shows how veteran status can alter the way other important statuses and identities operate in an individual's life, even statuses as substantial as stigma.

“Wounded warrior” represents more than a new descriptive phrase; it is a status attached to significant tangible and intangible benefits in society. Increased use of the term “wounded warrior” has coincided with a growing support infrastructure harnessing military and civilian resources designated for this new generation of war veterans. Veterans’ status as a “wounded warrior” separates them from civilians, including other disabled civilians, and elevates them relative to other veterans, even fellow combat veterans. However, the definition of who is considered a “wounded warrior” changes depending on the context. Although colloquial understanding assumes a “wounded warrior” is someone who was injured in combat, in some cases a “wounded warrior” can be a veteran with non-combat or non-service related injuries. This discrepancy between the popular understanding of “wounded warrior” and the working definition in the Department of Defense and other organizations, which considers a broader origin of wounds, creates tension in the wounded veteran community.

As a result, combat wounded veterans engage in *social closure for distinction*, employing social and symbolic boundaries to protect the meaning of their service and sacrifice, defining themselves as the authentic, and therefore the most worthy “wounded warriors” in the community (Lamont et al. 2014; Murphy 1988; Parkin 1979). Wounded veterans construct and enforce social norms and expectations requiring a continual demonstration of the selfless strength of the warrior symbol—*independence, humility, and selflessness*—by those who are authentic. Social closure, as a process of stratification, is activated by wounded veterans because of the financial benefits and symbolic value of the “wounded warrior” label and the perception of an active threat from ‘outsiders’, wounded veterans who are not deserving of the “wounded warrior” title trying to gain entry. My research shows that veterans with combat wounds coalesce around a common understanding of their identity as a “wounded warrior”, restricting access to

outsiders in order to protect the sanctity of their own identity against loosening bureaucratic policies and other veterans. While this unites certain wounded veterans it also fractures the community through a limited understanding of what constitutes veterans as authentically ‘wounded’ and truly ‘warriors.’

A veteran’s wounds become their credentials, sorting them as authentic, peripheral, or deviant “wounded warriors” within the community, forming a social boundary used to verify entry into the authentic “wounded warrior” community. Veterans evaluate one another based on severity and significance of their wounds and their combat experience, creating a social hierarchy known informally throughout the community. The worthiness of a “wounded warrior” is not only built on their wounds, but also how they represent themselves as a warrior. Symbolic boundaries further distinguish authenticity in the wounded veteran community by conditioning social acceptance on veteran’s ability to demonstrate independence, strength, humility and selflessness, all tenets connected to the warrior spirit. Wounded veterans thought to be acting greedy, entitled, or self-centered as “wounded warriors” are isolated from the community, seen as peripheral “wounded warriors” who are not fully deserving of the benefits of the status. Veterans draw on significant cultural and institutional features of the military—the warrior symbol, tenets of masculinity, and a service orientation—to reclaim and validate the meaning of their own wartime service and downplay any association of stigma with their injuries or disabilities.

Conclusion

This dissertation maps out how post-9/11 wounded veterans become “wounded warriors”, tracing the ways in which this social construct shapes the identity, social relationships, and community dynamics of Iraq and Afghanistan wounded veterans. In each social context I

analyzed—the media, civilian strangers, and with other veterans— “wounded warriors” with visible injuries are largely favored as the *good or celebrated* “wounded warrior” while those with invisibly injuries find themselves *stigmatized or questioned* as “wounded warriors.” News media narratives align with the public treatment of veterans where visibly wounded veterans, particularly amputees, are seen as accomplished, inspiring figures and invisibly wounded veterans are feared, mainly because of the suspected negative effects of PTSD. Inside the wounded veteran community, visibility helps position veterans atop the social hierarchy because their injuries signal a tangible sacrifice made in combat. Invisibly injured veterans grapple with continually having to prove their wounded status to their peers to gain full acceptance as a “wounded warrior.” Each layered social context feeds into the other, creating divergent trajectories for “wounded warriors.”

Wounded veterans control the communal expectations for who is an authentic “wounded warrior” to protect the meaning and symbolism of their unique veteran status. While sociological research has not yet addressed how veterans understand and uphold their military/veteran identity, my research reveals that veterans, particularly those whose military or veteran identity continues to be socially or financially consequential, do a great deal of work in maintaining expectations for themselves and others by regulating their veteran identity. The consequences of veteran’s identification ripple far outside of the individual veteran. The Iraq and Afghanistan wounded veterans interviewed for this work situate themselves within a collective understanding of what it means to be a “wounded warrior”, affecting the social dynamics and interactions for *all* wounded veterans. The creation and maintenance of an authentic “wounded warrior” identity comes at a cost—creating inequality and hierarchical differentiation within the post-9/11 wounded veteran community.

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