



The Role of Social Factors on Veterans with PTSD, Critical Literature Review

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Abstract: Post-Traumatic Stress Disorder (PTSD) among veterans is a complex condition influenced by various social factors. This critical literature review examines the role of social support, stigma, socioeconomic status, and community engagement in shaping PTSD outcomes. Studies indicate that strong social networks significantly enhance coping mechanisms and recovery, while social stigma and isolation exacerbate symptoms. Economic instability further contributes to stress, hindering access to essential mental health services. Additionally, the role of community reintegration programs is explored as a means of fostering resilience and improving veterans' well-being. The review underscores the need for holistic, socially informed interventions to enhance PTSD management among veterans.

Keywords: PTSD, veterans, social support, stigma, socioeconomic factors, community reintegration

1. INTRODUCTION

Because of the nature of the human being, which has to be socially and emotionally encircled, social connectedness and friendship support in general play a positive role in a person's life. Especially specifically, social factors are more relevant for service personnel transitioning out of the military who are experiencing moderate to severe PTSD symptoms or are encountering significant obstacles throughout their transition to civilian life. According to several research findings in PTSD studies filed, family, veterans' peer, or non-veterans' peer are the main sources of PTSD symptoms mitigation. Recently, data has emerged that contradicts previous findings about the beneficial effects of social connections and friendship on soldiers with PTSD.

The researcher in the current papers will conduct a critical literature review and evaluation in the sociological field. Papers on the impact of familial connectivity and social interactions — friendships – on veterans with posttraumatic stress disorder, in particular PTSD.

Between 2005 and 2020, the researcher will objectively evaluate peer-reviewed , published, unpublished literature using the following criteria: (1) What is the relationship between the article and the research topic? (2) Is the process or methodology thoroughly described? (3) Is the sample size presentive? How do the authors back up their claims, Is it a persuasive argument? (4) Is the data consistent with the conclusions reached? Finally, (5) is contrary evidence considered, or is certainly relevant information overlooked to substantiate the author's point?

Finally, connecting all of the aspects of the literature reviews of the research papers to understand the role of social factors on veterans with post-traumatic disorder (PTSD), which may highlight the difficulties that veterans faced while transitioning to civilian life, as well as leading and assisting other researchers to conduct more empirical and theoretical research in this field.

2. CONCEPTUAL DEFINITIONS

1- Social support:

Social support is defined as a functional component of relationships that can be divided into four categories of supportive behaviors or deeds (Glanz et al.,2008). The first type of support is emotional support, which includes compassion, affection, trust, and caring. Second, instrumental support entails

providing tangible assistance and services to a person in need. Informational support, on the other hand, is the providing of guidance, suggestions, and knowledge that a person can utilize to solve problems. Finally, assessment support entails providing information that can be used for self-evaluation, such as constructive feedback and affirmation (Glanz et al.,2008).

2- Social relationship:

The researcher defined social interactions as an individual's informal network, such as family and friends, with the understanding that different types of networks provide varying amounts and types of support. According to Glanz et al. (2008), the efficiency of the support supplied can vary depending on the source of the support. For example, long-term assistance is frequently provided by family members, whereas short-term aid is frequently provided by acquaintances or neighbors.

3- Veterans:

The term veteran, according to the United States Department of Veterans Affairs, refers to a person who served in the active-duty military, navy, or air service and was dismissed under circumstances other than dishonorable (2019).

4- Post-traumatic stress disorder:

PTSD is a mental health disorder that some people develop after experiencing or witnessing a life-threatening incident, such as combat, a natural catastrophe, a vehicle accident, or sexual assault, according to the US Department of Veteran's Affairs (2021). The symptoms must have been present for at least one month, and they must also cause clinically substantial distress or impairment in social, occupational, or other relevant areas of functioning, according to Bisson (2007). Furthermore, while symptoms normally appear soon after a trauma, they are termed to have a delayed onset if they appear at least six months later (Bisson, 2007).

3. METHODOLOGY, AND SEARCH STRATEGY

The researcher will conduct a critical literature review for this study. A literature review is an approach that seeks to assess the evidence in a given field based on a clear research topic. It is critical to do a comprehensive literature review to answer the research question, test a specific hypothesis, generate new ideas, and justify future research in the topic field (hart, 2001).

The researcher will limit the publication date to 2005 and 2020 (articles published in the previous fifteen years), and will use Google Scholar, Research Gate, ProQuest, MPDI open access, Taylor and Francis Online, Wiley Online Library, the journals of traumatic stress disorder, veterans' health, and military health journal; to look for peer-reviewed studies. The researcher incorporated a total of ten studies in the research paper after developing the research problem, searching the literature in the sociology, social work, psychology, public Healthcare, and Medicine field, and evaluated the quality of the articles. The researcher retrieved data on the following three subtopics for each article: (1) family connectivity (2) social relationships, (3) veterans with PTSD.

4. RESEARCH OBJECTIVES AND QUESTION

Questions have been raised about the role of the social factors such as family and friends on the veterans with PTSD. The objectives of this research are to provide a critical review which demonstrated awareness of the current state of knowledge in the role of social factors on veterans with PTSD. However, this research seeks to address the following question:

What is the role of family connectivity and social relationships – veterans peer, non-veterans' peers - on veterans with posttraumatic stress disorder (PTSD)?

5. CRITICAL LITERATURE REVIEW

The researcher attempts to answer the following questions in this section: (1) What is the relationship between the article and the research topic? (2) Is the process or methodology thoroughly described? (3) Is the sample size presentive? How do the authors back up their claims, Is it a persuasive argument? (4) Is the data consistent with the conclusions reached? Finally, (5) is contrary evidence considered, or is certainly relevant information overlooked to substantiate the author's point?

First, "The Role of Perceived Social Support in Assessing PTSD and Mental Health-Related Quality of Life in Veterans. In Healthcare", (Jukić et al.,2020), aims to examine the effect of self-

perceived social support after exposure to war trauma on the intensity of symptoms of PTSD and Mental Health-Related Quality of Life.

For the author's arguments, in my view of point, this study is relevant to our research on the impact of social connections on PTSD veterans. The researchers in this study have gone over their claims in length in earlier papers. In my perspective, the most compelling argument is that determining the function of social support among soldiers with PTSD.

A quantitative research method, specifically a survey, was used in this study. The authors used a questionnaire to collect data for the study. The surveys are a good way to gauge "perceived social support from family, close friends, other significant people in one's life, veteran groups, and the social community," which is one of the study's factors. Support from veteran groups, in my opinion, cannot be included in this category; it should not be classified as social support or assessed in any other way. Furthermore, given a large number of samples in this study, a questioner is an appropriate data gathering method. The PTSD checklist scale was employed as a self-report measure to assess PTSD among veterans, albeit self-report surveys have the risk of delivering inaccurate results because participants may not be honest, especially when dealing with sensitive topics like PTSD.

The sample size for this study was N=259. Only male veterans diagnosed with PTSD who served in the Croatian War between 1990 and 1995 are eligible to enroll. The adversary had enslaved 90 percent of the participants. The majority of the participants were between the ages of 45 and 64, had completed high school education, and were married.

Finally, the researchers have not presented their discussion, and they have most likely left out the most important discovery, in my opinion. Despite this, the researchers have emphasized the study's limitations and implications, as well as what future studies may be able to cover. In addition, the researchers have underlined the most significant discoveries in the conclusion, as well as restating the declaration of difficulties according to the research's typical criteria for the conclusion. Because the participants in this study were involved in the Croatian war in 1995 and were exposed to PTSD, conducting the perception of received social support may not be valid information because of the period between the war in 1995 and the research time in 2020, many important details may be missing.

| Article | Publication year | methodology | sample |
|--|------------------|---------------------------------------|-------------------|
| The Role of Perceived Social Support in Assessing PTSD and Mental Health-Related Quality of Life in Veterans. In Healthcare | 2020 | Survey | 259 |
| PTSD in US Veterans: The Role of Social Connectedness, Combat Experience, and Discharge | 2018 | the Survey and Path model strategy in | 722 |
| Battling the stigma: Combat veterans' use of social support in an online PTSD forum | 2017 | thematic analysis | 466 posts N=63 |
| Social support, help-seeking, and mental health outcomes among veterans in non-VA facilities: results from the veterans' health study. | 2017 | interview | 700 |
| Exploring on-campus peer social support as a mediator between attachment and posttraumatic stress in military and veteran students | 2016 | Survey | 221 |
| Peer Support and Outcome for Veterans with Posttraumatic Stress Disorder (PTSD) in a Residential Rehabilitation Program | 2016 | survey | 32 |
| Relations among social support, PTSD symptoms, and substance use in veterans. | 2016 | interview | 171 |
| Veterans' Perspectives on Benefits and Drawbacks of Peer Support for Posttraumatic Stress Disorder | 2015 | interview | 23 |
| Social relationships and PTSD symptomatology in combat veterans | 2010 | Factor Analysis research tool | 83 |
| Relationships among PTSD symptoms, social support, and support source in veterans with chronic PTSD | 2008 | longitudinal research design - survey | 128 |

Second, “PTSD in US Veterans: The Role of Social Connectedness, Combat Experience, and Discharge” (Kintzle et al.,2018), aims to test the direct and indirect effect of social connectedness, combat experience, and non-honorable discharge on PTSD symptoms among veterans of the United States military.

The study's topic is relevant to the research question, “the role of family connectivity and social on veterans with posttraumatic stress disorder (PTSD)”. I believe that the authors of the study encountered problems in returning to civilian life after serving in the US military, and one of these challenges was the loss of social connectedness. The research problem has been identified in detail. The researchers discuss the diagnosis, symptoms, and certain research findings, including PTSD, social connectivity, and war exposure, however, they don't go into detail concerning the non-honorable discharge status.

The survey measurement was used as a quantitative tool in the study. Even though the study method is not defined, the author did mention using the Survey and Path model strategy in the study. On the one hand, the survey has been used to collect data from the general public, and it is a good choice for a quantitative method and a big number of participants. Despite the disadvantages of self-reporting, the survey is still the best option for the research topic. On the other hand, the path model was used to demonstrate the direct and indirect, negative and positive effects of the independent variables (social connection, non-honorable discharge, combat experience) on PTSD symptoms. Path model analysis is a statistical technique for evaluating the strength of direct and indirect links between variables (Lleras, 2005).

Another point of view suggested, however, that the authors thoroughly discussed how the data was collected and how the sampling approach was used. Also, the authors used three distinct methods to reach out to as many veterans as possible, which allows researchers to generalize the obtained data to a larger population in San Francisco. In addition, employing the survey for this topic is a sensible decision because it allows participants to answer questions without hesitation. In my opinion, the survey or questionnaire is an excellent approach for this type of topic. Giving the participants a \$15 gift card, on the other hand, may influence their responses and generate bias, implying that they are answering for the money rather than because they want to. Furthermore, in the study measurement, each variable has been indicated. Furthermore, for Social Connectivity, the authors developed items based on self-psychology theory and validated the scale through earlier testing with 626 undergraduate students. This would assist the researcher in measuring what has to be measured. The authors did not provide information about the participants' characteristics, such as age, gender, or social standing, despite providing details about the data-gathering technique. In addition, no study timeline or date was provided for this investigation.

The sample size, $N=722$, suggests that the sample size is excessively high; while this may be beneficial for generalizing the findings, it may also make it more difficult for the researcher to assess, analyze, and interpret the data effectively. Finally, for the theoretical fame, the researchers have not used a theory to interrupt the results, but they used the theory for developing the (The Social Connectedness Scale), and measuring the (feelings of belongingness), the theory is self-psychology. They also, go further with no identifying or explaining of the theory. Anyway, the Self-psychology theory is, the development of empathy toward the person in therapy, as well as the examination of essential components of healthy development and growth, are at the heart of self-psychology theory, (Baker & Baker,1987).

For the discussion and conclusion, the research problem is not stated, as it should be, in the discussion. The author, on the other hand, started by stating the most important finding: that social effect has a favorable impact on PTSD. The discussion then moved on to the negative effects of combat and non-honorable discharge on PTSD. On the one hand, the author discussed common and expected results, such as the effect of social connectedness; on the other hand, some results were overlooked, such as the fact that the majority of the sample was white; the result could have discussed differences in social connectedness between white and non-white veterans. The authors stated the results that reverent to the other studies that tested the impact of social connectedness. However, the authors point out the importance of evaluating PTSD among veterans, particularly in light of the danger of combat experience and non-honorable discharge. In addition, the authors make suggestions for further research on the impact of social connectivity. Overall, the authors have covered all the major points of the argument. Moreover, the conclusion wraps up the study without restating the research hypotheses, yet it is in line with the final outcome. There are no recommendations for further research in the conclusion, which could be because it is already stated in the discussion section. Generally, the conclusion summarizes the study's most key results.

Third, “Battling the stigma: Combat veterans' use of social support in an online PTSD forum” (Stana et al.,2017), aims to investigate what are the specific types of social support messages constructed by participants in an online support group for combat veterans with PTSD? and. What are the major themes that run through the online support group for PTSD-affected military veterans? The research question, "the role of family connectivity and social on veterans with posttraumatic stress disorder (PTSD)," is pertinent to how war veterans use social support in an online PTSD forum to overcome stigma. The authors outlined the research challenge in the introduction section, then backed up their claim with an assessment of related literature. First and foremost, the writers discussed the effects of PTSD on veterans' physical and psychological health, as well as the impact of PTSD on their

social lives and connections. The second section of the literature study discussed how veterans' feelings of stigmatization discouraged them from getting treatment for PTSD. Later, the researcher discovered the importance of online social support and how it benefits those seeking assistance. However, the authors could discuss the importance of social connectivity in online support programs for veterans with PTSD in greater depth. The authors addressed their study topic in a concise statement at the end of the introduction, along with specific factors. Thematic analysis, as a research approach, might also be used to answer the formulated questions.

The role of social support groups on veterans with PTSD and the primary themes that run through the online support group for PTSD-affected military veterans were examined using thematic analysis and a deductive approach in this study. Thematic analysis is a qualitative approach to analyzing categories and presenting themes that relate to data; it depicts the data in great detail and deals with a wide range of subjects through interpretations (Alhojailan, 2012). It is obvious that, the method adopted appears to be an appropriate method for answering research questions and interpreting data collected from veterans' online postings. Furthermore, the researchers followed the processes of the topic analysis deductive technique, starting with the 446 postings and progressing through three phases. Starting with "open coding," which involves coding the raw data obtained, then moving on to "axial coding," which involves grouping the concepts developed during the "open coding" stage.

Finally, the researchers built a coding book based on the literature on social support. The "selective coding" part of the coding procedure entailed selecting overarching themes from the axial codes that dominated the messages presented in the analysis threads. This study's methodology, data collection, and data analysis have all been thoroughly explained, with the authors describing the procedure of selecting, excluding, and including the study group step by step. In addition, the group criteria have been thoroughly specified. However, the author should include more background or information about the strategy they employed for this study (Thematic analysis).

The total number of posts for this study is 466, with 63 male and female participants posting messages in online support groups. The quantity of posts is adequate to generalize the findings of the investigation. However, to acquire a clear logical comprehension of the participant's views, the researchers could use a different form of a participant, such as a narrative. Although the researcher has discussed previous studies that used the social identity theory and self-categorization theory as a useful theoretical approach in explaining and expressing group identification through qualitative thematic analyses, there is no theoretical framework for this study. The discussion section has been well-written, taking into account all of the subcategories and comparing the current finding to past studies.

The researcher also mentioned the study's drawback, which is that the participants come from various geographical backgrounds, including Canada, the United States, the United Kingdom, and South Africa. Finally, the researchers discuss why online support services are vital and why they should be more professional and under supervision in places like Veterans Affairs health centers and private practices.

Next, " Social support, help-seeking, and mental health outcomes among veterans in non-VA facilities: results from the veterans' health study"(Adams et al.,2017), examined that to what extent do social connections (i.e., social support, social capital, help-seeking support, etc.) impact mental health outcomes and mental health service utilization among formerly deployed veterans?" the hypothesis is that the more social support and social connections veterans have, the fewer mental health problems they will experience and the lower the occurrence of mental health service utilization.

The research topic is relevant to our study of the impact of social connections on PTSD veterans. The author reviewed the most recent literature on the importance of social support in lowering post-war zone symptoms in general and PTSD in particular.

For the methodology, this study employed a cross-sectional qualitative approach, which includes a phone-based interview research tool. The study used the following end variables as end variables: (PTSD, depression, suicide ideation, alcohol abuse, mental health service use, and VA service use). A variety of measures are used to evaluate the outcome variables (PTSD Checklist, DSM to assess lifetime depression). The poll also inquired about the previous year's alcohol misuse, according to the CAGE Questionnaire. The survey items from the National Comorbidity Study were utilized to look at mental health care utilization. For independent variables, the researchers employed a stress process model that had previously been used to link stress, social relationships, and social support to mental

health outcomes and service utilization (demographic variables, stressful and traumatic events, social support measures, and psychosocial variables). The researchers may, in my opinion, use longitudinal data to investigate the impact of social support on veterans' mental health.

Because the sample $N=700$ is made up of veterans aged 22 to 74, and 90% of them are white men, the findings may not apply to women. Despite this, the study sample appears to be representative of the greater GHS veteran community, which is estimated to be around 40,000.

In the discussion, the authors have restated their research statement and then the most significant outcomes in the discussion; otherwise, they have explored the finding in detail and compared it to previous studies. The authors encourage academics to look at more problems related to veterans, such as health inequalities between rural and urban veterans. Furthermore, the researcher has emphasized the study's limitations and strengths, as well as the current situation of veterans, care services in the United States.

Then, “Exploring on-campus peer social support as a mediator between attachment and posttraumatic stress in military and veteran students” (Shaine,2016). The goal of this study is to examine the influences of adult attachment orientation on-campus social support (civilian university peer and military university peer), PTS symptom severity, and, indirectly, problem alcohol use among university students who are veterans or otherwise connected to the military.

In one way, the study relates to our research issue, which is the influence of social ties - friendships – on PTSD veterans. The researcher looked into it. In the beginning, the author openly supported her position by citing literature on veteran students and how they differ from other university populations in terms of age, marital status, mental health statutes, employment statutes, and military past. Furthermore, the author has addressed issues that veteran students may confront, such as post-traumatic stress syndrome (PTS) and stress. Furthermore, the author pointed out the gaps in the previous literature, such as the fact that most studies focused on the nature of mental health rather than the student population. The author went into greater detail regarding the study's importance and goals later in the statement of the problem. The author, in my opinion, stated the problem very well and led the reader from the general elements of the topic to the research's specific difficulty. The author also explained the study's probable outcomes at the end of the introduction. The most convincing argument, in my opinion, is when the author emphasized the fact that the student veteran population at the institution is growing, and how necessary it is to increase the quality of mental health services to meet this development. Also, when the author mentioned the emotional and social challenges that veterans had as a result of the transition to university life, such as isolation from classmates and feelings of detachment, and how this impacted their academic progress.

This research uses a survey method with a quantitative methodology and a non-experimental design. The survey method can be used to assess a group's views, attitudes, actions, or other qualities (Cook and Cook, 2008). Despite the disadvantages of self-reporting, the survey remains the best method for determining the level of PTSD. However, I believe that the researcher should employ the interview method to assess alcohol-related problems. In my opinion, the ideas employed in this study provide a unique way to examine trauma reactions and stress management. Obviously, the sort of scale that will be used in the survey has been explained in terms of technique, and the best scales to measure the mentioned variables have been identified.

Also, the author described the criteria for participants and how she contacted them, and I believe that the ideal way to contact the sample is via email, in order to, make the survey anonymous by avoiding face-to-face interviews. The drawbacks of promising participants a gift card in exchange for completing a survey, which may skew the sample. Furthermore, the researcher criteria were used to explain the participants' inclusion and exclusion process.

The sample size is $N=221$, which is higher than the researcher anticipated but better for sample representation. Following the non-experimental design, the data gathering has been discussed in detail. A framework for data collection has also been offered. In addition, the instruments and scales have been thoroughly discussed.

In addition, the attachment theory and social support theory are the theoretical frameworks for this study, and these theories, in my viewpoint, are the ideal lenses to understand the veterans' sense of belonging, as well as how peer support might minimize illegal behavior, such as drinking. Attachment

theory is a relational framework of interpersonal interactions that can be used as a theoretical lens to examine how individual differences may explain levels of engagement. Attachment theory explains the complex interpersonal and intrapersonal processes that influence one's effectiveness, cognition, and behavior, (Byrne et al., 2017). The Social support theory, on the other hand, the idea behind social support theory is that physical, cognitive, and emotional supports could reduce the likelihood of criminal behavior, (Wellman & Hiscott 1985).

For the discussion, the author began the discussion with a restatement of the introduction, which should not be done; instead, it should begin with the study's most fascinating finding. The author then addressed the results in general for each component or variable, including previous studies that agreed or disagreed with the conclusions. Finally, the author referred to the study's three major findings as "first-time discoveries." Instead of restating the introduction as is common, the author describes the study's conclusions or significant findings. Not only that, but the author has also reached the study's principal goal.

Furthermore, the author discusses the limitations and what future research should avoid, as well as makes recommendations for additional research. Finally, the author has emphasized how the study's implications will notably aid university counselors in updating the preventative program that targets veterans and military students. The author has discussed the limitation in detail, which included the sample bias, and generating the result.

The next study is "Peer Support and Outcome for Veterans with Posttraumatic Stress Disorder (PTSD) in a Residential Rehabilitation Program (Jain, et al.,2016), aims to see if perceptions of peer support, veteran support, and mental health staff support influence the following outcomes: level of treatment engagement, recovery-oriented attitudes toward PTSD, and PTSD symptoms. We were particularly interested in seeing if peer support, in particular, was linked to different outcomes in this cohort.

The following study is related to the research issue since it discusses the impact of friendship on PTSD veterans. The researchers conducted a brief literature analysis that did not fully clarify the research problem; as a result, the statement of aim appears to be unconvincing.

The survey measurement was employed in the study as a quantitative instrument. Even though the study method isn't specified, the author does suggest employing a questioner.

On the one hand, the survey was utilized to collect information from 32 research participants who took part in the study's baseline and pre-discharge assessments. Despite the drawbacks of self-reporting, the survey remains the best option for the study. The self-report demographic questionnaire, on the other hand, was used in this study. The Military Checklist (PCL-M) is a tool for determining whether or not someone has PTSD. Veterans' views about recovery (Recovery Attitudes Scale) and their interactions with other research groups, such as Big Brother, other veteran peers, family/friends, and treatment program staff, were examined using the Peer Support Interaction Scale and the General Social Support Scale.

This study only included 32 participants who completed all tests till they were discharged. The sample size for the study survey is not large, but the researchers have indicated that this is one of the study's limitations because the institution's policy prevented them from conducting assessments on people who left the program earlier than intended.

For the discussion and conclusion, the researchers reiterated the research challenge as well as the most important findings in the conclusion. Furthermore, the researcher has identified a limitation as well as a suggestion for future research. Regrettably, the researchers have not discussed the similar findings of other investigations; however, it would be preferable if they did.

In addition, "Relations among social support, PTSD symptoms, and substance use in veterans (Gros et al.,2016), examining social support among veterans with PTSD and co-occurring SUD. Given the complicated clinical presentation of this comorbid group, it was predicted that (1) greater severity of PTSD symptoms and (2) greater severity of SUD symptoms would be associated with lower levels of perceived social support connections.

This research was related to our research on the importance of the social role in the treatment of PTSD in veterans. One of the study's hypotheses is that having more severe SUD symptoms is linked to having

less perceived social support. Also, in my opinion, the authors used good evidence from literature analysis to describe the research challenge, and I believe the most convincing argument was the one about the influence of social support on severe PTSD symptoms.

This study used a qualitative research method called semi-structured clinical interviews, which, in my opinion, is an ideal method to get in-depth information about veterans' thoughts and experiences of social support. In addition, multiple scales were employed to measure the following variables: (PTSD Checklist-Military, Social Support Subscale, Mini International Neuropsychiatric Interview, TLFB to measure substance use disorder SUD) In my perspective, there should be more than scales for social support and SUD, especially given the wide range of participants' ages and ethnicities.

The total number of participants is N= 171, and the authors have specified the participants' specific requirements. According to the sample's demographics, the average participant was 41.7 years old, 90 percent male, 50 percent white, 47 percent black, and 38.9% SUD. The sample, in my opinion, had an insufficient number of veterans who supported the use of other substances of abuse, and so the conclusions cannot be generalized to other substances. Despite the fact that the overall sample size for the interview approach is large, I believe it would be better if the researcher reduced the sample size to minimize the bias that can arise from a large sample size.

The authors have highlighted the most important findings and suggested a type of program to handle or diagnose this problem for discussion. The authors also provided examples of programs for treating PTSD and SUD among veterans from throughout the world. The authors also clearly noted the limitations of each stage in this study. Finally, the researcher mentioned some suggestions that could be relevant in the future. Finally, in my opinion, the authors have presented their argument extremely well, connecting all of the data to previous studies, and it appears to be a convincing argument.

By the end, “Veterans’ Perspectives on Benefits and Drawbacks of Peer Support for Posttraumatic Stress Disorder (Hundt et al.,2015), examines Veterans’ perspectives on incorporating peer support into existing VA PTSD treatment programs, including perceived benefits, drawbacks, and desired program characteristics.

The research is pertinent to the current study since it focuses on the benefits of peer support for veterans with PTSD, which corresponds to our research paper's social network subtopic. The writers began their argument by emphasizing the importance of peer support and then backed it up with a literature review that backed up their point of view. The author effectively summarized their thesis, focusing on the benefits of peer support for veterans with PTSD, and how this is likely to lessen symptoms and speed up the veterans' return to normal life. Even though the writers present a brief literature analysis, I believe this argument is the most compelling. The authors also discuss the implications of their study and how their findings may be useful to future researchers.

This study used a qualitative approach, which is an interview approach, to construct coding categories based on emergent themes in the data utilizing grounded theory analysis. The method that was used was most likely a semi-structured interview. Semi-structured interviews are in-depth interviews in which respondents are asked to reply to predetermined open-ended questions. They are commonly used by healthcare professionals in their research (Jamshed, 2014). The chosen approach, in my opinion, is an excellent method for gathering in-depth information on veterans' thoughts and experiences with peer support programs.

N=23 people were included in the study. Purposive sampling is the best sample method for a researcher interested in studying certain demography. According to the researchers, the participants in this study had to meet highly stringent criteria, such as "veterans who had completed a specific number of therapeutic sessions in a VA PTSD Clinic and so had information on how peer support fits into established therapy models." The study's purpose is to find out how veterans feel about incorporating peer help into existing VA PTSD treatment programs, hence the sampling criteria are related to that. Furthermore, the total number of samples is sufficient for a qualitative approach.

In the discussion, the author mentioned the study's main finding as well as the study's limitation, which is that the interview was limited to veterans who were treated for PTSD in a VA PTSD clinic; however, future research could include other veterans because they might have a different perspective.

In the end, “Social relationships and PTSD symptomatology in combat veterans” (Wilcox, 2010), the purpose of this research is to see if recent combat veterans make distinctions between different types of social support (friends, Significant others “Spouse”, family, and Veterans peers). (2) to conduct an initial investigation into the relationship between social support sources and PTSD symptoms.

To begin with, the article is relevant to our research topic because it discusses the role of social support in combat veterans. Indeed, the author has articulated his case quite well; he began by stating the problem and emphasizing the importance of social support in combating the harmful effects of stress on health in general, and then he went on to illustrate the impact of social support in posttraumatic stress disorder (PTSD). Furthermore, the author continues his argument by presenting data from studies on the same subject. He also mentioned the topic's limitations, as well as how complex and difficult it is to study. Furthermore, the author identified his study keywords such as the meaning of social support, and also, he stated that why it there is no specific definition for social support, and he is supporting his argument by bringing up researchers' points of view and arguments. Later, the author emphasized the importance of the study by stating the reason for the increase in PTSD cases, which is due to the continued presence of combat zones, and this, in my opinion, is the most convincing author's argument. After that, the author summarized the physical, psychological, and social symptoms of post-traumatic stress disorder (PTSD) caused by war zones. In the final point, the author specified his goals in a clear statement, by explaining the study phases, which would help the reader to understand and follow the research plan.

This study's methodology is quantitative. Even though the researcher didn't specify so, it is clear using the Factor Analysis research tool. Factor analysis is a technique used by researchers to determine the number of factors that influence variables and to determine whether variables are related (Yong, & Pearce, 2013). One of the study's objectives is to find patterns of covariation among observed variables in terms of the influence of latent factors like social support from the four subgroups, (friends, significant others, family, and veteran peers). Furthermore, in my opinion, the researcher could use the Path analysis technique to examine the relationship between the latent factors in this study.

Because this is a non-probability sampling, the sample size for this study is N=83, which I believe is sufficient. Furthermore, this research accounted for a significant amount of variance (over 70%) and created substantial loadings on the retrieved components. Furthermore, the guidelines for factor analysis imply that a sample size of $N > 150$ is sufficient for studies with less than 5 variables per component (Yong & Pearce, 2013).

For the conclusion, the author began the discussion by expressing the expected conclusion, followed by the most intriguing finding he made and a comparison to the same result in the previous literature study. He is supposed to restate his study questions or thesis in the discussion part. Despite the fact that the discussion is brief and to the point, the author has outlined the study's major goal. Additionally, in any case, the author has clearly highlighted the study limitations, explaining why the sample size is small and why only males were included in the sample, as well as critically explaining the study's gap, which is the inability to distinguish between military and nonmilitary friends. The author stated that future studies could overcome these limitations by increasing the sample size, adding military and nonmilitary friends' factors, and combat duty factors, all of which could impact the risk of PTSD. Although the author does not provide a conclusion, he did state the implications and the scope of his research.

The last study for this literature review is “Relationships among PTSD symptoms, social support, and support source in veterans with chronic PTSD” (Laffaye, et al., 2008), examines the relationships between PTSD symptom severity and positive and negative social support, interpersonal resources, and interpersonal stressors, for instance, (spouses, relatives, nonveterans friends, veterans' peers), received from various sources by veterans treated for chronic PTSD. The study aims (1) to examine the social network composition of veterans with chronic PTSD and how different sources of support are perceived by veterans, (2) to test the hypothesis that higher PTSD symptom severity at time 1 (6 months after the war), will predict decreased interpersonal resources and increased interpersonal stressors at follow-up, (3) to test the hypothesis that greater interpersonal resources and lower interpersonal stressors at Time 1 will predict decreased PTSD symptom severity at follow-up.

In the first place, this study pertains to our research topic, in two ways. First, it looks at the impact of spouses and relatives on PTSD veterans, which relates to our study's focus on family connectivity. Second, this study looked at the impact of friends' support on PTSD veterans, which is related to the

social relationship in our study. The authors also presented a relevant literature review that focused on the role of social support in PTSD to back up their claim. Furthermore, the writers backed up their claim with clinical experience working with veterans who had been diagnosed with PTSD. Furthermore, the authors defined the terms interpersonal stressors, interpersonal resources, social support, and support sources, as well as what they meant by a negative or positive social effect. And these details help the reader understand what the author is going to study, as well as enhance the study's significance. One thing to note is that the authors have reiterated their point several times, implying that it is critical to investigate the association between social support and PTSD, considering both negative and positive social factors. Finally, the most persuasive argument, in my opinion, is the one based on the authors' clinical experience, as well as the results of recent studies, because it demonstrates that the authors have looked into previous studies and proceeded from there.

This study employs a quantitative methodology and a longitudinal research design. The suggested design, in my opinion, is an appropriate approach for studies that track the same sample through time and make recurrent observations. It also aids in determining the amount and direction of causal linkages (Menard,2007). The path analysis was used to look at the long-term relationships between the variables (perceived support, interpersonal stressors, and PTSD symptoms). The researchers used a survey to gather data since, once again, a survey is the best way to reach out to this demographic (veterans), who might be hesitant to answer questions in an interview, for example. One concern with the survey, as previously mentioned, is that it relies on self-reporting, which may or may not correctly reflect actual difficulties (Cook and Cook, 2008).

Even though longitudinal studies suggest that large and accurate sample size is required to reach a representative population, I believe that N=128, in this case, is a sufficient sample size because it allows the researcher to follow up with the participants over a lengthy period of time. On the other hand, the study's sufficient sample size would make it simple for the researcher to interpret and analyze the results from two time periods. The participants' characteristics have been thoroughly explained in the procedure section, allowing the reviewers to compare the results subsequently. The study's timeframe and date have been provided for this study.

Moreover, the authors went into great depth about how they first reached out to the participants and how they followed up with them. The authors also addressed the issue of some participants refusing to respond (time 2). And, in my viewpoint, this type of information demonstrates the writers' honesty about the limitations they encountered during their research. The authors not only state that the participants would not be followed up on, but they also interpret the participants' characteristics, such as their educational level and the level of severity of their post-traumatic stress disorder symptoms.

Furthermore, issues of this nature may encourage further research in related fields. First and foremost, the writers began their discussion with the study findings, rather than the reiterated thesis, as is customary. Second, the writers backed up their conclusions with clinical data and a survey of the literature that was mentioned in the introduction. The authors stated non-confirmed hypotheses, which increased the research's validity and eliminated research bias.

Finally, the authors analyzed their findings by contrasting them with the findings of previous investigations. Moreover, the authors attempted to explain the unexpected results by contrasting PTSD symptoms in sexual assault victims and middle-aged soldiers with chronic PTSD. Also, the authors discussed the research challenges and how future studies should avoid them, such as the sample size, the time window between (time 1) and (time 2), and the extended amount of time between the time veterans returned from the war and the study time. Furthermore, the authors identified some limitations that prohibit the study from being generalized and warn future researchers interested in the same topic to avoid them.

Ultimately, the authors ended the study at the end of the discussion section, resulting in a clear and complete conclusion. The author presented the most important findings of this study in the conclusion and has appropriately reached and interpreted the findings. Lastly, in the implications section, the authors clearly stated the consequences and proposed how the research findings can be useful for future research on the impact of social interaction on severe PTSD.

6. DISCUSSION

A substantial and expanding amount of literature has looked into the impact of family and friends on PTSD veterans. According to (Adams et al.,2017; Gros et al.,2016; Juki et al.,2020; Kintzle et el.,2018),

the level of social support, such as family and friends, is found to be a major predictor more than any other element, such as medical or informational assistance. Furthermore, once it refers to the significance of social connections in PTSD symptoms, both Juki et al. (2020) and Kintzle et al. (2018) agreed that social connectivity has a direct negative impact on PTSD symptoms, particularly deep interpersonal ties, even long after the war. On the contrary, participants reported having the lowest degree of perceived interpersonal pressures with veteran peers, followed by nonveteran friends, relatives, and spouses, according to Laffaye, et al. (2008). Severe PTSD symptoms, on the other hand, are connected to increased interpersonal stressors from all sources of support except veteran peers (Laffaye, et al., 2008). The majority of veterans, according to Adams et al. (2017), Laffaye et al. (2008), and Shaine (2016), have a high level of social support from their spouses and friends. According to Adams et al. (2017), social support is much stronger among married veterans than among non-married veterans. Military and student veterans reported receiving the most social support from significant persons like wives or partners, followed by family, military peers, and civilian peers, according to Shaine (2016). Spouses and veteran peers earned the highest ratings for perceived interpersonal resources, followed by nonveteran friends and relatives, according to Laffaye et al. (2008).

Regarding the impact of social ties, particularly veteran peers, on veterans with PTSD, Wilcox (2010) believes that veterans with more PTSD symptomatology were less satisfied with perceived social support (2010). Other researchers, on the other hand, have discovered that veterans with positive social contacts and strong social capital have reduced lifetime depression, a lower risk of lifetime suicide thoughts, and a lower incidence of lifetime mental health care involvement (Adams et al., 2017; Shaine, 2016). To summarize, stronger social support is associated with fewer severe PTSD symptoms and plays a crucial role in the effectiveness of PTSD treatment (Gros et al., 2016).

In addition, the literature has found a substantial link between peer support from veterans and the severity of their PTSD. Participants reported having the lowest level of perceived interpersonal stressors with veteran peers, as well as lower perceived interpersonal resources with all sources except veteran peers, as previously stated by Laffaye, et al. (2008) and Shaine (2016). (Shaine, 2016 & Laffaye, et al., 2008). According to previous studies, veterans with PTSD reported receiving the highest perceived social support from veterans and military colleagues (Jain et al., 2016; Laffaye, et al., 2008; Shaine, 2016). Participants have ranked veteran peers as prospective social and emotional support sources for the "composition of social network and perceived quality of interpersonal connections" factors, according to Laffaye, et al. (2008).

Nevertheless, online social support, such as (Informational support, information exchange, and counsel), is just as important as face-to-face assistance, according to Stana et al. (2017) findings. The clearest image that depicts how others support veterans, according to Stana et al. (2017), is online social support. Concern for a member arises when a veteran quits the group abruptly and members seek to text them to return, according to Stana et al. (2017). According to Stana et al. (2017), this could be a different way of indicating support.

Peer support groups have an essential part in the decrease of PTSD symptoms severity, in addition to the importance of social networks, veteran's peers, and online groups on veterans with PTSD (Jain et al., 2016). The most significant potential advantage of peer support groups, according to veterans with PTSD, is that veterans understand one other in a way that civilians cannot, potentially relieving burden on others such as family caregivers (Hundt et al., 2015). Aside from seeing a positive example of a peer provider in recovery, peer support groups would help veterans with PTSD who are struggling with transitioning into civilian life by normalizing PTSD symptoms and thus reducing self-stigma, as well as normalizing PTSD symptoms and thus reducing self-stigma (Hundt et al., 2015). Not only do veterans in peer support groups play a good role, but mental health professionals also have a positive impact on the severity of PTSD symptoms among veterans, according to Jain et al. (2016). The positive impact of staff assistance on attitude modification regarding recovery and PTSD has been proved time and time again (Jain et al., 2016).

In conclusion and after all, various studies have highlighted the positive function of family connection, such as spouses and relatives, as well as the influence of veteran's peer, social networks, online support groups, and peer support groups on the severity of posttraumatic stress disorder among veterans.

7. CONCLUSION

Considering all things of this research, specifically analyzing the literature of the different research papers in the discussion, we have seen that there are many techniques, frameworks, and methodologies

that systematized the pattern of research. In order to create proper jargon for this particular research paper, we have considered all the good and bad points that are advocating our thesis statement for this research. These works of literature of different research papers are evaluated on the basis of specific time i.e. 2005 to 2020; it determines the current century research methodology which has highlighted the PTSD in a new spectrum of sociology, psychology, and many other factors, that are related to the veterans. With all the details and information that we have expended from the literature, we evaluate that the veterans who are dedicatedly committed to their work and have some calamity after the war but have some decent connections with their spouses and relatives, and friends. They are living life better than those who are just confined to the available needs. Those who are not exploring the new opportunities and not getting enough from life are getting a severe victim of Posttraumatic Stress Disorder (PTSD). This factor is openly defined by (Wilcox, 2010), (Laffaye, et al., 2008), and many others with a mild inclusion of relationships. Though, nobody can deny that relations can make you stronger if they are honest plus the personal will of a veteran is also essential and can be said as fundamental for their cure.

In the same way, the research methodology that is very effective and result-oriented is; about the interview and goodwill gesture with the veterans to figure out their traumas their fears, and their lifestyle specifically defined by (Hundt et al., 2015). That what kind of life they are living and what are their ambitions in life, this thing can evaluate the new one-to-one connection with them that there is someone concerned and thinking about them. That new thing can give them a new hope to make someone's life better or they may aim to make this world more peaceful for the coming generations and do not let them face what they have faced.

About the peer support groups, veterans reported primarily positive experiences and hopefulness about future peer support groups. Specifically, the potential benefits of social support, purpose and meaning, normalization, hope, therapeutic benefits, and linkage to care. (Hundt et al., 2015).

8. LIMITATION

Finding studies in the sociology field that addressed the relevance of social support for Veterans with PTSD was challenging. Nonetheless, the researcher discovered publications in sociology concerning "Veterans with PTSD," although the majority of these articles focused on the post-social problems that veterans with PTSD face in Iraq and Afghanistan, such as alcohol use, substance abuse, and battle dependency concerns.

As a result, the researcher opted to expand the scope of the search to include psychosocial, health, and medical databases. Another significant flaw is that the sample size of the selected articles is insufficient to ensure accurate survey findings. Also, the articles that we have evaluated for this particular research is from 2005 to 2020 which is kind of a new term in research with a new research framework but the flaw is, most of the research is made on the veterans who have already fought the battles almost a decade or half a decade ago. It also represents that they might have cured and recovered from the PTSD that the researcher has again recalled. That is why, the aforementioned constraints, the researcher is restricted to a certain period, which may be a justification for not spending more time looking into and fine-tuning the literature review. Plus, the research papers that we have concluded in our research are the opinion of others and the amalgamation of different mindsets and goal purposes. That may also evaluate a different approach to lead this research. Another limitation is the article's limited access; certain institutional databases require payment, while others require access through the researcher institution.

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