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Post-Traumatic *Story* Disorder: Using the Power of Narrative to Heal the Invisible Wounds of War

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Post-Traumatic *Story* Disorder: Using the Power of Narrative to Heal
the Invisible Wounds of War

by

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Dedication

This work is dedicated to the memory of Ted Eastburn and the American soldiers who have lost their lives in the wars in Iraq and Afghanistan due to combat, visible and invisible wounds, and suicide. This work is also dedicated to the veterans and service members who shared their stories with me and to family members and friends who supported and encouraged me on this journey. I want to thank my children, Sean, Kristen, and Troy, and my sister Jeanette for their support and encouragement, and Michael, Judith and Ritchie Manner for their generous and kind assistance in the crucial hours and days. Special thanks to retired Army Command Sergeant Major William Freeman for inspiring us with his love and service.

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Abstract

Soldiers traumatized by war often experience debilitating effects of invisible wounds such as post-traumatic stress disorder (PTSD). An obstacle to recovery from PTSD for male soldiers can be an inability to share their stories. This obstacle is exacerbated by the construct of American masculinity in the military and society. The purpose of this thesis is to explore the efficacy of the use of narrative to overcome male soldiers' inability to share their stories. Using psychiatrist Jonathan Shay's concepts of *moral injury*, the *shrinking of the social and moral horizon*, and the *berserk state*, this work illuminates the moral injury that can lead to PTSD and explores the brain injury associated with PTSD—two factors that can contribute to post-traumatic *story* disorder. The research methods used for this thesis included a literature review exploring the timelessness of war trauma, the experience of trauma and its effect on the physiology of the brain, and the effectiveness of narrative intervention. This review covered historical and contemporary narratives from wars in Ancient Greece, Renaissance Europe, the American Civil War,

World War I, World War II, the Vietnam War, and the wars in Iraq and Afghanistan. I conducted interviews with service members and veterans with and without PTSD, health-care professionals treating soldiers with PTSD, and veterans currently using writing as a form of healing for themselves and others. I also participated in a conference employing the arts as a mode of expression for service members with PTSD. My research, interviews, and observations resulted in an understanding of the power of narrative to facilitate storytelling and listening, particularly for male soldiers. As an indirect form of communication, narrative can help soldiers tell their stories through the words and experiences of others, and provide tools to give shape and meaning to their own experiences. Narrative also offers a window to the world of war and war trauma that can facilitate understanding for civilian personnel caring for soldiers with PTSD. In conclusion, I propose the utilization of narrative interventions by military, medical and civilian communities in an effort to help soldiers recover from the invisible wounds of war.

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Part I: Understanding Invisible Wounds

Chapter 1: Introduction

You can't put prosthetics on our brains. I am not fixed.

—Veteran Steven Cobb¹

As the centennial of World War I approaches, the specter of that war's tragic invisible wound—shell shock—haunts American troops today as post-traumatic stress disorder (PTSD).² During World War I, shell-shocked British, French, and Italian soldiers were often executed.³ Today, American soldiers with PTSD are executing themselves and doing so at an alarming rate. During America's wars in Iraq, Operation Iraqi Freedom (OIF) and Afghanistan, Operation Enduring Freedom (OEF), more soldiers have killed themselves than have been killed in combat.⁴

One soldier who committed suicide after surviving three tours in Iraq was the son of a good friend. His death led to an urgent inquiry: Why would soldiers who survived treacherous war deployments kill themselves? That personal inquiry evolved into a research question based on coursework in the medical humanities: Can the Renaissance

¹ Joseph Shapiro, "A Wounded Soldier Struggles to Adapt," NPR, November 29, 2005, <http://www.npr.org/templates/story/story.php?storyId=5030571> (accessed September 14, 2012).

² Marc-Anton Crocq and Luis Crocq, "From Shell Shock and War Neurosis to Post-Traumatic Stress Disorder: A History of Psychotraumatology," *Dialogues in Clinical Neuroscience* 2, no. 1 (March 2000): 47–55, <http://www.ncbi.nlm.nih.gov/pmc/articles/> (accessed September 18, 2012).

³ Peter Taylor Whiffen, "Shot at Dawn: Cowards, Traitors, or Victims?" *BBC History*, March 3, 2011, http://www.bbc.co.uk/history/british/britain_wwone/shot_at_dawn_01.shtml (accessed September 14, 2012).

⁴ Timothy Williams, "Suicides Eclipse War Deaths for U.S. Troops," *New York Times*, June 9, 2012, http://www.nytimes.com/2012/06/09/us/suicides-eclipse-war-deaths-for-us-troops.html?_r=1 (accessed June 12, 2012).

humanist tradition of turning to narrative in its various forms to process and express the effects of trauma and war be applied in the twenty-first century to help soldiers and health-care professionals heal what OIF veteran and literature professor Liam Corley describes as the “moral shrapnel of war”?⁵ This thesis focuses on male soldiers, in part because this work explores the contribution of the ideology of masculinity to moral injury. But I acknowledge there is an urgent need for similar research for female veterans, particularly those who are victims of sexual assault.

War has an overwhelming power to shatter the world of military service members and create chaos in their lives. This chaos, in turn, gives stories about war formidable power for healing in the lives of service members. Turning to narrative is particularly relevant in the military, where storytelling is a time-honored tradition. But the American military storytelling tradition is grounded in the traditional heroic archetype. Yet this archetype does not make room for the stories of soldiers injured in heart, mind, and soul by the moral compromises forced by war. These other stories, stories that do not conform to the traditional heroic archetype, must be told and heard. Soldiers will continue to kill themselves if a social space is not made for their stories.

When I first began research for this thesis in 2010, the U.S. Department of Veterans Affairs (VA) was attempting to cover up the more than one thousand suicide attempts a month by veterans.⁶ Less than two years later, on July 23, 2012, *Time*

⁵ Liam Corley, “Reconsiderations: ‘Brave Words’: Rehabilitating the Veteran-Writer,” *College English* 74, no. 4 (March 2012): 357.

⁶ CBS News, “VA Official Grilled about Emails,” July 30, 2010, http://www.cbsnews.com/stories/2008/04/23/cbsnews_investigates/main4038839.shtml?tag=currentVideoInfo;videoMetaInfo (accessed August 10, 2010).

magazine ran a cover story titled “One a Day: Every Day, One U.S. Soldier Commits Suicide: Why the Military Can’t Defeat Its Most Insidious Enemy.”⁷ This turnaround in awareness and coverage is horrifying and hopeful—horrifying because it confirms the tragic scope of the problem, hopeful because acknowledgment of the crisis by the U.S. Department of Defense (DOD) and VA could lead to prevention of further suicide deaths, as well as broadened understanding of the physiological and psychological effects of PTSD.

Post-Traumatic Stress Disorder Is as Old as War Itself

PTSD is not modern; it is as old as war itself. In 50 BC, in the poem *De rerum natura* (On the Nature of Things), Lucretius vividly described nightmares that are a signature symptom of PTSD

The minds of mortals ... often in sleep will do and dare the same ... Kings take the towns by storm, succumb to capture, battle on the field, raise a wild cry as if their throats were cut even then and there. And many wrestle on and groan with pains, and fill all regions round with mighty cries and wild, as if then gnawed by fangs of panther or of lion fierce.⁸

The first case of what is now recognized as PTSD was recorded by Herodotus after the epic Battle of Marathon in 490 B.C.⁹ In the fourteenth century, Jean Froissart wrote about

⁷ Mark Thompson and Nancy Gibbs, “One a Day: Every Day, One U.S. Soldier Commits Suicide: Why the Military Can’t Defeat Its Most Insidious Enemy,” *Time*, July 23, 2012, 22-31.

⁸ Lucretius, quoted in Crocq and Crocq, 47–55.

⁹ Steve Bentley, “A Short History of PTSD: From Thermopylae to Hue: Soldiers Have Always Had a Disturbing Reaction to War,” *The VVA Veteran, The Official Voice of Vietnam War Veterans*, March/April 2005, http://www.vva.org/archive/TheVeteran/2005_03/feature_HistoryPTSD.htm (accessed September 20, 2012).

the PTSD symptoms of a great French warrior: “The brother of Comte de Foix, Pierre de Beam, could not sleep near his wife and children, because of his habit of getting up at night and seizing a sword to fight oneiric enemies.”¹⁰ References to PTSD symptoms span the centuries and can be found in Shakespeare’s plays and the writings of Goethe.¹¹

During America’s Civil War, PTSD was called *soldier’s heart*. In World War I it was called *shell-shock*, and in World War II, *neuropsychosis*. In 1980 the American Psychiatric Association added the diagnosis of PTSD to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III), due in large part to the experiences of Vietnam War veterans.¹² As psychiatrist David Lisak writes in *The New Handbook of Psychotherapy and Counseling with Men*: “It is probably safe to say that without the Vietnam War there would be no official diagnosis of post-traumatic stress disorder. The study of Vietnam veterans has produced the single largest body of research on any type of trauma.”¹³ In the review of war narratives for this work, the Civil War stands uniquely as America’s only civil war. Interestingly, a 2012 study in the *Journal of Anxiety Disorders* notes soldiers in the final year of the Civil War had a lower suicide rate than today’s soldiers:

While suicide among active-duty military personnel is not a recent phenomenon, it is cause for concern that current U.S. active-duty military suicide rates are markedly higher than in the final year of the Civil War—when combat casualties

¹⁰ Ibid.

¹¹ Ibid.

¹² Edgar Jones, “Historical Approaches to Post-Combat Disorders,” *Philosophical Transactions of the Royal Society of Biological Sciences* 361, no. 1468 (April 2006): 533-542.

¹³ David Lisak, “Male Survivors of Trauma,” in *The New Handbook of Psychotherapy and Counseling with Men*, ed. Glen E. Good and Gary R. Brooks (San Francisco, CA: Jossey-Bass, 2001), 263.

were at horrific levels and a large percentage of troops had endured multiple-year enlistments and large-scale battles.¹⁴

A possible contributing factor to this discrepancy in suicide rates could be what James McPherson documents in *For Cause and Comrades: Why Men Fought in the Civil War*. He writes that soldiers fighting in the Civil War were the “most literate soldiers in history to that time.”¹⁵ This literacy rate contributed to the soldiers’ ability to write letters and keep diaries, recording their experiences for friends and family. As a result, today there are thousands of collections of soldiers’ letters and diaries, which McPherson describes as “a great wealth of evidence that enables us to get closer to what Civil War soldiers really thought and experienced than for almost any other war.”¹⁶ The soldiers’ letters and diaries, McPherson notes, were not censored. Soldiers could freely vent their frustrations about the war, the lack of good leadership, the shoddiness of their uniforms and weapons, and the poor quality and scarcity of the food.¹⁷

Is it possible that this act of writing their stories to loved ones back home or in diaries helped the soldiers fighting in the American Civil War process the trauma they faced? Although no empirical evidence exists to support the connection between letter and diary writing as a form of dealing with trauma and the lower suicide rate among Civil War soldiers, it is important to note that those soldiers were echoing a centuries-old practice of epistolary therapy practiced by Renaissance humanists. Because the study of

¹⁴ B. Christopher Frueh and Jeffrey A. Smith, “Suicide, Alcoholism and Psychiatric Illness among Forces during the U.S. Civil War,” *Journal of Anxiety Disorders* 26, no. 7 (October 2012): 774.

¹⁵ James M. McPherson, *For Cause and Comrades: Why Men Fought in the Civil War* (New York, NY: Oxford University Press, 1997), 11.

¹⁶ *Ibid.*

¹⁷ *Ibid.*

Renaissance humanism is a component of the interdisciplinary field of the medical humanities, it is possible that the medical humanities offers health-care professionals and others an opportunity to discover what the ancients knew about the effects of trauma, and potentially apply that knowledge to help those suffering from trauma today. For the purposes of this work, looking at the use of narrative by the man considered the father of Renaissance humanism, Frances Petrarch, is instructive. Petrarch experienced great trauma due to the deaths of his family and close friends due to disease and violence in fourteenth century Italy. To process that trauma and deal with his grief and heartache, Petrarch turned to the letters of ancient Roman statesmen and philosophers who had also experienced trauma, particularly Cicero. Petrarch's description of how trauma made him feel has been echoed in the words of many OIF and OEF veterans having trouble adjusting at home. Petrarch wrote, "Nothing is calm. Nothing is stable. Nothing is safe."¹⁸

Cicero, a Roman philosopher and statesman traumatized by the civil wars that destroyed the Roman Republic, also described the physical and psychological effects of traumatic experience in a way that parallels the experiences of many veterans with PTSD. He wrote that even if one has moral goodness, the "varied blows of fortune" can cause much pain and despair in life:

What disturbs me most is the fact that nature, not content with giving us bodies that are weak and liable to incurable illnesses and unendurable agonies, has also endowed us with hearts and souls which not only share these physical sufferings, but are involved, besides, in additional separate pains and troubles of their own.¹⁹

¹⁸ Frances Petrarch, quoted in Robert E. Proctor, *Defining the Humanities: How Rediscovering a Tradition Can Improve Our Schools*, 2nd ed. (Bloomington, IN: Indiana University Press, 1998), 35.

¹⁹ Cicero, *On the Good Life*, trans. by Michael Grant (New York, NY: Penguin Books, 1971), 52-53.

For OIF and OEF veterans, the “pains and troubles” are part of what physician Ronald Glasser calls a “new kind of suffering” caused by a war in which soldiers are “not only being shot at, but exploded.”²⁰ The unprecedented use of improvised explosive devices (IEDs), resulting in repeated exposure to concussive blasts, is just one contributing factor to the pains and troubles not only to the hearts and souls of soldiers, but to their brains as well. Other factors contributing to PTSD in today’s service members include the length of OIF and OEF, the longest wars in U.S. history, and the implementation of Stop Loss at the beginning of both wars. Stop Loss is a Department of Defense program that “retains service members beyond their contractually agreed to separation date.”²¹ Due to Stop Loss, in 2009 alone, more than 12,000 soldiers in the U.S. Army, Army Reserve, and Army National Guard remained on active duty beyond their scheduled separation date.²² The length of the wars, the size of an all-volunteer military, and Stop Loss have resulted in soldiers serving multiple, lengthy deployments. These deployments are longer than deployments served by any other veteran cohort.²³ All of these factors are contributing to increased rates of PTSD and suicide for U.S. soldiers. According to a study in the March 2012 issue of *Injury Prevention*:

Rates of suicide in the U.S. Army increased more than 80% from 2004 to 2008. They thereby surpassed comparable civilian rates of suicide, which remained

²⁰ Ronald Glasser, *Broken Bodies/Shattered Minds: A Medical Odyssey from Vietnam to Afghanistan* (Palisades, NY: History Publishing, 2011), 35.

²¹ Charles Henning, *U.S. Military Stop Loss Program: Key Questions and Answers*, Congressional Research Service, July 10, 2009, www.fas.org/sgp/crs/natsec/R40121.pdf (accessed August 20, 2012).

²² *Ibid.*

²³ Terri Tanielian and Lisa H. Jaycox, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery* (Santa Monica, CA: Rand Center for Military Health Policy and Research, 2008), 21.

relatively stable during this time period. This increase, unprecedented in over 30 years of U.S. Army records, suggests that approximately 40% of suicides that occurred in 2008 may be associated with post-2003 events following the major commitment of troops to Iraq in addition to ongoing operations in Afghanistan.²⁴

A connection between the troubles of the heart and soul referenced by Cicero and PTSD can be interpreted from the results of a 2012 study conducted by the National Center for Veteran Studies and the University of Utah. Researchers surveyed soldiers who had attempted suicide and asked them to choose from a set of factors the reason(s) for their attempted suicide. Soldiers in the study consistently cited one factor: a desire to end intense emotional distress.²⁵ Psychiatrist Craig Bryan, co-author of the study, says, “This really is the first study that provides scientific data saying that the top reason these guys are trying to kill themselves is because they have this intense psychological suffering and pain.”²⁶ One avenue of understanding this psychological suffering and pain is to look at the physiological effects of PTSD on the brain.

The Physiological Effects of Trauma on the Brain

Although Cicero could not have understood the physiological effects of PTSD on the brain, his writings reflect an understanding of a mind-heart-body-soul connection that is being rediscovered today in the medical and military communities. This is reflected in

²⁴ Kathleen Bachynski, Michelle Canham-Chervak, Sandra A. Black, Esther O. Dada, Amy M. Millikan, Bruce H. Jones, “Mental health risk factors for suicides in the US Army, 2007–8,” *Injury Prevention*, March 2012, vol. 18, no. 6 <http://injuryprevention.bmj.com/content/18/6/405.full> (accessed December 27, 2012).

²⁵ Greg Zoroya, “Study Reveals Top Reason behind Soldiers’ Suicide,” *USA Today*, July 7, 2012, <http://www.usatoday.com/news/military/story/2012-07-10/army-study-soldiers-suicides/56136192/1> (accessed September 14, 2012).

²⁶ Craig Bryan, quoted in *Ibid.*

the Institute of Medicine’s July 2012 report examining effective treatments for PTSD. The report states that the “advent of neuroimaging tools and preclinical research has provided a platform on which to begin to examine the neurobiology of PTSD.”²⁷ In *The Body Bears the Burden: Trauma, Dissociation and Disease*, Robert Scaer cites MRI studies of the brain that indicate a significant reduction in the size of the hippocampus—a portion of the brain responsible for memory formation—in Vietnam War combat veterans suffering from PTSD.²⁸

The effect of PTSD on the brain was evident to Congressman Tim Ryan (D-OH), who was so troubled by the effects of PTSD on Ohio veterans and their families that he wrote the book *A Mindful Nation*, advocating the application of current research on the neuroplasticity of the brain to the treatment of soldiers suffering from PTSD. In an address to the Insight Meditation Institute of Washington, DC, on April 4, 2012, Ryan cited studies showing that PTSD affects the amygdala, which is the region of the brain associated with arousal and anxiety. The amygdala, evolutionarily the older portion of the human brain, is home to the fight, flight, or freeze response. When that part of the brain is engaged, which it can be in combat and during deployment, it is difficult for the more advanced portion of the brain, the prefrontal cortex—home of the “tend and befriend” impulse—to kick in. Exacerbating the condition of the brain in combat is the constant

²⁷ Institute of Medicine, *Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Initial Assessment*, (Washington, DC: National Academies Press, July 2012), http://www.nap.edu/openbook.php?record_id=13364&page=235IOM (accessed July 14, 2012).

²⁸ Robert C. Scaer, *The Body Bears the Burden: Trauma, Dissociation and Disease* (New York, NY: Routledge, 2007), 69.

flow of cortisol over the brain. Cortisol is the hormone correlated with the fight, flight, or freeze response.²⁹

The effect of war trauma on the brain is described in basic but compelling terms by OIF veteran Eric Newhouse in the *Journal of Military Experience (JME)*: “God designed us to love, not to fight, so war traumatizes our brains. We end up with images seared into it that we cannot forget, can’t escape . . . obviously we do not know how to fix our brains after we’ve subjected them to the trauma of war. But we need to develop a cure.”³⁰ The cure Newhouse refers to can be discussed in comparison to the advances that have been made in developing prosthetics for missing limbs—similar advances are urgently needed in the area of brain injury. Recognition of this need has led to an unusual alliance of the military, neuroscience, and meditation communities. This alliance is demonstrated by the Mind Fitness Training Institute, a nonprofit research and training organization dedicated to teaching mindfulness and resilience skills that enhance performance and strengthen response to stress, change, and uncertainty.³¹ Founded by Elizabeth A. Stanley, an associate professor of security studies at Georgetown University and a former U.S. Army military intelligence officer, the institute is conducting a pilot study with the Marines called Mindfulness-Based Mind Fitness Training. The study is a result of grim statistics:

²⁹ Tim Ryan, “A Mindful Nation,” podcast, April 14, 2012, available on iTunes, accessed August 8, 2012.

³⁰ Eric Newhouse, Special Guest Introduction, *Journal of Military Experience* 1, no. 2 (July 2012): 1.

³¹ Mind Fitness Training Institute, “About Us,” <http://www.mind-fitness-training.org> (accessed August 12, 2012).

In 2007, the Army experienced the highest desertion rate since 1980, an 80 percent increase since the 2003 invasion of Iraq. The increasing rates of suicide, post-traumatic stress disorder (PTSD), substance abuse and divorce, domestic violence and murder within the force point to future retention issues for all of the military services.³²

The pilot study hopes to utilize current research documenting the neuroplasticity of the brain and the healing properties of mindfulness and meditation associated with that neuroplasticity. Stanley writes that the “well-documented theory of neuroplasticity asserts that experience changes the brain.”³³ The negative aspect of neuroplasticity is that the brain undergoes change due to traumatic experiences as well. As a result of this change in the brain, Stanley has found that war trauma can change the ethical behavior of soldiers in the combat zone: “Soldiers who screened positive for mental health problems after returning home were up to three times more likely to report having engaged in unethical behavior while deployed.”³⁴

In addition to compromised ethical behavior, studies have found that war trauma “leads to deficits in cognitive functioning, including lapse of memory and inability to focus.”³⁵ Conversely, soldiers’ capacity for quick reaction improved as a result of their war experiences, giving validity to the argument that the brain can “build capacity” for certain reactions, both positive and negative, under stress. Stanley makes a salient argument that the neuroplasticity of the brain allows for training of the brain for positive

³² Elizabeth A. Stanley and Amishi P. Jah, “Mind Fitness: Improving Operational Effectiveness and Building Warrior Resilience,” October 30, 2009, http://www.army.mil/article/29549/Mind_Fitness_Improving_Operational_Effectiveness_and_Building_Warrior_Resilience/ (accessed August 12, 2012).

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

improvement to counter its susceptibility to negative forces. She cites a study of London cab drivers whose hippocampi were larger than those of a control group. The hippocampus is the brain region that controls conscious memory. This region is particularly important for cab drivers needing to memorize and navigate London's thousands of circuitous streets: "These differences in hippocampus size were the result of experience and training as a cab driver, not of preexisting differences in the hippocampus structure."³⁶ London cab drivers must go to school for three to four years, learn more than 25,000 streets and places of interest, and take a grueling series of tests, which typically have only a 50 percent pass rate. Pointing to the research on the cab drivers, Stanley argues that "experience and training can lead to functional and structural reorganization of the brain."³⁷ This structural reorganization of the brain can be both helpful and frustrating for soldiers with PTSD, due in part to its effect on memory.

This frustration can be seen in the challenging and still not fully understood dimension of traumatic experience in which the person going through the trauma is incapable of actually experiencing the event. In the body's primal quest to protect itself from unprecedented traumatic experience, it shuts down; resulting in what psychiatrist Dorothy Laub calls "history taking place without witness."³⁸ This physiological reality compounds the problem for veterans and service members whose bodies may be responding to events they do not remember. One veteran describes his experience of traumatic memory as memories of his war experience coming to him "in chunks, at

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid., 7.

random times, and out of nowhere.”³⁹ In his Vietnam War memoir *Dispatches*, Michael Herr describes this particular paradox of trauma: “It took the war to teach it, that you were as responsible for everything you saw as you were for everything you did. The problem was that you didn’t always know what you were seeing until later, maybe years later, that a lot of it never made it in at all. It just stayed stored there in your eyes.”⁴⁰ This phenomenon—of veterans’ memories being stored “in the eyes” for later retrieval and memory—has been experienced firsthand by physician Audrey Shafer, an anesthesiologist at the Palo Alto VA Hospital and professor at the Stanford School of Medicine. She says:

It started during the buildup to our invasion of Iraq. I would be with my patient just for a few minutes before they went under anesthesia. Although it was just a few minutes, they were compelled to talk. They talked about their war experiences like it was yesterday—even World War II veterans.⁴¹

A soldier experiencing a traumatic event can respond by dissociating from the event as it is happening, resulting in the previously mentioned “history taking place without witness.” The term *dissociation* was first used in relation to the psychological effects of trauma by the French psychiatrist Pierre Janet (1859-1947). As psychiatrist J. Douglas Bremner writes, “Janet coined the term dissociation as the opposite of association—literally the lack of connection between one piece of memory or consciousness and another. . . . It was Janet’s belief that dissociation caused changes in

³⁹ OIF veteran, in discussion following my presentation, “Post-Traumatic *Story* Disorder,” at the Military Experience and the Arts Symposium, Eastern Kentucky University, Richmond, Kentucky, July 6, 2012.

⁴⁰ Michael Herr, *Dispatches* (New York, NY: Alfred Knopf, 1977), 19.

⁴¹ Audrey Shafer (physician writer), interview with author, Palo Alto VA Hospital, Palo Alto, California, February 12, 2012.

individuals' neurobiological systems."⁴² Janet's theory of dissociation and its concomitant effects on neurobiological systems is further described by physiologist Petr Bob: "Dissociation represents a disturbance or alteration in the normally integrative functions of identity, memory, or consciousness. Dissociative symptoms occur mainly due to some traumatic events."⁴³ There has been a resurgence of focus on Janet's theory of dissociation in trauma studies. In *The Dissociative Mind*, psychologist Elizabeth Howell writes that "Janet's work is now in the process of major excavation and revivification. In the final analysis, Janet's theory of trauma and dissociation may be much more applicable than Freud's theory of repression."⁴⁴

The fact of this dissociation and the physiological injury to the brain could render soldiers incapable of remembering the actual events that contributed to their PTSD. If they cannot remember, they cannot tell their stories. In these cases, a *pre-narrative* intervention to facilitate eventual storytelling could be helpful. Currently, animals such as horses, service dogs and even dolphins are being used as pre-narrative facilitators for soldiers with PTSD. The 2012 Institute of Medicine report on the effectiveness of PTSD treatments notes that although complementary and alternative medicine (CAM) therapies, including animal-assisted therapies, lack significant research studies to establish empirical efficacy, "the committee heard from numerous service members that they are using CAM treatments and the treatments are helping to alleviate their PTSD

⁴² J. Douglas Bremner, Stephen M. Southwick, Elizabeth A. Brett, Alan Fontana, Robert Rosenheck, and Dennis Charney, "Dissociation and Post-Traumatic Stress Disorder in Vietnam Combat Veterans," *American Psychiatry Journal*, no. 132 (March 1992): 328.

⁴³ Petr Bob, "Dissociation and Neuroscience: History and New Perspective," *International Journal of Neuroscience* 113, no. 1 (January 2003): 903.

⁴⁴ Elizabeth Howell, *The Dissociative Mind* (New York, NY: Routledge, 2005), 64.

symptoms.”⁴⁵ Animal-assisted therapies are beginning to gain traction with the mainstream medical establishment in the U.S., as evidenced by the National Institute for Child Health and Human Development’s creation of a program designed to study the benefits of human-animal interaction.⁴⁶ The use of animal-assisted therapy was a part of Veterans Day 2012 in Vallejo, California, where soldiers with PTSD had the opportunity to swim with dolphins. A story in the [Vallejo] *Times Herald* reported: “They [the veterans] may have issues communicating with other people since returning home from war, but nearly a dozen recovering veterans had no apparent problem connecting Friday with Vallejo’s Discovery Kingdom’s dolphins.”⁴⁷

Equine therapy—the use of horses in the physical and emotional rehabilitation of soldiers—has been an effective form of treatment in Europe, and is gaining traction in the U.S., where programs such as Horses for Heroes, sponsored by the VA, use equine therapy as an alternative healing modality.⁴⁸ Jock Hotchison, a former Marine who runs HorseBack UK Charity in Scotland, echoed Winston Churchill’s famous statement, “There is something about the outside of a horse that is good for the inside of a man”⁴⁹ when he said

⁴⁵ Institute of Medicine, *Treatment of Posttraumatic Stress Disorder in Military and Veteran Populations*.

⁴⁶ Julie Rovner, “Pet Therapy: How Animals and Humans Heal Each Other,” *Shots: NPR’s Health Blog*, March 5, 2012, <http://www.npr.org/blogs/health/2012/03/09/146583986/pet-therapy-how-animals-and-humans-heal-each-other> (accessed July 12, 2012).

⁴⁷ Rachel Raskin-Zrihen, “Reintegrating Veterans Spend Time with Vallejo Theme Park’s Dolphins,” [Vallejo, California] *Times-Herald*, November 10, 2012: A1-2.

⁴⁸ U.S. Department of Veterans Affairs, “Horses for Heroes,” January 6, 2011, <http://www.va.gov/health/NewsFeatures/20110106a.asp> (accessed December 12, 2012).

⁴⁹ Winston Churchill, as quoted by Pamela J. Haylock and Cynthia A. Cantril, “Healing with Horses: Fostering Recovery from Cancer with Horses as Therapists,” *Explore: The Journal of Science and Healing* 2, no. 3 (May 2006): 264.

We have soldiers who have suffered for years with PTSD. I don't know what it is about the horse that draws them out. I think it is because they [the soldiers] have to be the leader. . . . I am not a wishy-washy type, but something happens when these men get around the horses. The horses are exhausted after a session. It is as if they have shared some of the burden of the soldiers.⁵⁰

For male veterans, the use of animal-assisted therapies may be a particularly effective intervention in the healing process, due to the construct of masculinity in society and the military. The next chapter will explore how the construct of masculinity can be an obstacle to soldiers' storytelling and, consequently, an obstacle to their recovery.

⁵⁰ Jock Hotchison, quoted in Matt Bendoris, "These Lads Hate Being Patients...Horseriding Gives Them a Purpose," *Scottish Sun*, November 3, 2011, <http://www.thescottishsun.co.uk/scotsol/homepage/scotlandfeatures/3911103/These-lads-hate-being-patients-horseriding-gives-them-a-purpose.html#ixzz20fRQPdOf> (accessed July 12, 2012).

Chapter 2: The Construct of American Masculinity

We can never fathom the soldier's grief if we do not know the human attachment which battle nourishes and then amputates.

—Jonathan Shay⁵¹

The story of Marine Lance Corporal James Blake Miller (Fig. 1) helps illustrate the construct of masculinity in American society. A photograph of the war-weary Miller smoking a cigarette after the battle of Fallujah appeared in papers around the U.S. on



Figure 1. “The Marlboro Marine.” *Los Angeles Times*, November 10, 2004. Copyright © *Los Angeles Times*. Luis Sinco, photographer. (Used with permission.)

⁵¹ Jonathan Shay, *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (New York, NY: Scribner, 1994), 39.

November 10, 2004. The picture catapulted Miller to instant fame and earned him the nickname “The Marlboro Marine.” This nickname incorporates the masculine values promoted by the commercial image of the Marlboro Man riding horseback over the plains: smoking, silence, strength, and solitude. Combining those traits with the iconic status of the U.S. Marines—the few, the proud—can result in an ideal of masculinity that is as restrictive as it is impossible to achieve.

Miller’s overnight celebrity led to an attempt by the Marines to remove him from the fighting. Miller refused and continued to fight with his unit. While the military wanted a feel-good story about a heroic soldier fighting for America, with Miller they got something entirely different. When Miller returned home, a whistling sound triggered the traumatic memory of a firefight in Iraq, and Miller responded in a blind rage, attacking a fellow soldier. Symptoms of PTSD, including nightmares, angry outbursts, and unpredictable behavior, led to the dissolution of his one-year marriage to his high school sweetheart. Today, Miller has not been able to pursue his dreams of becoming a mechanic and lives on his disability pension from the military. He has asked the media to leave him alone as he attempts to salvage what he can of his life.⁵²

Miller’s story can be seen as a tragic illustration of the unrealistic expectations embedded in the construct of masculinity. Lisak describes the American construct of masculinity as “men’s unique patterns of gender socialization.”⁵³ This gender socialization refers to society’s collective definition of masculinity—which includes

⁵² Paul Harris, “A Picture Made Him a Hero: Then His Life Fell Apart,” *Guardian*, July 1, 2006, <http://www.guardian.co.uk/world/2006/jul/02/usa.paulharris> (accessed July 12, 2012).

⁵³ Lisak, “Male Survivors of Trauma,” 263.

concepts of strength, fearlessness, lack of emotion, and invulnerability. Lisak gives several examples of how the construct of masculinity can create a restrictive bias, particularly when discussing trauma. He cites psychiatrist Judith Herman's widely respected book *Trauma and Recovery: The Aftermath of Violence: From Domestic Abuse to Political Terror*, in which she "uses the feminine pronoun to refer to generic victims and the masculine pronoun to refer to generic perpetrators. This usage is interesting because many of the victims discussed in the book, including war veterans and holocaust survivors, are men."⁵⁴ Lisak also cites a study of victimization among Navy recruits that was seemingly guided by the presumption that men can only be perpetrators of sexual assault or rape, not victims: "U.S. Navy recruits ($n=3,776$) were surveyed for pre-military histories of adult sexual assault. They completed a survey designed to estimate rates for experiences as victims (women) and perpetrators (men) of attempted and completed rape since the age of 14."⁵⁵

The limitations of the social construct of masculinity, particularly as it relates to PTSD, can be explored by service members and health-care professionals through narrative. One example of this type of narrative is the following poem by the famous English World War I officer, war protestor, and poet Siegfried Sassoon. The poem describes the unrealistic expectations society, and in the case of this poem, women, can have for male soldiers:

⁵⁴ Ibid., 264.

⁵⁵ Judith Herman, quoted in Lisak, "Male Survivors of Trauma," 264.

Glory of Women

You love us when we're heroes, home on leave,
Or wounded in a mentionable place.
You worship decorations; you believe
That chivalry redeems the war's disgrace.
You make us shells. You listen with delight,
By tales of dirt and danger fondly thrilled.
You crown our distant ardours while we fight,
And mourn our laurelled memories when we're killed.
You can't believe that British troops "retire"
When hell's last horror breaks them, and they run,
Trampling the terrible corpses—blind with blood.
O German mother dreaming by the fire,
While you are knitting socks to send your son
His face is trodden deeper in the mud.⁵⁶

As Sassoon writes, soldiers are considered heroes when they are “wounded in a mentionable place.” Many service members suffering from PTSD have discovered that *their* wounds are in an *unmentionable* place. One OIF veteran with PTSD who suffers from debilitating blackouts and dizzy spells told the story of being berated for having a handicapped sign for his car: “A woman yelled at me, saying ‘You’re not handicapped. How can you park there? What is your problem?’” In recounting his story, this veteran said, “Just because you cannot see a wound, does not mean the wound does not exist.”⁵⁷ Despite his outrage at this incident, the veteran’s embarrassment, even in the retelling of the story, was evident. This embarrassment, as Vietnam War veteran Tim O’Brien writes in *The Things They Carried*, was something that men carried in Vietnam:

⁵⁶ Siegfried Sassoon, “Glory of Women,” in *The War Poems of Siegfried Sassoon* (London, UK: W. Heinman, 1919), 57, http://www.gutenberg.org/catalog/world/readfile?fk_files=1497066&pageno=3 (accessed October 5, 2012).

⁵⁷ OIF veteran, in discussion after my presentation, “Post-Traumatic *Story* Disorder,” at the Military Experience and the Arts Symposium, Eastern Kentucky University, Richmond, Kentucky July 5, 2012.

They carried the soldier's greatest fear, which was the fear of blushing. Men killed and died, because they were embarrassed not to. It was what had brought them to the war in the first place, nothing positive, no dreams of glory or honor, just to avoid the blush of dishonor. They died so as not to die of embarrassment.⁵⁸

OIF veteran Joseph Siarski's experience echoes O'Brien's description: "You know you have guys talking all tough and macho before the fighting starts, and then when it does, some of those same guys are crying, screaming, messing in their pants. After it's over they feel awful and feel like they let their buddies down."⁵⁹ Clinical psychologist Katherine Bradley, a VA therapist, has heard similar stories from patients who are ashamed that they froze or took cover when the action got heated. She tells her patients, "Freezing is a survival instinct. It is the third F we never talk about in the flight, fright response. The 'three Fs' are hard-wired into our brains as a survival mechanism. I tell them if they hadn't ducked, they would not be here today to take care of their family or to help other veterans."⁶⁰

This disparity between a soldier's expectations for himself and his actions is one reflection of the emotional no-man's land soldiers find themselves in during war. War puts men in situations of intense emotional attachment to other men and then forces them to participate in and witness atrocities beyond their imagining, often including the death of their fellow soldiers. This unprecedented emotional and psychological trauma can cause their bodies to shut down. These soldiers are in a literal no-man's land of

⁵⁸ Tim O'Brien, *The Things They Carried* (New York, NY: Broadway Books, 1990), 20.

⁵⁹ Joseph Siarski (OIF veteran), interview with author, Galveston, Texas, March 7, 2012.

⁶⁰ Katherine Bradley (pseudonym for VA clinical psychologist), interview with author, Houston VA facility, March 23, 2012.

experience in a society that has rigid ideas of what men can and can't do or can and can't feel. This no-man's land of emotion in war was metaphorically depicted in another form of narrative, film, with the 2011 movie *War Horse*. Set during World War I, the movie follows the fate of a horse, Joey, who is sold to the military by an impoverished English farmer. The horse ends up trapped in no-man's land—in between the trenches of the English and German armies—wrapped in barbed wire, bleeding, hurt, unable to move. When the soldiers in both trenches realize what has happened, the war is momentarily forgotten, and English and German soldiers work together to free the horse. The subtext of the scene is that the soldiers feel just like the horse, trapped in their trenches, unable to move, ensnared by a war that is horrific and brutal. Reaching out to the horse was a way to restore their own humanity—an indirect way for them to stop being soldiers and return to being who they were before the war.

Soldiers throughout history have tried to hold on to their humanity, often literally holding on to it through tangible objects that remind them of who they are outside of war. In *Dispatches*, Herr describes the variety of objects soldiers carried to remind them of their former selves:

They carried around five-pound Bibles from home, crosses, St. Christopher medals, mezuzahs, locks of hair, girlfriends' underwear, snaps of their families, their wives, their dogs, their cows, their cars, pictures of John Kennedy, Lyndon Johnson, Martin Luther King, Huey Newton, the Pope, Che Guevara, the Beatles, Jimi Hendrix. . . . One man was carrying an oatmeal cookie through his tour, wrapped up in foil and plastic and three pair of socks. He took a lot of shit about it (“When you go to sleep we're gonna eat your fucking cookie”), but his wife had baked it and mailed it to him, he wasn't kidding.⁶¹

⁶¹ Herr, *Dispatches*, 53.

The emotional no-man's land experienced by male veterans in particular is a helpful concept for health-care professionals and family members to understand when working with service members with PTSD. As Lisak writes, "Many hundreds of thousands of war veterans suffer in isolation and silence, some because they cannot or will not speak and others because they have never been asked to."⁶²

In addition, understanding how concepts of gender influence beliefs about the efficacy of help-seeking behavior in men in the medical and military communities can be helpful. The Army's attitude toward male help-seeking behavior was explained by Brigadier General Jim Pasqualette: "Up until a few years ago admitting mental health issues in the ranks would have reflected weakness on our whole brigade."⁶³ Attitudes such as that described by Pasqualette can influence male soldiers' beliefs about their own roles as men, as well as their help-seeking behavior. A University of Mississippi study of the impact of masculinity on health behaviors in men found that "masculinity, or men's beliefs about the male gender role, also has been associated with the presence of physiological risk markers for CVD [cardiovascular disease], poorer health behaviors, and more severe symptoms of PTSD."⁶⁴

A soldier's reluctance to seek help affects his family and all of those around him. The high rates of divorce, spousal violence, and trauma in children of veterans are evidence of the collateral damage caused by a soldier's reluctance or refusal to seek help.

⁶² Lisak, "Male Survivors of Trauma," 268.

⁶³ Brigadier General Jim Pasqualette, quoted in Gail Sheehy, "Army's Huge Culture Shift: No Shame in Mental Health Help," *USA Today*, July 5, 2012, <http://www.usatoday.com/news/military/story/2012-07-05/soldiers-PTSD-suicide-therapy-fort-carson/56042102/1> (accessed September 14, 2012).

⁶⁴ Jay A. Morrison, "Masculinity Moderates the Relationship between Symptoms of PTSD and Cardiac-Related Health Behaviors in Male Veterans," *Psychology of Men & Masculinity* 13, no. 2 (Spring 2012): 158.

This reluctance is tied to masculine military identity and the belief that seeking help for mental-health issues will hurt a soldier's chances of promotion and long-term career success. This fear is not unfounded, as the National Alliance on Mental Illness (NAMI) recognized in its June 2012 report, *Parity for Patriots: The Mental Health Needs of Military Personnel, Veterans and Their Families*. In the report, NAMI suggests that the military can send a clear message that seeking help for PTSD will not negatively affect a soldier's career by awarding the Purple Heart to soldiers with PTSD. NAMI believes that if the Pentagon changes its policy, which currently excludes PTSD as an injury worthy of a Purple Heart, it will "strike a tremendous blow against the stigma that often discourages individuals from seeking help when they need it."⁶⁵ The report also calls for "requiring military leaders to focus on reducing stigma associated with mental health treatment and holding them accountable for suicides in their commands."⁶⁶ This change will help counter the damaging attitudes toward suicide exemplified by Major General Dana Pittard of Fort Bliss, who wrote on his blog the following entry that he later removed:

I have now come to the conclusion that suicide is an absolutely selfish act. I am personally fed up with soldiers who are choosing to take their own lives so that others can clean up their mess. Be an adult, act like an adult and deal with your real-life problems like the rest of us.⁶⁷

⁶⁵ The National Alliance on Mental Illness, *Parity for Patriots: The Mental Health Needs of Military Personnel, Veterans and Their Families* (Arlington, VA: NAMI, 2012), <http://www.nami.org/Template.cfm?section=Search&Template=Search/SearchDisplay.cfm> (accessed July 12, 2012).

⁶⁶ Ibid.

⁶⁷ Major General Dana Pittard, quoted in Sheehy, "Army's Huge Culture Shift: No Shame in Mental Health Help," *USA Today*, July 5, 2012. <http://www.usatoday.com/news/military/story/2012-07-05/soldiers-PTSD-suicide-therapy-fort-carson/56042102/1> (accessed July 5, 2012).

The NAMI report notes that military leaders are currently held accountable for injuries caused by heat or cold, and calls for the same standards to be applied to suicide deaths, saying that “suicides are preventable.”⁶⁸

Soldiers’ reluctance to seek help due to the current military culture was recognized in 2011 by retired Army General Peter Chiarelli, who wrote to the president of the American Psychiatric Association, asking that PTSD be changed to post-traumatic stress *injury* (emphasis added).⁶⁹ Chiarelli’s request seems particularly appropriate when considering that in Greek the word *trauma* means “wound.”⁷⁰ Chiarelli believes that soldiers will be more likely to seek help if their suffering is officially diagnosed as an injury. OIF veteran Brian Moore agrees wholeheartedly with Chiarelli. He says, “The military is all about order. We are taught that everything needs to be in order, and done in an orderly way. Then to tell us we have a ‘disorder’ is like the ultimate denial of our identities as members of the military.”⁷¹

The word *injury*, like *wound*, implies that the symptoms manifested by a soldier were caused by an outside force, like any other injury to a soldier’s body caused by bullets, bombs, fire, explosion, or torture. The word *injury* also implies that healing and recovery are possible. The word *disorder* does not carry the same outside causal implication or the implication that complete recovery is possible. A disorder is perceived as a chronic, ongoing condition that may or may not get better—Shay makes this point

⁶⁸ Ibid.

⁶⁹ Lindsay Wise, “Idea to Take ‘D’ out of PTSD Studied,” *Houston Chronicle*, January 15, 2012, <http://www.chron.com/default/article/Idea-to-take-the-D-out-of-PTSD-studied-2556372.php> (accessed January 16, 2012).

⁷⁰ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative and History* (Baltimore, MD: Johns Hopkins University Press, 1996), 3.

⁷¹ Brian Moore, OIF veteran, in conversation with author, Half Moon Bay, California, October 28, 2012.

eloquently: “We do not refer to a veteran who has had his arm blown off by a grenade as having ‘missing arm disorder.’”⁷²

As historian Charles Rosenberg writes in *Framing Disease: Studies in Cultural History*, the naming of a disease or injury has both positive and negative effects.⁷³ On the positive side, once a disease or injury has been given a name and thus legitimized in the eyes of the medical profession and lay community, it is easier for individuals suffering from that disease or injury to get treated. Naming a disease is emblematic of the importance of narrative in society. To name something is to define it and give it an identity or its own story. Without a name, it does not exist. If it does not exist, then those suffering from the effects of the injury do not have a “legitimate” story to tell about their own experiences. If they are not allowed to have a story, much less tell their story, how can they even begin to heal? If they cannot heal, how can they regain their personhood and reintegrate into community?

Chiarelli’s strong belief in the power of language reflects the Renaissance humanist view of the power of rhetoric—words and narrative—to generate an emotional response—to, for instance, persuade, convince, motivate, or inspire. Chiarelli’s request deserves consideration from practitioners of the medical humanities based on their understanding of rhetoric and the power of naming, or labeling, in the world of medicine. By supporting Chiarelli’s request to change *disorder* to *injury*, the medical-humanities

⁷² Jonathan Shay, *Odysseus in America: Combat Trauma and the Trials of Homecoming* (New York, NY: Scribner, 2002), 4.

⁷³ Charles Rosenberg, “Introduction: Framing Disease: Illness, Society, and History,” in *Framing Disease: Studies in Cultural History*, ed. Charles Rosenberg and Janet Golden (New Brunswick, NJ: Rutgers University Press, 1997), xiii-xvi.

community could help service members who are currently reluctant to be labeled as having an emotional or mental illness, as many soldiers who have sought help for PTSD have been.

In addition to the narrative around the word “disorder,” the act of seeking counseling is fraught with potential land mines for men living in a culture that expects them to be self-sufficient and strong. As Ximena E. Mejia writes:

The first point to address with men is the difficulty of entering counseling, and the courage it requires. Counselors should acknowledge that seeking help, discussing feelings, and participating in an ambiguous and open-ended relationship with a stranger are generally perceived as “un-masculine” activities and, therefore, can be threatening. . . . Emphasizing the release of feelings in the initial stages of counseling would “turn off” most male clients and reinforce their notion that counseling is a “touchy-feely” endeavor.⁷⁴

In recognition of this reality with male patients, the therapists I interviewed for this thesis framed their therapeutic approach around military language. Bradley says she tells her patients to look at their time with her and in their group classes as a form of boot camp. She uses the word *classes* instead of *group therapy* because of her patients’ aversion to words that pertain to mental health.⁷⁵ Counselor Kay Eaton of Galveston’s Transitional Learning Center tells her patients, “You are in command of this process. I am here to guide you. I will push you if I feel I have to, but you are calling the shots.”⁷⁶ Bradley says that for most of her male patients, the ability to talk to someone about their emotions

⁷⁴ Ximena E. Mejia, “Gender Matters: Working with Adult Male Survivors of Trauma,” *Journal of Counseling and Development* 83, no. 1 (Winter 2003): 34-35.

⁷⁵ Bradley, interview, March 23, 2012.

⁷⁶ Kay Eaton (licensed clinical social worker), interview with author, Transitional Learning Center, Galveston, Texas, November 12, 2011.

is “a completely novel experience. I see a big difference between my male and female patients in that respect. The female patients have a circle of friends they can confide in. My male patients do not. The concept is almost foreign to them.”⁷⁷

An awareness of and sensitivity to beliefs about masculinity and how those beliefs impede the recovery process for male service members are critical for both the patient and the health-care provider as they embark on a therapeutic relationship. In addition to this awareness, health-care professionals can serve their patients by broadening their understanding of the complexity of invisible injuries.

In the next chapter, the complexity of invisible injuries will be explored through psychiatrist Shay’s concepts of *moral injury*, the *shrinking of the social and moral horizon*, and the *berserk state*.

⁷⁷ Bradley, interview, March 23, 2012.

Chapter 3: Moral Injury as a Precursor to Post-Traumatic Stress Disorder

Failures and disassociation were thus contributing factors in my silent homecoming. On one level, I struggled with the moral shrapnel all soldiers carry home from a combat zone. Countless narratives and poems by soldiers testify to the fact that it is impossible to be involved in war without its overwhelming inhumanity, evil, and senselessness leaving a mark on one's soul.

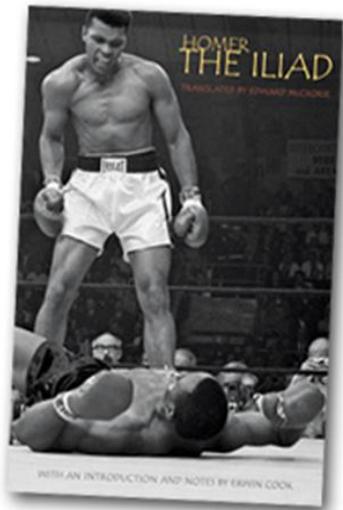
—OIF veteran Liam Corley⁷⁸

To understand the emotional and moral pain that can lead to a soldier's inability to tell his story, it is helpful to understand Shay's concepts of *moral injury*, the *shrinking of the social and moral horizon* and the *berserk state* Shay developed these concepts after decades of listening to the stories of the Vietnam War veterans he cared for at the VA. Over time, Shay realized that his patients' stories echoed the stories of soldiers in Homer's *Iliad* and *Odyssey*. He began to understand that Vietnam War veterans were no different than soldiers across the centuries and that soldiers' reactions to war trauma have been fairly consistent over time. To make his point, Shay wrote *Achilles in Vietnam: Combat Trauma and the Undoing of Character* and *Odysseus in America: Combat Trauma and the Trials of Homecoming*.

In both works, Shay weaves portions of the *Iliad* and *Odyssey* into the stories of his veteran patients to illustrate the similarities in their experiences, which were separated by almost three thousand years. For instance, Shay compares Odysseus' complex and troubled ten-year journey home after the Trojan War—and his difficulties once he finally

⁷⁸ Corley, "Reconsiderations: 'Brave Words,'" 357.

makes it home—to the difficulties Vietnam War veterans experienced when returning from war. Shay states that the *Iliad*, written in 890 BC, was actually known to audiences as *Rage*.⁷⁹ Homer uses the word *menis*, which Shay interprets as “indignant wrath.” Shay



Courtesy Johns Hopkins University Press

Figure 1: Cover of 2012 translation of Homer’s *Iliad* featuring Muhammad Ali.

explains, “I can hear the word dignity hidden in the word indignant. . . . Apart from its use as a word for divine rage, Homer uses *menis* only as the word for the rage that ruptures social attachments.”⁸⁰ Indeed, to illustrate the overwhelming power of Achilles’ rage to modern readers, the cover of the 2012 translation of Homer’s *Iliad* by Edward McCrorie contains the iconic image of Muhammad Ali towering over Sonny Liston in what appears to be indignant rage at having been stripped of the heavyweight title he had won in his first fight against Liston. Ali was

required to fight a second time for the title (Fig. 2). This image could serve as a point of reference for male veterans who may be more familiar with Ali than Achilles. Ali’s emotion is vivid, and aptly illustrates the kind of rage that drives the actions of Achilles in the *Iliad*.

Achilles’ rage begins when he is betrayed and disrespected by his commander Agamemnon during the Trojan War. After a bloody battle to conquer a Trojan-allied city led by Chryses, a priest of Apollo, the soldiers in Agamemnon’s army vote to award

⁷⁹ Shay, *Achilles in Vietnam*, 21.

⁸⁰ *Ibid.*

Briseis, the “sashed and lovely girl,” to Achilles as his war prize.⁸¹ Briseis is not just a war prize to Achilles, but “some pittance [compared to Agamemnon’s “lion’s share” of war plunder] I love when I have fought to exhaustion.”⁸² Briseis, in turn, loves Achilles. Indeed, Achilles’ dearest friend and comrade Patroclus assures Briseis of Achilles’ plans to marry her in a proper wedding feast when they return home to Phthia.⁸³ Agamemnon has also taken a war prize, the daughter of Chryses. When the gods demand the return of Chryses’ daughter to appease Apollo, Agamemnon is furious. He agrees to return the girl but insists that he must not be left empty-handed and that it is his right to take Achilles’ prize. Agamemnon reveals his disdain for Achilles and his intention to take Briseis as his own:

You—I hate you most of all the warlords
loved by the gods. Always dear to your heart
strife, yes, and battles, the bloody grind of war.
What if you are a great soldier? That’s just a gift of god.
Go home with your ships and comrades, lord it over
your Myrmidons!
You are nothing to me—you and your overweening anger!
But let this be my warning on your way:
Since Apollo insists on taking my Chryseis,
I’ll send her back in my own ships with my crew.
But, I will be there in person at your tents
To take Briseis in all her beauty, your own prize—
So you can learn just how much greater I am than you.⁸⁴

⁸¹ Homer, *The Iliad*, trans. Robert Fagles (New York, NY: Penguin Press, 1990), 1.512.

⁸² *Ibid.*, 1.196-197.

⁸³ *Ibid.*, 19.351-353.

⁸⁴ *Ibid.*, 1.208-219.

Achilles' fury at Agamemnon is fueled by the fact that although he and his army had no enmity toward the Trojans, they fought for Agamemnon and his fellow leaders:

No, you colossal, shameless—we all followed you, to please you, to fight for you, to win your honor back from the Trojans—Menelaus and you, you dog-face! What do you care? Nothing. You don't look right or left. And now you threaten to strip me of my prize in person—the one I fought for long and hard, and sons of Achaea handed her to me.⁸⁵

When Briseis, “reluctant every step,” is taken from him, Achilles weeps for his “lythe and lovely girl,” and “slipping away from his companions, far apart, sat down on the beach of the heaving gray sea.”⁸⁶ In response to being treated “like some vagabond, some outcast stripped of all my rights,”⁸⁷ Achilles refuses to return to war, and the Greek army suffers great losses. Achilles refuses to return to battle until Agamemnon has “paid full measure for all his heartbreaking outrage.”⁸⁸ When Agamemnon eventually agrees to return Briseis to Achilles to induce him to rejoin the battle, he does so without apology or admitting that he has made a mistake. It is only when Achilles' dear comrade Patroclus, the man he loved “beyond all other comrades, loved as my own life,” is killed does Achilles return to battle.⁸⁹ His fury at the death of Patroclus stems not only from grief, but also from guilt—for he had sent Patroclus into battle wearing his own—Achilles'—armor as a ploy to subdue the Trojans. When the great Trojan warrior Hector kills

⁸⁵ Homer, *Iliad*, 1.186-191.

⁸⁶ *Ibid.*, 1.412-414, 16.99.

⁸⁷ *Ibid.*, 16.66-67.

⁸⁸ *Ibid.*, 9.473.

⁸⁹ *Ibid.*, 18.94-96.

Patroclus, Achilles, enraged, rejoins the battle and kills Hector. Afterward, Achilles straps Hector's body to his chariot and drags it to his tent. Achilles' continued abuse of Hector's corpse is so egregious that the god Apollo intervenes to protect Hector's body from further damage by wrapping it in the "golden shield of storm."⁹⁰

Achilles comes to his senses when Hector's father appeals to him for his son's body, reminding Achilles of his love for his own father and, perhaps, for the person he was outside of war. Achilles' story is an illustration of Shay's concepts of moral injury, the shrinking of the social and moral horizon, and the berserk state, and, as such, mirrors the experiences of many soldiers. I will explore these concepts in the next paragraphs.

Shay defines *moral injury* as "Betrayal of what is right by someone with legitimate authority in a high stakes situation."⁹¹ For Achilles, it was Agamemnon's complete disregard and disrespect for Achilles' achievements on the battlefield and subsequent acclamation by his soldiers, who voted to reward his battle prowess by giving him Briseis. Similarly, Shay's patients' moral injuries were caused by a myriad of factors: young, inexperienced officers who often made poorly reasoned decisions that resulted in death or dismemberment; faulty rifles that jammed at critical times; a military culture that did not allow for grieving for fallen comrades; and a stated war objective that belied their experience in the battle zone. In addition, his patients expressed extreme frustration and feelings of helplessness in recounting the experiences of being asked to

⁹⁰ Ibid., 24.25-29.

⁹¹ Jonathan Shay, "Moral Wounds of War," *PBS Religion and Ethics News Weekly*, May 28, 2010, <http://www.pbs.org/wnet/religionandethics/episodes/may-28-2010/jonathan-shay-extended-interview/6384/> (accessed September 14, 2012).

carry out orders they knew were ill-advised. Shay's concept of a *moral injury* involves a soldier's heart, a factor recognized during the Civil War—hence the term, *soldier's heart*—and, for those who are religious, the soul. The concept of moral injury allows for a broadened vocabulary when discussing the traumatic events of war. Use of the concept can facilitate a shared understanding of the basic human goodness of the service member or veteran. It can provide the service member and health-care professional a non-medical context in which to discuss war wounds not visible to the eye.

Within the concept of moral injury, it is instructive to look at the idea of “what’s right” and how a soldier’s idea of “what’s right” can be developed. A soldier’s received ideas of what’s right are formed over years in dialogical engagement with his family, his community, and his nation. This dialogical engagement can include the influences of church and religion, as well as narrative, and also the belief framework philosopher Charles Taylor calls the honor ethic:

The life of the warrior or citizen-soldier is deemed higher than the merely private existence devoted to the arts of peace and economic well-being. . . . To be in public life or to be a warrior is to at least be a candidate for fame. To be ready to hazard one’s tranquility, wealth, even life, for glory is the mark of a real man.⁹²

The idea illustrated by the honor ethic is a potential influence on a soldier’s sense of identity and belief in what is right, as well as a community’s beliefs about soldiers. Being put on a pedestal or held to a higher standard puts soldiers in a position of greater

⁹² Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge, MA: Harvard University Press, 1989), 20.

vulnerability when their ideas of what is right are violated, particularly if they are responsible for that violation. In addition to the honor ethic, language that has been defined as religious is often used to explain or defend society's views of what's right. Elizabeth Samet, a faculty member at the U.S. Military Academy (West Point), writes that the language of Christianity has been particularly prominent in OIF and OEF:

The rhetoric of the War on Terror has been from the first deeply inflected with a messianic vocabulary that makes it easy for soldiers to conflate military and spiritual missions and that complements the military's own sense of itself as a noble profession and a higher calling.⁹³

This heightened use of religious language can be distressing and problematic for soldiers faced with situations that violate their received ideas of right and wrong, particularly as defined by their religion or church. One OIF veteran expressed this dilemma eloquently when discussing religion as a tool for recovery for veterans with PTSD: "I am sorry. It is kind of hard to go to church and hear about hell when I have seen hell, and I have been in hell."⁹⁴ Taylor describes what can happen to a person's sense of identity and of what's right in situations like war:

Humans devise, or accept, or have thrust upon them descriptions of themselves, and these descriptions help to make them what they are. Further, these self-descriptions include moral or ethical self-characterizations, that is, descriptions that situate us relative to some goods, or standards of excellence, or obligations

⁹³ Elizabeth Samet, *Soldier's Heart: Reading Literature through Peace and War at West Point* (New York, NY: Picador Press, 2008), 158.

⁹⁴ OIF veteran, after my presentation, "Post-Traumatic *Story* Disorder," at the Military Experience and the Arts Symposium, Eastern Kentucky University, Richmond, Kentucky, July 6, 2012.

that we cannot just repudiate. A human being exists inescapably in a space of ethical questions: she or he cannot avoid assessing himself or herself in relation to some standards. To escape all standards would not be liberation, but a terrifying lapse into total disorientation. It would be to suffer the ultimate crisis of identity.⁹⁵

To put Taylor's description in the context of narrative, "description of themselves" can also be termed narrative identity or the stories about themselves soldiers believe to be true. When that narrative identity is challenged by being exposed to situations that are in direct contradiction to what one believes to be true about oneself or the world, this challenge can lead to a shattered narrative identity or one that has been rendered unrecognizable by the horrors of war. The military has developed a culture that is capable of breaking a soldier down from his narrative identity as a law-abiding citizen and member of society to a narrative identity that includes, at the very least, the capacity to kill. This rewriting of a narrative identity is justified by the notion that soldiers are fighting for their country, their leaders, their fellow soldiers, and their own survival. In battle, there is much that is riding on a soldier's belief that the cause he is fighting for is just, right, and good—in Shay's words, "what's right."

This concept is powerfully illustrated by a story told by Vietnam War veteran and Arizona Senator John McCain in his memoir, *Faith of My Fathers*.⁹⁶ McCain writes about his five years in the "Hanoi Hilton," the most notorious Vietnam War prisoner-of-war camp. McCain and his fellow prisoners suffered horrible beatings and torture.

⁹⁵ Charles Taylor, "The Dialogical Self," in *The Interpretive Turn: Philosophy, Science and Culture*, ed. David R. Hiley, James Bonham, and Richard Schusterman (Ithaca, NY: Cornell University Press, 1991), 305.

⁹⁶ John McCain and Mark Salter, *Faith of My Fathers: A Family Memoir* (New York, NY: HarperCollins, 1999), 335-336.

What helped McCain endure his suffering as a prisoner of war was the action of fellow prisoner Mike Christian. Christian had taken scraps of red and white cloth and “sewn an American flag on the inside of his prisoner shirt with a needle he had laboriously made from bamboo.”⁹⁷ Every afternoon, the American prisoners hung Christian’s shirt up and recited the pledge of allegiance. *McCain* writes that “no other action of the day had as much meaning to us.”⁹⁸ This sentiment about the American flag is shared by OIF veteran Moore, who explained one of his intricate tattoos featuring the American flag: “Our flag is above all mortal things, and without it behind us, we would not exist as Marines.”⁹⁹

When a belief in something symbolized by the American flag is so strong that it can maintain men’s spirit and morale in a prisoner-of-war camp or a nine-year war, what happens when the belief in what that symbol—or what their country—stands for is betrayed? According to Shay, when soldiers witness or participate in atrocities like the massacre of women and children at My Lai in Vietnam or the torture and inhumane treatment of prisoners at Abu Ghraib prison, their understanding of right and wrong is violated and can result in an “unraveling of character” or identity. Soldiers do not remain unscathed by witnessing or being a party to the actions of war. One Vietnam War veteran described it as “losing your heart and soul and any sense of good you ever had in your life.”¹⁰⁰ The process of soul retrieval, then, needs to begin with the recognition of the

⁹⁷ *Ibid.*, 336.

⁹⁸ *Ibid.*, 337.

⁹⁹ Moore, e-mail correspondence, October 30, 2012.

¹⁰⁰ Vietnam War veteran and Purple Heart recipient, conversation with author, Galveston, Texas, March 20, 2012.

moral injury suffered by soldiers and the language and words that have formed their sense of right and wrong, good and bad, guilt and shame.

The importance of the concept of moral injury and violation of what a soldier believes is right is graphically illustrated by the story of Colonel Ted Westhusing, a military ethicist and West Point faculty member who volunteered to serve in Iraq. Westhusing graduated third in West Point's Class of 1982, and later earned a doctorate in philosophy from Emory University. His dissertation focused on the ethics of war, using "examples of military honor from Confederate Gen. Robert E. Lee to the Israeli army."¹⁰¹ In the introduction, Westhusing writes: "Born to be a warrior, I desire these answers not just for philosophical reasons, but for self-knowledge."¹⁰² In Iraq, Westhusing was in charge of US Investigations Services (USIS), an independent contractor hired by the U.S. government to train Iraqi forces. He was deeply troubled by what he believed to be the corruption and dishonorable actions taken by USIS, including double-billing the government and killing insurgents. Westhusing complained to his superiors, who did not agree with his findings. On June 5, 2005, the husband and father of three committed suicide. The extent of his moral injury and sense of betrayal was expressed in his suicide note: "I cannot support a msn [mission] that leads to corruption, human rights abuse and liars. I am sullied, . . . I came to serve honorably and feel dishonored. Death before being dishonored anymore."¹⁰³

¹⁰¹ Ted Westhusing, quoted in T. Christian Miller, "A Journey That Ended in Anguish," *Los Angeles Times*, November 27, 2005, <http://articles.latimes.com/2005/nov/27/world/fg-colonel27/3> (accessed June 30, 2012).

¹⁰² Ibid.

¹⁰³ Ibid.

The concept of moral injury addresses the loss of moral agency that service members like Westhusing can experience. This loss of moral agency can lead not only to rage but also to shame on the part of service members for what they may have done or been forced to do during war. Darrell Turner, a clinical psychologist at the VA clinic in Texas City, Texas, wrote *Post-Traumatic Shame Disorder*, based on his work with veterans. He says, “Many veterans feel an enormous shame for what they have done, and for many of them, there is no place safe to acknowledge and explore that shame.”¹⁰⁴ O’Brien has said that service members must be given the opportunity for confession and forgiveness. O’Brien says he deals with his own shame regarding his actions in Vietnam by writing stories: “By shaping memory into story, we pull back and objectify. We learn about the power of shame, fear and love, the capacity and limits of endurance. What humans cannot carry.”¹⁰⁵ Failing to acknowledge that soldiers may have committed atrocities while at war, O’Brien says, “robs a soldier of his own sins, volition and autonomy. . . . We may as well surrender our humanity.”¹⁰⁶ Without that acknowledgment, it can be difficult for a service member even to think about telling his story. If he cannot tell his story, he cannot begin the process of self-forgiveness necessary for healing.

One must understand what Shay describes as the *berserk state* to understand how and why war atrocities occur. The word *berserk* comes from the “Norse word for the

¹⁰⁴ Darrell Turner (clinical psychologist for the VA), interview with author, Texas City, Texas, April 16, 2012.

¹⁰⁵ Tim O’Brien, “Two Heads and the Things They Carried,” Maine Humanities Council Literature in Medicine Series Podcast, January 26, 2011, <http://mainehumanities.org/podcast/archives/tag/tim-obrien> (accessed August 8, 2011).

¹⁰⁶ *Ibid.*

frenzied warriors who went into battle naked, or at least without armor, in a godlike or god-possessed—but also beastlike—fury.”¹⁰⁷ Achilles displayed the berserk state when he violated the code of honorable warfare by dragging Hector’s body behind his chariot and failed to give him the respect owed to a worthy and honorable opponent. Shay contends that a soldier in a berserk state displays one or more of the following behaviors or characteristics:

- Beastlike
- Godlike
- Socially disconnected
- Crazy, mad, insane
- Enraged
- Cruel, without restraint or discrimination
- Insatiable
- Devoid of fear
- Inattentive to own safety
- Distractible
- Indiscriminate
- Reckless, feeling invulnerable
- Exalted, intoxicated, frenzied
- Cold, indifferent
- Insensible to pain
- Suspicious of friends¹⁰⁸

The berserk state can be triggered by several things, including a sense of great betrayal or bereavement or “when a soldier is trapped, surrounded or overrun and facing certain death.”¹⁰⁹ The triggers for the Vietnam combat veterans quoted in *Achilles in Vietnam* came in many forms: seeing the mutilated corpses of American soldiers, killing women and children, witnessing the violent death of their fellow soldiers.

¹⁰⁷ Shay, *Achilles in Vietnam*, 77.

¹⁰⁸ *Ibid.*, 82.

¹⁰⁹ *Ibid.*, 79.

The berserk state, like moral injury, is inherent in all wars. The berserk state was starkly demonstrated on March 11, 2012, in Afghanistan, when Army Staff Sergeant Robert Bales left his base alone at night and murdered sixteen civilians, including nine children.¹¹⁰ Possible triggers for Bales' berserk behavior have since come to light. Bales, who was thirty-five at the time, was on his fourth tour of duty after being told that his third tour would be his last. He had been passed over for a promotion shortly before his rampage. In addition, several days before, two American soldiers had been killed by their Afghani allies in retaliation for the U.S. soldiers' burning of Korans. These killings prompted General John Allen to issue a warning to soldiers not to let their anger control their actions: "Now is not the time for revenge, now is the time to look deep inside your souls, remember your mission, remember your discipline, and remember who you are."¹¹¹

Remembering who you are can be difficult—or even impossible—for soldiers during war. As reporter Neil Shea's 2012 story in the *American Scholar* illustrates, soldiers' characters can unravel:

Up ahead, in the stream of black shapes, were the American soldiers I had come to fear. They were men who enjoyed demolishing Afghan houses, men who shot dogs in the face. . . . There was a guy who'd let the others tie his legs open and mock-rape him, and there were several men who had boasted of plans to murder their ex-wives and former girlfriends.¹¹²

¹¹⁰ Mark Thompson and Nancy Gibbs, "Battlefield Stress Could Have Triggered Afghan Massacre," *Time Battleland Blog*, March 12, 2012, <http://nation.time.com/2012/03/12/battlefield-stress-could-have-triggered-afghan-massacre/> (accessed March 12, 2012).

¹¹¹ Robert Fisk, "Madness Is Not Reason for This Massacre," *Independent*, March 17, 2012, <http://www.independent.co.uk/voices/commentators/fisk/robert-fisk-madness-is-not-the-reason-for-this-massacre-7575737.html> (accessed September 14, 2012).

¹¹² Neal Shea, "Gathering Menace: Traveling with U.S. Troops Gives Insights into the Recent Massacre," *American Scholar* 81, no. 2 (Spring 2012), <http://theamericanscholar.org/a-gathering-menace/> (accessed September 14, 2012).

Shea's story, written before Bales's massacre, was eerily prescient: "Evil or atrocity often explodes from a furnace built by the steady accretion of small, unchallenged wrongs. Some men in Destroyer platoon had been drifting that way for a long time."¹¹³

How is it possible that this steady accretion of small wrongs can go unchallenged? One explanation is Shay's concept of the *shrinking of the social and moral horizon* that takes place during war. A soldier's normal social and moral horizon encompasses his family, community, and military unit. This horizon provides a soldier's sense of connectedness to his humanity, his narrative identity, and his understanding of right and wrong. When a soldier experiences a shrinking of his moral and social horizon, all of the elements of his life that existed before he went to battle can disappear. He is no longer a citizen, a son, a father, a brother, or a husband. He is a soldier, fighting for his life and for the life of the man next to him. Siarski explains, "When you are in it, nothing matters except the guy next to you. That's it. Everything else disappears."¹¹⁴

When the scope of a soldier's world is narrowed to his survival and the survival of the soldier next to him, anything is possible—including what in peacetime would be considered the most horrific of acts. And this idea is not limited to one war; it is simply the reality of any war. Writing about World War II in *The Greatest Generation Comes Home: The Veteran in American Society*, Michael D. Gambone explains that the act of fighting for survival creates a unique situation in which legal and social expectations are dictated by war, not by civilized society: "The higher moral cause might mean very little

¹¹³ Ibid.

¹¹⁴ Siarski, interview, March 7, 2012.

if survival is at stake.”¹¹⁵ A soldier’s feeling of being a member of his own nation with its own legal and social expectations is echoed by Eric Leed in *No Man’s Land: Combat and Identity in World War I*. Leed believes that men cannot instantly shed their civilian clothes and don a uniform and all it represents, nor can they shed the human desire for their actions to have “meaning, pattern and significance.”¹¹⁶ A soldier’s world is reduced to the immediacy of whom and what is in front of him and the rules and beliefs that make up that world are most often not those of the world he has left behind. For soldiers in the twentieth and twenty-first centuries, the realities of war were and are so far outside their own everyday experiences that they must formulate beliefs, rules, and meaning that are also outside of anything they have ever experienced.

Soldiers must also construct a story and narrative identity to situate themselves within the context of their experience. But that can be a challenge for men trying to describe something that often defies the language they have at hand. How to explain war’s concomitant horror and, at times, moral imperative, as in the case of the defeat of Nazi imperialism, and a soldier’s place within something so much larger and more powerful than the individual? This narrative and moral dilemma leads to what World War I veteran Charles Edmund Carrington describes as men “possessing a secret that can never be communicated.”¹¹⁷ That secret is one that can only be understood by and shared with other veterans, because, Carrington notes, that secret is “what made them who they

¹¹⁵ Michael D. Gambone, *The Greatest Generation Comes Home: The Veteran in American Society* (College Station, TX: Texas A&M University Press, 2005), 165.

¹¹⁶ Eric Leed, *No Man’s Land: Combat and Identity in World War I* (New York, NY: Cambridge University Press, 1979), 12.

¹¹⁷ Charles Edmund Carrington, quoted in Leed, 12.

are.”¹¹⁸ This idea of secret brotherhood, so necessary in the midst of war, is a formidable obstacle to overcome when soldiers return home.

After war, a soldier’s social and moral horizon has to expand once again to include not only his unit and the military, but also his family, friends, and community. That is much easier said than done. A soldier comes home changed by his war experience. His family and friends may or may not understand how he has changed. Things that were meaningful before may pale in comparison to facing death every day in a war zone. For soldiers who leave the military, that transition may be even more difficult. The military family, with all of its flaws, is a family and a form of support. The concepts of “I’ve got your back” and “nobody left behind,” so prevalent in the military, speak to the human need to belong to a community. Soldiers go from a very structured unit that has become closer than family, forged by the common experience of facing death day after day, back to a much smaller family unit and, often, an impersonal community that rarely replicates the bonds formed by a military unit in war. The transition from the unit to everyday civilian life can seem insurmountable.

The shrinking of a soldier’s social and moral horizon that often occurs in battle can turn into a sense of isolation on his return home. What happens in war is so far outside of peacetime human experience that it is understandable that those who experience war believe that only those who have also experienced combat could possibly understand their war stories. For veterans and soldiers, the cost of the brotherhood forged in war is a feeling of isolation on returning home. This isolation is vividly depicted in a

¹¹⁸ Ibid.,13.

public service announcement produced in 2010 by Iraq and Afghanistan Veterans of America (IAVA). In the announcement, a male soldier in a camouflage uniform and black beret arrives at an empty airport. He gets his bags at an eerily empty baggage terminal. He rides a completely empty shuttle away from the airport. He walks into a deserted city. The first person to appear is another young man in jeans and a U.S. Marines T-shirt who walks up to the veteran, puts out his hand, and says, “Welcome home.” After that handshake and greeting, the emptiness around the returning veteran drops away, replaced by a whirl of people, cars, and life in the city. The announcement ends with the written message, “If you are a veteran of Iraq or Afghanistan, you are not alone.”¹¹⁹ Veteran Tim Embree says that the first time he saw the announcement he was “a bit shaken” because it “immediately resonated” with him. In testimony to the House Veterans Affairs Committee on July 14, 2011, Embree said the announcement “hit an exposed nerve and I knew that those guys at the IAVA ‘got it.’ They knew exactly where I was coming from.”¹²⁰ The sense of utter isolation depicted in the announcement is frequently described by service members and veterans in interviews, on blogs, and in songs and stories.

These feelings of emotional pain and isolation are compounded by what service members and veterans perceive as a lack of awareness in the general population about the wars in Iraq and Afghanistan. Clinical psychologist Gary Seale, director of rehabilitation

¹¹⁹ Iraq and Afghanistan Veterans of America and the Advertising Council, “Alone,” IAVAVIDS, YouTube, November 21, 2008, <http://www.youtube.com/watch?v=fDbqLul97Fg> (accessed September 14, 2012).

¹²⁰ Tim Embree, “Examining the Progress of Suicide Prevention Outreach Efforts at the VA,” IAVA, July 14, 2010, <http://iava.org/testimonies/examining-progress-suicide-prevention-outreach-efforts-va> (accessed September 14, 2012).

at Galveston's Transitional Learning Center, tells of a veteran who "just lost it one night at dinner because all his family cared about was who was winning in *Dancing with the Stars*. He said, 'People are dying in Afghanistan and all they cared about was that stupid show.'"¹²¹ In a country dominated by social media and constant and instant communication, the stories of the soldiers who fought in Iraq and who are still fighting in Afghanistan have been disturbingly absent. This absence can be seen as a symptom of the military and government's practice of suppressing or sanitizing war stories.

The urge to sanitize war stories or to create a heroic narrative in place of a tragic truth is illustrated by the story of Patrick Tillman. Tillman was a successful football player who had achieved All-Pro status for the Arizona Cardinals. He decided to leave the National Football League to join the military as an Army Ranger after 9/11. Tillman was young, handsome, and in the prime of a lucrative football career. But he gave it all up to serve his country. His death stunned the country, and a heroic narrative of Tillman's bravery and effort to save other soldiers was created around his death. He was awarded the Silver Star. The military attempted to cover up the actual cause of Tillman's death and, according to his mother, "use him as a tool for propaganda for the war."¹²² If it were not for the persistence of Tillman's family, the true story of his death by friendly fire might have never been told. Tillman's mother says that her son's death by friendly fire is not the only one and that deaths from friendly fire "have been covered up for years."¹²³

¹²¹ Gary Seale (clinical psychologist), interview with author, Transitional Learning Center, Galveston, Texas, April 12, 2012.

¹²² Deborah Tillman, "Pat Tillman's Mother Says Army Used Son for Propaganda," *Today Show*, NBC, September 10, 2010, <http://today.msnbc.msn.com/id/47920159/ns/today-books/t/letter-pat-tillmans-wife-opens-about-her-loss> (accessed July 10, 2012).

¹²³ Ibid.

Tillman's mother is pointing to a trend that historian Robert Frances Saxe argues is a product of the 1950s cold war culture in America:

As cold war tensions began to mount, civilians and many veterans were looking for increased social and political stability in response to the growing international threat from the Soviet Union. Many veterans' questioning of the war, the home front, American materialism, communal responsibility and other issues were not compatible with the need for consensus in an unsure postwar world.¹²⁴

Due to the outside threat of the Soviet Union and the political climate of a 1950s America that included Senator Joseph McCarthy's attempt to root out those he believed to be Communist, veterans' and others' voices were silenced. This societal pressure suppressed the stories of World War II veterans, and the stresses they experienced while trying to adjust to domestic life. Those stories, which had been present in various media forms immediately after the war, disappeared from the national discourse.¹²⁵ The fact that many World War II veterans today are talking for the first time about their experiences is evidence of the importance of acknowledging and talking about trauma: suppressing it does not make it go away.

The telling of these stories could take place on both an individual and national level. While the alarming suicide and unemployment rates for OIF and OEF veterans have recently gained significant coverage in all media, the heretofore disturbing silence and lack of coverage of the actual wars contribute to the feeling of isolation experienced by service members returning home. Glasser describes the demoralizing invisibility of

¹²⁴ Robert Frances Saxe, *Settling Down: World War II Veterans' Challenge to the Postwar Consensus* (New York, NY: Palgrave Macmillan, 2007), 7.

¹²⁵ *Ibid.*

today's wounded soldiers with numbers: 1.9 million soldiers and Marines deployed to Iraq and Afghanistan; 300,000 wounded; amputees approaching levels not seen since the Civil War. Glasser writes, "You'd think that so many wounded, if not dead, would be hard to be ignored. But they are."¹²⁶ This invisibility of the wounded is slowly changing, as soldiers and veterans begin to tell their stories, through blogging and other forms of writing, including nonfiction, short stories, memoirs, and poetry. These veterans are using narrative as a "safe harbor between the ocean of chaos that is war and the safety of land and community."¹²⁷ The *Journal of Military Experience (JME)*, which features stories and artwork by veterans, is one example of such a harbor.¹²⁸ Created by OIF veteran and doctoral graduate student Travis Martin, the *JME* is the first academic journal devoted solely to the art and narrative works of service members. Another example of a "safe harbor" is the Veteran's Writing Project (VWP), a not-for-profit organization that holds free writing workshops for veterans and their families. VWP was founded by OIF veteran Lt. Col. Ron Capps, who was interviewed by NPR during the 2012 Veteran's Day weekend. Capps explained that the only way he can control his PTSD symptoms is through writing, so he wanted to share that experience with others who are suffering similarly.¹²⁹ The efforts of Capps and Martin are direct responses to the lack of outlets available for service members to express themselves in narrative form. Their projects are

¹²⁶ Glasser, *Broken Bodies*, 11.

¹²⁷ Emma Rainey, oral presentation, "Writing Our Way Back Home," Military Experience and the Arts Symposium, Eastern Kentucky University, Richmond, Kentucky, July 7, 2012.

¹²⁸ Travis Martin, ed., *Journal of Military Experience* (Richmond, KY: Eastern Kentucky University Press, 2012), <http://militaryexperience.org/> (accessed October 23, 2012).

¹²⁹ Ron Capps interviewed by Robert Siegel, "Writing Project Helps Veterans Cope after War," *All Things Considered*, NPR, November 12, 2012, <http://www.npr.org/2012/11/12/164979747/writing-project-helps-veterans-cope-after-war> (accessed November 20, 2012).

successful as measured by participation rates of service members. Martin is editing the third edition of the *JME*, and Capps has recruited two fellow veterans to assist him in teaching writing workshops that are in high demand. I will further explore this narrative power in Part II.

Part II: The Power of Narrative

Chapter 4: Reading, Writing, and Telling Stories

The work gives me a chance, the only chance I have, to obtain relief from my own cruel sorrow and the many troubles that press in on me from every side.

—Cicero¹³⁰

Reading, writing, telling stories—these actions do not sound scientific, medical, or cutting-edge. But modern treatments for PTSD—including cognitive behavioral therapy and selective serotonin reuptake inhibitors—are just that, modern, and they do not necessarily address the human need for narrative in the healing process. Narrative provides a set of tools to express the uniquely human impulse to understand, share, and make meaning of experiences. War is a uniquely human construct. But it is a human construct that often defies understanding, explanation, or even appropriate language with which to express the unprecedented experiences, feelings, emotions, and “torn to pieces hood” caused by war.¹³¹ Narrative is a means by which societies have tried to make sense out of the incomprehensible chaos created by war; narrative provides distance and safety from a decidedly uncivilized and treacherous pursuit. Narrative in its various forms allows soldiers and others who have experienced war to tell the stories of their lives before, during, and after their experiences. Those stories provide a way of knowing for those who have not been to war and a form of recognition for those who see their own war experiences reflected in the war experiences of others.

¹³⁰ Cicero, *On the Good Life*, 116.

¹³¹ William James, quoted in Ernest Kurtz and Katherine Ketcham, *The Spirituality of Imperfection: Storytelling and the Journey to Wholeness* (New York, NY: Bantam Books, 1994), 2-3.

Why do stories have so much power for humans? One reason is that reflections of self in stories frame who we are and how we fit into our family, our community, and our world. Stories form our narrative identity. Sharing stories of life experiences with others leads to feelings of validation, affirmation, and community—of not being alone in the experience or in the world. As such, storytellers and empathetic listeners need a common language. It is language, Cicero wrote, that separates humans from animals: “To [other animals] we often impute courage, as with horses or lions, but we do not impute to them justice, fairness or goodness. For they have no share in reason and speech.”¹³² Language is at the core of our humanity and, thus, at the core of our identity. Taylor writes, “There is no way we could be inducted into personhood except by being initiated into a language.”¹³³ Language, then, is constitutive of community, and community, in turn, contributes to the formation of identity. Different communities have different languages, and according to service members interviewed for this thesis, each branch of the U.S. military has its own distinct language. Soldiers leaving their home communities and joining a military community learn a new language, transforming their narrative identity and initiating them as members of a new community. Once they leave the military, their narrative identity changes again, as they attempt to reintegrate into community.

To appreciate the importance of storytelling and community, it is instructive to understand that the word *good* shares the same root word as the words *gather* and

¹³² Cicero, from *On Duties*, Cambridge Texts in the History of Political Thought, eds. M. T. Griffin and E. M. Atkins (Cambridge, UK: Cambridge University Press, 1991), quoted in Gary Remer, *Humanism and the Rhetoric of Toleration* (University Park, PA: University of Pennsylvania Press, 1996.), 46.

¹³³ Taylor, *Sources of the Self: The Making of the Modern Identity*, 35.

together: the Indo-European word *gê*. Kurtz and Ketcham write that goodness

involves fitting rightly, ‘fitting’ not in the sense of some mere conformity but in the sense of discovering and embracing the whole of which one is part. . . . The word *gê* signifies very simply the sense of ‘being joined or united in a fitting way.’ . . . This sense is, perhaps, the most important human experience. It certainly is the deepest human desire.¹³⁴

This shared root for the words *good* and *gather* helps illuminate the psychological drive behind the strong human desire to belong to a community. A means of belonging to community is the telling and hearing of stories—particularly for soldiers who face the reality of having to transition from the civilian to military community and then back again. Psychiatrist Dan McAdams explains, “It is within the realm of narrative identity, therefore, that personality shows its most important and intricate relations to culture and society.”¹³⁵ This desire for service members to be able to tell their stories and to be heard illuminates the integral role narrative can play not only in the healing of service members, but also in the ability of those hearing their stories to understand, or come close to understanding, the trauma the storyteller experienced. McAdams writes that humans tell stories to “reconcile who we imagine we were, are, and might be in our heads and bodies with who we were, are, and might be in the social contexts of family, community, the workplace, ethnicity, religion, gender, social class and culture writ large.”¹³⁶

For service members, “culture writ large” includes experiences that are shared with only a small percentage of society, so it can be argued that their need for narrative

¹³⁴ Kurtz and Ketcham, 72.

¹³⁵ Dan P. McAdams, “Personal Narratives and the Life Story,” in *Handbook of Personality: Theory and Research*, ed. Oliver John, Robert W. Robins, and Lawrence W. Pervin (New York, NY: Guildford Press, 2008), 242.

¹³⁶ *Ibid.*

can be seen as even more compelling.¹³⁷ Narrative has the power to make sense of a senseless war experience. These stories then have the power to generate a new narrative identity when a soldier's previous identity has been shattered by his war or military experience. The act of storytelling through writing is an outlet for a human's desire to make sense of his or her world, particularly when that world has been shattered or is in chaos. Writing about a traumatic event may be easier for male veterans, in particular, who are not as comfortable speaking about their actions or what they witnessed in war. As one veteran told Eaton of Galveston's Transitional Learning Center, "If I talk about it, then it is real, and I have to face what I have done."¹³⁸

Writing can serve as an intermediary step for individuals with PTSD who cannot bring themselves to tell their stories orally or face to face. Both Eaton and Seale use narrative in compelling ways to help soldiers tell their stories. Seale bases his work on the theory of narrative reconstruction developed by psychiatrist Christopher Faircloth.¹³⁹ Seale incorporates narrative reconstruction or repair by asking his patients to write themselves a letter from the future, speaking compassionately as if to an old friend. He gives his patients the following writing prompts to help them reconstruct the narrative of who they were, what has happened to them, and how their lives have been interrupted and changed:

¹³⁷ Sabrina Tavernise, "As Fewer Americans Serve, Growing Gap Is Found between Civilians and Military," *New York Times*, November 24, 2011, <http://www.nytimes.com/2011/11/25/us/civilian-military-gap-grows-as-fewer-americans-serve.html> (accessed September 14, 2012).

¹³⁸ Eaton, interview, November 12, 2011.

¹³⁹ Christopher Faircloth, "Disrupted Bodies: Experiencing the Newly Limited Body in Stroke," *Symbolic Interaction* 27, no. 1 (February 2004): 71-87.

Once upon a time...
And every day...
Until one day...
And because of this...
Until finally...
And ever since that day...

Seale's patients repeat this writing exercise several times during their stay at the Transitional Learning Center. "This gives them the opportunity to see their progress," he explains—"to see how they progress from not being able to leave their room, to interacting with others here in the center, to going out on short trips."¹⁴⁰ The narrative process also helps Seale's patients see how their identity may or may not have changed since the traumatic incident or incidents that resulted in PTSD: "This helps them get back in touch with the person they were before the war, who they are now, and who they want to be."¹⁴¹ Seale's approach allows patients to create a new narrative identity by processing their experiences and integrating those experiences into the person they perceive themselves to be after their war experience. Understanding how one's narrative identity is formed and can then be shattered and repaired is critical to the healing process.

In addition to forming a sense of self or identity, storytelling can serve to process and express grief on both individual and national levels. Shay describes grieving on a national level as the "communalization of grief."¹⁴² He uses the example of the ancient Athenians, who incorporated soldiers' stories of war, rage, betrayal, and grief into a communal theater process: "Combat veterans and American citizenry should meet

¹⁴⁰ Seale, interview, April 12, 2012.

¹⁴¹ Ibid.

¹⁴² Shay, *Achilles in Vietnam*, 55.

together face to face in daylight, and listen, and watch, and weep, just as citizen-soldiers of ancient Athens did in the theater at the foot of the Acropolis.”¹⁴³ One example of a form of American communal grieving is the Vietnam War Memorial. The Wall, as it is now known, tells a powerful story in its unique form—a long, black marble wall built below ground level, bearing rows and rows of names of the more than 58,000 soldiers killed in the Vietnam War. The communal grieving of those deaths is represented in the more than 100,000 objects that have been left at its base. The objects include letters, photos, medals, combat boots, guitars, baseballs, even a sonogram of an unborn grandchild. (All of these objects have been collected over time and will be permanently housed in the Education Center at the Wall, sponsored by the Vietnam War Memorial Fund.¹⁴⁴) Another form of communal grieving was the 2012 Veterans Day Vigil in Central Park to honor the servicemen and women who have died by suicide. Organizers described the vigil as a “non-political act of memorial . . . meant as a public and communal expression of sorrow and grief. Its intent is to honor and dignify the lives of servicemen and women who have taken their own lives because of insupportable suffering.”¹⁴⁵

According to Shay, narrative, or storytelling, is a critical first step in the communalization of grief. As this country has seen with the Vietnam War Memorial, it was not until the stories started to be told that there could be any movement toward a communal recognition of what had happened. When a soldier experiences the horrors of

¹⁴³ Ibid., 194.

¹⁴⁴ The Education Center at The Wall, Vietnam War Memorial, <http://www.buildthecenter.vvmf.org/> (accessed September 4, 2012).

¹⁴⁵ Ted Engleman (Vietnam veteran), e-mail to author, September 30, 2012.

war and is then unable to speak about those horrors, he cannot begin to heal. Shay quotes one Vietnam War veteran who was asked at a family gathering about his experience in the war: “And I started to tell them, and I told them. And do you know within five minutes the room was empty. They were all gone, except my wife. After that I didn’t tell anybody I had been in Vietnam.”¹⁴⁶ Siarski says he could not share his Iraq war experiences with his mother, father, or sister: “I would go to the American Legion and talk to other veterans. If you have not been in war, you just can’t understand.”¹⁴⁷

For these veterans and many others like them, narrative could serve as a bridge between the military, medical and civilian communities—a way for service members who cannot bring themselves to speak about their experiences to approach the story of their trauma in an indirect way, either through their own writing or the writing of others. As will be shown in the next chapter, narrative can provide an indirect form of communication—a way of communicating one’s story without actually telling it. Narrative can also teach health-care professionals and others how to listen to stories.

The experience of physician Audrey Shafer (mentioned in chapter one) serves as a salient example of a medical professional who used narrative to express empathy and to honor the stories and experiences of her veteran patients. Shafer wrote a novel, *The Mailbox*, based on her experiences with her patients. Although Shafer is not a veteran, the novel is a compelling example of the ability of shared storytelling to bridge the gap between the military, medical and civilian communities. Shafer not only writes about veteran experiences, but she also writes from a predominantly male viewpoint, which

¹⁴⁶ Shay, *Achilles in Vietnam*, xxii.

¹⁴⁷ Siarski, interview, March 7, 2012.

male veterans have told her rings true. The success of Shafer and other female writers in depicting war trauma and its effect on male soldiers is indicative of the power narrative can have to transcend perceived barriers to understanding based on gender.

Shafer incorporated the feelings and experiences of her patients into the characters of Vietnam War veterans Paul “Smitty” Smith and Vernon “Vern” Culligan. Her characters display the symptoms of withdrawal and isolation that are prevalent in soldiers with PTSD. Both men live on the outskirts of civilization, literally and figuratively. Culligan lives in the deep woods, while Smith, who has blown off half of his face in an attempt to make up for killing a young Vietnamese boy, works at night among the dead in a mortuary. Smith’s self-inflicted injury is a fictional portrayal of the impulse many soldiers have to injure themselves as a way of coping with their overwhelming feelings of shame and guilt. Shafer’s novel explores the feelings of shame and guilt felt by veterans as described by Shay and O’Brien. She gives her characters what she believes so many veterans want, “a chance for confession, redemption and forgiveness.”¹⁴⁸

Acknowledging that veterans may be suffering physically and emotionally because of their own actions is an important dimension that should be part of the therapeutic process. In the novel, Smith finds the opportunity for redemption by helping Culligan’s nephew and ward, Gabe. Culligan has been Smith’s sole friend in the years following the Vietnam War. Culligan and Smith corresponded through letters, which were Smith’s only contact with the outside world. Smith continues that letter-writing form of communication when his friend dies, this time writing to the twelve-year-old

¹⁴⁸ Shafer, interview, February, 12, 2012.

Gabe. Smith watches Gabe from a distance, leaving notes in the mailbox with instructions for the young man in the days following his uncle's death. This form of epistolary therapy seems especially appropriate for a man who does not believe he deserves human contact but still craves it. In addition, Smith's notes provide a seemingly magical distraction to Gabe at a traumatic time in his young life.

Smith does not rush in to save the boy from living alone but, in what can be considered a male form of caring, provides Gabe the gifts of time and a dog to help him come to terms with the loss of his uncle. Smith's instructive notes include directions for feeding and caring for Guppy and instructions for the installation of a doggie door. Caring for Guppy and installing the door empower Gabe and give him some sense of control over his overwhelming and traumatic situation. They are actions he can take in the midst of his grief that are both productive and therapeutic. Shafer explains that she has learned that these concrete, action-oriented processes are more typical in male veterans, who at times prefer actions to words: "When soldiers are out in the field, they physically take care of each other, making sure they have food, shelter, drink, the right equipment—very concrete, tangible things."¹⁴⁹ She says this is why her character Culligan's first reaction to meeting his nephew Gabe is to make him a peanut butter and honey sandwich: "It is a very practical, physical thing, and it is a way of showing caring without words."¹⁵⁰ At the end of the novel, Smith writes to Gabe, "If I have helped one child toward happiness in helping you, then my life has, after all, been worth living."¹⁵¹

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

¹⁵¹ Audrey Shafer, *The Mailbox* (New York, NY: Random House, 2006), 178.

He then signs the letter with his birth name, Paul. In helping Gabe, Smith has perhaps forgiven himself for taking the life of another boy. By signing his real name, he has reclaimed his pre-war narrative identity and the humanity he had lost.

While *The Mailbox* provides a window into the thought processes of veterans with PTSD, O'Brien's *The Things They Carried* provides a context in which to understand a true war story:

A true war story is never moral. It does not instruct, nor encourage virtue, nor suggest proper models of human behavior, nor restrain men from doing the thing men have always done. If a story seems moral, do not believe it. If at the end of a war story you feel uplifted or if you feel that some small bit of rectitude has been salvaged from the larger waste, then you have been made the victim of a very old and terrible lie.¹⁵²

O'Brien devotes a whole chapter to the proper way to tell a war story. He explains there are certain acceptable ways to tell a war story and to listen to a war story. Although O'Brien blows a hole in the myth that all war stories end up with the good guy winning or that the teller of the tale emerges heroic, he illustrates the importance and value of the telling of a story for the soldier and of attendant listening by those hearing the stories. In describing an experience with a fellow soldier named Sanders, who was describing a surreal experience in the jungles of Vietnam, O'Brien writes, "I could tell how desperately Sanders wanted me to believe him, his frustration at not quite getting the details right, not quite pinning down the final and definitive truth."¹⁵³ O'Brien's

¹⁵² O'Brien, *The Things They Carried*, 65.

¹⁵³ *Ibid.*, 72.

depiction of the frustrated soldier conveys the human urge to not just tell the story of our experience, but to tell it accurately.

For Vietnam War veterans in particular, the telling of their stories upon returning from the war was nearly impossible. These veterans were denied the validation and healing that sharing one's story with others can bring. In *The Things They Carried*, the soldier Sanders expresses his frustration at not being heard: "Nobody listens. Nobody hears nothin'. Like that fatass colonel. The politicians, all the civilian types. Your girlfriend. My girlfriend. Everybody's sweet little virgin girlfriend. What they need is to go out on LP [listening post]." ¹⁵⁴

Narrative can serve as a "listening post" for health-care providers, family members, and others who have never served in the military but who wish to understand the experience of service members. Narrative as listening post is used effectively by Samet, who shares stories of several of her former West Point students deployed in Iraq and Afghanistan to demonstrate how literature illuminated their experiences. One example is an e-mail message from Adam, who was experiencing great difficulty holding a "stable hover" as a helicopter pilot. He found comfort in the description in Stephen Crane's Civil War novel, *The Red Badge of Courage*, in which Henry "describes a loss of manual dexterity, as if his hands were wrapped in mittens." ¹⁵⁵ Although Adam had read the novel years earlier, the vivid description of another soldier's experience, which had been stored in memory, was instantly available. Another student, Max, had a passion for

¹⁵⁴ Ibid., 73.

¹⁵⁵ Samet, *Soldier's Heart*, 261-262.

film, a narrative form that spoke to him compellingly during his deployments in Iraq. He wrote to Samet:

Using his Night Vision Goggles (NVGs), one of my soldiers spotted a platoon-sized element of enemy infantry slowly advancing towards our perimeter. Looking through my own NVGs to confirm my soldier's observation, the hair on the back of my neck stood up. My heart began to pound uncontrollably. And all I could think—the only thought that came to mind at that particular moment in which life and earth hung in the balance—was “*Jacob's Ladder* is the most realistic war movie of all time. That's right. Not, ‘God protect us.’ Not, ‘what should I tell my soldiers to do?’ Nope, my only thought was, *Jacob's Ladder* is the most realistic war movie of all time.”¹⁵⁶

Jacob's Ladder was made in 1990 and depicts the harrowing effects of PTSD on a Vietnam War veteran. It is a disturbing, painful movie, and, interestingly enough, not very well known. Of all of the war movies Max had seen—including those made after 1990, such as the hugely popular *Saving Private Ryan*—it was *Jacob's Ladder* that spoke to him and could serve as a listening post for others who want to understand the experiences of soldiers.

The documentary is another form of film that has been used to effectively tell the stories of traumatized soldiers. After World War II, the Army hired Hollywood filmmaker John Houston to produce *Let There Be Light*, a documentary that depicts the treatment of soldiers with PTSD after World War II. The documentary begins with the narrator stating that the soldiers in the film are “casualties of the spirit,” even though they

¹⁵⁶ Ibid.,152.

did not have outer signs of wounds. The film depicts Army psychiatrists treating soldiers with hypnosis and what the narrator calls “narcosynthesis.”¹⁵⁷

The film was banned by the Army for forty years but is now available on YouTube. *Let There Be Light* is important for several reasons. First, it reinforces the notion of the timelessness of PTSD: Even the “greatest generation,” who fought the “good war,” suffered from PTSD. For veterans of current wars, particularly veterans of the “bad” war in Vietnam, this documentary can be used to demonstrate that many of their comrades who fought in World War II suffered similar psychological trauma and stress. Second, it depicts a time when the U.S. Army seemed more enlightened about shell shock and other forms of psychological trauma. One veteran of World War II diagnosed with PTSD told his granddaughter that the Navy kept sending him for various treatments after the war, including massages and warm-water baths. He reported: “They couldn’t figure out what was wrong with us, but we didn’t mind the treatment.”¹⁵⁸ The fact that the film was banned for forty years by the Army is an example of the efforts to sanitize the stories of the aftermath of war, particularly leading up to and during the cold war. A contemporary documentary, “The Wounded Platoon,” produced in 2009 by the PBS program *Frontline*, depicts the effects of PTSD on a single platoon: 3rd Platoon, Charlie Company, 1st Battalion of the 506th Infantry from Fort Carson, Colorado. The documentary tells the stark story of the platoon, known by the nickname of their World War II heroes, the Band of Brothers. Their stories are tragic:

¹⁵⁷ U.S. Army, “Let There Be Light,” documentary film, 1946, <http://www.youtube.com/watch?v=kDN0aSMKx0g> (accessed August 25, 2012).

¹⁵⁸ Granddaughter of World War II veteran, conversation with author, Galveston, Texas, July 23, 2012.

Since the Iraq War began, soldier arrests in the city of Colorado Springs have tripled. At least thirty-six servicemen based at the nearby Army post of Fort Carson have committed suicide. And fourteen Fort Carson soldiers have been charged or convicted in at least eleven killings. . . . It is a story of heroism, grief, vicious combat, depression, drugs, alcohol and brutal murder; an investigation into the Army's mental health services; and a powerful portrait of what multiple tours and post-traumatic stress are doing to a generation of young American soldiers.¹⁵⁹

The documentary features interviews of soldiers from the platoon who reveal their reluctance to admit to Fort Carson superiors that they are having any emotional problems, for fear that they would be ridiculed—or as one veteran, Ryan “Doc” Krebs, says, “We knew if we said we were having emotional problems, we would take it up the ass.”¹⁶⁰

The documentary makes effective use of veterans’ first-person narratives of their experiences in Iraq and their experiences when they came home. This would be an instructive listening post for health-care professionals working with soldiers and could serve as a vehicle for soldiers who have difficulty telling their own stories but who can relate to one or more of the young men profiled.

In *Odysseus in America*, Shay makes the argument that World War II soldiers were more stoic in their response to the atrocities of war, in part because they were less idealistic than their Vietnam War counterparts. He points to the fact that the World War II generation of soldiers grew up during the Great Depression, and he uses the Woody Guthrie song “The Dodger” to illustrate that generation’s familiarity with the “thousand little and large betrayals of ‘what’s right’ that poverty tortures out of the desperately

¹⁵⁹ PBS, “The Wounded Platoon,” *Frontline*, May 18, 2010, <http://www.pbs.org/wgbh/pages/frontline/woundedplatoon/> (accessed January 12, 2012).

¹⁶⁰ Ryan “Doc” Krebs, *Ibid.*

poor.”¹⁶¹ Guthrie’s song calls into question the motives of everyone, from the preacher to the farmer to the sheriff to the general:

Oh, the general, he's a dodger,
Yes, a well-known dodger,
Oh the general, he's a dodger,

Yes, and I'm a dodger, too.
He'll march you up and
He'll march you down,
But look out, boys,
He'll put you underground.¹⁶²

But as Shay points out, “I’m a dodger, too” indicates the ethos of the time. It seemed that nobody was immune from “dodging” because of the situation they found themselves in during the Great Depression. Shay also notes that the movies that aired during the youth of World War II soldiers were more cynical and realistic than those aired during the formative years of Vietnam War veterans:

The World War II generation didn’t expect as much fairness, rationality, or honesty as their children who went to Vietnam did. It’s my impression that the films of the 1930s are full of crooked cops and corrupt public officials who mysteriously disappear from the films and television series of the 1950s that the Vietnam War generation grew up watching.¹⁶³

The soldiers serving in OIF and OEF have similarities to both World War II and Vietnam War veterans. With the World War II veterans they share the motivation of an attack on American soil by the enemy: Pearl Harbor and 9/11. But like the young men

¹⁶¹ Shay, *Odysseus in America*, 108.

¹⁶² *Ibid.*

¹⁶³ *Ibid.*

who went to Vietnam, today's young soldiers grew up in peacetime. The decade before 9/11 was a prosperous time for this country—when the Monica Lewinsky scandal, for instance, eclipsed any news of war or unrest in the country. For these young soldiers, the Vietnam War was a distant memory, if a memory at all, and they may or may not have observed the Persian Gulf War, which occurred during their grade-school years. Thus, many soldiers went into the Iraq and Afghanistan wars with a patriotic zeal to protect their country and a lack of understanding of the realities of the horrors of war.

The argument could be made that the narratives surrounding soldiers in their youth—in songs, films, television, and novels—could serve to set them up for vulnerability to an unrealistic view of what they had signed up for when they joined the military. As I will explore in the next chapter, narrative can also be a means to help soldiers returning home identify their own conflicted emotions caused by the complete disparity between their pre-war expectations and the reality of war.

Chapter 5: The Importance of Storytelling and Listening

I think Sophocles wrote these plays to bring soldiers together to restore their humanity. Without our humanity, none of this means anything.

—OIF veteran, Warrior Transition Unit,
Fort Stewart, Georgia.¹⁶⁴

When Sophocles wrote *Philoctetes* in 409 BC, some of the weapons of war were swords, bows and arrows. Although Sophocles could not have imagined the changes that would take place in the machinery used to fight war today, he understood, as did Homer, the moral injury, the shrinking of the social and moral horizon and the berserk state experienced by soldiers in war. A soldier himself, Sophocles wrote about the effects of war in a way that resonates with soldiers fighting today—an affirmation of the timelessness of war trauma.

In *Philoctetes*, the Greek warrior Philoctetes, once lauded for his warrior skills and invincible bow, has been abandoned by his unit on a deserted island because he is suffering from a putrid leg wound. His moral injury is that he has been abandoned for nine years by his unit (ironically, the length of OIF). His unit returns to fetch him only when they are told by the gods that they need Philoctetes' bow to defeat the Trojans. Neoptolemus, son of the dead hero Achilles, is instructed by his commander, Odysseus,

¹⁶⁴ OIF veteran, quoted in Patrick Healy, "The Anguish of War for Today's Soldiers, Explored by Sophocles," *New York Times*, November 11, 2009, <http://www.nytimes.com/2009/11/12/theater/12greeks.html?pagewanted=all> (accessed November 8, 2011).

to capture Philoctetes' bow by any means possible, even lying. But Neoptolemus refuses to lie:

I have a natural antipathy to get my ends by tricks and stratagems. So, too, they say, my father was. Philoctetes I will gladly fight and capture, bring him with us, but not by treachery. Surely a one-legged man cannot prevail against so many of us. I recognize that I was sent with you to follow your instructions. I am loath to have you call me traitor. Still, my lord, I would prefer even to fail with honor than win by cheating.¹⁶⁵

Those words are eerily similar to the words in Colonel Ted Westhusing's suicide letter:

"Death before dishonor."¹⁶⁶ But Odysseus persists in pressuring Neoptolemus, using rhetoric to convince the young soldier to go against his own moral beliefs, telling him, "When one does something for gain, one need not blush."¹⁶⁷ Odysseus goes on to tell Neoptolemus that getting the bow by any means possible will be the only way to take Troy, and by taking Troy, Neoptolemus will earn the honor of being called wise and brave. Neoptolemus is faced with a moral dilemma: Should he compromise his own belief about the morality of lying for the greater good of saving the city of Troy and for his own fame and glory? Neoptolemus concedes, telling Odysseus, "Well then, I will do it, casting aside all shame."¹⁶⁸

Neoptolemus' dilemma can be translated to situations experienced by soldiers in OIF and OEF. For example, the approval and use of water boarding is an example of the

¹⁶⁵ Sophocles, *Philoctetes*, transl. David Grene, in *Sophocles II*, ed. David Grene and Richard Lattimore, (Chicago, IL: University of Chicago Press, 1957), 198, lines 87-97.

¹⁶⁶ Miller, "A Journey That Ended in Anguish."

¹⁶⁷ Sophocles, *Philoctetes*, transl. David Grene, in *Sophocles II*, 200, line 111.

¹⁶⁸ *Ibid.*, 200, line 120.

power of the idea that, in war, sometimes the ends justify the means. What can be lost in this argument, however, is the damage done to the soldiers asked to carry out the torture—the moral injury suffered by a soldier who is ordered by a superior to act against what he believes to be right or moral. As James Kastely writes in “Sophocles’ *Philoctetes* and the Crisis of Rhetoric,” “Public and private morality may make different and even incompatible demands on an individual.”¹⁶⁹ Having to act against personal beliefs of what is right or wrong, or against one’s personal understanding of what his country stands for, can chip away at a soldier’s humanity, leading to what Shay describes as the “unraveling of character.”¹⁷⁰ For Neoptolemus, his willingness to go against what he believes is right is weakened when he meets Philoctetes and hears his story of abandonment, pain, grief, and loss, a story echoed by many veterans who returned to a nation unwilling to hear their stories. Philoctetes tells him:

Surely I must be vile! God must have hated me that never a word of me, of how I live here, should have come home through the land of Greece. Yet they that outraged God casting me away can hold their tongues and laugh! While my disease always increases and grows worse.¹⁷¹

Moved by Philoctetes’ emotional and physical pain, Neoptolemus finds he cannot go through with trickery in stealing the invincible bow, even when faced with Odysseus’ insistence and his army. The bond between Neoptolemus and Philoctetes is like that of

¹⁶⁹ James L. Kastely, “Sophocles’ *Philoctetes* and the Crisis of Rhetoric,” in *Rethinking the Rhetorical Tradition: From Plato to Postmodernism* (New Haven, CT: Yale University Press, 1997), 90.

¹⁷⁰ Shay, “Moral Wounds of War.”

¹⁷¹ Sophocles, *Philoctetes*, 205, lines 254-259.

OIF and OEF soldiers and their “battle buddy,” the soldier they are partnered with in a unit. One veteran says that the bonds formed in the unit are so intense that relationships at home “pale in comparison.”¹⁷²

That bond and the themes of betrayal, abandonment, and moral injury brought to life in *Philoctetes* resonate with veterans today, as can be seen in the success of the Theater of War Project developed by translator and director Bryan Doerries. The project uses the reading by professional actors of Sophocles’ plays *Philoctetes* and *Ajax* to facilitate a dialogue with military personnel about their own war experiences. *Ajax* depicts the complete breakdown and eventual suicide of the great warrior Ajax, after he suffers moral injury and goes berserk. Ajax is enraged at Odysseus for using what Ajax sees as trickery to win Achilles’ armor. Achilles’ armor was to go the bravest of the Greek warriors, and Ajax believed he was the bravest. Ajax goes into a berserk state, killing animals he thinks are Odysseus and Agamemnon and then declaring, “Dead they are. Let them rob my armor now!”¹⁷³ Once he realizes what he has done, Ajax is ashamed and believes other soldiers are laughing at him. The combination of the embarrassment, shame, and belief that by dying he can maintain some modicum of honor leads Ajax to take his own life.

After watching the play performed on stage, an OIF veteran said, “I’ve been Ajax. I’ve spoken to Ajax.”¹⁷⁴ In that situation, narrative served as an indirect way for the

¹⁷² Vietnam veteran, quoted in James Moad II, “Questions,” *WLA Blog, War Literature, Art and the Humanities International Journal*, blog post, <http://wlajournal.com/blog/> (accessed October 8, 2012).

¹⁷³ Sophocles, *Ajax*, trans. John Moore, in *Sophocles II*, ed. David Grene and Richard Lattimore, 189-253 (Chicago, IL: University of Chicago Press, 1957), 11, line 100.

¹⁷⁴ OIF veteran, quoted in Healy, “The Anguish of War for Today’s Soldiers, Explored by Sophocles.”

soldier to share the story of his own berserk state, without having to speak of what he, or the listener, may consider unspeakable. Sophocles, a fellow soldier, was able to reach across centuries to this young soldier and speak to him of his own experience—a compelling example of the power of narrative.

Doerries’s project offers soldiers a forum in which to explore their raw emotions and experiences through the experiences of their comrades in centuries past. The response to the project has been significant—in 2011, Doerries received a \$3.7 million Department of Defense grant to expand his project to reach more military personnel on more military bases. Doerries has described the Theater of War Project as a “public health project that will help soldiers feel less alone.”¹⁷⁵ In addition, Kastely’s analysis of *Philoctetes* provides a fuller, more complex, and layered interpretation of the play that can be applied to the Theater of War Project and its commentary on the military, society, and society’s complicit participation in moral injury, particularly in times of war.

Kastely argues that Sophocles used the retelling of previous versions of *Philoctetes* by Euripides and Aeschylus to make a point about the transmutation of concepts of right and wrong and nobility in times of war. While the character of Odyessus as written by Sophocles in *Philoctetes* can be seen as a manipulator and a liar, Kastely offers another interpretation that can be useful to health-care professionals involved in therapeutic treatment of soldiers, particularly veterans who have been forced to commit atrocious acts and those who suffer from survivor’s guilt. According to

¹⁷⁵ Bryan Doerries, “Answering the Call to Help Our Soldiers Heal,” *Washington Post*, May 31, 2010, <http://www.washingtonpost.com/wp-dyn/content/article/2010/05/30/AR2010053003297.html> (accessed November 8, 2011).

Kastely, the fact that Odysseus has survived and Achilles, the traditional archetype of a hero, has been killed indicates an expansion of the discourse on what it means to be heroic. Odysseus' ability to survive is in itself heroic—his survival represents adaptability and resilience, necessary qualities in an ever-changing world. He explains: “An Odyssean flexibility at least seems to acknowledge a historical dimension to human existence, for its commitment to flexibility is recognition that change is a fundamental part of life.”¹⁷⁶ Odysseus' survival and use of unethical tactics to achieve an ultimate good—the end to a horrific war and the survival of the polis—as well as his privileged position of serving as a type of surrogate father to the son of the now dead Achilles, are just three examples of the way war can create a new world experience that can be in direct opposition to one's pre-war world experience.

The fact of Achilles' death and Odysseus' survival can serve as a launching point for discussion of the validity of the idea that martyrdom or death in battle is more heroic than surviving. In a similar vein, the performance and discussion of *Philoctetes* creates a space for understanding that those who do survive the battle can play a vital and heroic role after the fighting has stopped. This role can take many forms; for instance, survivors can serve as an authoritative voice to advocate for veterans, as many veterans who belong to IAVA are doing. They can also serve, as Neoptolemus ultimately does for Philoctetes, as a means to reintegrate their injured fellow soldiers into the community, providing a human bridge for those who have suffered invisible injuries into a world that does not understand or comprehend the toll of those injuries. Three non-profit organizations

¹⁷⁶ Kastely, 88.

formed in the wake of OIF and OEF recognize and address the need for soldiers to have a bridge to help them reintegrate into community, particularly through their fellow soldiers. The Wounded Warrior Project's copyrighted logo states, "The greatest casualty is being forgotten," and their mission is to "honor and empower" injured veterans.¹⁷⁷ Another organization, Mission Continues, states "the mission continues" at home by connecting veterans with various volunteer projects in their communities.¹⁷⁸ The non-profit organization Team Rubicon went into full deployment in November when Hurricane Sandy devastated New York and New Jersey. The purpose of Team Rubicon, formed by Marines Jake Wood and William McNulty, is

to help veterans who were struggling to find their way back into civilian life. The idea was to employ skills the veterans had learned in the military, combine them with some high-adrenaline action and give them a healthy dose of public service. The result, they hoped, would be experiences that might renew the sense of purpose many veterans say they lose after separating from military life.¹⁷⁹

Along with Team Rubicon, veterans like Roman Baca (Fig. 3) with Mission Continues put out calls to other veterans via Facebook and Twitter to join in the debris clean up



Figure 3: Veteran Roman Baca with Mission Continues. (Photograph courtesy of Roman Baca.)

¹⁷⁷ Wounded Warrior Project, "The greatest casualty is being forgotten," <http://www.woundedwarriorproject.org/> (accessed October 28, 2012).

¹⁷⁸ Mission Continues, "<http://missioncontinues.org/about-us>" (accessed October 28, 2012).

¹⁷⁹ James Dao, "Hundreds of Veterans Help Sandy Victims," *New York Times*, November 14, 2012, <http://atwar.blogs.nytimes.com/2012/11/14/hundreds-of-veterans-help-sandy-victims-and-each-other/> (accessed November 20, 2012).

and other Hurricane Sandy relief efforts.

These efforts reflect the truth Sophocles seemed to understand so well: human connection and bonding can be a powerful antidote to betrayal. As Kastely points out, it is human contact that Philoctetes desires the most, and he receives that through his contact with Neoptolemus:

In exposing him on Lemnos, the Greeks deprived him of the nurture that civilization offers in its cultivation of fields and friendships. It's surprising when Philoctetes first appears that he is so gentle. Like a beast tamed by hunger, he approaches Neoptolemus with a need for sustenance. He has been able to scratch out a rudimentary physical existence, but he is starved for human companionship.¹⁸⁰

This need for companionship and human contact is one aspect of healing that male soldiers suffering with PTSD sorely need but are often unable to develop, not only because of the symptoms of their injury but also because of their inability to talk about their experiences. As Eaton explains, "When soldiers come back, they are cut off from all of their emotions except for anger. They do not know how to process that. We help them get in touch with their other emotions. But they are not looking for sympathy; they are looking for understanding."¹⁸¹

Narrative can serve as a vehicle to that understanding. Another powerful example of the use of narrative to bridge the gap of understanding is Pat Barker's award-winning novel about World War I, *Regeneration*, which tells the fictionalized story of W. H. R. Rivers, a distinguished psychiatrist and social anthropologist who treated British officers

¹⁸⁰ Kastely, 100.

¹⁸¹ Eaton, interview, November 12, 2011.

suffering from shell shock at Craiglockart War Hospital in Scotland in 1917. His patients included the previously mentioned antiwar poet and officer Siegfried Sassoon. Rivers, influenced by Freud, started using talk therapy during his career and supported a move away from the standard treatment for shell shock at the time: barbaric shock treatments on the tongues and throats of soldiers.¹⁸²

Barker's interest in writing about World War I stemmed from her grandfather's inability to speak at all about his World War I experiences. Barker, like Doerries and Shay, believes that talking about current events in a historical concept can be beneficial by providing a "backdoor into the present, which is very valuable."¹⁸³ Barker conducted extensive research on Rivers, using Rivers's own papers and other primary source documentation, and her rendering of Rivers reflects the thoroughness of that research.

She depicts Rivers as a psychiatrist who listened, and listened, and listened, without judging or attempting to offer an immediate answer, as he heard stories ranging from the horrific to the tragic to the redemptive. Rivers's approach to his patients embodied an understanding of what Herman would later describe as the three stages of trauma recovery: "The fundamental stages of recovery are establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community."¹⁸⁴ Herman explains why patients' feelings of safety are important: "Survivors feel unsafe in their bodies. Their emotions and their thinking feel out of control. They also feel unsafe in relation to other people. The strategies of therapy must

¹⁸² Lewis Yealland, *Hysterical Disorders of Warfare* (London, UK: Macmillan Publication, 1918), 192.

¹⁸³ Wera Reusch, "A Backdoor into the Present: An Interview with Pat Barker," *Lola Press*, http://www.lolapress.org/elec1/artenglish/reus_e.htm (accessed September 17, 2012).

¹⁸⁴ Herman, 3.

address the patient's safety concerns in all of these domains."¹⁸⁵ Patients must feel safe to tell their story. The horror of their experiences must be honored and recognized by the listener. In *Regeneration*, Rivers does this elegantly when faced with the experience of Officer David Burns:

Rivers had become adept at finding bearable aspects to unbearable experiences, but Burns defeated him. What had happened to him was so vile, so disgusting, that Rivers could find no redeeming feature. Burns had been thrown into the air by the explosion of a shell and had landed, head-first, on a German corpse whose gas-filled belly had ruptured on impact. Before Burns lost consciousness, he had time to realize that what filled his mouth was decomposing human flesh.¹⁸⁶

As a result of this experience, Burns could not eat without retching, and he tells Rivers, "You know, the worst thing is . . . that it's a . . . a joke." Rivers is with Burns in his anguish and affirms the absurdity and horror of the situation with a simple and direct response: "Yes."¹⁸⁷

Upon returning from spending a night outside the hospital without permission, Burns asks Rivers, "I've worried everybody, haven't I?" Rivers's response is much like that of the father of the prodigal son in the Bible: "Never mind that. You're back. That's all that matters."¹⁸⁸ Rivers's compassion penetrates Burns's despair: "All the way back to the hospital, Burns had asked himself why he was going back. Now, waking up to find Rivers sitting by his bed, unaware of being observed, tired and patient, he'd realized he'd

¹⁸⁵ Ibid., 160.

¹⁸⁶ Pat Barker, *Regeneration* (New York, NY: Plume, 1991), 19.

¹⁸⁷ Ibid., 18-19

¹⁸⁸ Ibid., 40.

come back for this.”¹⁸⁹ The “this” was Rivers’s caring presence—his reliability in being there for Burns, no matter what he did or said. Rivers’s behavior toward Burns is an example of what Herman describes as the importance of a sympathetic presence for a person who has experienced trauma: “The survivor who is often in terror of being left alone craves the simple presence of a sympathetic person. Having once experienced the sense of total isolation, the survivor is intensely aware of the fragility of all human connection in the face of danger.”¹⁹⁰ Rivers’s being present for Burns illustrates the patient-therapist covenant described by one therapist in *Trauma and Recovery*: “I say I am invested in the treatment, and I won’t leave you and I don’t want them to leave me.”¹⁹¹

In *Regeneration*, Burns’s belief in Rivers’s concern for him is evident in his invitation for Rivers to visit him when he returns to his hometown. Rivers accepts and continues in his therapist role during the visit, being present for Burns and listening, just listening. He understands that pushing Burns to talk about his experience is not the right therapeutic answer, even in this more familiar setting: “It would be quite wrong to force the pace. Whatever was bothering him, he would raise the matter in his own time.”¹⁹²

It is Rivers’s attentive listening to Burns’s storytelling that allows Rivers to find Burns during a fierce storm and save him, both from an actual storm and the storm of his traumatic experience. Rivers’s listening allows Burns to “put the decomposing corpse

¹⁸⁹ Ibid.

¹⁹⁰ Herman, 61-62.

¹⁹¹ Ibid., 149.

¹⁹² Barker, 169.

into some kind of perspective.”¹⁹³ Burns is able to start the healing process, which will take place in his home community. This healing within community, says Herman, is essential:

Having come to terms with the traumatic past, the survivor faces the task of creating a future. She has mourned the old self that trauma destroyed; now she must develop a new self. . . . But while in the first stage the goal was simply to secure a defensive position of basic safety, by the third stage the survivor is ready to engage more actively in the world.¹⁹⁴

Psychologist Donald Meichenbaum’s research on resiliency supports Herman’s advocacy for the importance of community. Meichenbaum’s research shows that resiliency is not determined by biology, but by the broader context of an individual’s relationship to his social domain: “Resilience rests fundamentally on *relationships* [emphasis added], both the perceived and actually received amount and quality of social supports. Thus, the concept of resilience needs to be extended to include resilient families, resilient



Figure 4: Lieutenant Colonel Cedric Carrington. (Photograph courtesy of the Carrington family.)

organizations and resilient communities.”¹⁹⁵

A poignant example of relationships “in a broader domain” among soldiers was reported in May of 2012. Army Lieutenant Colonel Cedric Carrington (Fig. 4) and his troops were in a firefight in Afghanistan, and in the course of the battle, four soldiers were badly wounded by IEDs

¹⁹³ Ibid., 163.

¹⁹⁴ Herman, 196.

¹⁹⁵ Donald Meichenbaum, “Resiliency Building as a Means to Prevent PTSD and Related Adjustment Problems in Military Personnel,” in *Treating PTSD in Military Personnel: A Clinical Handbook*, eds. Bret A. More and Walter E. Penk (New York, NY: Guildford Press, 2011), 336.

and flown quickly to Walter Reed Military Medical Hospital in Bethesda, Maryland. Carrington contacted his brother Herb and his brother's father-in-law, retired Army Command Sergeant Major William Freeman and asked if they would visit his men. The two were welcome visitors to the soldiers, who were anxious to talk. One soldier, a dog handler who had lost a leg, was concerned only for his dog. He pleaded with the men to find out if his dog was alive. Another young man who had also lost a leg talked only about his desire to get back to his unit. The two others were very bitter about their injuries and experiences. Carrington knew his soldiers well enough to know that they would be concerned about the dog and had sent a search party out immediately following the battle. After hours of searching, the dog was found unharmed. Carrington relayed the information to Herb and his father-in-law, who visited the soldier a second time to give him the good news. The young man, reports Freeman, was "So elated; he almost came up off of his bed. I have never seen anything like it."¹⁹⁶ The response of the soldiers to him as a veteran helped Freeman realize that he can make a difference by reaching out to these young men: "I am going to keep doing this. Visiting them helped me realize that I am at a place in my life where I have made peace with my Vietnam War experiences, and now I can help someone else."¹⁹⁷

Having relationships in community allows veterans to begin to re-enter society, and this re-entry allows for a change in role from survivor to someone who can thrive again. This change allows service members themselves and others to view them in a new light or within the context of a new narrative identity. An example of this new light is

¹⁹⁶ William Freeman (Vietnam War and Desert Storm veteran), interview with author, May 30, 2012.

¹⁹⁷ Ibid.

demonstrated in *Regeneration* when Rivers sees Burns outside of Craiglockhart and thinks: “In a few years’ time it might even be possible to think of him resuming his education, perhaps pursuing that unexpected interest in theology.”¹⁹⁸ Rivers eloquently expresses both the tragedy and the possibility inherent in trauma—for Burns and, indeed, for all service members who have experienced trauma: “He had missed his chance of being ordinary.”¹⁹⁹

The realization that things most likely will never be the same as before the traumatic event(s) should be a component of empathetic listening to service members’ stories. A good therapist can guide patients through the recovery process and into the realization that they have been profoundly altered by their experience, but they can ultimately find healing, salvation, and growth in that change. This growth results not from the trauma itself, but in “the struggle to make sense of it.”²⁰⁰ The Army currently has a term for this: *post-traumatic growth*. It is something they are teaching in a program called “Comprehensive Soldier Fitness,” designed to help soldiers become more resilient and recognize how the trauma of combat can change them for the better.²⁰¹

To guide patients to the stage of post-traumatic growth, Herman writes, therapists themselves must have a support network and superiors in whom they can confide.²⁰² She contends that therapists dealing with trauma victims need to be affirmed and supported

¹⁹⁸ Barker, *Regeneration*, 184.

¹⁹⁹ *Ibid.*

²⁰⁰ Jim Rendon, “Post-Traumatic Stress Disorder’s Surprisingly Positive Flip Side,” *New York Times*, March 22, 2012, http://www.nytimes.com/2012/03/25/magazine/post-traumatic-stress-surprisingly-positive-flip-side.html?_r=1&pagewanted=all (accessed September 27, 2012).

²⁰¹ *Ibid.*

²⁰² Herman, 155.

themselves, as they cannot remain unchanged by what they hear. Shay agrees, noting that “listeners must be strong enough to hear the story without injury. Combat veterans will never trust a therapist whom they see to be ‘freaked out’ by what he or she hears.”²⁰³ The ideal setting for a therapist would be one in which there is strong leadership and a place for therapists to turn when they are overwhelmed. They have the same needs as their patients, to feel affirmed and validated—in essence, to be seen and heard. Seale agrees: “I have a great support network here of other therapists I can talk to. There are days when talking to someone about what I have heard helps me to be able to sleep at night.”²⁰⁴ Herman writes:

Sublimation, altruism and humor are the therapist’s saving graces. . . . By constantly fostering the capacity for integration, in themselves and their patients, engaged therapists deepen their own integrity. . . . Integrity is the capacity to affirm the value of life in the face of death, to be reconciled with the finite limits of one’s own life and the tragic limitations of the human condition, and to accept these realities without despair.²⁰⁵

If therapists are able to accept “these realities without despair,” they can help their patients to potentially do the same. Despair, or lack of hope, can have disastrous consequences. Vietnam War veteran James Moad argues that one way to prevent such debilitating despair is to ask soldiers the following series of questions before they agree to serve, helping them to understand the enormity of the change and possible tragedy inherent in military service:

²⁰³ Shay, *Achilles in Vietnam*, 188.

²⁰⁴ Seale, interview, April 12, 2012.

²⁰⁵ Herman, 154.

Are you aware that if you take part in combat, it's highly probable that you will suffer a form of mental trauma that will linger with you for the rest of your life?

Do you know what friendly fire is?

Do you realize that you'll be trained to dehumanize the enemy, which may make it easier for you to kill on the battlefield? But unless you're a sociopath, it will not help you bridge the internal struggle that will haunt you for the rest of your life.

If you are injured severely and survive, you may never be able to work again, possibly lose all your limbs and be in the care of someone else for the rest of your life, okay?

Do you understand that since resources are limited, the VA will get to you when it can, maybe in a few months, and maybe when it's too late to help you? Many others are ahead of you in line already.

Do you know what Traumatic Brain Injury is?

Have you ever seen a corpse toasted beyond recognition or been to a burn clinic?

Can you imagine that you and those who serve alongside you will likely compromise their integrity at some point and possibly more than once?

Do you realize you'll be more likely to be homeless and have difficulty finding good employment than your peers?

Are you aware that your experiences will fundamentally change you forever, and that integrating back into society may or may not be possible?

Do you currently sleep with a knife or gun under your pillow or on your nightstand?

Can you accept that you'll be held accountable for everything you do, and that the enemy and people you're supposed to be helping may not hold themselves to any standard of decency, and, oh, you may not know who exactly the enemy is, okay?

Do you realize that when you come home you'll never feel quite safe again?

Are you prepared to carry with you the images of dead women and children, the pieces and parts of friends, or the disemboweled body of someone you tried to save?

Are you aware that you'll be expected to do things you weren't trained for, with limited resources to accomplish the goal, and no matter how hard you work, the odds are that your effort will be in vain and some of your closest friends will die?

Do you understand that the anger you'll experience at yourself, your nation, your spouse and the people you once held dear, may become quite common?

Can you imagine that the relationships you have after coming home will pale in comparison to the ones you make on the battlefield?

Are you aware that the composite experiences you take part in may play like a quiet movie in the back your mind for the rest of your life?

Do you realize that these are just a small sampling of questions to help you understand what's ahead?²⁰⁶

These questions can serve as a listening post for those considering service in the military, as well as for family members, health-care professionals and others working with military service members, to better understand the varied dimensions and consequences of traumatic war experience. These questions are stark and sobering—yet they are a crucial component of the true war story that must be told in America, as part of an effort to save soldiers whose battle to survive continues long after the war has ended.

²⁰⁶ Moad, "Questions."

Conclusion

I feel like I have been shook over hell.

—Union soldier Jason Roberts, who was committed to an insane asylum for symptoms of what we would today call PTSD.²⁰⁷

War is the ultimate Faustian bargain made by society. War stimulates economies and has led to great medical advances in burn treatments, wound care, development of prosthetic limbs, psychiatry, and science. But as evidenced by the suicide rate of today's soldiers, the military, medical and civilian communities do not fully comprehend and are not adequately treating the invisible wounds of war. What happens to the soul of a nation that sends its sons and daughters to battle and fails to care for them when they return? America owes it to the young men and women it sends to fight on behalf of the rest of its citizens to look at alternative therapeutic approaches to healing, particularly narrative interventions, to heal their invisible wounds.

An extraordinarily successful narrative intervention that could be replicated at universities or VA centers nationwide was the Military Experience and the Arts Symposium (MEA), which took place July 4-6, 2012, at Eastern Kentucky University in Richmond, Kentucky. Attendees were service members from all branches of the military, from all U.S. wars, and Canadian veterans of OEF. The symposium included readings of

²⁰⁷ Jason Roberts, quoted in Eric T. Dean, Jr. *Shook Over Hell: Post Traumatic Stress, Vietnam, and the Civil War* (Cambridge, MA: Harvard University Press, 1997), 129.

poetry and prose, interpretive dance, art workshops, and workshops on writing in various media. Over the course of three days, a community was built based on the telling of and listening to stories, and on what Shay calls “the communalization of grief”—during, for instance, a poignant portrayal in dance of the human consequences of war. Older veterans reached out to younger veterans to tell them, “Hey, it is okay. It will get better.” Younger veterans with PTSD who are currently enrolled in college or working told others who were struggling with the symptoms of PTSD that they had been in their shoes and shared with them things that had helped them deal with trauma. The community that was built through the sharing of poetry, prose, song, art, and dance has continued online with a portal page and various blog sites. MEA participants are sharing their writings, feelings, resource information for veterans, and their desires to continue writing. James Hackbarth, a Vietnam veteran, recently expressed the power narrative intervention has had in his life:

Writing is my only escape from the real world most of the time. I disconnect to protect me from what goes on outside of my safe area. Tomorrow am off again to the VA to tell them how things are going. My life has changed since MEA and I am so much better for it. Even though I am getting older, it's not too late [to] make things better for me and those around me. It helps now that I have others who are like minded to share things with. The people who I am friends with don't understand poetry or where my head is at most of the time. My wife says because I am still growing and they stopped. I guess you would say that is a good thing.²⁰⁸

Many MEA attendees responded to Hackbarth’s post with messages of encouragement and praise. Hackbarth had told the group that for years he never wanted to talk about his

²⁰⁸ James Hackbarth (Vietnam War veteran), post on *Journal of Military Experience* Portal group on Facebook, October 16, 2012, published with permission.

experiences in Vietnam. The support he is receiving and the support he gave to fellow service members at the symposium have made a tangible, visible, and literal change in his life. His story is finally being told and heard.

This symposium is just one example of a narrative intervention that can be applied in the therapeutic process. Others include forming veterans' writing groups, expanding Doerries's Theater of War Project to mixed civilian and military audiences, and supporting the dictating or recording of oral histories of all soldiers who wish to tell their stories. While efforts are being made by various non-profit groups to employ narrative in their work with veterans, an official recognition of and advocacy for the power of narrative by the VA, the DOD, and the IOM would be a powerful weapon to combat the moral shrapnel of war.

In summary, I have been greatly honored and humbled to have the privilege of hearing the stories of veterans, active- and reserve-duty service members, family members of soldiers, and the health-care providers who care for soldiers. What began as an urgent inquiry into why young soldiers were killing themselves in record numbers turned into an educational, illuminating, and at times depressing—but ultimately hopeful—journey. That journey has deepened and broadened my understanding of the power of stories, the innate human need for belonging to community, and the fragility and strength of the human spirit. This understanding can be brought to bear on therapeutic services for military personnel, so that those who are willing to die for their country can also be saved by it.

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