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Wounded Warriors: Contemporary Representations of Soldiers' Suffering

By

Alison M Bond

A dissertation submitted in partial satisfaction of the requirements for the degree of

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in the

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University of California, Berkeley

Committee in charge:

Professor Wendy L Brown, Chair
Professor Ron E Hassner
Professor Kinch Hoekstra
Professor Ramona Nadaff

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Abstract

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There has been a long-term suspicion in religious and psychological literatures that unethical wars will have an especially detrimental impact on the soldiers who fight in them. This project examines public depictions of the psychological suffering of contemporary U.S. soldiers, evaluating their effects on public discourses about war's ethics. The analysis shows that over the past decade, these portrayals have developed potentially detrimental effects on civic processes, limiting and constraining public debate about war's justifiability. Furthermore, the full expression of soldiers' varied experiences of distress also appears to be constricted, preventing insights that might emerge into the ethics of current wars.

In trying to understand how different discourses of suffering tend either to illuminate or to foreclose debates about a war's justifiability, I draw on a variety of sources including medical discourse, political debate, advocacy materials designed to inform the public about soldiers' post-combat struggles, and cultural accounts of soldiers' distress in journalism, film and literature. The analysis highlights how the language and narratives used to portray soldiers' distress have shifted dramatically over the past four decades: initially associated with criticisms of war in the immediate aftermath of Vietnam, soldiers' suffering has gradually become associated with arguments against such criticism.

The first of the dissertation's five chapters lays out the contemporary assumption that war criticism harms veterans. Chapter 2 shows how 1970s psychological discourse made just the opposite assertion—interpreting the underlying illegitimacy of the U.S. war in Vietnam as the primary cause of soldiers' post-combat distress. Over time, however, psychological depictions of distress lost many of their war-critical associations, as they were first codified into the post-traumatic stress disorder (PTSD)

diagnosis in 1980, and then further refined to comport with evidence-based medical standards—developments which inevitably neglect variable and hard-to-measure symptoms such as ethical concerns. Chapter 3 examines how key cultural and political narratives in the 1980s further transformed public associations between a war's illegitimacy and soldiers' mental harm. Reagan's prominent use of the phrase "Vietnam Syndrome," for example, and the infamous *Rambo* films presented soldiers' distress as caused by civilian neglect and antiwar sentiment. These accounts set up a new narrative, where dissenting civilians replaced war as a central cause of soldiers' mental harm. Furthermore, war was positioned as psychologically curative, not only for the individual soldier, but for the nation as a whole.

Chapter 4 shows how war metaphors—used in military publications and the extraordinarily popular 2014 film *American Sniper*—position distress as an internal foe to be "defeated" via psycho-active medications and Cognitive-Behavioral therapies. These depictions allow suffering to be framed predominantly as a problem to be removed, rather than as a source of potential insight into the moral stakes of a war (as 1970s formulations suggested). Chapter 5 argues that the intrusion of military priorities and the restriction of debate are also evident in recent comparisons between suffering soldiers and the "timeless" and "heroic" attributes of ancient Greek warriors. For example, Theater of War performances of Sophocles' Ajax aim to initiate discussions about mental health concerns and reduce the stigma associated with post-conflict mental health symptoms. While undoubtedly effective in these goals, the performances also depict war as natural and timeless, suggesting that war is beyond meaningful ethical debate.

Of course, to some, assessing the justifiability of the wars might seem better suited to other more overtly "political" settings than the cases selected above—including debates between politicians, pundits, military leaders, scholars, and journalists. Contemporary cultural scholars note, however, that soldiers' experiences are one of the most discussed aspects of the current wars, garnering sustained civilian attention, which suggests that these discourses are tremendously influential. The analyses offered in this project suggest that the assumption that we can understand the ethics of the current wars without engaging with soldiers' suffering is deeply flawed. However, because our contemporary accounts of that suffering are often partial or incomplete, we need to aim for more comprehensive accounts of soldiers' experiences. And that expansion, in turn, shows that any effort to grasp the significance of soldiers' suffering depends on engaging with debates about war's justifiability.

To Dolores

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Chapter 1: Introduction

Over the past decade, the emotional and psychological suffering of U.S. soldiers has gained increasing public prominence. The news media reports inspiring and heart-rending stories of soldiers' distress as part of its standard coverage of the wars. When political discourse, such as presidential debates and State of the Union addresses, invokes soldiers' heroism and sacrifice, it refers to both seen and unseen wounds. A burgeoning literature in trade press books and online content aims to inform, educate, and assist veterans and their families to understand and respond to the medical diagnosis of post-traumatic stress disorder (PTSD). Veterans and clinicians write memoirs and fiction detailing soldiers' internal struggles. And, a growing number of military and non-governmental organizations (NGOs) dedicated to "serving those who have served" offer various forms of outreach and support.

In the face of what many commentators describe as the American public's wide-spread disengagement from the actual wars in Iraq and Afghanistan, anthropologists Sarah Hautzinger and Jean Scandlyn have argued that the suffering of veterans has become the main way that most civilians attend to the ongoing U.S. conflicts abroad.[1] My research takes this observation at its starting point, and then asks: What are the effects of these myriad portrayals of soldiers' suffering *on* public engagement with the

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[1] Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*, 16. The U.S. public also tends to focus on the most prominent U.S. conflicts abroad, while a more expansive engagement might include recent military actions in Libya, Syria, Nigeria, and the ongoing drone activities in Pakistan, Yemen and Somalia.

post-9/11 wars? What specific narratives and associations do these portrayals make available, and how do they, in turn, influence our perceptions of war?

This project's central concern is to assess how recent portrayals of soldiers' suffering shape civic processes for evaluating the justifiability of the current wars. What are the consequences for engaging with questions of a war's ethics, now that soldiers' emotional and psychological costs are enumerated alongside physical injuries, deaths, and financial costs? How do the current portrayals of suffering channel and direct our attention? What issues come to the fore, and which issues recede away to the margins?

This dissertation engages these questions by investigating the varied characteristics of recent portrayals of soldiers' suffering. I examine multiple accounts of suffering, some that contribute to mainstream dominant trends, others that are more peripheral. In examining the effects that emerge at the intersection of representations of U.S. soldiers' distress and portrayals of war's legitimacy, the project aims to understand both those aspects of contemporary portrayals that produce associations that are sharply critical of war, and those that constrict such associations, limiting critiques of war.

This introduction further develops the project's central questions by presenting contemporary instances where ethical questions about war are explicitly and publically discouraged, claiming that such "political" or "divisive" concerns will harm veterans. The end of this introductory chapter briefly describes the additional themes and questions examined in the rest of thesis, and provides a map to the subsequent chapters.

Suffering and Antiwar Veterans

In 2010, anthropologists Matthew Gutmann and Catherine Lutz published a study of six recent veterans who viewed their post-service suffering as inextricably linked to moral and ethical problems with the U.S.'s post-9/11 wars.[2] While Gutmann and Lutz's book *Breaking Ranks* focuses primarily on the experience of being a dissenting veteran— one who had decided to "speak out" against the war in Iraq—the issue of these veterans' experiences with emotional and psychological suffering is also central within the text. Of particular note, even as these veterans have been diagnosed with medical conditions, including PTSD, Gutmann and Lutz report that "the fundamental cause of their affliction, in their minds, is that they have witnessed and participated in dehumanizing crimes against the people of Iraq and Afghanistan."[3]

For these veterans, being involved in a war without the certainty that the war was justified and necessary took a greater toll than the stress of actual combat. In addition,

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[2] Gutmann and Lutz, *Breaking Ranks*.
[3] Gutmann and Lutz, 146.

their experiences of war and military life did not comport with their expectations, and the shock and dissonance caused them to question the value and appropriateness of their participation. The veterans report feeling appalled by the daily lived experience of "what 'invasion' and 'occupation' look like"; the "blood and horror" and awful "reality of the humiliation, abuse, and random killing of the people of Iraq."[4] Furthermore, as these veterans transitioned from their initial abstract ideas about what military service would entail, to training, to on-the-ground experience, significant moral questions arose for these veterans: It was "one thing to train to kill and wound an abstract 'enemy' and quite another to be face to face with people who look as if they, too, are poor and relatively powerless in their own societies."[5] These veterans were deeply troubled by the realization that American soldiers "were destroying people's lives," seemingly without good reason or any constructive outcome.[6]

These veterans also connect their suffering to a broader problem with the US military and its institutional promotion of a violent macho culture. They describe the initial sources of their sense of being traumatized arising *not* in combat, but much earlier, beginning with military induction, where boot camp training proved "more brutal and sadistic" than they could have imagined possible.[7] The challenges of these training experiences caused doubts about what they were doing in the military, and created a feeling of isolation within military culture—a feeling that became, in itself, another source of psychological hardship. They report that "the active indifference" of their fellow soldiers to the "suffering of Iraqis" deepened their growing sense of "disillusionment."[8]

The cumulative impact of these doubts and shocks had a profound effect on their idealism about their country and about themselves: "Iraq shattered my worldview and the way that I perceived myself and my own identity."[9] Another veteran echoes these sentiments: "My reality was shattered. My whole perception of America, and the US Army, and what I was doing in the Army was broken up."[10] And another puts it this way: "I felt haunted by my conscience that my association in uniform at this time was wrong, and my involvement directly or indirectly in this organization at this time was a contradiction to my beliefs."[11]

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[4] Gutmann and Lutz, 189.

[5] Gutmann and Lutz, 189.

[6] Gutmann and Lutz, 124.

[7] Gutmann and Lutz, 188.

[8] Gutmann and Lutz, 189.

[9] Gutmann and Lutz, 149.

[10] Gutmann and Lutz, 189.

[11] Gutmann and Lutz, 166.

Suffering, but No "Politics"

Gutmann and Lutz's presentation of veterans linking their emotional and psychological suffering to the ethical stakes of current wars (and military culture) is not common in contemporary depictions of soldiers' suffering. Consider the contrast presented in fellow anthropologist Erin Finley's recent research. In 2011, Finley published the first major study of contemporary veterans' experiences with PTSD, based on 20 months of ethnographic research and interviews with veterans who were being treated for PTSD, along with their family members and clinicians at a Veterans Affairs (VA) center in San Antonio, Texas.[12] Finley depicts soldiers encountering many different struggles related to family dynamics and clinical treatment, but writes nearly nothing about the politics or ethics of war. Finley reports that she found such political-evaluative questions about war to be "on the periphery" of the veterans' concerns, and therefore she did not include them in her book. She warns her reader of this absence in the book's Introduction, and states:

> I should also make it clear that there will be relatively little discussion in these pages of the politics of the wars in Iraq and Afghanistan . . . most of these men were not deeply engaged with the larger national debate about whether the wars were wrong or right, over whether we should bring the troops back home or continue to support the ongoing missions. . . . Their stories were centered around other concerns: the well-being of buddies in the combat zone and their families back home, their dreams of a good life and efforts to move toward them. In all the hours of our conversations, the politics of war emerged only at moments and on the periphery of other stories, and so they have been left to the periphery here.[13]

Finley does go on to discuss various forms of "politics," including accounts of veterans' struggles with cultural, institutional, and interpersonal issues. For instance, she writes about how veterans are affected by norms of gender, illness and injury, and how they navigate the complex bureaucracy of VA services. She also engages closely with the divide that many veterans perceive between civilian and military cultures. And her book ends with an exhortation for civilians to get involved in the well-being of veterans—to express constant support for soldiers, and thus ensure the current

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[12] Finley, *Fields of Combat*. This book received prestigious recognition from Finley's scholarly peers when it was awarded the "Margaret Mead Award," in 2012, (The American Anthropological Association and Society's award for Applied Anthropology). See, "Fields of Combat, Understanding PTSD among Veterans of Iraq and Afghanistan."

[13] Finley, *Fields of Combat*, 10.

generation of veterans do not suffer (as the previous generation of Vietnam veterans did) as a result of civilian hostility and disrespect.[14]

This tendency to set the "politics of the wars" to one side when discussing soldiers' distress is very common in mainstream accounts. Many popular depictions comport with Finley's example, inviting the audience to set aside any impulse to link suffering and the justifiability of current wars, and preoccupying their audiences with other questions, like how soldiers can overcome stigma, get access to compensation, and navigate complex medical treatment processes. Some contemporary examples go even further than Finley, by actively cultivating a separation between suffering and the "politics of the wars" (as Finley puts it); this move is usually positioned as a necessary step to ensure soldiers' well-being.

Anti-Critical Discourses

Controlling the Audience Response

We move now from scholarly observations of dissenting veterans and those with PTSD, to public forums organized for veterans and centered on their needs. Consider, for example, the case of Jeff Harrison, a veteran of the current U.S. war in Iraq as well as a student and filmmaker, who in 2010 presented his work to a public audience, including some of his own university instructors and fellow students.[15]

Harrison, who was in his thirties, had worked full-time in the police force before joining the Marines shortly after 9/11. After serving two tours in Iraq, Harrison returned to the U.S. and enrolled as a university student. His passion was film. The audience of about a hundred watched a series of Harrison's short films, in which actors played out scenes of veterans returning to civilian environments after combat. In one film, an angry male veteran is shown in a civilian, female therapist's office, accusing her of failing to understand his experiences. She accepts the rebuke, even as she reveals that her own son was killed while serving in Iraq. In another short film, a veteran is presented alone in nature, struggling with internal thoughts and fears, possibly contemplating suicide. And in a final film, a veteran feels terrible remorse and helplessness as he watches colleagues deliver the news of a young soldier's recent death to that soldier's fiancée.

After the screening, Harrison facilitated a discussion with an invited panel of veterans, who sat on stage, seemingly available to answer questions from the audience. But, rather than invite audience responses or questions, Harrison instead provided civilian attendees with further information on how to appropriately engage with

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[14] Finley, 177.

[15] Identifying information has been changed to preserve the participants' anonymity.

veterans. He stated that the purpose of the event was to "facilitate a dialogue between veterans and the community," emphasizing that this was a much-needed contribution, because veterans are such an under-recognized and misunderstood minority—in part because civilians often couldn't help but inappropriately introduce "politics" into conversations in which veterans' well-being should be the focus.[16] Harrison emphasized the importance of separating discussions about veterans' contributions and needs from political debates, suggesting that the two conversations cannot occur simultaneously, because disagreement about war will get in the way of taking care of veterans: "Even as our country is deeply divided over the current wars, I hope we can agree to care for our veterans." He then asked, "How many veterans are in the audience today?" As about a dozen audience members raised their hands, he followed with a serious, "Thank you for your service," making eye contact with each one. He went on to extend this appreciative acknowledgement to the "warriors of all generations who have bravely and selflessly served."

Harrison then used a PowerPoint presentation to direct the audience's attention towards recommended key themes for the forthcoming discussion. The slide listed topics such as "Coming Home, Transitions and Reintegration, Stigma, Duty, Service, Visible and Nonvisible Injuries, the Loss of Comrades, Family Members, Best Approaches for Communication, and Depression and PTSD." Harrison reminded the audience that to stray outside of these themes could be threatening to the well-being of the veterans on the panel. The audience was then asked to participate in an electronic survey that asked various questions about veteran-civilian relations, and immediately collated and shared their responses on the PowerPoint screen. The survey questions further channeled audience attention toward the themes Harrison hoped would be taken up in his films and by the panelists. When a collaborator of the filmmaker posed the question, "How can a civilian like myself be an ally to a veteran?" the answers from the panel emphasized that veterans want to feel like they are making a meaningful

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[16] The use of discourses of "minorities" are part of a broader trend that create the image of veterans as a population in need of protection from discrimination and prejudice—for example, on university campuses veterans are increasingly included within the mandate of the minority or diversity office of student affairs. And within military circles, campuses are ranked as "military friendly" (or not) to help guide veterans towards locations and settings where they will feel welcome and understood. This is a complex situation because soldiers can easily be the recipients of others' misconceptions. There are many examples that come out of the Vietnam war of soldiers (and civilians) being treated badly because they are perceived to stand for a terrible war (or a terrible anti-war movement). Furthermore, many argue that the current system of military recruitment under the all-volunteer force (or AVF) clearly creates the equivalent of a "poverty draft," so the veterans seeking post-service education at universities do frequently come from precisely the disadvantaged backgrounds that diversity offices are trying to support. But the claims that veterans are subject to discrimination because they are veterans is also part of a set of anti-critical assertions about the legacy of the Vietnam war (that will be explored more fully in Chapter 3) and which have the effect of limiting public engagement in critical debate about current wars.

contribution, that they are not "less of a warrior" because they ask for help, and that they are recognized and respected by others for their experiences.[17]

While the Harrison example showcases many interesting features of contemporary discourse, including the special status accorded to veterans (whereby their needs and insights are assumed to have greater value or status than civilian responses), the thread we're following for the moment is the tendency to limit political debate about a war's legitimacy when in the presence of veterans.[18] Harrison's facilitation style conveys the idea that disagreement about the wars is harmful to veterans, and caring about veterans requires setting those debates aside. This sentiment, I argue throughout my dissertation, has become an uncontested assumption in contemporary American public discourse.

Military Contributions

Harrison's example shows how an audience's engagement with suffering can be managed and directed, but one might argue for the example's limited reach, influencing only the hundred attendees, and even then, with varied effects. Harrison's facilitation style is, however, illustrative of a common trend, and the U.S. military even funds the Theater of War to facilitate similar events where the public gathers to discuss soldiers' suffering with dramatic readings of ancient Greek plays as a stimulus for discussion and debate. These performances have the potential to influence thousands of military personnel and their families who attend directly, and also the broader, mainly civilian audiences who read the extensive media coverage of the events. As I will discuss in Chapter 5, Bryan Doerries, a classicist and civilian who founded the Theater of War, provides events addressing soldiers' suffering that that, like Harrison's, channel audience attention away from the justifiability of war and towards a presumed insufficiency in civilian attention and care, but with the potential for much broader influence. Doerries' troupe of actors performs segments of several ancient Greek plays, including Sophocles' *Ajax* and *Philoctetes*, on military bases and in theaters across the country, in what is usually reported as an effort to open up a space for military and civilian populations to engage more deeply with the emotional and psychological

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[17] The audience member who asked this question turned out to already have had extensive experience working with veterans. Thus her question—like many other aspects of the presentation—seemed posed to invite audience imitation. While the woman asking the question was clearly already well-informed about the needs of veterans, her demeanor might encourage other audience members follow her lead, and perhaps question whether they knew how to engage with veterans in a sensitive way. Being an "ally," was thus modeled to include setting aside one's own preconceptions, but also contains the implicit criticism that many civilians are less than an "ally" to veterans, particularly if they are preoccupied with evaluating the legitimacy of the current wars.

[18] Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*, 216–17.

challenges that can result from war. Like Harrison's short films, Doerries' performances are followed by a town-hall-style meeting, in which audience members can respond to the performance, describe their own personal experiences, and share their reflections on suffering. Doerries says he wants to provide the setting for an open conversation about the impact of war "through the ages," but like Harrison, he also sets strict discussion guidelines, which include not raising so-called "political issues." One reporter (approvingly) describes how Doerries takes charge to limit debate: when an audience member "angrily" raises questions "about the policies that led to this past decade's wars," Doerries is described as intervening to "smoothly redirect the flow": "Tonight is not about policy," he states, "but about healing."[19]

Veterans Disagree

Perhaps unsurprisingly, Gutmann and Lutz's antiwar veterans respond very positively to civilians who criticize the current wars, arguing that without civilian protestors, their psychological distress would be more severe. While well aware of what they call a "taboo" against protesting the wars, and the common argument that protests will injure or damage veterans, they object to the taboo's premises. They note that people often say that protesters are "lowering morale, sending troops the wrong message," but as one veteran clarified, it is possible to both protest and offer support: "I know that there was a huge difference in supporting the troops and not [supporting] the war."[20] Seeing others actively objecting to the war was, in fact, comforting: "To see some of the American people opposed to this war made us very happy. We [the anti-war veterans] felt very loved."[21] In the absence of more widespread public protests, veterans who are opposed to the post-9/11 wars feel "so isolated, so abandoned."[22] Gutmann and Lutz note that the veterans try to counter the mainstream discourse in a variety of ways, but know they are up against significant odds. As one veteran put it: "Children in the schools in America today have been taught that our role as citizens is not to question why, but only to 'support' the men and woman who conduct military missions or to aspire to join them."[23] Contrary to the advice offered by Harrison's and Doerries' facilitation styles, some veterans conceptualize protest *as* support, and gain mental health benefits from seeing their own ambivalence and concerns about the wars

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[19] Pressley, "Theater of War at Woolly Mammoth." Doerries' use of the ancient Greeks as a tool for healing is examined more extensively in Chapter 5.
[20] Gutmann and Lutz, *Breaking Ranks*, 170.
[21] Gutmann and Lutz, 170.
[22] Gutmann and Lutz, 170.
[23] Gutmann and Lutz, 191.

shared among civilians. As one veteran states: "It was the [civilian] protesters who brought me home . . . [they were the] one thing that inspired me, saved me."[24]

Not Questioning the Wars in Presidential Debates

In May 2015, John Ellis "Jeb" Bush, a contender for the Republican presidential nomination, tried to avoid answering an evaluative question about the Iraq war by invoking the well-being of U.S. troops. Bush was asked by Fox News reporter Megyn Kelly to assess his brother George W. Bush's 2003 decision as President to invade Iraq. Kelly asked Bush, "Knowing what we know now, would you have authorized the invasion?"[25] The question was clearly an unappealing one for Bush, not least because he was being asked to publicly assess one of the key features of his brother's presidential legacy. When Kelly asked the question on Monday, May 11, Bush first ignored its retrospective aspect, answering as if she had asked what he would have done if he were in charge back in 2003. Bush could thus uphold his brother's decision by saying, "I would've. And so would've Hillary Clinton, just to remind everybody, and so would've almost everybody who was confronted with the intelligence they got."[26] But the question did not go away. The following day conservative political commentator Sean Hannity used his national radio show to repeat Kelly's actual question: Would Bush have authorized an invasion of Iraq, knowing what we *now* know? This time Bush brushed the question aside saying it was of little value to pose or answer such "hypothetical questions." By Wednesday, in a town hall meeting in Nevada, Bush was pressed further and it was at this point that he invoked the well-being of US soldiers and veterans, stating:

> Going back in time and talking about hypothetical, "what would have happened, what could have happened," I think does a disservice for them [soldiers] . . . I respect the question, but if we're going to get back into hypotheticals I think it does a disservice for a lot of people that sacrificed a lot.[27]

When the issue came up yet again the next day at a town hall meeting in Arizona, Bush stated this time that he would not have sent soldiers into Iraq, given our current understanding of the intelligence available:

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[24] Gutmann and Lutz, 170.

[25] All Bush quotations come from Philip Bump's article: Bump, "Here Is Every Answer Jeb Bush Gave on Iraq This Week."

[26] Referring to the senate vote cast by Clinton in favor of the use of force.

[27] Bump, "Here Is Every Answer Jeb Bush Gave on Iraq This Week."

> If we're all supposed to answer hypothetical questions: Knowing what we now know, what would you have done? I would not have engaged. I would not have gone into Iraq.[28]

He quickly went on, however, to qualify the statement by emphasizing that he did not want this negative assessment of the war to be interpreted as ignoring or disrespecting the sacrifices of soldiers and their families:

> That's not to say that there was a courageous effort to bring about a surge that created stability in Iraq. All of that is true. And that's not to say that the men and women that have served in uniform, and many others that went to Iraq to serve, did so certainly honorably *[sic]*.[29]

Bush's attempt to avoid criticizing the Iraq war is striking, in part because he does not convincingly connect his concern for soldiers to a need to avoid critical evaluations of the war. In the earlier Harrison example, the demand that statements about war be set aside in order to care for veterans seemed more justified. But the fact that Bush reaches for veterans' well-being as a potential justification for side-stepping a question about war suggests that a concern for soldiers' suffering has tremendous cultural traction. While Bush's interviewers are not deterred from raising the question again (unlike in Harrison's film screening, where the audience complied absolutely with the request to refrain from commenting on the wars), the political commentary that followed focused on Bush's inability to control the terms of the discussion in a way that favored his preferred message (a characteristic that was deemed to diminish his presidential potential). My alternative reading of this incident would emphasize the following: The voters Bush was hoping to court may have shared his sentiment that soldiers should be treated honorably, but not uniformly agreed on how to actually do so. Some may well agree with Bush's implied logic, that soldiers are best served by not hearing criticism of the wars they have served in. Others might think that electing a president who thinks clearly and prudently about past (and future) wars is the best way to safeguard the well-being of soldiers. But the logic of Bush's claim about what soldiers need has become so integrated into American political life that the claim itself did not prompt any detailed parsing. The emergence of the assumption that soldiers need to be protected from political debate over war will be taken up in subsequent chapters, but for now I want to note that while Bush appears to be primarily occupied with avoiding a difficult question (and ends up using soldiers' needs to justify this avoidance), he may also be concerned that his audience will judge him harshly if he evaluates the war

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[28] Bump.

[29] Bump. While Bush offers a more expanded assessment of the Iraq war than shown here in my selected quotations, offering additional opinions on the surge and Obama's leadership, the point is not that he is eventually able to assess the war after an extended discussion, but that he continues to position soldiers' well-being as threatened by the discussion.

critically, interpreting criticism of the war as disrespect toward soldiers, as the case of Chris Hayes demonstrates.

Not Questioning the Wars on Television Talk Shows

Chris Hayes, host of the self-described "progressive" talk show "Up" on MSNBC, sparked controversy on Memorial Day, 2012, when he talked about feeling indirectly pressured into giving his support for contemporary wars through the heroic language that is often used when soldiers are discussed.[30] The heart of Hayes' concern was that the undifferentiated use of heroic rhetoric to portray U.S. soldiers ends up simultaneously justifying (and, in turn, prolonging) the very wars in which the soldiers fight. His key statement on this topic came just a few minutes into the show:

> . . . I think it's interesting because I think it is very difficult to talk about the war dead and the fallen without invoking valor, without invoking the words "heroes." Why do I feel so [uncomfortable] about the word "hero"? I feel comfortable – uncomfortable – about the word because it seems to me that it is so rhetorically proximate to justifications for more war. And, I don't want to obviously desecrate or disrespect [the] memory of anyone that's fallen, and obviously there are individual circumstances in which there is genuine, tremendous heroism: hail of gunfire, rescuing fellow soldiers and things like that. But it seems to me that we marshal this word in a way that is problematic. But maybe I'm wrong about that.[31]

Hayes' comments caused instant offense among some viewers, as well as others who did not actually see the broadcast episode, but saw excerpted clips replayed on the Internet. Within 48 hours, Twitter and other social media sites were overloaded with expressions of outrage at Hayes' insensitivity and failure to appreciate that "there are no politics when it comes to the honored dead."[32] Hayes was accused not only of failing to understand the suffering and sacrifices of veterans and their families, but also of exacerbating that suffering with his wrong-headed questions. Hayes, upset by the backlash, took to his website to request that critics watch the whole segment, arguing that his comments had been taken out of context. Dismissive tweets came in response:

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[30] MSNBC is a U.S. cable television channel dedicated to, in their own phrasing: "political progressivism" via news broadcasts and political commentary on current events. Approximately 95 million households (or 81.2% of those with television) have access to the channel. About 400,000 viewers watch MNSBC daily. See "MSNBC."

[31] "Up W/Chris Hayes: Sunday, May 27, 2012."

[32] Shaw, "@dmataconis There Are No Politics When It Comes to the Honored Dead. @chrislhayes."

"Stop begging us to watch whole hour; admit you spoke inappropriately. My husband & son were willing to die for YOUR freedom."[33]

Some journalists watching this Twitter scandal unfold expressed further outrage—but for different reasons. They argued that a potentially valuable discussion of the current wars was being taken over by what they perceived as alternative concerns. Paul Harris of *The Guardian* suggested that the issue of soldiers' honor and status was essentially a distraction standing in the way of "one of the most valuable conversations that ordinary Americans (in and out of uniform) and their elected leaders could have."[34] These journalists objected to the mobilization of soldiers' well-being as a defense against such evaluative public debate, insisting, "we must be free to ask if America's causes for war are as heroic as its soldiers."[35] Their frustration at the absence of such a debate became clear as they, too, used increasingly pejorative, emotional language to describe Hayes' critics. For example, while Harris objected to debate being "shut down in a blaze of pointless emotion and fury,"[36] journalist and author Jeremy Scahill tweeted that "the hordes" were descending on Hayes for "daring to discuss the contradictions and complexities of 'heroism' and unjust wars."[37] These commentators perceived Hayes as being punished for raising an essential but uncomfortable issue. Harris suggested that public debate about war had become virtually "taboo" in contemporary, mainstream American culture and noted, "There is a long tradition of shooting the messenger in American politics. Especially when the message carried is one that questions . . . the U.S. military and foreign wars."[38]

For his part, Hayes did not insist that his questions should be weighed and discussed. Indeed, by the following show, he appeared to be attempting to dial back the controversy. He opened with an apology for prompting such upset and stated that he wanted to "try again" to have a "satisfying conversation" about the U.S. military and current wars.[39] In this reframing, the whole terrain of the conversation shifted to focus on the civilian-military cultural divide, with the military presented as a unique and distinct culture that all civilians—especially liberal political commentators—needed to treat with appropriate sensitivity and respect. Guests were brought on to discuss how best to bridge the divide between military and civilian cultures. Soldiers were recognized as a diverse group, but one defined as sharing an experience frequently not

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[33] Hooah, "MSNBC's @ChrislHayes Stop Begging Us to Watch Whole Hour; Admit You Spoke Inappropriately. My Husband &son Willing to Die for YOUR Freedom."

[34] Harris, "Chris Hayes' 'Heroes' Hazing."

[35] Harris.

[36] Harris.

[37] Scahill, "The Hordes Are Descending on @chrislhayes for Daring to Discuss Contradictions/Complexities Of 'heroism' & Unjust Wars."

[38] Harris, "Chris Hayes' 'Heroes' Hazing."

[39] "Up W/Chris Hayes: Saturday, June 2, 2012."

understood or appreciated by civilians. The panel touched briefly on larger questions like the meaning of citizenship in the age of an all-volunteer force, but discussion focused primarily on the risks soldiers encounter and how civilians can help veterans. Post-traumatic stress disorder received particular attention, with guests noting the prevalence of stereotypes regarding PTSD, including the tendency to treat veterans as 'unstable,' 'victims,' or 'broken'. The program also emphasized what civilians could learn from military culture and described the military as the "most trusted" public institution.[40]

And so it was that Hayes' earlier misgivings about "heroism" being used as a proximate justification for more war were replaced the following week with a completely different kind of conversation about the struggles soldiers face, and the way civilians can help them. The transformation shifted not only the tone, but the entire basis of the conversation, including the presumed primary object of concern and where to focus attention in terms of strategies for change. In the first conversation, Hayes' object of concern were his own feelings of discomfort and suspicion that his approval for contemporary wars was being indirectly solicited every time he was asked to engage with current soldiers via narratives of undifferentiated heroism. Pursuing this conversation would have entailed problematizing the heroism and carefully considering how our current conventions for talking about suffering also shape how we think about and engage with wars. One might have asked, for example, whether the invocation of heroism makes us less likely to critically engage with the broader politics of fighting a war, more prone to accept wars as right and just, and thus, paradoxically, more likely to place soldiers in harms' way. The second conversation, however, began from a very different starting point—namely, that civilians are under-informed about soldiers' experiences, that those experiences are defined by suffering and sacrifice, and that soldiers' well-being should be the central object of public concern.

As a one-off programming choice, Hayes' decision to dedicate his program to the topics covered in the second conversation is unexceptional, but the shift in focus between the two programs also exemplifies the broader trend that this dissertation analyzes and assesses. Over the past two decades, concern for soldiers is explicitly marshaled to shut down and replace both critical assessments and even open-ended questions about the value of the current wars in our public discourse. In the Hayes example, the themes of soldiers' heroism and well-being, while important, has the effect of delegitimizing (or, more benignly, channeling attention away from) potential criticisms of the legitimacy of the post 9/11 wars. As countless other cases attest, at the intersection of contemporary debate about war and our engagement with soldiers' suffering is a clear pattern of narratives in which soldiers' potential vulnerability to

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[40] "Up W/Chris Hayes: Saturday, June 2, 2012."

distress is used in ways that limit any kind of critical engagement with the justness or appropriateness of contemporary wars.

While the Hayes example does not demonstrate exemplary behavior by any party, it does showcase one of the motivating questions of this dissertation: Why is it so difficult to have evaluative conversations about the value of the contemporary wars, especially if those conversations link soldiers' experiences to questions of a war's justifiability? Hayes' initial question actually points to one set of answers, in the ways heroism can be used to smooth over the gap between questions of war's justifiability, soldiers' current social and political status, and public expressions of admiration and gratitude. But the reaction against his first show highlights another crucial factor for limiting evaluative conversation: a set of norms and assumptions that posit a disrespectful attitude and willful ignorance in civilians who raise questions about war's legitimacy, and the presumed harm that such questions will cause to soldiers. My research here seeks to understand the trajectory of that latter trend within U.S. public discourse. The subsequent argument will suggest that Hayes is being scolded in accordance with a range of political norms and cultural assumptions that gained traction during the 1980s and 90s. These developments in the 1980s and 90s, in turn, were prompted by reactions to a very different kind of discourse about soldiers' distress that emerged during the U.S. war in Vietnam.

It seems particularly important to analyze this trend because it is so often taken for granted as established wisdom in contemporary debates, and the broader effects – limiting debates about a war's justifiability—don't register clearly. Note that while Hayes was willing to shine a public spotlight on the idea that soldiers' heroism is used to elicit approval for the current wars' legitimacy, he did not question his critics' subsequent assumptions, particularly the implied assertion that questioning a war's legitimacy is incompatible with caring for soldiers. Hayes' example also highlights the issue of anticipatory compliance: While one can document many constraints on civic dialogue about war's legitimacy, there is no way to measure how often political commentators, political leaders, and private citizens have questions about the legitimacy of the current wars and don't raise them because of the assumed meaning or anticipated response such questions will provoke. How many journalists go straight to writing the equivalent of Hayes' second television segment, focusing on soldiers' well-being and ways civilians should comport themselves, and skip the first segment altogether?

Evaluating War's Justifiability and Soldiers' Suffering

Military ethnographers have also documented contemporary difficulties for civilians seeking evaluative conversations about the contemporary wars. Without focusing on

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public discourse (as I do here) or the political and cultural narratives about soldiers' distress that are available to Americans more broadly, these scholars find striking evidence within military communities of a radically contracted space for civilian evaluations of anything to do with the military. Hautzinger and Scandlyn argue that contemporary military cultures constructs soldiers' experiences as "incomparable, incommensurable, and incomprehensible" to civilian audiences.[41] They observe that military communities are structured by "hierarchies of knowledge" that depend on the severity of a soldier's combat experiences, while civilians, who lack any combat experience, are dismissed as ignorant.[42] Furthermore, civilian efforts to make contact with military experiences are often experienced as "trivializing," especially when civilians try to compare aspects of their experiences to soldiers'.[43] Hautzinger and Scandlyn observe that military personnel are enculturated, via basic training and military discourse circulated through pamphlets and publications, to expect gross incompetence from civilians. As a result, the subtext of many encounters between military personnel and civilians includes the following warning: "Don't attempt evaluation, or interpretation; you simply can't understand."[44] While not the main focus of their study, the political costs of such attitudes are mentioned. The ethnographers caution that these constant admonishments for civilians to avoid passing judgment on any part of soldiers' experiences severely limits broader civic understanding of war. Because their study focuses on the varied effects and forms of PTSD within military communities, however, the concern about civic debate is only briefly noted, without much sense of when and how military discourse might have developed these assumptions.

This project takes up the missing interpretative work and seeks to understand the emergence and character of a set of restrictive effects on debates about war's justifiability – effects that are transmitted through public portrayals of soldiers' post-combat emotional and psychological distress. The topic requires a collection of unusual archives, including medical discourse, presidential rhetoric, veterans' advocacy literature, film, and news media, and engages in close analyses of sources as varied as medical texts, the *Rambo* films, and Reagan's political speeches.   It evaluates a range of effects possible within contemporary discourses of soldiers' distress, and argues that a key reversal has occurred between 1970s and the present: During the Vietnam war, soldiers' distress was often presented as evidence of the war's questionable legitimacy, while contemporary accounts of soldiers' suffering tend to assiduously avoid any such implications. The rest of the work is organized into four additional chapters. Chapters 2

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[41] Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*, 217.
[42] Hautzinger and Scandlyn, 216.
[43] Hautzinger and Scandlyn, 216.
[44] Hautzinger and Scandlyn, 217.

and 3 search for the medical, political, and cultural antecedents of the assumption that ethical questions about war are explicitly and publically discouraged because such concerns will harm veterans. And chapters 4 and 5 examine selected contemporary examples, drawing out the influence over contemporary discourse of both military institutional priorities (such as maximizing combat readiness) and the now-dominant psychological paradigm of Cognitive Behavioral Therapies (CBT).

The analysis builds cumulatively throughout the chapters. Chapter 2 examines 1970s psychological discourse, revealing that it interpreted the underlying illegitimacy of the U.S. war in Vietnam as the primary cause of soldiers' post-combat distress. Over time, however, this discourse lost many of its war-critical associations, as it was first codified into the PTSD diagnosis, and then further refined to comport with evidence-based medical standards—approaches that are not well-suited to engagement with ethical concerns. Chapter 3 examines how key cultural and political narratives in the 1980s further transformed public associations with suffering. Reagan's prominent use of the phrase "Vietnam Syndrome" and the popular *Rambo* films presented soldiers' distress as caused by civilian neglect or antiwar sentiment. In these accounts, dissenting civilians replace war as a central cause of soldiers' mental harm. Furthermore, war in these narratives was positioned as psychologically curative, not only for the individual soldier, but for the nation as a whole.

Chapter 4 shows how war metaphors—used in military publications and prominent films like *American Sniper*—position distress as an internal foe to be "defeated" via psycho-active medications and CBT therapy. These depictions allow suffering to be exclusively framed as a problem to be removed, rather than a source of potential insight into the moral stakes of a war, as 1970s formulations suggested. Chapter 5 argues that recent comparisons between suffering soldiers and the "timeless" and "heroic" attributes of ancient Greek warriors also reflect military priorities and have restrictive effects. For example, Theater of War performances of Sophocles' *Ajax* aim to initiate discussions about mental health concerns and reduce the stigma associated with post-conflict mental health symptoms. Unfortunately, the performances also tend to depict war as natural and timeless, and therefore beyond meaningful ethical debate.

While it may seem desirable to assign the task of assessing the justifiability of the wars to more overtly "political" settings than the cases selected above—including debates between politicians, pundits, military leaders, scholars, and journalists— because soldiers' experiences are one of the most discussed aspects of the current wars, garnering sustained civilian attention, their influence on civic views of war are tremendously influential. The analyses offered in this project suggest that the assumption that we can understand the ethics of the current wars without engaging with soldiers' suffering is deeply flawed. However, because our contemporary accounts of that suffering are often partial or incomplete, we need to aim for more comprehensive

accounts of soldiers' experiences. And that expansion, in turn, shows that any effort to grasp the significance of soldiers' suffering depends on engaging with debates about war's justifiability.

Chapter 2: PTSD and Moral Injury

Introduction

In October 2013, a U.S. airman assigned to work as a drone operator in Iraq and Afghanistan gave several public interviews describing the extreme psychological stress he had experienced, which he understood to be caused by the legally and morally problematic aspects of his duties. When asked about his experiences with PTSD, the airman replied that he considered himself to be suffering from an alternative condition – moral injury.

> INTERVIEWER: Do you feel you suffer from post-traumatic stress disorder (PTSD)?
>
> AIRMAN BRANDON BRYANT: Well, you know, the clinical definition of PTSD is an anxiety disorder associated with witnessing or experiencing a traumatic event. . . . And my deal is more moral injury, like . . . if you were part of something that you felt violated the Constitution. . . . I tried to get out multiple times and do a different job, and I was consistently told that it's the needs of the Air Force that come first, and so I did it. I buckled down, and . . . did it as best as I could, because I was scared that someone would come in, and they wouldn't do it very well. And I . . . paid a spiritual and mental price for that.[45]

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[45] "A Drone Warrior's Torment." Bryant's first public interview on this topic was published by Power, "Confessions of an American Drone Operator."

In later interviews, Bryant makes clear that military doctors did in fact diagnose him with PTSD, based on his symptoms, which included severe ongoing distress.[46] However, when he was talking in the national media about his experiences, he chose to replace the widely recognized clinical term "PTSD" with the less familiar concept of "moral injury." Why? Bryant provides a number of reasons for his preference. PTSD delineates a specific cause of soldiers' suffering: witnessing or experiencing a life-threatening or traumatic event.[47] Bryant does not think that this is the source of his distress, and instead suggests that immoral actions during war need to be understood as a potential cause of mental harm. In his view, the unethical character of his military duties as a drone pilot forced him to violate his legal and moral commitments. His current suffering arises not from a shocking trauma, but from a sense of guilt and regret about his conduct. Despite internal misgivings that his actions violated the Constitution, he continued to follow military orders and paid a "spiritual and mental price."

Bryant considers his distress morally significant because it both informs and verifies his ethical qualms. His experiences of inner pain helped him to identify a moral problem: because he began to suffer when he continued to perform the morally and legally questionable tasks of operating drones, he concludes that those tasks were, in fact, wrong. If they had been aligned with the requirements of his internal moral compass, and of the Constitution, presumably he would not now be in distress. His distress is also a stimulus for asking deeper moral questions. As his symptoms became more disruptive, he was pressed to evaluate the moral quality of his actions more seriously. In spite of "buckling down" and trying to do the job, he couldn't overcome his doubts, and developed debilitating health problems. Finally, his suffering demonstrates that policies that violate moral and legal codes can have serious health consequences. Because his symptoms are on par with (and seemingly indistinguishable from) PTSD—a well-recognized medical condition—we can infer that the tasks involved in operating drones are potentially medically harmful, in equal measure to the experience of witnessing a life-threatening shock.

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[46] Gutmann and Lutz, *Breaking Ranks*, 133.

[47] The clinical definition of Post-Traumatic Stress Disorder is listed in the DSM (Diagnostic Statistical Manual). PTSD can result from a variety of traumas (defined in the DSM as experiences that cause feelings of fear, helplessness and horror), including but not limited to those that might occur during warfare. To be eligible for the diagnosis, however, the traumatic event must be linked to signs of lingering suffering after the event has passed. These symptoms of prolonged distress fall into three key categories within the diagnosis: intrusive recollections or re-experiencing of the traumatic event; avoidance and numbing, including attempts to avoid remembering (or feeling) the effects of the trauma; and hyper-arousal or heightened responsiveness to one's immediate environment. For an excellent overview and discussion of the inter-related parts of the diagnostic criteria, see Finley, *Fields of Combat*, 5–6.

This chapter tackles the question of how moral concerns about war become integrated into medical conversations about soldiers' distress, and shows that they can be linked to medical constructs in a plurality of ways that are subject to change and can be contested. For instance, Bryant is contesting the diagnosis of PTSD, the dominant medical framing of his suffering, and trying to change his audience's understanding of the aspects of war that can affect a soldier's mind. His case diverges in important ways from the examples presented in the previous chapter, which demonstrated that contemporary discourses in all kinds of settings—during presidential debates, at film screenings, on current-affairs television, and at military-funded events—make it difficult to draw directly on soldiers' experiences to initiate or clarify critiques of a war's legitimacy. Those earlier examples showed how public concern over the current wars is frequently directed towards soldiers' well-being, and is constricted by the oft-repeated assertion that critiques of war harm veterans. In striking contrast, Bryant breaks through the contemporary tendency to obfuscate moral concerns about war, insisting that his moral doubts be allowed to take center stage.

As an exception to general trends, Bryant's case opens up the central question examined here: how do contemporary medical languages that describe soldiers' suffering portray moral concerns about war? Which medical terms comport with the restrictive trends identified in the previous chapter? When these trends are contested, what changes in the ways soldiers' suffering is positioned, and in the linkages between suffering and moral concerns about war? An exploration of these questions reveals that while some contemporary formulations—like Bryant's version of moral injury—have the effect of sharpening or amplifying critiques of the current wars, others have an anti-critical effect of limiting or completely avoiding questions of the justifiability of current conflicts.

Examining the full range of these formulations provides essential context for accurately apprehending the effects of any particular one. The norms of any discourse tend to feel natural and appropriate; because they are so familiar, we are unlikely to question their value and effects. Comparing divergent examples (as well as investigating the historical shifts within a discourse) can, however, bring the inevitable biases of any particular formulation of suffering into sharper focus. For example, Bryant's critique of drone policy (and of PTSD)—which suggests that our understanding of soldiers' distress is profoundly impoverished if we don't include immoral actions during war as a potential cause of mental harm—is hard to recognize *as* a critique unless it is contrasted against general trends which claim that the morality of a war has nothing to do with soldiers' distress. Furthermore, the disquieting effects of limiting debate about war are most visible when held up against Bryant's, or others', objections.

The constrictive effects of contemporary discourse also come more sharply into focus in the context of the history of medical developments over the past four decades. The changing nature of the medical constructs used to portray soldiers' distress since the Vietnam war shows that Bryant's concerns are continuous with a war-critical tradition of engaging suffering, even as that tradition that has steadily lost public traction in the U.S. since the mid-1990s. Furthermore, the precise term Bryant uses, "moral injury," has had different meanings over time, with different implications for the status of war. Sometimes the moral problems that are thought to affect soldiers "medically" highlight the way soldiers are cared for, with an emphasis on improving care; at other times, as in Bryant's example, they highlight moral uncertainty about the acts carried out in war, or the status of the war as a whole.

The chapter comprises three parts. Part one locates Bryant within the context of contemporary norms for portraying soldiers' suffering via medical language, further identifying the distinctive characteristics of his case. While scholarly work on the effects of medicalization often focuses on its unintended adverse effects, Bryant's case highlights a concern that has not yet been addressed: that the war-critical potential of soldiers' distress can be lost when medical constructs replace more qualitative descriptions of suffering. As this chapter will show, medical languages have a range of effects, sometimes even conferring legitimacy on antiwar critiques, while at other times separating suffering from questions of a war's value, or undermining the legitimacy of antiwar views.

Part two investigates the recent historical context for the concepts of PTSD and moral injury, revealing that both constructs have experienced significant changes in meaning and contextual association since their respective emergence in 1980 and 1995. While moral injury emerged in the mid-1990s in a veterans' clinic where critiques of the U.S. war in Vietnam were considered taboo, it has developed into a construct used in advocacy efforts that are critical of contemporary wars. PTSD, in contrast, began in a context replete with antiwar associations, but in most contemporary settings, it has the effect of limiting critiques of war.

Part three highlights the different kinds of moral content that can be attributed to moral injury, and to other medical discussions of suffering that highlight moral concerns as causes of soldiers' distress. The differences are illustrated by contrasting two prominent psychological accounts of veterans in the aftermath of the Vietnam war, as portrayed by the mental health researchers Robert J. Lifton and Jonathon Shay. This comparison reveals that while some differences in contemporary moral emphasis are undoubtedly due to historical trends, other differences are likely the result of varied individual dispositions and perceptions. Veterans and clinical professionals simply seem to attribute different moral content to the same kinds of suffering. The examples highlight the complex status of suffering as a source of information about a war's ethics.

In such evaluations, much depends on the subjective interpretation of the distress. Bryant's case from the opening of this chapter is a clear example. Some doctors say he has PTSD, while he wants to amplify the moral concerns about drone policy that his suffering illuminates. The comparison between Lifton and Shay will reveal similar struggles over how to interpret veterans' rage and guilt. Reflecting on these different interpretations, the chapter ends by arguing that while it is impossible to understand the ethics of a war without taking soldiers' suffering into account, suffering's specific moral implications are not necessarily easy to discern.

Some Limitations of PTSD and the Rise of Moral Injury

Some aspects of Bryant's critique, like the idea that PTSD offers an incomplete account of his suffering, will be familiar to scholars who engage with the myriad effects of medicalization and the rise of the therapeutic ethos in the second half of the twentieth century. However, some of the key assumptions and conclusions of these scholarly literatures turn out to be misleading when we look more closely at Bryant's critique. Scholars from a range of disciplines tend to evaluate therapeutic culture and medical constructs with pessimism. They note that therapeutic modes of knowledge often mask significant power relations, and that medical labels can all too often separate suffering from important social causes and contexts.[48] Consider, for example, some of the most popular medical categorizations of children's disruptive behavior. A child

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[48] The pessimistic tenor of scholarly engagement with therapeutic culture and medical labels spans a variety of approaches, including conservative sociological critiques that worry about the decline of order in society (including the work of Phillip Rieff, Christopher Lasch, and Frank Furedi); Neo-Marxist approaches which highlight how structural and material injustices can be "managed" via therapeutic discourses of individual adaptation, rather than through more thorough-reaching social and political change (including the work of Phillip Cushman, Dana L. Cloud, and Kathleen S. Lowney); Foucauldian-inspired work on governmentality, where discourses of therapeutic "emancipation" can be shown to form modern subjects and imbricate them within relations of power (including the work of David Ingleby, Jacques Donzelot, Nikolas Rose, and Thomas Szasz), and feminist scholarship that highlights how therapeutic modes can all too easily serve as instruments of gendered oppression (including the work of Dana Becker). This literature criticizes therapeutic culture and medical labels for their capacity to displace or negatively impact politics (a view that assumes a particular definition of how politics is supposed to be); to mask the close relationship between consumer capitalism and therapeutic modes of knowledge; and to mask the underlying interests of the state, the psychological expert, or the web of discursive power relations. Recent scholarship has turned away from a solely pessimistic stance, pointing anew to the progressive and emancipatory outcomes that can be overlooked when we highlight only the darker underside of therapeutic culture. For examples of more optimistic scholarship, see Katie Wright on the therapeutic as a source of invigorating political and public engagements, Laurence Bachmann on therapeutic sentiment as a source of progressive change for men and women interested in gender dynamics, and Eva Illouz, who tracks the ways in which greater attention to emotions can support human development, even as those emotions are actively mobilized by economic forces.

psychiatrist can very easily assign medical diagnoses, such as attention deficit disorder or bipolar disorder, to a misbehaving child, and prescribe medications to remove the undesirable behavior. This reductive and decontextualized use of medical categories can result in changed behavior and apparent health, but might completely mask the underlying causes that could contribute to longer-lasting change and the prevention of further harm. The child's struggles might include social and psychological challenges that are not reducible to his behavior as represented by the diagnosis, including his living environment, whether he lacks key resources including attention and love, and whether he is the victim of abuse. The medical labels do represent an opportunity for supportive interventions if used well, not least because they allow for the seriousness of the child's distress or difficult behavior to register in a legitimating model. But they can be a mixed blessing when they get in the way of addressing underlying causes, and thus obscure opportunities for change.

In a second example, Cloud reports that some companies now offer therapy instead of compensation to workers who are being laid off.[49] In this case, medical ideas about depression allow for a distortion of the dynamics at play in large-scale layoffs: workers are portrayed as needing help to adjust to their new circumstances, rather than simply being provided with an economic environment in which they can thrive. Portraying workers' distress as a medical problem requiring treatment can easily get in the way of assessing policy decisions, and the broader economic environment which creates untenable conditions for workers. In the worst cases, medical and therapeutically-oriented concepts can channel attention towards the process of "psychological adjustment," instead of working to change structural and policy-related factors that impact the well-being of workers.

While recent ethnographies of U.S. soldiers diagnosed with PTSD share the perspective that understanding the medical construct requires a larger framework of reference, and greater integration with social and cultural factors, they don't emphasize the same "missing" elements. For example, Finley argues that PTSD involves and *creates* additional challenges for veterans that don't typically register.[50] She argues that soldiers' struggles are multidimensional, and extend far beyond the criteria that are listed in the PTSD diagnosis. The soldier diagnosed with PTSD often has to deal with complex cultural and logistical challenges in their workplace environments (i.e., within the military as an institution), from their family members (who may interpret their symptoms as negative personality attributes rather than wounds of war), and from a broader culture that doesn't understand their experiences and is not willing to advocate on their behalf. Hautzinger and Scandlyn offer a different model for theorizing the

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[49] Cloud, *Control and Consolation in American Culture and Politics*.

[50] Finley, *Fields of Combat*.

"incompleteness" of PTSD, suggesting that because the diagnosis focuses on an individual—the soldier or veteran—it neglects the suffering that extends out from each case of PTSD to also negatively impact families and communities.[51] While both texts make the case that the impact of wartime suffering is more diffuse and multifaceted than the diagnosis suggests, Finley's emphasis is on understanding the burden of suffering as it falls on individual soldiers, while Hautzinger and Scandlyn map suffering that spreads across multiple actors, and has ripple effects far beyond one individual patient.

Bryant brings further variation to this sense of the incomplete or insufficient medical construct, by arguing that an ethical problem inherent to his military work creates his suffering. In this case, his suffering deserves to register *within* a medical frame, but in terms of an alternative (moral, not traumatic) primary cause. According to Bryant, PTSD can be misleading because it focuses solely on stress- and anxiety-related symptoms that are linked to a life-threatening event. Moral injury re-directs our attention to the potentially injurious qualities of moral and legal transgressions. Bryant's case, then, has less in common with recent ethnographies that focus on the professional and social consequences of having PTSD, and more in common with the child who can't handle school or the depressed worker, for whom a medical label (like ADHD or clinical depression) offers a partial description of what is being experienced, but without getting a handle on underlying causes or effective preventative measures.

Other antiwar veterans have offered critiques of PTSD similar to Bryant's, but without utilizing moral injury as an alternative medical construct.[52] Gutmann and Lutz note that antiwar veterans complain that PTSD channels attention in unhelpful ways—towards medications, treatments, etc.—and that the label pathologizes their dissenting or antiwar politics, making dissent appear as a product of an internal disorder, rather than an experience that reveals the moral corruption inherent in current wars. Rather than fighting the conceptual terminology with alternative constructs, these veterans take a more typical stance towards medicalization, arguing that the broader social and political responsibilities are covered over via PTSD; the diagnosis allows the burden of all that is bad from the wars to be shifted onto the veteran as a suffering figure, rather than being more appropriately distributed amongst political leaders and the U.S. civilian population. They also contest the medical expertise and methods of intervention involved, refusing to take medications prescribed to numb their experience of suffering. They argue that an ethical stance includes remaining connected to the moral lessons learned from war.[53]

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[51] Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*.

[52] These examples, from Gutmann and Lutz, *Breaking Ranks*, were briefly discussed in the dissertation's first chapter.

[53] Gutmann and Lutz.

In this chapter, I follow the trajectory of argumentation set out by Bryant, because it attempts to *integrate* medical and moral concerns, making the claim that moral problems can create difficulties that are severe enough to register as medical injury or damage.[54] A differently focused chapter might set up the debate between those seeking ways out of the medical frame via moral languages, and focus on Gutmann and Lutz's veterans instead.

Bryant's claims are also likely to sound familiar because we are used to hearing non-scholarly commentators, including veterans, expressing ambivalence about PTSD, not as a medical construct but as the label currently used to portray soldiers' post-combat distress. Clinicians are often reported describing *stigma* as a persistent problem that arises with veterans of the recent wars, who don't want to feel like there is something wrong with them; they want their symptoms to be aligned with their image of themselves as tough, respected warriors.[55] This framing of PTSD presents the central issue as a problem for military therapists and trainers: how to integrate a growing awareness of soldiers' vulnerability in the aftermath of combat—a project given particular potency by the growing numbers of suicides among veterans—with the cultural and personal investments in *toughness* that are so common among military populations, and which military training and procedure consciously cultivates.[56] These include the psychologically-coercive intervention of basic training, which inculcates obedience to military hierarchy, and dissociative skills to facilitate the performance of military duties, including killing enemy soldiers.

While other parts of this project describe ways to reconcile vulnerability and toughness (including heroic language, war metaphors, a professed need amongst civilians to care for and honor soldiers, and linking contemporary suffering to ancient Greek mythology), a new example in the context of medical constructs highlights this form of

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[54] This chapter also focuses on Bryant because his case opens up the increasing popularity, complex history and competing uses of moral injury—a construct that warrants scholarly attention and historical contextualization.

[55] Wills, interview. Dr. Wills has a PhD in Psychology and works for the U.S. Department of Veterans' Affairs in Texas. She was trained by Jonathon Shay, whose work is discussed later in this chapter.

[56] Linking soldiers' suicides to PTSD is problematic, because some clinicians see suicide as arising from quite different precursors, such as depression, along with overwhelming feelings of guilt and shame, which are not part of the diagnostic symptomology for PTSD. Guilt and shame, however, do play a key role in many contemporary discussions of moral injury, and are discussed further below. For recent clinical work on guilt and shame see, Bryan et al., "Guilt, Shame, and Suicidal Ideation in a Military Outpatient Clinical Sample." For an overview of some of the key avenues of contemporary research into military suicides, including deeper investigations into long-term and proximate causes, and the predictive power of different questionnaires and surveys, see "Looking for Suicide Warning Signs."

ambivalence: the suggestion in myriad settings to change the name of PTSD by dropping the "D" (and thus the word "disorder"), and call it "PTS."[57] Soldiers should not have to feel that there is something wrong with them, one military therapist explained: "They are young men and women, they want to feel like they have their whole lives ahead of them. Not be burdened with this kind of stigmatizing ailment." We could do more, she argued, to reframe PTS as a normal response to war, something everyone has to go through in some form or another. "Just as we prepare our minds for war during basic training, we also have to go through various techniques and interventions to remove the residue of war from the mind after combat service." But what is crucial but often missed in these examples is how the presentation of PTSD as stigmatizing directs our attention to the impact of the medical label on the soldier, rather than the impact of the *war* on the soldier. This shift in emphasis also obscures the fact that there are *several* ways in which we can think about the impact of war on the soldier. Sometimes the value of the war is taken for granted, and its impact is assessed within a framework of costs; in other examples, as with Bryant's critique, soldiers' distress is taken as an indicator of problems with the legitimacy or justifiability of the war.

Compared to these more familiar versions of ambivalence about PTSD, Bryant is offering something distinct. While most expressions of ambivalence invoke stigma, or the perception that veterans are being labeled as weak or damaged, Bryant's concern is that PTSD neglects the moral problems that are just as likely to produce significant suffering. He identifies his distress not as attached to him, or to his future, but to the practice of fighting a war that violates his sense of ethical behavior. Bryant's determination to link mental health difficulties with the moral stakes of war is also distinct because it is at odds with the dominant currents in media representations of soldiers' struggles. While soldiers' vulnerability to PTSD is regularly depicted, connections are rarely made between soldiers' psychological distress and the ethical or legal character of the contemporary wars. Instead, soldiers' suffering and any critical assessments of the war tend to be treated as separate entities, and civilians are often encouraged to keep their personal "political views" of the wars far away from their concern for soldiers' well-being, lest they come across as disrespectful, or even injure soldiers further through insensitivity.[58] The medical examples above show additional ways in which civilian and military attention is channeled towards the difficulties soldiers face in navigating the aftereffects of war on mental health, soldiers' admirable bravery and resilience, and the importance of providing the services and respectful attention that will best support soldiers' wellbeing.

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[57] Hautzinger and Scandlyn integrate this move into the title of their ethnography, see Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*. "PTS" is frequently used in settings dedicated to military mental health.

[58] See, for example, the cases described in Chapter 1.

Indeed, it is worth observing that in the contemporary U.S. climate, perhaps *only* a veteran could make Bryant's argument without provoking dismissive or angry responses. As was discussed in the previous chapter, public criticism of current wars is often discouraged because of the belief that it will have a detrimental impact on American soldiers and veterans.[59] Bryant's example offers evidence of the continued disenfranchisement of civilian critics. Though Bryant himself would likely welcome civilian allies in his efforts to call attention to moral problems with drone warfare, he receives a baseline of respect for his critical views that would not be accorded to a civilian, even an expert psychologist making comparable claims.

When we step away from PTSD and consider the alternative term that Bryant offers, moral injury, we find a rich array of contemporary projects making use of the term. While the origins of PTSD will be discussed in greater detail in a later section of this chapter, many contemporary discussions trace the concept back to the mid-1990s and the work of VA psychologist Jonathon Shay.[60] Shay popularized the term in his account of the experiences of veterans he had witnessed in group therapy. He intended to complement, not replace, PTSD, by revealing additional elements of veterans' experiences that were not often discussed or included in the official description of the PTSD diagnosis.

Over the past decade, the term has been picked up by antiwar advocates like the veterans' group Iraq Veteran's Against the War (or IVAW), who called attention to the "right to heal" from the cumulative impacts of war and tried to put a stop to the redeployment of soldiers with ongoing mental or physical ailments; has been used by therapists who engage in more religious/spiritual approaches to soldiers' internal health (the phrases "injuries to the soul" and "soul repair" are sometimes used in similar settings);

[59] Veterans generally get a pass, although as Brandon Bryant demonstrates, there are limits. In his GQ interview, he describes how other drone operators attacked him for betraying the cause, claiming that he was weak and therefore unable to do the job. "The backlash from the drone community was immediate and fierce. Within days, 157 people on Bryant's Facebook page had de-friended him. 'You are a piece of shit liar. Rot in hell,' wrote a former Air Force comrade." Journalist Matthew Power also notes that while the media outlets that reported Bryant's views tended to portray him with respect, this was not the case in social media and other online forums where critiques included "thousands of Reddit comments . . . many filled with blistering vitriol and recrimination . . . The spectrum of critics ranged from those who considered drone warfare a crime against humanity to combat veterans who thought Bryant was a whiner. He'd had death threats as well—none he took seriously—and other people said he should be charged with treason and executed for speaking to the media." See Power, "Confessions of an American Drone Operator."

[60] Shay, *Achilles in Vietnam*. There are references to the phrase "moral injury" in the just-war tradition and in some recent critical theory, for instance, in the work of Honneth, *The Critique of Power*; Bernstein, *Torture and Dignity*. However there are no clear linkages between these philosophical traditions and contemporary usage by Bryant, Litz, Shay and veterans' activist groups.

and has entered the lexicon of some chaplains who work with veterans.[61] Swords to Ploughshares, a non-profit veterans' advocacy group, recently held a one-day conference on moral injury, hosting several hundred participants at the University of San Francisco, and high-profile researchers have begun the process of tracing evidence-based symptoms that could be used to codify the term as an official medical diagnosis.[62] One powerful force behind this move is the contemporary puzzle of soldiers' suicide, which occurs in high numbers but often without medically legible causes. Advocates of moral injury often note their frustration that PTSD, the most high-profile and commonly diagnosed medical condition among veterans, doesn't have a strong symptom-based contact point with the central precursors of suicide, guilt and shame.[63] In other words, military mental-health screening processes are inadequately prepared to detect the precursors of suicide when they rely on the same criteria as are used to diagnose PTSD. Screenings that aim to identify PTSD are more likely to highlight clusters of symptoms that don't involve guilt or shame, the emotions that are increasingly associated with the decisions to end one's life.

While the phrase "moral injury" is increasing in popularity, it is used in divergent ways and with distinct implications. Not all versions of moral injury have Bryant's war-critical effects. Shay, for example, argues that there are moral violations when military leaders betray soldiers' expectation of just treatment, including actions that undermine morale and soldiers' ability to fight well.[64] In both cases, the impact of moral injury on our understanding of PTSD is similar—the causes of soldiers' distress are broadened—but in Bryant's case, soldiers see themselves as actors who have

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[61] The IVAW and Right to Heal advocacy work is documented at "Demanding the Right to Heal." The term has been integrated into VA mental health materials, see "Moral Injury in the Context of War." Leading clinical publications include Litz et al., "Moral Injury and Moral Repair in War Veterans"; Drescher et al., "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans"; Farnsworth et al., "The Role of Moral Emotions in Military Trauma." Chaplains, who use the term "soul repair" alongside moral injury, include Brock and Lettini, *Soul Repair*; and for a clinical-spiritual approach see Dombo, Gray, and Early, "The Trauma of Moral Injury."

[62] "Moral Injury Symposium" (Sep 15, 2015). Program details are available at "Moral Injury and Veterans Symposium." For initial efforts to codify moral injury on the basis of behavioral research see Litz et al., "Moral Injury and Moral Repair in War Veterans."

[63] This sentiment was frequently expressed at the "Moral Injury Symposium" (Sep 15, 2015) and is being pursued in current behavioral psychological research, see Bryan et al., "Guilt, Shame, and Suicidal Ideation in a Military Outpatient Clinical Sample." Psychodynamic traditions already interpreted soldiers' suicide within the context of discussions of guilt, as exemplified by Lifton's account of the risks associated with "self-lacerating" or self-destructive forms of post-combat guilt., see Lifton, *Home from the War*, 1973.

[64] Shay, *Achilles in Vietnam*; Shay, *Odysseus in America*; Shay, "Moral Injury," 2014. See an extended discussion of this point below, beginning on page 21.

violated moral precepts, and in Shay's, soldiers are usually depicted on the receiving end of violations.[65]

This section has sought to establish that, while Bryant's critique of the PTSD diagnosis resonates with many of our scholarly and non-scholarly or mainstream intuitions about the limitations and effects of medical diagnoses, he is also doing something distinct within his critique: his problem with PTSD is that it neglects moral harm, and is therefore unable to address suffering that grows out of moral problems. This interest in the impact of moral factors on mental health and the construct of moral injury is garnering increasing contemporary attention. However, closer scrutiny shows that not all invocations of moral injury point in the same direction. While most portrayals of moral injury emphasize the additional costs of war not expressed by PTSD, only some speakers, like Bryant, interpret these costs as the result of the moral stakes of the war itself (including soldiers' specific behaviors, and also their more general participation in what they view as an illegitimate enterprise). Other portrayals focus on things that have been done *to* soldiers, a view that places the ongoing needs of the soldier at the center of the analysis and keeps the moral status of the war at a distance. To further elaborate on these differences, I turn now to a historical engagement with the specific contexts in which both PTSD and moral injury entered into contemporary discourse, in 1980 and 1995, respectively. This analysis shows how the antiwar or anti-critical associations of both PTSD and moral injury have undergone significant shifts over the past four decades. While PTSD emerged out of an antiwar context in the 1970s, the diagnosis has taken on increasingly anti-critical associations over the past decade. Moral injury, in contrast, emerged in the 1990s in the midst of a cultural reshaping and popularization of anti-critical versions of suffering, but is increasingly being adopted by contemporary antiwar veterans like Bryant who use it to bring questions about the ethics of contemporary *wars* into view, rather than ethical questions about the well-being and treatment of soldiers.

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[65] As Lifton documents below, sometimes the primary moral problem is active association with an unjustified war; at other times, psychological distress is linked to specific acts of violation. I'll offer an expanded discussion of Lifton and Shay's analyses below, but introduce both here to help establish the contrast within contemporary usage of moral injury: some versions (similar to Bryant, and Lifton) emphasize moral violations in ways the *wars* proceed, including things soldiers themselves do, whereas other versions (similar to Shay) emphasize violations of the moral code of how *soldiers* ought to be treated by leaders, medic staff and civilians. Cultural and political struggles over the meaning of the Vietnam war follow a similar structure, offering contrasting versions of what (or who) is to blame for the loss of the war, and by extension, for soldiers' post-war suffering. These struggles are assessed in Chapter 3 which addresses Post-Vietnam revisionism.

Key Contexts: Trauma, Military Medicine, and Literary Portrayals of Suffering

The concept of PTSD was developed in the aftermath of the U.S. war in Vietnam, and it was first codified as an official psychological diagnosis in 1980. However, it is the product of a much larger set of historical forces, including changing cultural attitudes towards suffering, medical understandings of trauma, and the shifting categories used by military medics to describe the impact of war on soldiers' minds and emotions. Examining these contexts allows us to see more precisely the ways in which the valences of the PTSD construct shifted from broadly war-critical to anti-critical over the past four decades.

Over the last century, western cultures have been increasingly open to taking in human suffering through a psychologically-inflected frame.[66] Public discourse has increasingly included accounts of individuals' internal experiences, and a willingness to look to therapeutic modalities for explanations, meaning and treatment.[67] But within this broad trend, the constructs available for interpreting suffering have changed over time. There always seem to be gaps between the dominant medical constructs and the particular, fine-grained, and diverse quality of human experiences. As a result, we find ourselves in the midst of an ongoing and ever-changing conversation that is shaped by the refinement of medical constructs, the varied social meanings of such constructs, and the divergent forms of suffering experienced by individuals. Recent scholarly literature tends to focus on the gaps and disjuncture between PTSD as a medical construct and the complex social meanings of veterans' suffering.[68] This chapter offers an alternative but complementary approach, arguing that there are distinctive *varieties* of suffering, which get obscured *by* the medical construct. But across these varied cases, PTSD is still

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[66] The contrast with the past here is twofold: we move toward looking at suffering through a psychological lens (rather than, say, a religious one), and we *look* at suffering, and allow it public prominence (rather than either minimizing or obscuring it).

[67] Scholars and cultural commentators have found many ways to describe the change in cultural attitudes towards suffering, including the rise of a therapeutic culture. The tone of scholarly commentary is often pessimistic—in part, no doubt, to balance against the conceits of the emerging emphasis on public displays of suffering and distress. For an account of the various forms of scholarly ambivalence this trend provokes, as well as an argument about its redeeming features, see Wright, *The Rise of the Therapeutic Society*.

[68] For example, recent ethnographic studies of PTSD have concluded that the diagnosis is a "necessary but insufficient" response to contemporary soldiers' suffering. Important social factors like families, communities and the nation are left aside. See Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*. Another anthropologist concludes that PTSD is as "useful" a construct for illness as any other, even as it has its own particular shortcomings and continues to be contested for a variety of good reasons. See Finley, *Fields of Combat*, 169.

the product of a cultural trend that attends to suffering, and uses psychological and medical categories to bolster suffering's legitimacy.[69]

PTSD is also the product of 150 years of shifting ideas about "trauma," during which time the notion that the mind can sustain a non-visible injury or illness (when confronted with a shock or life-threatening event) became increasingly refined and prominent. These ideas date back to the mid-19th century and the Industrial Revolution, where in their earliest forms they were used to explain the symptoms of people who survived industrial accidents. These patients had sustained no visible physical injuries, but suffered from lasting internal effects.[70] Histories of the concept of trauma also reveal changing social and moral associations with experiences of suffering. As Fassin and Rechtman's recent genealogy of trauma noted, a central shift occurred in the middle of the twentieth century regarding the moral meaning attributed to traumatic suffering. Earlier definitions of trauma tended to treat the suffering individual not as a victim, but with moralizing "suspicion." Whatever the external cause or provocation, traumatic suffering was primarily a sign of the individual's failing character or moral weakness.[71] These suspicious attitudes toward trauma were dislodged, Fassin and Rechtman argue, in large part by the scope and horror of the Holocaust, and the long-lasting suffering experienced by camp survivors. As a result of this suffering, they argue, it became more socially acceptable to attribute an individual's psychic disintegration to a traumatic event, rather than to impugn the character of the sufferer. From the 1960s onward, the idea that a perfectly healthy (and morally robust) individual could be internally damaged by a trauma-producing event became more widespread.[72]

PTSD is also part of an important trajectory in the way that military medicine has labeled and treated soldiers' internal suffering, often in alignment with these early ideas about trauma, but with varied emphasis on the appropriateness of the suffering, or the implications of the suffering for a soldier's strength and moral health. For example,

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[69] This legitimizing effect holds true even as important dimensions of suffering are left out of the medical analyses. For example, it is rhetorically powerful that Bryant can say that he was diagnosed with PTSD, but he wishes to replace that diagnosis with moral injury. If he hadn't been diagnosed with PTSD, his suffering might not register as significant or serious enough to warrant public attention.

[70] Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*; Fassin and Rechtman, *The Empire of Trauma*.

[71] Fassin and Rechtman, *The Empire of Trauma*. The authors also detail the competing ideas psychologists have offered over the 20th century to explain the onset of traumatic symptoms, and the wide array of treatment methods that have been proposed. Their analysis suggests that struggle between psychological experts to adequately define and effectively treat suffering is pervasive, even as the general social consensus regarding trauma may appear to move in a more linear manner. For another account of the disagreement and competition between the medical experts who treat soldiers, see also Shephard, *A War of Nerves*.

[72] Fassin and Rechtman, *The Empire of Trauma*.

military medics, while diverse in their practices, have described suffering at the inter-section of soldiers' physical and psychological health as early as the U.S. Civil War with the idea of "Da Costa Syndrome," and during the Crimean War with constructs of "nostalgia" and "soldiers' heart."[73] More recently and familiarly, military medics have talked about "shell shock," "war neurosis," "combat stress," and "trauma insanity," as well as the conditions of "cowardice" and "malingering," which suggest that soldiers intentionally and consciously break down (or imitate breaking down) in order to avoid combat.[74]

Across these former military-medical categories, we can see important variations in what is understood to be the cause of, the nature of, and the proposed treatment for the ailment. For example, some of these conditions are restricted to *in situ* stress, while others can emerge long *after* combat, but as a direct response to its events. Sometimes people of different backgrounds or classes have been noted to respond to war in distinct ways. For example, enlisted men in World War I would often experience unexplained paralysis or become mute in response to the stresses of trench warfare, whereas officers would instead suffer from nightmares, and anxiety that they could express verbally.[75] Contemporary variations also exist between the way traumatic events impact Iraqis and Americans. A recent study of Iraqi civilians shows that they do not manifest symptoms that look like PTSD in response to the horrors of war, but instead develop more somatic or bodily-based symptoms of distress, such as stomachaches and physical disorientation.[76]

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[73] For diversity (and conflict) among military medics regarding their labels and approaches, see Shephard, *A War of Nerves*; for historical shifts between different labels see Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*, 101. See also Binneveld and O'Kane, *From Shell Shock to Combat Stress*.

[74] Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*, 101. A range of treatments has been used, including electric shock treatment, hypnosis, and various forms of talk and behavioral therapies. At times, suffering has been interpreted as a crime (such as "cowardice"), rather than an injury or illness, and punished with imprisonment or execution by firing squad. On the issue of soldiers' distress taking shared and culturally legible forms, see Finley, *Fields of Combat* for an account of secondary gains, where suffering is guided into established cultural or medical forms through a complex array of motivations, some conscious and others unconscious. Some medical doctors today are frustrated by their inability to fit some forms of suffering into established medical categories. For example, Jonathan Shay develops the concept of moral injury to remedy what he considers to be the deficits of PTSD. See Shay, *Achilles in Vietnam*; Shay, "Moral Injury," 2014. Renata J. M. Engler, MD further sharpened this point during her presentation at the "Military Healthcare Summit" (San Diego, CA, Dec. 3-5, 2012) by arguing that patients whose suffering isn't recognized as an established illness or injury often experience heightened distress because there are not established treatment protocols, benefits, or socially mediated ways of coming to terms with what is happening to them.

[75] Barker, *Regeneration*; Shephard, *A War of Nerves*.

[76] Shoeb, Weinstein, and Mollica, "The Harvard Trauma Questionnaire."

Ideas about suffering that sound and look like what is now called PTSD is connected to a long history of representations of soldiers' distress in literature, including some of the oldest texts in the western tradition. Herodotus describes a soldier who went permanently blind from the shock of almost being killed in battle, even though he suffered no physical wounds.[77] As noted in the introduction, ancient Greek military narratives are increasingly cited in contemporary contexts. Some claim that these texts are evidence of the timeless quality of PTSD, arguing that the contemporary medical construct also existed in ancient Greece.[78] While this idea of "timelessness" can have an important role in comforting soldiers that they are "not alone" or "broken," the diagnostic construct, PTSD, and accompanying social meanings noted by contemporary anthropologists are not timeless. Rather, we might say that these literary texts depict related or similar experiences of soldierly suffering, but that those experiences of distress develop and are understood according to the particular constructs and arrays of meaning of their own time and culture. PTSD is the dominant construct that gives contemporary soldiers' suffering a particular form and meaning, and Brandon Bryant's objections to the label affirm this effect. He does not want his suffering to be shaped in accordance with the associations and constraints of the PTSD diagnosis, even if it is the most prominent and medically legitimate label available.

From these large-scale views of the contextual trajectories of trauma, military medicine and literature, we turn now to the more detailed and direct history of the diagnosis of PTSD. Since the 1950s, U.S. psychiatrists have been codifying mental health diagnoses in a standardized manual: the Diagnostic Statistical Manual or DSM. This process of codification is part of a broader shift within the psychological sciences away from psychodynamic and interpretative work, and toward cognitive and behavioral theories of mental health.[79] The first edition of the DSM was published in

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[77] Herodotus, *The History of Herodotus* Book VI, 117. Herodotus' text reads: "An Athenian, Epizelos the son of Cuphagoras, while fighting in the close combat and proving himself a good man, was deprived of the sight of his eyes, neither having received a blow in any part of his body nor having been hit with a missile, and for the rest of his life from this time he continued to be blind: and I was informed that he used to tell about that which had happened to him a tale of this kind, namely that it seemed to him that a tall man in full armour stood against him, whose beard overshadowed his whole shield; and this apparition passed him by, but killed his comrade who stood next to him. Thus, as I was informed, Epizelos told the tale." This translation is also available online via Project Gutenberg, see Herodotus, "Volume 2." For other (and more recent) literary portrayals of soldiers' distress see for example: Owen, *The Collected Poems of Wilfred Owen*; Remarque, *All Quiet on the Western Front*; Trumbo, *Johnny Got His Gun*; Kovic, *Born on the 4th of July*; Barker, *Regeneration*; Powers, *The Yellow Birds*; Klay, *Redeployment*.
[78] Bryan Doerries makes these claims of timelessness, but so do the journalists who engage with his work. I discuss his case in Chapter 5.
[79] In practice, many clinicians draw on a combination of clinical schools of thought and treatment approaches, but the DSM is an important historical development for standardizing clinical diagnoses in accordance with behavioral theories of human psychology.

1952 and offered a diagnosis of "gross stress reaction" to describe the mental break-downs experienced by soldiers during combat. Doctors defined the condition in ways that assumed it would be temporary, and that soldiers would automatically recover once they came home from the war.[80] The DSM's second edition, in 1968, left out "gross stress reaction," probably because the committee was no longer confronted by the acute cases of mental stress in soldiers and veterans produced by World War II.[81]

As a result, psychiatrists throughout the 1970s had no specific diagnostic category for the war-related internal suffering experienced by U.S. soldiers returning from Vietnam.[82] Instead, such cases were diagnosed using other psychiatric labels like depression, alcoholism, and schizophrenia, which conferred no disability-related financial compensation to veterans.[83] Mental health professionals began using a diagnosis of "post-Vietnam syndrome," an internal, professional shorthand that signaled to other doctors that a veteran's suffering was, in fact, crucially linked to his combat experiences. By reaching beyond the DSM's less-specific labels for distress, they were able to provide better treatment practices for their veteran patients because the suffering was more accurately characterized and understood. Thus, when the American Psychological Association (APA) decided to revise the DSM again in the late 1970s, there were several groups of clinicians and veterans with a potential stake in seeing a combat-related diagnosis return to the DSM, including soldiers (who sought continuous care, medical legitimacy for their distress, and compensation), and caregivers (who wanted to see actual clinical practice more accurately represented in the DSM's content). However, to some commentators the new medical construct appeared to be politically-motivated from the start.

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[80] PTSD, in contrast, assumes that symptoms and distress can emerge long after the stressful situation or event. In my interviews, some clinicians described cases of war-related trauma symptoms emerging up to 60 years after the traumatic event. For example, an American airman whose plane was shot down over German-occupied France during the Second World war came into therapy in his early 80s, having never previously discussed (or needed to discuss) those wartime events.

[81] Fermaglich, *American Dreams and Nazi Nightmares*.

[82] Fermaglich, 155.

[83] Scott, *Vietnam Veterans Since the War*. The military pays compensation for service-related injuries and disabilities, and because PTSD links suffering to an event, it becomes the only psychological diagnosis that will grant access to long-term compensation. PTSD's unique status, therefore, creates a range of incentives, both for veterans—to whom it is a relatively attractive diagnosis—and for military psychologists, who may benefit from limiting the number of PTSD diagnoses and thus reducing the government's financial liability. These tensions have been explored in the media: for example, Joshua Kors' 2010 story in *The Nation* describes accusations by veterans that the US Army was purposefully misdiagnosing "personality disorder" (DP) in order to discharge soldiers without benefits. While the accusations remain unresolved, a significant number of veterans—around 22,600—were involved. See Kors, "Disposable Soldiers."

PTSD: Antiwar Associations (but not an Antiwar Construct)

Some social historians of PTSD present it as a "politicized" construct, claiming that its origins were excessively influenced by antiwar concerns, but that, with time, the diagnosis came to be seen as scientifically legitimate and politically neutral. For instance, sociologist Wilbur Scott argues that when *Psychology Today* reported that the APA would begin revising the DSM for a third time in the 1970's, "politically active veterans and psychologists involved in veterans' issues jumped at the chance to put post-Vietnam syndrome into the DSM."[84] The implication is that only veterans and clinicians with an over-arching antiwar agenda would seek public recognition of the mental health costs of the war. RAND researcher David Marlowe and historian Ben Shepard both take up this same narrative, arguing that from these unfortunate political beginnings, it took decades for the diagnosis to recover some semblance of scientific objectivity.[85] However, the idea that the PTSD diagnosis is the product of an antiwar agenda overly simplifies a more complex story. Different portrayals of suffering emerged in aftermath of the Vietnam war, some from actors who self-identified as holding antiwar views, others from people who were in favor of the war. These different versions of suffering placed different emphases on the causes of soldiers' distress, the specific symptoms they experienced, and the treatment or preventative steps they required. The cultural prominence of these varied portrayals has also changed in the years since the 1970s.

It is true, however, that the most prominent accounts of soldiers' distress in the immediate aftermath of the Vietnam war came from veterans with antiwar views. The group VVAW, or Vietnam Veterans Against the War, explicitly linked their suffering to the ethical dimensions of the war. These antiwar veterans' versions of suffering were given a sympathetic analysis and a far-reaching public platform in Lifton's 1973 book, *Home from the War*. Lifton, a U.S. psychiatrist, had already developed a reputation for studying the psychological aftereffects of violence, including a study of the victims of Chinese thought-reform techniques, and another on the Japanese survivors of the U.S. atomic bomb dropped on Hiroshima.[86]

Lifton's approach to this work was unconventional, even within his own field, blending psychological study based on interviews and observations with detailed reflections on an event's specific historical context. His earliest research took place in a military setting when serving as a medical doctor in the Korean war, when he had the opportunity to interview the first escapees from China who had been subjected to coercive thought-reform techniques. As a psychodynamic psychiatrist, his work

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[84] Scott, *Vietnam Veterans Since the War*.

[85] Shephard, *A War of Nerves*; Marlowe, *Psychological and Psychosocial Consequences of Combat and Deployment with Special Emphasis on the Gulf War*.

[86] Lifton, *Death in Life*. This study won the National Book Award in Science in 1969.

addresses individuals' complex internal struggles, and draws connections between individuals who have experienced the same events, to illuminate historically-significant developments. For instance, his work tries to grasp the multifaceted impact of the technological innovations involved in nuclear weapons, and the complex impact of increasingly sophisticated psychological techniques during warfare.[87]

Because of this historical emphasis, Lifton's work is less vulnerable than many psychological analyses to the criticism that it might diminish our understanding of social and political phenomena. While he is intensely interested in the specific internal experiences of individuals, Lifton is always seeking to locate those experiences within the context of historical and cultural change. For example, even though much of his work addresses the psychological mechanisms Americans use to distance themselves from the actual effects of their violent foreign policies, he is also able to link these processes to the social and political forces that might also have a stake in keeping the civilian population uninterested in acknowledging those effects.

In *Home from the War*, Lifton observes that antiwar Vietnam veterans are overwhelmed and struggling with complex constellations of guilt and rage, stemming primarily from their participation in the war. Like Bryant, the contemporary veteran who objects to the label of PTSD, these veterans found that their experiences did not align with their understanding of military values and U.S. legal codes. They were unable to find any internal justification for the war and their participation in it. They came to see themselves as entangled in struggles of meaning, and sought to extricate themselves from a sense of having participated in something that was morally wrong.

However, these veterans also came to criticize American society, especially those cultural elements that had gone along with the war and permitted it to continue. Lifton notes that, after working on these issues for some time, the veterans came to feel that they had been "taken in" by multiple factors, including personal fantasies, cultural myths, and political manipulation. They had believed that military-sanctioned violence would bestow heroic status upon them and deliver freedom to the Vietnamese, but the fantasies and myths did not survive their actual experiences in theater of killing and seeing death. Their suffering is both a symptom of psychological factors (their individual conflicts and feelings of guilt) and a product of social and political forces, including the cultural forces within U.S. society that wanted to stave off any critique of U.S. foreign policy.

These veterans tried to remedy their suffering by working on themselves in rap groups, engaging in antiwar activism, and trying to push American society towards a

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[87] In later work, he engaged in psycho-historical studies of Nazi doctors and global terrorism; more recently, his interest has shifted to climate-change denial and advocacy. See Lifton, *The Nazi Doctors*; Lifton, *Destroying the World to Save It*; Lifton, *The Climate Swerve*.

greater recognition of the problems with Vietnam war policy. Their antiwar activism, Lifton argued, was intimately linked to their psychological process of recovery and renewal. First, it gave them the opportunity for a kind of "reparative" work, as well as preventative work which might ultimately contribute to ending the war. Thus, gaining a greater understanding their initial psychological investments in the war, and subsequently work to ending the war, offered these veterans hope of ameliorating their sense of guilt and regret over past wrongs.

Lifton was one of the clinicians to consult with the DSM revision committee in the late 1970s. Given his war-critical background, it's perhaps understandable that subsequent scholars assumed that his participation on the committee musty have introduced an antiwar bias into the construction of the PTSD diagnosis.[88] *Home from the War* is very sympathetic to the views articulated by the antiwar veterans, and Lifton's overall assessment of the war is thoughtful, but scathing, especially of any claims that the war proceeded on an ethical or necessary basis. He was involved in several forms of overt protest during the 1970s and gave testimony regarding the "psychological predicament" of the Vietnam veterans.[89] As a result of this work, he was asked to consult on the DSM committee's revision process to help construct a diagnosis for soldiers' mental health difficulties. So, it seems likely that Scott is referring to Lifton, among others, when he refers to the "politically active" psychologists who "jumped at the chance to put post-Vietnam syndrome into the DSM." The concern here, again, is likely that Lifton's assertions are not solely medical, but also bound up with a political agenda that will necessarily undermine medical validity and efficacy.

But the claim that the PTSD diagnosis itself is biased towards antiwar views is hard to substantiate when we look at the actual content of the medical construct that emerges. For a start, Lifton consistently articulates his ambivalence about constructing a diagnostic category at all. At a theoretical level, the psychodynamic, formative and interpretative approach he favors is not well aligned with the behavioral project of the DSM. Lifton was concerned that a standard psychiatric label, akin to "post-Vietnam syndrome," would obscure the psychological and ethical issues that his antiwar veterans saw as most crucial.[90] In keeping with more general problems of medica-lization, this concern points to the problem that a diagnosis could encourage people to

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[88] Scott, *Vietnam Veterans Since the War*; Shephard, *A War of Nerves*; Marlowe, *Psychological and Psychosocial Consequences of Combat and Deployment with Special Emphasis on the Gulf War*.

[89] Lifton, *Witness to an Extreme Century*, 224–30. Though his contribution was modest—he engaged in two acts of protest on the Capitol in 1972 as part of the group "Redress", and spent one night in jail—Lifton describes himself as prompted to act on the Nuremberg principle that one should "oppose aggressive war" and the "war crimes" of one's own government (Lifton, 225.) Lifton's testimony before the 1970 Senate Committee on Veterans' Affairs (headed by Senator Alan Cranson) included his assessment that American's young men were being victimized and brutalized in the war (Lifton, 176.)

[90] Fermaglich, *American Dreams and Nazi Nightmares*, 153.

ignore the broader social dimensions that had produced the war in Vietnam, and the moral and political corruption that the antiwar veterans perceived as widespread throughout American society.[91] Lifton does seem to have had more limited and pragmatic reasons for participating in, and lending his prestige to, the revision committee: He wanted to increase the profile of adult trauma within the psychiatric profession (which frequently downplayed adult experiences at that time, in favor of the thinking that character is set in childhood), and to ensure that veterans would get the diagnostic label they needed to receive combat-related insurance coverage. [92]

So, while some scholars characterize the PTSD diagnosis as a product of "antiwar" sentiment, and emphasize the importance of subsequent clinical research for bolstering the scientific legitimacy (and thus neutrality) of the construct, it is clear that the actual form and content of the diagnosis do not easily align with the war-critical versions of suffering that circulated in the 1970s. Those elements are more accurately and fully articulated in *Home from the War* and Lifton's other works.[93] And while some commentators saw *Home from the War* as a biased, one-sided representation of suffering, Lifton makes it abundantly clear throughout that book that he is portraying a subgroup of veterans: specifically, those who struggled with the ethical dimensions of the war.[94] This subgroup is not intended to represent all veterans, many of whom, as Lifton notes within the text, do not see their suffering as intimately connected with the war's ethical dimensions.[95] Furthermore, many critical commentators miss Lifton's emphasis on the *process* of perceptual change that his veterans underwent, preferring to ascribe to Lifton

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[91] Fermaglich, 153.

[92] Fermaglich also notes that among Lifton's private papers, there is no evidence of substantive work on the PTSD diagnosis or any positive associations with it, and that "he distanced himself from it in his private letters and also in his published work" (Fermaglich, 154.)

[93] Lifton, for example, writes in his 2011 memoir that *Home from the War* "was reviewed everywhere, more widely than any book of mine before or since. Responses were sharply divided in tone, depending on the reviewer's convictions about the war . . . There were plenty of attacks, accusations of my bias and my attitudes, and my limiting the study to antiwar veterans." For example, "Newsweek lauded the book for probing "deeper and more widely into the perversion of the warrior ethos," while Time denounced it for being a "polemic in which moralizing smothers analysis." Finally, "some critics suggested that it was inappropriate for a psychiatrist to have a political view, and it's an ongoing conversation about whether someone with mental health expertise can "combine moral passion with accurate psychological investigation." See Lifton, *Witness to an Extreme Century*, 232.

[94] This is a clarification that Shay fails to make of his similarly-limited subgroup of "anti-critical" veteran responses. And the case highlights the tendency to view antiwar versions of suffering as biased or tainted by politics, rather than as a different experience of (or insight into the ethical nature of) a war.

[95] Lifton does, however, present his veterans as an insightful minority. In his eyes, they are special because they are able to do such intensive work on themselves: they are able to resist the many psychological incentives to detach themselves or disassociate from the implications of their actions, and their complicity with the military project in Vietnam. Furthermore, they are eventually able to articulate the complex conflicts that that the war raises.

and his subjects firmly set positions that predispose them against a more "balanced" understanding of the war. In fact, as Lifton makes clear, none of these veterans began their Vietnam experiences as antiwar activists or conscientious objectors to war. Instead, their specific experiences with the war forced them into a confrontation between their abstract ideas about war, and their growing realization that the U.S. war in Vietnam was a corrupted version of these ideas, without an adequate ethical or legal basis. In an effort to come to terms with their distress, they began to channel their energies into antiwar activism, in part because of its reparative effects.[96]

To be clear, the antiwar associations of PTSD's origins are thus best understood within the *context* in which the diagnosis emerges, where voices critical of the war have been viewed with growing legitimacy, rather than as a reflection of the *content* of the diagnosis.[97] But as time passed, the associations between PTSD and the 1970s anti-war movement gradually fell away. Once the diagnosis was officially codified in the DSM in 1980, public and scientific engagement with the concept expanded exponentially, but not with the ethical claims made by antiwar veterans. While the veterans may have been the initial focus in the debate about whether to include PTSD in the DSM III, attention shifted towards other "survivors" of life-threatening traumas, including civilian disasters such as floods and toxic-chemical spills, domestic violence and abuse, as well as a revised understanding of the impact of surviving Nazi concentration camps, and an awareness that the adverse effects of trauma could be passed on from parents to their children.[98] A huge quantity of scientific research has been generated since 1980, as academic and clinical researchers sought to verify, dismiss, or refine the diagnosis, and to test the responsiveness of traumatized populations to different forms of medical treatment. Scholars of trauma have noted the tremendous quantity of research articles that have since focused on PTSD, the large number of organizations that emerged to provide PTSD-related health services, and the burgeoning field of specialists who develop treatment modalities that all contribute to subsequent revisions of the DSM.[99] However, the diagnosis continues to be shaped by a behavioral,

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[96] Lifton doesn't even describe himself as committed to an abstract antiwar position, but rather as someone who has gone through a series of serious and thoughtful engagements with war over the course of his lifetime. As a result of this work, he is dedicated to raising public consciousness of the psychical and emotional costs of war (which are often underestimated or misunderstood), but he is nevertheless unwilling to decisively close the question of whether there could be a war that he supported, or in which he was willing to fight. Lifton, interview.

[97] Lewis, *Hardhats, Hippies, and Hawks*. Lewis even identifies veterans' involvement in the antiwar movement as a key aspect of the growing legitimacy of antiwar views within U.S. society towards the end of the Vietnam war.

[98] Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*.

[99] Fermaglich, *American Dreams and Nazi Nightmares*. The DSM has been revised three additional times since 1980, with various refinements to the PTSD diagnosis.

evidence-based set of research conventions that prioritize measurable symptoms and treatment protocols, but which is not able to engage easily or adequately with the moral and ethical dimensions of soldiers' distress.[100] The ongoing process of revision and refinement also shows that the diagnosis is still under construction, even as it also holds an authoritative position as the defining clinical mental-health category for soldiers in the aftermath of combat.[101]

Moral Injury: A Supplementary (and Initially Anti-Critical) Category

Despite constant refinements to the diagnosis, there is ongoing clinical ambivalence about PTSD's clinical usefulness, scope, and boundaries.[102] Clinicians who work with veterans often find themselves trying to introduce greater nuance and complexity into their descriptions about what they see in their patients. Some, for example, coin phrases like "secondary PTSD," "mild" versus "fully blown" cases, or "complex" PTSD, to distinguish sub-types within the diagnosis that require distinctive interventions.[103] They occasionally develop completely new (but complementary) constructs, in an effort to highlight additional aspects of veterans' experience that have been left out of the diagnosis. It is in this spirit that psychologist Jonathon Shay began popularizing the term "moral injury" in the mid-1990s, because, he argued, PTSD provided an incomplete account of his patients' war-related experiences.

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[100] Therapists who subscribe to interpretative approaches, however, continue to see ethical and identity-based conflicts emerge in their work with veterans (Therapist A, interview, August 22, 2012; Therapist A, interview, September 5, 2012; Therapist B, interview; Therapist C, interview; therapists' names are withheld for anonymity.) Nancy Sherman has the same finding in her interview-based research, see Sherman, *Afterwar*.

[101] For example, Finley notes that the recent revolution in treatment approaches and the move towards evidence-based outcomes has most recently had the effect of shifting clinical and cultural understandings of PTSD away from the post-Vietnam assumption that suffering is likely a chronic and inevitable outcome of combat. See Finley, *Fields of Combat*.

[102] This ambivalence is worth distinguishing from that of the scholars who address PTSD's social and political implications; clinicians are more concerned with the construct's diagnostic and treatment value. See Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress* for an overview of these concerns; and Finley, *Fields of Combat* for a contrary perspective, where great clinical progress is reported, including the discovery of a cure for PTSD using PET or Prolonged Exposure Therapies.

[103] Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*; Shay, *Achilles in Vietnam*; Shay, "Casualties"; Shay, "Moral Injury," 2014. For additional critiques of PTSD and the way that medical diagnoses can obscure social and political dimensions of suffering, see Cloud, *Control and Consolation in American Culture and Politics*. Scholarly ambivalence can take other forms, including a concern that the proliferation of medical constructs is best read as a symptom of a generalized decline in society, where we are increasingly feminized, weakened, inward-turning and self-preoccupied, for example see Shephard, *A War of Nerves*. The underlying power relationships within therapeutic discourses, and between clinicians and patients, have also been scrutinized, for example see Young, *The Harmony of Illusions*.

Like Lifton, Shay is a clinician and researcher who worked extensively with Vietnam veterans and facilitated therapy groups on behalf of the VA. His clinical training is in research psychology; his initial work focused on the responses of the central nervous system to strokes. After suffering a stroke himself, he began working at the VA, where he quickly developed a passionate commitment to working with veterans to support their mental health. He published two books, in 1994 and 2002, as part of his self-described "advocacy" project on behalf of veterans, with the goal of broadening the general public's understanding of PTSD and of veterans' additional experiences beyond the confines of the diagnosis.[104] Shay's books identify civilian unconcern as a major challenge to veterans' well-being, and clearly address civilians as key actors in improving the situation. He exhorts them to care more, and to advocate for policy changes that will ensure veterans' well-being.[105]

Shay's first book, *Achilles in Vietnam* (1994), uses the narrative structure of Homer's *Iliad* to describe how Vietnam veterans could be psychologically injured not only by the stress and shock of battle (as emphasized by the PTSD diagnosis), but by the actions of military leaders and civilians, and by the potential for moral harm that is entailed in all wars.[106] In his second book, *Odysseus in America* (2002), Shay uses the metaphor of a long and uncertain journey to open up a discussion of the many struggles he observes in Vietnam veterans, including their inability to relate to civilian life after combat experiences; the temptation of escaping the present via drugs, alcohol, or sex; their vulnerability to using violence to solve problems; and the ways in which civilians can exacerbate their struggles. In the second book, Shay also extends the analogy between Vietnam veterans and ancient Greek warriors established in *Achilles*, this time retelling Homer's account of Odysseus' ten-year journey back to Ithaca, his homeland, after the Trojan War. The metaphor of the journey highlights Shay's central concern: that although modern U.S. soldiers may return home relatively quickly after a war, their

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[104] Shay's version of what is "missing" from PTSD is yet another variation on the theme explored earlier of PTSD as insufficient, this time with a clinical focus.

[105] Shay has been recognized for the contribution of his advocacy work on behalf of veterans: in 2007 he was awarded a MacArthur Genius grant, and in 2010 he received the Salem Award for Human Rights and Social Justice. His books have approving forewords written by Senators Max Cleland and John McCain. He has also held several prominent roles on military research projects and within military educational institutions, including the U.S. Army War College.

[106] Shay uses the phrase "moral luck" (referencing Nussbaum) to argue that soldiers will inevitably take actions during war that they view as moral violations, though their responsibility for such violations is limited. The reasoning is something like: Because morally impossible situations are inherent in the structure of war, one's participation in such immoral acts will rely more on luck than any soldiers' individual moral attributes. This argument could be leveraged to critique all wars, and some (particularly morally questionable) wars in particular, but in Shay's text the discussion of moral luck has the effect of relieving veterans' potential guilt more than it indicts war.

emotional and psychological journeys are as arduous as those of Odysseus, and can take just as long.

Moral injury is part of Shay's account of how soldiers can come to commit atrocities, in spite of their "good" character. Shay defines moral injury as the "betrayal of what is right by someone in power in a high-stakes situation." In his first book, he uses the example of Agamemnon, commander of the Greek forces attacking Troy, to bring the construct to life:

> The whole tragedy of *The Iliad* had been kicked off in the first book by Agamemnon's breathtaking twin violations of his army's moral order. First, he impiously—with disgusting crudity—refuses ransom for the captive girl Chryseis from her father, the priest of Apollo. Then, he publicly dishonors his most esteemed, most effective subordinate commander, Achilles, in front of the troops by seizing Briseis, Achilles' *geras*, his 'Medal of Honor.'[107]

According to Shay's reading, Agamemnon violates the moral code within the Greek forces by seizing a slave girl, Briseis, from his "fellow commander," Achilles. The incident has "high stakes" because the slave girl was a prize of "honor," awarded to Achilles by the army; and because Agamemnon takes her in retaliation, after Achilles uncovers the underlying cause of the plague afflicting the Greek army (a plague that is grounded in a religious violation—Agamemnon's earlier refusal to ransom another slave, Chryseis, back to her father).

This betrayal (as Shay frames it) by Agamemnon disturbs Achilles so much that he is overcome by indignant rage and emotional withdrawal. His subsequent refusal to fight for the Greek army then indirectly causes the death of his closest comrade, Patroklos, which in turn so overwhelms Achilles with grief that his good character is completely undone, and he goes on a "berserking" rampage, killing Trojan forces (including Patroklos' killer, the Trojan Prince Hector).[108]

Shay argues that, before his humiliation by Agamemnon, Achilles was an exemplary leader, one who highlights Agamemnon's shortcomings through unfavorable comparison:

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[107] Shay, "Moral Injury," 2014. Shay's framing of Briseis as a "medal of honor" rather than as an enslaved woman (entitled to her own role in Homer's text, and bringing unfavorable elements of Achilles' personality and actions to the fore) highlights some of the many ways in which Shay reshapes *The Iliad* to serve his specific agenda. I address Shay's use of the Greek texts at greater length in Chapter 5, "Ancient Greeks in America."

[108] These are Shay's spellings of the Greek names, and I also defer to Shay's preferred terminology: he emphasizes the "good" character of soldiers, and never mentions atrocities, instead calling such incidents the result of soldiers' going "berserk." Chapter 3 suggests further context in which we can interpret the potentially revisionist effects of his terminology, and Chapter 5 offers further analysis of his use of the Greeks.

Achilles has broad, other-regarding care for *all* the troops, not just his own. He is famous among them for his skill and interest in treating wounds. When a plague ravages the army, it is Achilles who steps in to end it. He leads by example and is lavish in his generosity to both peers and subordinates. He shows moral courage as well as physical courage.[109]

While not all moral injuries will end in the commission of atrocities, Shay argues that they can have far-reaching and psychologically-damaging effects on soldiers. Soldiers' personalities can be altered in ways that obstruct further treatment and recovery.

[Moral violation] deteriorates their character; their ideals, ambitions, and attachments begin to change and shrink . . . [and it] destroys the capacity for trust. When social trust is destroyed, it is replaced by the settled expectancy of harm, exploitation, and humiliation from others. With this expectancy, there are few options: strike first, withdraw and isolate oneself from others, or create deceptions, distractions, false identities to forestall what is expected.[110]

Shay applies the construct of moral injury to a variety of experiences, where U.S. soldiers come up against unfair or unjust practices, either within the military or upon their return home. He emphasizes that while the traumatic events that cause PTSD are usually unavoidable, moral injuries are preventable. Constant civilian engagement and oversight are required to ensure that soldiers get the fair treatment they deserve. Furthermore, Shay's emphasis on moral injury as an *injury* sets it apart from constructs like PTSD, which are portrayed as an illness resulting from wars' inevitable stresses. While some unavoidable and traumatic suffering (such as PTSD) will arise out of war, other equally costly and challenging mental health effects (such as moral injuries) can be avoided by taking better care of veterans.

Lifton and Shay: Making Anti-Critical Effects Visible

While the war-critical elements in Lifton's work are easy to see, and the supposed antiwar effects of the PTSD construct are easy to exaggerate, the anti-critical consequences of Shay's writings are not so obvious. They come more clearly into focus, however, when we do a side-by-side comparison of Lifton and Shay's accounts of soldiers' distress. Though separated by more than twenty years, the two studies contain revealing elements when read together: they are structured around surprisingly similar themes but each author offers sharply contrasting interpretations and points of emphasis. Most crucially for this project, Lifton's analysis often results in war-critical

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[109] Shay, "Moral Injury," 2014.
[110] Shay.

outcomes, opening up space for critiques about the Vietnam war's justifiability, while Shay's is prone to anti-critical effects, pushing the questions of the Vietnam war's merit and complicated public reception aside.

It is quite understandable that Lifton and Shay produce distinctive analyses, not least because they bring their own interpretative frames to bear on veterans suffering, but also because there are significant differences between the kinds of Vietnam veterans they work with. Shay does not openly discuss the political beliefs of his veterans, but he does inform the reader that they are mostly "lifers," or veterans who volunteered to join the military, and who had high expectations that their military service would be a positive, significant, and status-enhancing experience.[111] Their views, 25 years after the war ended, of Vietnam as a war that should have brought them honor and victory contrast with those of Lifton's "antiwar" veterans, who describe themselves as starting out holding similar positive expectations, but whose war experiences caused them to take up antiwar positions before the war ended.

The differences are further highlighted by the research questions Lifton and Shay use to structure their analyses, as well as differences in scope and style. Lifton's book examines the psychological effects of participating in a war that the interview subjects view as ethically problematic, while Shay positions his text as an account of the limitations of the PTSD diagnosis and the ways in which his veterans' experiences exceed the diagnostic frame. While Shay undoubtedly expands upon the DSM criteria in his portrayal of soldiers' distress, his text is nevertheless strikingly limited in terms of analytic scope compared to Lifton's. Shay tends extrapolate from one or two simple examples, inappropriately extending his conclusions as if they will apply to all veterans. The effect of this analysis, including making no mention of Lifton's prior and contrasting work, has an almost revisionist attitude toward the voices of war-critical veterans—ignoring their perspective completely.[112] In comparison, Lifton's analysis includes the voices of veterans who do not hold antiwar views, and considers multiple interpretations when analyzing any feeling or symptom shared by several veterans. Shay seems to have greater standing and influence in contemporary debates, and this probably due in part to the antiwar tarnish that is attached to Lifton's work, however, both authors continue to be read and cited.[113] And the two men share a similar status in terms of

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[111] Shay, *Odysseus in America*.

[112] Shay, for example, makes no reference to Lifton's prominent work as a predecessor.

[113] Shay has significant reputation in military/clinical settings—people say they trained with him, or cite his work in their presentations. While often discussed in scholarly settings, Lifton is only rarely mentioned in contemporary public discussions of soldiers' mental health. Key concepts from both authors are taken up and reused (sometimes in ways that depart from the authors original intent) for example: Lifton first coined the phrase "survivor meanings" and Shay introduced "moral injury." But it does not seem like too much of a reach to suggest that these texts are the foundation on which contemporary military versions of suffering, and antiwar activist versions of suffering built.

reputation and historical significance, probably authoring the most influential non-specialist texts on U.S. soldiers' suffering for their respective decades (the 1970s and 1990s).

While there are interesting similarities between veterans' experiences of guilt and rage, I focus below on contrasts between the two feelings in order to illustrate the particular moral concerns that Shay introduces, and the anti-critical effects that follow from these alternative accounts of veterans' suffering.

Guilt

Shay presents guilt as a maladaptive emotional response to the death of a dear comrade, mobilized as a maladaptive aspect of the soldiers' understandable grief. Shay describes the example of a veteran who takes a disproportionate amount of responsibility for the accidental death of his comrade. This man had jumped off a tank without mishap, after following military safety procedures to avoid mines. However, when a second soldier jumped off the tank in the same spot, he was instantly blown up by a mine and killed. The first soldier, Shay's patient, believed he himself *should* have died instead when he jumped off the tank for the first time: "It should've been me. I jumped first. It didn't blow me up. Same spot. Same spot. Same exact spot."[114]

Shay compares this example to Achilles' grief and guilt after the death of Patroklos in the *Iliad*, drawing out the "timeless" reoccurrence of inappropriate forms of guilt in combat. Veterans, Shay argues, are often tempted to substitute themselves for others psychologically, and can even move beyond this wrongful sense of guilt and actively wish death upon themselves by taking risks in battle or committing suicide. "The boundary is not very clear between grief-stricken suicide to join the dead, and guilty self-execution, because when guilt and grief merge it is so hard for a soldier not to feel overwhelmed by the self-accusation: 'It should have been me!'"[115] Shay describes soldiers' guilt as a kind of "magical thinking," wishing to bring the dead back to life by imagining oneself dead instead.[116] In Shay's account, this version of guilt is a crucial struggle that veterans have to navigate, both during combat and upon their return home.[117]

Because Shay uses examples of guilt that is *really* redirected grief, he is able to argue that it can be therapeutic to show veterans that their sense of guilt is misplaced; in contrast, the most significant form of guilt experienced by Lifton's veterans is presented as an entirely *appropriate* response to their participation in an illegal and immoral war.

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[114] Shay, *Achilles in Vietnam*, 71.
[115] Shay, 72.
[116] Shay, 73.
[117] See Shay, 69–75.

For Lifton's veterans, in such a war, "killing loses its higher purpose" of protecting one's country against an unavoidable threat and becomes, instead, "random, suffused with guilt, an expression of general disintegration."[118] The guilt experienced by the antiwar veterans cannot be effectively remedied without ending or transforming the nature of the war. The effects can be mitigated, however, through therapy, and by confronting one's own complicity with the war. For example, Lifton's veterans feel compelled to work with their guilt as they participate in an antiwar veterans' "rap" group:

> For some weeks, the men poured out accounts of their war experiences, of participating in or witnessing, or hearing from others about, grotesque killing and dying. I was awed by the extremity of what the men described — unending menace and violence, devastating loss, and transgressions of all kinds including the mutilation of corpses. . . . Then, after some weeks, the veterans began to insist upon dealing with immediate psychological struggles . . . relationships . . . their changing sense of masculinity, and their conflicts with the society to which they returned. . . . They spent a lot of time confronting macho-emotions . . . which were frequently related to joining the military and then to violent inclinations both in and out of uniform.[119]

Lifton does not present his therapeutic task as helping veterans transform their guilt, or see it as maladaptive or based in wishful thinking; instead, he thinks that they are entitled to struggle against the political, social and individual (psychological) forces that create and sustain the war. Lifton's role is to facilitate an investigation into the "deeper" psychological struggles indicated by the veterans' guilt. For these veterans, guilt is a source of "illumination" about the problems with the war, not itself a problem that needs therapeutic management.[120]

Lifton's discussion extends beyond this primary contrast with Shay to identify three distinct forms of guilt that soldiers experience: "numbed" / passive, "self-lacerating," and "animating." Numbed guilt, Lifton argues, has a defensive quality, as it inhibits any self-reflection: one is "unable to confront what one has done, or even to feel clearly guilty."[121] Instead, one is "plagued" by an "unformed, free-floating discomfort with

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[118] Lifton, *Home from the War*, 1992, 123.

[119] Lifton, *Witness to an Extreme Century*, 186–87.

[120] Lifton, *Home from the War*, 1992, 123. There are versions of exaggerated, wrongful or maladaptive guilt in Lifton's text, where soldiers take too much responsibility for events wholly beyond their control (such as their individual inability to stop a massacre committed by other U.S. troops). However, these forms of guilt as not part of the primary significance and dominant form of guilt that Lifton observes.

[121] Lifton, 127.

oneself, which is likely to be associated with touchiness, suspiciousness, and withdrawal."[122] Self-lacerating guilt is even more difficult to work with therapeutically, as it takes the form of extreme, self-destructive behaviors, and can result in tragic outcomes like alcoholism, abusive violence, or suicide.[123] Animating guilt, in contrast, energizes the sufferer into reparative work. This form of guilt has the potential to prompt politically regenerative actions.[124] For instance, some of Lifton's veterans were able to transform what they saw as a deeply-flawed military mission in Vietnam into a preventative mission to end the fighting altogether, and to save other soldiers and Vietnamese civilians from greater suffering: "Taking on the project of antiwar activism became a way of repairing the damage they had contributed to whilst in Vietnam."[125] Animating guilt also prompts self-change, and an ongoing engagement with social-justice topics such as racism, sexism, and the glorification of violence.

In contrast to Shay's narrower analysis—that veterans' guilt is an inappropriate response to grief, in circumstances where they don't have any responsibility for how events unfold—Lifton's allows for a delicate interplay between seeing oneself as part of the situation, and having the capacity to press for change, even while subject to constraints beyond one's control. Animating guilt is therefore "inseparable from the idea of being responsible for one's actions," which implies being neither overwhelmed by nor

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[122] Lifton, 127. Passive or unconscious guilt is also clearly evident among Shay's veterans, even though he does not theorize it as a form of guilt. For example, Shay quotes a veteran wondering: "Why I became like that? It was all evil. All evil. Where, before, I wasn't. I look back, I look back today, and I'm horrified at what I turned into. What I was. What I did. I just look at it like it was somebody else, I really do. It was somebody else. Somebody had control of me. War changes you . . . strips you of all your beliefs, your religion, takes your dignity away, you become an animal. I carried this home with me . . . this monster would come out of me with a fury that most people didn't want to be around" (Shay, *Achilles in Vietnam*, 33.)

[123] There have been significant clinical difficulties understanding, predicting or preventing suicide based on the PTSD-centric model of soldiers' mental health. As was noted earlier, some advocates of moral injury argue these problems will be overcome when moral problems that create emotions like guilt and shame are medicalized into a comparably weighty DSM diagnosis. Lifton's analysis adds further nuance, suggesting that it is the specific *quality* of the guilt (not the guilt itself) that best predicts suicide.

[124] It contrasts, therefore, with the pessimistic assumptions that dominate much of the scholarly literature on the rise of therapeutic sentiment in contemporary society. Lifton emphasizes that politically-regenerative outcomes are one possible result of an increasing adoption of therapeutic modalities. He therefore allows subsequent scholars to distinguish between work on the self that enhances political and public life, and work on the self that is unable to bring a person into constructive engagement with public/political matters. For my earlier sketch of these debates, see footnote 48 of this chapter; for a good overview of various forms of scholarly pessimism, and of the awareness that this forms a limited view of the potential of the therapeutic, see Wright, *The Rise of the Therapeutic Society*; for a theoretical analysis of how different kinds of psychological response have different impacts on public and foreign policy, see Schick, *Gillian Rose*.

[125] Lifton, *Home from the War*, 1992, 123.

detached from one's contribution.[126] For Lifton, a veteran's mental recovery is bound up with his or her ability to transform passive or self-lacerating forms of guilt into animating forms, and to press for an end to the underlying circumstances that generate war-related suffering—i.e., the war itself, and what these veterans diagnose as the racism, sexism, and societal violence that justify and sustain projects of war.[127]

Rage and a Sense of Betrayal

Both groups of veterans experience episodes of overwhelming rage, but like their guilt, these feelings are directed at different aspects of their war experience. Shay's veterans are enraged by the seeming stupidity of civilians who don't understand their experiences, or don't seem to care about their struggles. They are also furious that they did not win the war in Vietnam, despite the military superiority of the U.S. Finally, their anger is fueled by the sense that they have not received the status or other social rewards they expected, despite having served with honor and bravery.

Shay introduces us to his veterans' overwhelming anger with an account of his own personal "blunder," when he described the war in Vietnam as one that the U.S. "lost." The veteran he was talking to felt personally implicated, and stated that he had nothing to do with any kind of "losing"—that he "won every on-the-ground engagement" that he participated in.[128] Furthermore, the veteran found it so infuriating to hear a clueless civilian (Shay) pass judgment on his war that he wanted to hurt him: Shay describes how the veteran drew his finger across his throat in a menacing gesture.[129] Shay notes that the combat-related difficulties that many veterans face are exacerbated by the feeling that civilians are not upholding their end of the bargain: Most veterans had specific expectations about how they would experience war, and about the glamour and acclaim that would accompany their return home. When those expectations were not met, the veterans were angry; for those who "had joined up because they thought it was

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[126] Lifton, 128.

[127] Lifton, 133 and 287. Shay mentions that his veterans also take on "healing" work when they serve others in their communities, but this discussion is not linked to his reflections on guilt. Instead, the veterans' willingness to serve others is presented as an extension of their public-service-oriented attributes. There is no sense that Shay's veterans might be motivated by the need to make reparative contributions to their communities.

[128] Critics of this view note that the ambition to win the war in Vietnam was premised on a fundamental misunderstanding of what it might take to win that kind of counterinsurgency—the only way to win such a war would have been to kill every single person alive (Hixson). But the real problem communicated by such a statement is that Shay's veterans want the feeling of having done something valuable, and victory is part of that system of value. This yearning for victory has been explored in various accounts of post-Vietnam revisionism, and gratified, at least onscreen, in both the *Rambo* and *Missing in Action* films, where Rambo's character gets to finally "win" against both the North Vietnamese and the Russians.

[129] Shay, *Achilles in Vietnam*, 9.

their duty as citizens, who had grown up on John Wayne and Audi Murphy, rejection by the community was infuriating."[130] Particularly hard to accept was rejection by the older generation of soldiers: as Shay reports, World War II veterans taunted his (Vietnam) veterans, saying, 'We won our war. What the fuck's wrong with you?'[131] Shay continues: "Vietnam veterans, who, at the time of enlistment, had imagined themselves marching down Main Street, head held high, with people gesturing, 'There! You see him? That's him!' found themselves keeping silent about their military service, or outright lying that they had never served."[132]

The contrast with Lifton's veterans is striking. Shay's veterans suffer because civilians, and even veterans from other wars, fail to accord them recognition and honor. Shay notes that while "every fiber in their bodies" demanded that they were "known" or recognized as important warriors, these veterans were forced into the uncomfortable position of hiding, or trying to "make themselves invisible" in order to cope with "the comprehensive indifference of the civilian world."[133] Lifton's veterans, on the other hand, feel rage at having been asked to kill and die in the service of a cause that had no compelling meaning or justification. As Lifton notes, they felt "diminished, deformed, dishonored"[134] by their participation in battle, not, as in Shay's case, because of a lack of an admiring response by the American public. The antiwar veterans were horrified by the ease with which a "man can become both victim and executioner; with the malignancy of the romantic and ideological deceptions about war; and with the further source of these deceptions and victimizations in the deep recesses of America and Americans."[135] They also rage at the waste, "the most terrible realization of all" that no man's life was worth the war. "It wasn't worth even just one guy [killed]—just him, it wasn't worth it."[136]

Lifton's veterans also feel overwhelming rage towards military psychologists (and chaplains) who try to cool down what the veterans see as appropriate anger, framing their distress as merely a personal view, individual problem, or maladaptive response.[137] The veterans want to explore and repair their sense of complicity with the war, not have their sense of complicity removed. Thus the very approach advocated by Shay (of helping veterans see that their guilt is an exaggerated response to grief) seems likely to enrage these antiwar veterans, who see their guilt as an essential source of

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[130] Shay, 155.

[131] Shay, 155.

[132] Shay, *Odysseus in America*, 48.

[133] Shay, 48.

[134] Lifton, *Home from the War*, 1973, 124.

[135] Lifton, 310.

[136] Lifton, 310.

[137] Lifton, 435, 163–68; see also Gutmann and Lutz, *Breaking Ranks*, 121–25 for contemporary echoes.

illumination about the war, and a motivating force driving them towards healing self-change and reparative activism. Underlying these different descriptions of guilt is the idea that *some* guilt is justified and appropriate, and should point to different behavior in the world; while other forms of guilt are not useful guides for future behavior, as they arise from the distortion of other emotions, like grief. By describing only one form of guilt, Shay's analysis suggests that all veterans' guilt can be viewed as maladaptive, with problematic anti-critical effects. It means that we run the risk of applying thera-peutic tools in ways that might get rid of justified and appropriate guilt, when, if treated differently, those same emotions might lead to war-critical insights and antiwar activism. In its most extreme form, as Lifton puts it, "chaplains and psychiatrists" take on the role "of helping men adjust to committing atrocities."[138]

There are similar implications for Shay's advice to civilians: because it is based on the experiences of veterans who hold favorable views of the Vietnam war and who can't tolerate critical views of the war, it might not be suitable for all situations and will likely have anti-critical effects. Shay emphasizes that civilians have a duty to care for vete-rans. He frames this as a task based in our collective commitment to democracy, as well as fellow-feeling and sympathy for individual struggles. If civilians don't support veterans, he argues, an entire section of the democratic polity will be politically cripp-led, and unable to participate as a result of their isolation and suffering. Certainly, some veterans experienced high levels of neglect in the aftermath of the Vietnam War. However, in Shay's account, the primary way that civilians can fulfill their democratic duty is by taking care of veterans; this role contrasts sharply with the emphasis throughout Lifton's text on civilians' pressing duty to think about their own attitudes to the war. Lifton argues, for example, that the Vietnam War lasted longer because the American public was able to set it at a psychological distance, either by numbing their responses to the destruction and suffering of the Vietnamese, or by blocking out the costly effects of the war entirely.

We might need, therefore, to be wary of contemporary claims that moral concerns need to be reintroduced into discussions of soldiers' distress, since "moral violation" can mean very different things to different people. Shay focuses his discussion of moral

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[138] Lifton, *Home from the War*, 1992, 336. Lifton foresees the problem that Shay in fact creates in his later discussion of guilt. One familiar critique of psychology is that it can be used to encourage people to adjust to their external circumstances, rather than fight to change them. Cloud, *Control and Consolation in American Culture and Politics*, for example, examines how therapeutic culture permits company owners to offer workers therapy, instead of better compensation. Here we see a more insidious version of that idea: that psychological interventions could be used to help people adjust to their *internal* circumstances, rather than allow their sense of the ethical to guide their external behavior. Gutmann and Lutz, *Breaking Ranks* also give examples of contemporary antiwar veterans who object with anger to both religious and therapeutic services within the military being used to justify what the veterans had come to see as unjustifiable violence.

concerns on *things done to veterans* by others, including military leaders, government decision-makers, and civilians. Lifton focuses primarily on *actions taken by veterans* that violate their own sense of moral codes. Shay's veterans are betrayed by their leaders in high-stakes situations, as Achilles was. They lose beloved friends and mistakenly substitute themselves for fallen comrades, experiencing guilt that is not justified and ought to be soothed away. Finally, they are mistreated by civilians at home, which further deepens their sense of betrayal. While similar themes are present in Lifton's text, the antiwar veterans focus primarily on actions that violate their own sense of morality, and their ongoing efforts to repair that damage. The mental health of Shay's veterans is primarily threatened by problems in pursuing and responding to the war (such as the government's insufficient commitment to winning), whereas Lifton's veterans' health is threatened by the underlying moral ambiguity of the war itself.[139]

At the heart of the differences between Shay's and Lifton's veterans, is, of course, their differing perceptions of the status of the Vietnam war.[140] And while Shay does express concern over the costliness of war, his account assumes that the overall project of war against Vietnam was legitimate and justified, at least as much so as any other war. The internal suffering of soldiers is, importantly, never linked to the ethical status of the war, but to other factors.[141] So, while both authors suggest their readers can learn by listening more carefully to the voices of the veterans they study, the implications of this exhortation are quite different depending on *which* veterans are involved. Shay presents his veterans as tough and honorable, but struggling to access the recognition and support they deserve. Lifton presents his veterans as psychologically insightful about the effects of violence on the human mind, politically active on antiwar issues, and searching for civilian allies to help them break down the internal (psychological) and external (social cultural and political) forces that propel us into war.

Conclusion

Earlier, I suggested that medical constructs—such as "soldiers' heart," shell shock, and combat stress—have conceptualized soldiers' emotional and psychological distress

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[139] Lifton, *Home from the War*, 1992, 396.

[140] Reagan describes Vietnam as a "noble cause" in a speech on August 18th, 1980 (14 years before Shay published his first study of veterans). See "8/18/1980 Speech." The broader issue of revisionist or "anti-critical" political rhetoric—rhetoric that undermines the legitimacy of the Vietnam-era antiwar movement—is taken up in Chapter 3.

[141] Shay's account of soldiers' suffering might also deserve the label "revisionist" because it wallpapers over the top of previous accounts of soldiers' Vietnam-era distress without any acknowledgement that such differences exist, and proclaims itself as the single authoritative source. Shay does not, however, overtly undermine the legitimacy of antiwar politics, or critical assessments of war. These issues are discussed further in the next chapter.

in different ways over time, placing varying emphasis on the cause of distress, the symptoms of the ailment, and the proposed treatment or solution. This chapter has added further nuance to that more general point, showing how both PTSD and moral injury have had fluid content and shifting associations with the potential for quite distinctive effects on our perceptions of war's justifiability. The final comparison of Shay's and Lifton's accounts of veteran's suffering reveals another difference. Within a similar timeframe, with similar medical constructs available, two groups of veterans of the same war emphasized very different moral aspects of their post-combat suffering.

The primary cause of these differences between Lifton & Shay are hard to determine. Part of the difference must surely arise from the fact that Lifton's and Shay's veterans have come to different conclusions about the justifiability of the Vietnam war. But it is not clear whether they see their suffering in such different terms because of their ethical conclusions, or whether their suffering presses them to develop those ethical judgments. In addition, differences between the interpretative narratives offered by psychologists also seem likely to matter a great deal, because such frames might encourage a soldier to understand his symptoms in a particular way, and with distinct ethical implications. Might a less assertive drone operator than Bryant, for example, be persuaded by a clinician that his or her suffering is a result of shock and stress and best conceptualized as PTSD, rather than moral problems with drone policy, as Bryant insists? Could one of Shay's veterans have made therapeutic progress in Lifton's rap group, or vice versa?

However murky those questions are, the significant effects of medical language on the assessment of war is clear. Woven through the examples of this chapter is abundant evidence that that our speech and even our thoughts about a war's justifiability depend on the languages of suffering we have available. Each medical version of suffering examined in this chapter has particular implications for the way we assess the moral and legal status of a war. Treating soldiers' guilt as a maladaptive response in need of comfort, for example, will inevitably limit critiques of war that may arise out of soldiers' guilt-feelings, whereas treating guilt as a source of insight about injustices that were committed during war, or that have been woven into the underlying reasons for the war, will create opportunities for critical assessments. Likewise, defining moral injury as something that is done *to* a soldier (as Shay sees it) is likely to have anti-critical effects, because the soldier's well-being becomes the center of the moral analysis; on the other hand, using moral injury to highlight soldiers' misgivings about the actions *they* take during war (as Byrant's critique does) can have extensive critical effects. Interpretative context and the specific content of a diagnosis also influence a medical construct's war-critical potential: Bryant argues that PTSD's associations with shock and stress today make it difficult to forge connections between soldiers' symptoms and the ethical justifiability of the war, but the historical analysis shows that, in its earliest iterations,

the medical diagnosis of combat stress was aligned with the anti-Vietnam war movement.

The examples examined in this chapter have thus offered a critical counterpoint to the contemporary perceptions of soldiers' distress discussed in Chapter 1, which encourage civilians to avoid commenting on the war out of respect for veteran's vulnerability to psychic harm. In contrast to that discourse of constraint, this chapter has shown that soldiers and clinicians actually have a variety of concerns about suffering, some of which are deeply relevant to public assessments of a war's legitimacy. Though I have not advanced the argument that either Shay's or Lifton's version of their veterans' suffering is inaccurate, or that Bryant's model of moral injury is preferable to Shay's, I do want to emphasize that it is tremendously problematic to generalize *some* aspects of soldiers' distress as if they represent *all* of the significant sources of veterans' guilt or rage. While some veterans object to civilians critically assessing their war, others have been shown to welcome civilian critiques.[142]

Furthermore, it seems clear that some forms of soldiers' distress—like that experienced by Bryant in this chapter's opening example, or by Lifton's veterans in later sections—can't be understood without being framed within larger debates about the moral stakes of a particular policy or the war as a whole. While soldiers' emotions and psychic pain are undoubtedly complicated sources of ethical knowledge about war, this chapter suggests that it is preferable to wrestle with these varied and even incommensurate accounts of the moral significance of suffering, than to omit questions of a war's justifiability from accounts of soldiers' suffering altogether. I contend that the variety of moral concerns showcased in the present chapter establish that if the dominant discourses preclude a connection between the justifiability of a war and soldiers' experiences, our potential to understand both suffering and war's legitimacy will be limited.

Additional historical context is needed to understand the shifting war-critical associations of post-Vietnam public discourse about veterans' mental health. The next chapter further contextualizes the medical and moral conversations about suffering, assessing the key political and cultural factors contributing to the shift toward an anti-critical stance between 1980-2001. It will describe how post-Vietnam "revisionist" narratives drew on discourses of mental health to delegitimize antiwar protests, in ways that effectively reshaped the significance of antiwar sentiment, and the associations between war and its mental health after-effects.

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[142] Lifton's veterans are the most striking example of those who welcome civilian critiques, but for contemporary parallels see Gutmann and Lutz, *Breaking Ranks*.

Chapter 3: "Vietnam Syndrome:" Interpreting Domestic Divisions as Civic Malady

Introduction

On March 1, 1991, at the conclusion of the First Gulf War, President George H.W. Bush declared that the U.S. had finally "kicked the Vietnam Syndrome" by successfully asserting its military power against Iraq. "It's a proud day for America. And, by God, we've kicked the Vietnam Syndrome once and for all."[143] In a radio address to soldiers in the Gulf, he added: "The specter of Vietnam has been buried forever in the desert sands of the Arabian Peninsula."[144]

The president had begun framing the war as a victory over Vietnam Syndrome ten days earlier, as the ceasefire was being negotiated:

> We are determined to finish this job and do it right, fulfill what I've said are our objectives, with no concession, no pulling back. The American people are strongly in support not only of the troops, but of these objectives. And, of course, that is a very important point, because it is my hope that when this is over we will have kicked, for once and for all [sic] the so-called Vietnam Syndrome. The country's pulling together, unlike any time . . . since World War II. And that's a good thing for our country. . . . [It] sends a strong signal for the future that we're credible, we're committed to peace,

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[143] Bush, "Remarks to the American Legislative Exchange Council."
[144] Bush, "Radio Address to United States Armed Forces Stationed in the Persian Gulf Region."

we're committed to justice, and we are determined to fulfill our obligations in trying to bring about a more peaceful world order.[145]

In Bush's account, America had been suffering from a civic ailment. Recovery depended not only on military success, but on renewed national pride, a thorough commitment to U.S. policy objectives, and support for U.S. troops. Above all, the country needed to pull together and overcome the divisions that weakened it in the aftermath of the war in Vietnam. Overcoming the syndrome would allow America to uphold key values like peace and justice once again, and to contribute to the maintenance of a "peaceful world order."

On March 1, the president elaborated on these elements by linking America's "recovery" to a palpable sense of national pride, and, significantly, to the absence of antiwar sentiment. He once again connected the strength of the nation to public expressions of support for American soldiers:

> [There is] a new, wonderful sense of patriotism that stems from pride in the men and women that went over there. And no question about it, the country's solid. There isn't any antiwar movement out there. There is pride in these forces . . . I sense that there is something noble and majestic about patriotism in this country now.[146]

While "Vietnam Syndrome" was used by Bush (and others) as a prominent political metaphor to describe civic problems, it was also a medical term, which came into public use in the 1970s as a precursor to the diagnosis of post-traumatic stress disorder (PTSD). Doctors used it initially in private medical records, to refer to suffering that was understood to arise primarily from war experiences.[147] These medical uses of the phrase gained public prominence in the early 1970s during the debate about whether the handbook for clinical psychiatric diagnoses – the *Diagnostic and Statistical Manual*, or *DSM-III* – should be expanded to include a war-specific diagnosis.[148] As noted in Chapter 2, the DSM had removed the previous war-related psychological diagnosis – "combat stress reaction" – from its pages in 1968, so as the U.S. war in Vietnam

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[145] Bush, "Exchange with Reporters in Kennebunkport, Maine."

[146] Bush, "The President's News Conference on the Persian Gulf Conflict." These remarks were delivered in a White House news conference that began at 12:45 p.m. in the Briefing Room.

[147] As noted in Chapter 1, the discussions of soldiers' suffering sometimes raises questions about a war's legitimacy by suggesting that an individual's suffering is partially due to the questionable ethical or moral stakes of the war, for example Brandon Bryant's critique of PTSD or the analysis of soldiers' suffering put forth in Lifton, *Home from the War*, 1973. While medical uses of the phrase "post-Vietnam syndrome" usually emphasize a war's costs, the phrase is sometimes used to point towards questions of war's legitimacy, for example in Rosett, "The Post-Vietnam Syndrome"; Liddick, "Vietnam Vets-How Many Time Bombs?"; Tolchin, "Political Advisers Gain Foreign Role." These examples will be discussed in detail below.

[148] Scott, *Vietnam Veterans Since the War*.

progressed, there was no official medical language available for clinicians (or the public) to describe war-related mental-health effects on soldiers.

In 1972, Chaim Shatan, a psychoanalytic clinician, promoted the phrase "post-Vietnam Syndrome" in a prominent opinion piece in the New York Times, cataloging the various kinds of suffering experienced by recent veterans, including their feelings of guilt, rage, and alienation, as well as the sense that they had been both brutalized by their military experiences and treated as scapegoats for public ambivalence about the war.[149] By the mid-1970s, the phrase was widely recognized and went by the shorthand "PVS."[150] Sociologist Wilbur Scott reports that when the DSM was up for revision again, veterans' groups lobbied for the re-inclusion of a combat-related diagnosis, citing PVS and evidence from doctors' medical records. The groups argued that a de facto diagnosis already existed, and both medics and patients would benefit from an official codification.[151]

There's a striking difference between these two uses of the phrase "Vietnam Syndrome." In Shatan's analysis, and as a medical description of inner suffering, the syndrome language calls attention to a set of problems effecting soldiers. In Bush's version, and as a political metaphor, the syndrome points to a set of civic problems (including domestic divisions and perceptions of weakness). In the former case, war is portrayed as a costly psychological enterprise; in the latter case, the proposed sign of recovery is the successful use of military force.

Scholars do not typically examine these contrasts, or even register the medical and political versions of Vietnam Syndrome within the same analysis. The medical term is usually referenced in passing by historians of PTSD, as part of the genealogy of names used to refer to soldiers' particular mental health problems (including discussions of "shell shock" during World War I, and "combat stress" during World War II).[152] The political metaphor is treated more extensively, but is folded into broader analyses of

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[149] Shatan, "Post-Vietnam Syndrome." Fermaglich reports that his article sparked follow-up queries from interested veterans and their health care professionals, who wanted treatment for the syndrome, see Fermaglich, *American Dreams and Nazi Nightmares*, 153.

[150] Schoenwald, "Dying and Living Casualties"; Wicker, "The Vietnam Disease."

[151] Scott, *Vietnam Veterans Since the War*, 17. Soldiers' interest in codifying the diagnosis has several dimensions, including access to service-related compensation and medical care (because without a DSM diagnosis, their struggles and problems were not recognized as being *caused* by their war-experiences). In addition, some veterans sought to expand recognition of the intense personal costs of the war as part of an effort to end the war; the medical diagnosis was an additional means of raising the profile and perceived legitimacy of war-related suffering.

[152] For example, see Scott, *Vietnam Veterans Since the War*; Shephard, *A War of Nerves*; Young, *The Harmony of Illusions*. The medical version is also frequently integrated into the brief histories of PTSD that are developed within recent ethnographies of soldiers and veterans living with the PTSD diagnosis; see Finley, *Fields of Combat*; Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*.

what scholars call "post-Vietnam revisionism" (a conservatively inflected account of the legacy of the Vietnam War).[153] Much can be gained, however, from examining the medical and political versions together, as their divergent associations and changing prominence in the 1970s and 1980s provide much-needed insight into the cultural and political narratives that shape contemporary assumptions about soldiers' mental health.

As Chapter one showed, 1970s political debates drew directly on soldiers' suffering to bolster critiques of the Vietnam war. In contrast, in many contemporary settings, ethical questions about war are explicitly discouraged; there is a concern that "political" or "divisive" views will harm veterans. Chapter two analyzed some of the medical antecedents of this concern, showing that although 1970s medical discourse was capacious enough to include debate about a war's legitimacy (with many accounts suggesting that the underlying illegitimacy of the U.S. war in Vietnam as the primary cause of soldiers' post-combat distress) over time, medical constructs lost this capacity. After codification as the post-traumatic stress disorder (PTSD) diagnosis, ideas about soldiers' distress were refined (through multiple iterations of the diagnosis) to comport with evidence-based medical standards—approaches that are not well suited to engagement with ethical concerns.

This chapter analyzes Vietnam Syndrome rhetoric, arguing that it follows a similar developmental arc to the medical discourses examined in Chapter two. While initially used by war critics, Vietnam Syndrome becomes consolidated in the 1980s as a construct that profoundly delegitimizes war-critical views. At the height of their prominence, Vietnam Syndrome metaphors single out dissenting civilians (rather than war itself) as a central cause of soldiers' mental harm. And they tend to present war as psychologically curative, not only for the individual soldier, but for the nation as a whole.

The chapter proceeds in three main sections. First, I draw on references to Vietnam Syndrome in major newspapers, including the *New York Times*, the *Los Angeles Times*, and the *Wall Street Journal* to develop an account of Vietnam Syndrome's development over time. The archive shows that during the 1970s the phrase is used both as a medical

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[153] For example, see Hixson, "Four Decades On"; Mendible, "Post-Vietnam Syndrome: National Identity, War, and the Politics of Humiliation"; Lewis, *Hardhats, Hippies, and Hawks*. Some scholars offer a deeper analysis of one aspect of the political metaphor, but do not integrate it into the broader context of varied meanings. See, for example, McQuade, "'The Vietnam Syndrome' and the End of the Post-'Sixties' Era", who focuses on syndrome language as a "trope," indicating the significance of Vietnam as a point of reference in political debate; and Cahill, "Fighting the Vietnam Syndrome", who interprets the syndrome as veterans' activism within U.S. domestic politics.

label and as a flexible political metaphor, to support liberal and conservative interpretations of the war.[154] Second, I contextualize its eventual consolidation as a conservatively inflected civic ailment within the broader emergence of what scholars refer to as "revisionist" interpretations of the Vietnam war. Here I draw on the *Rambo* films to exemplify how revisionist accounts of Vietnam portray civilian disrespect as a central cause of soldiers' mental suffering. Third, I examine Reagan and Bush's presidential uses of syndrome rhetoric, which position domestic disagreement about war as harmful to civic and soldiers' health, and attach additional moralizing judgments to antiwar views.

1970s Emergence: Medical and Political Versions

In addition to Shatan's efforts to promote PVS, several other medical professionals published complementary editorials during the early 1970s. For example, psychiatrist Henry L. Rosett described Vietnam Syndrome as a cluster of symptoms, including feelings of guilt, victimization, outrage, grief, and a sense of distance from other people. His brief article advocated that the public be on the lookout for soldiers' depression, because it indicated vulnerability to suicide. All too often, veterans struggling with the aftermath of Vietnam would engage in dangerous activities, getting beaten up in fights they provoked, or dying in single-car accidents.[155]

Such articles focus on the specifics of suffering, and don't make much of "Vietnam Syndrome" as a label. The authors treat it as a functional term that links a cluster of symptoms to veterans' experiences during the war. There's no reference to medicalizing the term; the persuasive direction of these pieces is to indicate that suffering exists as a complex set of behaviors and internal struggles, and ought to be understood as part of the aftermath of Vietnam. Rosett opens his article with a description of a veterans' suicide, and suggests that "depression caused by post-Vietnam adjustment problems" is in fact a phenomenon that "applies to many veterans."[156] Other articles move quickly past the label to showcase the suffering as the central cause for concern, noting, for example, the "serious but largely unnoticed problems of 'post-Vietnam

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[154] While prominent newspapers provide evidence of varied use and changing meanings, the present analysis can't serve as an overview of every extant variation. It may include gaps, or might fail to register certain contributions to public discourse that didn't make it into the pages of the major newspapers of the time. For example, the archive doesn't include statements made in radio or television interviews. Nor do I draw on evidence from doctors' medical files, in part because these are difficult to access, but primarily because they don't reflect the way in which Vietnam Syndrome is being used in public discourse.

[155] Rosett, "The Post-Vietnam Syndrome."

[156] Rosett.

syndrome,' or PVS, the label by which the extraordinary psychological difficulties of hundreds of thousands of Vietnam veterans have come to be identified."[157]

However, several of the articles advocating for greater awareness of veterans' struggles do indicate uncertainty over the language or label that is being used to group those struggles together. For example, Shatan notes that psychiatrists and psychologists use the term "Vietnam Syndrome" because there is no official diagnosis for this form of suffering: "In the group raps, certain commonly shared concerns have emerged. Since they do not fit any standard diagnostic label, we refer to them loosely as the post-Vietnam syndrome."[158]

But, even when reporters note that there is no consensus among medical professionnals, doctors are portrayed as agreeing that Vietnam is leaving a lasting impression on the minds of returning soldiers. Blumenthal reports, for example, that even if the boundaries delineating the condition are not fully clear, it is "identifiable enough for officers to understand and exchange knowing glances when a soldier's misbehavior is ascribed to 'returnee's syndrome.'"[159] Newspaper articles often use a variety of terms interchangeably: in addition to "returnee's syndrome" and "post-Vietnam adjustment problems"[160], Vietnam Syndrome is paired with "Vietnam disease"[161], "battle fatigue"[162], and "emotional malaise".[163] The syndrome has enough recognition to be referenced by its acronym ("PVS") in national media.[164] Vietnam Syndrome and post-Vietnam Syndrome also seem to be used interchangeably to refer to the same medical pheno-mena; as one reporter put it, "Whatever it's called, psychiatrists say the delayed reaction to stress is a painful emotional upheaval. . . . Symptoms include guilt feelings, instability, sleeplessness, irritability, emotional numbing, moodiness and sometimes violent tendencies."[165]

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[157] Wicker, "The Vietnam Disease." "Post-Vietnam Syndrome" seems to be the original way of framing the medical suffering of soldiers, however, it is used interchangeably with "Vietnam Syndrome" in both medical and political discourse. I use "Vietnam Syndrome" throughout to encompass both variations (it seems to be more common of the two phrases) but the chapter also contains quotations referring to post-Vietnam Syndrome. In my analysis the slightly different label does not *itself* refer to a distinct variant of the syndrome. But as the analysis shows, different meanings *are* attributed to the syndrome.

[158] Shatan, "Post-Vietnam Syndrome."

[159] Blumenthal, "'Syndrome' Found in Returned G.I.'s."

[160] Rosett, "The Post-Vietnam Syndrome."

[161] Wicker, "The Vietnam Disease."

[162] Liddick, "Vietnam Vets-How Many Time Bombs?"

[163] Wren, "The Woes of Coming Home: Legacy of the War."

[164] Schoenwald, "Dying and Living Casualties"; Wicker, "The Vietnam Disease."

[165] Reinhold, "Mentally Wounded Are Rare, But Not Nearly Rare Enough: In Some Minds Vietnam Goes Marching On."

A generalized agreement that some kind of suffering exists amongst veterans should not mislead us, however, into thinking that all accounts emphasize the same difficulties, or attribute veterans' suffering to the same causes. The causes, for example, can include things the veteran has done during war, things done to the veteran by others, and the overarching question of the moral justifiability of the war. Some accounts portray veterans' struggling with "a profound sense of the uselessness of what they've done, of having been used, manipulated and cheated by their Government in particular and by society in general, and a lowered estimate of their own worth."[166] Others leave aside questions of the moral stakes of the war, portraying Vietnam syndrome through veterans' feelings of "boredom," "alienation," and "resentment over the indifferent welcome."[167] While these contrasting accounts note similar experiences of suffering (such as flashbacks and bad dreams), and similar problematic behaviors (including AWOL rates, incidents of crime, alcoholism, and drug abuse), the potential causes of the veterans' condition do not include any reference to the justifiability of the Vietnam war. Instead, "the symptoms are those that might be expected in any period of slackness after the kind of tension prevailing in a war zone."[168] Wren offers a similar analysis, reporting that the primary problem is soldiers' difficulty adjusting to coming back from war, particularly because of the second-class treatment veterans experience: "While the returning P.O.W.'s have been cheered and doted upon, there is a growing contention that other veterans have been patronized and neglected."[169] Wren does not mention the impact of the war itself as a contributing factor.

The quality or tone of the engagement also varies. Some writings, like Shatan's and Rosett's op-ed pieces, are very sympathetic to veterans and serious in their advocacy, while other articles are more off-hand about veterans' concerns. In the example above, the Syndrome is described as the expected result of the "slackness" that characterizes being home after the "tension prevailing in a war zone."[170] Another article references Vietnam Syndrome in the context of reports on soldiers who were arrested for plotting an assault on the Republican National Convention in 1973. The reporter notes that the veterans attribute their troubled and troubling behavior to Vietnam:

> 'It takes you six months to two years to figure out why your head is so messed up,' said one Texas-born defendant, John W. Kniffin. 'They call it post-Vietnam syndrome.'[171]

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[166] Wren, "The Woes of Coming Home: Legacy of the War."

[167] Blumenthal, "'Syndrome' Found in Returned G.I.'s."

[168] Blumenthal.

[169] Wren, "The Woes of Coming Home: Legacy of the War."

[170] Blumenthal (1971).

[171] Kifner, "Antiwar Veterans on Trial Say Disillusionment Set in on Return: 1,000 at Rally Trainees Deserted."

There's no sense in these examples that Vietnam Syndrome is of crucial importance, as with Shatan's and Rosett's editorial contributions.

Some of these references do, in fact, take a war-critical stance, making a direct casual connection between the suffering of individual soldiers and ethical questions about the nation's involvement in the war. For instance, Richard L. Schoenwald, history professor at Carnegie Mellon University, draws on his knowledge of psychiatry to suggest that the syndrome can only be dealt with if American society talks more openly and in more depth about the war and its myriad negative consequences—in other words, avoiding the issue is part of the problem.

> The real answer [to the difficulties produced by Vietnam] may lie mostly in just trying, just in talking openly, and far more than once, and with as much depth and wholeheartedness as we can manage. Psychiatrists say that families which don't talk openly about secret debts and pains and injuries constantly refer to what they are avoiding, but they do it in their behavior, by battering and scarring themselves without knowing what they are doing.[172]

When public ambivalence towards soldiers is referenced in these articles, it is not with the implication that the public should be blamed for its mixed feelings; rather, the war produces mixed feelings, and therefore it is very difficult for anyone to escape asking what all this death and suffering is for. In contrast to many contemporary examples, 1970s authors appear to emphasize the idea that fighting an ethically controversial war makes it harder for veterans to feel like their sacrifices are worthwhile—not that civilians should mask or hide their ambivalence towards the war. Indeed, Rosett notes that the public's praise of the war also causes internal conflicts for some veterans: How can one accept being praised for being involved in a "slaughter"? Some depictions of Vietnam Syndrome even mention antiwar protests having "political and deep psychological value" for veterans. When veterans throw their medals away, for example, Rosett suggests they are "shedding the rewards they received for killing in a war they now despise, [which] helps to alleviate their guilt."[173]

In sum, from the archive of newspaper references to Vietnam Syndrome as a medical construct, we can see that the 1970s contains some consensus that soldiers' post-war suffering exists, and while without an official medical name, this suffering is referred to as Vietnam Syndrome in a range of settings. A variety of causal elements are attributed to the syndrome; of interest to this project, and in resonance with the themes discussed in the previous chapter on the changing meaning of "moral injury," some of the contributing causes of suffering include the unjustifiability of the war, along with

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[172] Schoenwald, "Dying and Living Casualties."
[173] Rosett, "The Post-Vietnam Syndrome."

other elements such as the stress, shock, and grief that can result from combat experiences, as well as problematic government policies and civilian responses to veterans. The tone and apparent purpose of medical versions of Vietnam Syndrome vary, including sympathetic advocacy for soldiers, more neutral or dismissive reports, and critiques of the legitimacy of the war.

Vietnam Syndrome as Political Metaphor

The inclusion of Vietnam Syndrome in public discourse went beyond a discussion of the psychological struggles of veterans: as early as 1967, it was also being used as a political metaphor, and in a variety of ways. What the different uses share in common is the assertion that the U.S. war in Vietnam created negative consequences for American political culture. However, just as the cause of veterans' suffering is portrayed differently in different contexts, so too are there competing accounts of what the negative consequences are for American political life, and of what steps the U.S. should take to address the problems identified by the syndrome metaphor.

This chapter will go on to show that Bush's 1991 account of "kicking" the Vietnam Syndrome followed a consolidation of the metaphor by Reagan, who narrowed the meaning of the term in public discourse in presidential speeches throughout his terms. As we read in Bush's celebratory rhetoric after the First Gulf War, this version of the syndrome emphasized the idea that domestic divisions breed weakness, and prescribed forceful assertions of U.S. military power to overcome both problems. What is striking is that earlier examples of the phrase as political metaphor took various liberal and war-critical stances, which seem to have had some political traction in the early 1970s.

Indeed, the earliest news-media accounts of Vietnam Syndrome appeared in a context critical of the war in Vietnam. In a 1967 *Los Angeles Times* editorial[174], the recent U.S. intervention into the African state of the Congo was critiqued: The U.S. was reported to have sent three transport planes and 150 soldiers to aid the government in their struggle against "mercenary-led rebels."[175] The Executive branch of government, and President Johnson are described as "under attack"[176] by Congress, including senior leaders of Johnson's own party. The editorial staff question why the U.S. would intervene in African Civil Wars, where they have no treaty commitments, and seem to celebrate one consequence of the controversy: the cancellation "of a similar plan to intervene in the Nigerian Civil War."[177] Vietnam Syndrome comes up as part of a

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[174] "U.S. Intervention in the Congo."
[175] "U.S. Intervention in the Congo."
[176] "U.S. Intervention in the Congo."
[177] "U.S. Intervention in the Congo."

concern that any initial steps towards intervening in other states might easily spread into protracted costly engagements, just like Vietnam.

> Of overriding concern was the possibility that once the first step toward intervention was taken other steps would be inevitable. This feeling—what might be called the Vietnam syndrome—has been increasingly evident lately. It was visible during the recent Middle East crisis, when members of Congress almost unanimously urged no unilateral intervention.[178]

The editorial staff, are, however, aware of another side to this concern:

> The evident danger of the Vietnam syndrome is that it could lead to a paralysis of will and action in cases where unilateral U.S. efforts might indeed be necessary to protect American lives or vital American interests.[179]

But even given these considerations, the editorial staff side against intervention in the Congo and elsewhere in Africa, arguing that the U.S. must be selective about "our interventions" and "only go where we really have interests or commitments."

In a 1971 editorial, syndrome language comes up in the context of congressional efforts to restrain the executive elements in the government from pursuing a "limited" military intervention in the Dominican Republic.[180] This editorial refers to a "no-more-Vietnam Syndrome," which seems to indicate the slogan or guideline currently motivating congressional action to limit presidential war-making powers. Undeclared wars are portrayed as a grave problem, which can lead to "executive encroachment" on the "Congressional prerogative" to make decisions about the declaration of war. The authors note that when Congress tries to take control of war-related policies, it "encounter[s] the argument that Congressional debate is a luxury that cannot always be enjoyed in the nuclear age," but that a "no-more-Vietnam syndrome" is spurring current efforts in the Senate to increase the congressional role in future military decisions, and to put limits on current or proposed military engagements.

This version of the Syndrome as a problem that can be overcome by acting to constrain executive forces (who are pursuing war) within the government comes up in a similar form 1974, when Senator Frank Church objected to the Central Intelligence Agency lying to Congress about covert operations that interfered in the politics of others nations. In reference to the hearings on the CIA interfering in Chile in 1970-73 to destabilize the government of President Salvador Allende, Seymour Hersh reports:

> Mr. Church, a liberal who was one of the early critics of the Vietnam war, characterized the misleading testimony as 'part of the Vietnam Syndrome.' 'There's become a pattern of deceiving the Congress that I think began

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[178] "U.S. Intervention in the Congo."
[179] "U.S. Intervention in the Congo."
[180] "Toward Bipartisanship Abroad."

cropping up during the Vietnam war,' he said. 'It became a habit on all sensitive matters. If so, it's a habit the Congress is going to have to break.'[181]

In the 1970s, alternative versions of the Vietnam syndrome appear, which maintain a similar focus on congressional oversight of other branches of government in the pursuit of U.S. policy objectives abroad, but reverse the earlier diagnosis of the specific problem that needs to be struggled against. The syndrome is now defined as the act of congressional interference itself, on inappropriate fears of executive overreach. Senator Sam Nunn, for example, defines "the Vietnam syndrome" as "increased Congressional efforts to assert authority in foreign affairs." The senator's diagnosis is that, in response to "an unpopular war" (to which the nation was committed by its presidents "without the consent of Congress"), "Congress now seeks control over even the most minuscule foreign-policy initiatives."[182] The problem at the heart of this version of Vietnam Syndrome is congressional overreach in trying to oversee executive power, rather than the executive overreach identified by Church and the earlier editorial commentaries.

Nunn's account of the Vietnam Syndrome is fairly consonant with the divisions and weaknesses that Bush wanted the country to overcome by forcefully asserting American power against Iraq in 1991. But other influential political figures come even closer to Bush's version of the syndrome when they use the language of faction and domestic divisions. Journalist Robert Donovan reports that Maxwell D. Taylor, the former United States ambassador to South Vietnam, argued that "national security has fallen into disrepute" as an unfortunate consequence of the Vietnam war; "the victim of the post-Vietnam syndrome" (and as a result of the political scandal over Watergate). In Taylor's analysis, the heart of the problem is a "national mood . . . marked by an anti-military bias and a distrust of military solutions to foreign policy problems." While Taylor does seem to view this as a general phenomenon that follows on the heels of most wars, the stakes of addressing the syndrome are high: "The fact that we are divided by factions at home," he said, "means that we are not as strong—viewed from the other side—as we were before. Our self-confidence, our morale and, above all, our sense of national unity have been impaired." [183]

Though earlier discussions of Vietnam Syndrome criticized the war and the government forces pursuing military solutions abroad, by the late 1970s, the historical record suggests that its meaning as a political metaphor had consolidated around an

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[181] Hersh, "Senator Church to Press C.I.A. Issue."

[182] Tolchin, "Political Advisers Gain Foreign Role.". Nunn served as U.S. Senator from Georgia from 1972-1997 as a member of the Democratic party. He had a military background in the U.S. Coastguards and went on to serve as Chair of the Senate Committee on Armed Services. His interpretation of Vietnam Syndrome shows how some members of the Democratic party held conservatively inflected views of Vietnam's legacy.

[183] Donovan, "Nonmilitary Threats Worry Maxwell Taylor."

opposing interpretation. Now the problem was predominantly seen as an anti-military bias—a distrust of military solutions—that was persisting too long, imperiling American power.

In 1979, for example, some politicians who favored military action in response to the Iranian hostage crisis claimed that the Vietnam Syndrome would end. The use of force in a high-stakes political situation would finally overcome the divisions, "guilt and complexes" from Vietnam.[184] Other leading public figures made counter-arguments questioning the advisability of using force without proper public debate or consideration of all the possible consequences. But instead of questioning their opponents' particular construction of the syndrome—as was possible in the early 1970s—they appear to accept the parameters of this version of Vietnam Syndrome. They only contest the wisdom of using force. Historian Arthur Schlesinger Jr., for example, notes in an editorial that *if* we believe that we need to overcome Vietnam Syndrome, we will become "fools again." In his view, the rhetoric of legislators rejoicing, "that 'the Vietnam syndrome' is dead" shows that we have failed to learn the lessons of Vietnam, particularly the lesson that the "free discussion" of foreign policy may direct us away from "disastrous error."[185]

> The cry of 'national unity' has been used before to cut off debate and to conceal error. Democracy is not something to be suspended in an emergency. We are in trouble not because we have remembered Vietnam too long, but because we have forgotten it too quickly.[186]

Throughout the 1980s, newspaper references move away from medical meanings and begin to use "Vietnam Syndrome" almost exclusively as a description of debates over military policy. "Vietnam Syndrome" became a catchword for the assumption Vietnam's legacy was an anti-military bias that hampered America's ability to act decisively in defense of its interests and security abroad. Those who were concerned that military solutions might be too hasty, too costly, or not legitimate were understood to have impaired judgment. Foreign policy decisions described as vulnerable to the adverse influence of Vietnam Syndrome included debates over potential interventions in Lebanon, Grenada, and El Salvador (in the early 1980s); Nicaragua, Libya, Cambodia, and Korea (in the second half of the 1980s); and Bosnia and Turkey in the early 1990s. A rhetorical highpoint in this trend was Bush's 1991 claim that the U.S. had successfully "kicked" the syndrome by forcing Iraq's withdrawal from Kuwait. While Syndrome references did continue after 1991, they no longer have the same rhetorical unity and force as during the 1980s or early 1990s and are merely scattered throughout foreign

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[184] Smith, "Crisis Alters Attitude in U.S."
[185] Schlesinger, "No, Let's Debate Our Iran Policy."
[186] Schlesinger.

policy debates. There is a small uptick in popularity around the post-9/11 conflicts, but without the same kind of frequency or political traction that seemed evident in the 1980s.[187]

Bush's influential 1991 rhetoric was hugely indebted to Ronald Reagan's prominent use of the phrase in his speeches, both as a presidential candidate and during his presidency. I will examine the specific contours of Reagan's presidential rhetoric shortly, but first, I would like to locate 1980s syndrome rhetoric within a crucial interpretative context: what social historians call post-Vietnam "revisionism."

Post-Vietnam "Revisionism"

Within scholarly discourse, the kinds of views expressed in Taylor's or Bush's rhetoric about Vietnam Syndrome tend to be labeled as "revisionist." This label literally refers to a retelling of history that calls into question the established, "orthodox" accounts of the Vietnam war. In this case, however, the label and its scholarly context deserve special clarification. Among historians of the Vietnam war, the key debates have largely been between different brands of orthodoxy.[188] Revisionism in this context applies instead to a set of conservative interpretations of the war, which tend to focus

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[187] A ProQuest search across all major U.S. newspapers delivers the following statistics: In the 1970s, there were 0-4 news stories per year mentioning Vietnam Syndrome or post-Vietnam Syndrome (with mixed political and medical uses). During Reagan's presidency, the number went up to 10+ articles per year and almost all refer to the syndrome as a political metaphor. After Bush's speeches framing the success of the First Gulf War, there were 216 articles repeating the phrase. Then usage gradually tails off. In 1992, the number went down to 41, in 1993, there were only 17. In 2001, columnist William Safire revived the phrase, and while it was used relatively rarely throughout the 2000s, it was re-interpreted to have a greater range of meanings than during the 1980s and 90s. Medical uses of the phrase are confined to the 1970s.

[188] With notable exceptions: Sorley, *A Better War*; Moyar, *Triumph Forsaken*. The historians' orthodoxy is still, of course, characterized by contentious debate, but the central questions are not about whether the war should have been fought and could the U.S. have won, but instead focus on assessing the relative influence of structure and agency, Great Society v. geopolitical concerns, the role of domestic politics in shaping the war, and Nixon's and Kissinger's impact and intentions for a post-war Vietnam. Most recently historians have turned to examine non-US perspectives such as the roles played by the Chinese and Russians, as well as pluralizing their accounts of Vietnamese war-experiences. David Ryan suggests that the orthodox approaches can be characterized as differently themed ways to critique US policy moving through "quagmire" themed analyses, to "stalemate, "folly," and then "tragedy;" he also notes that the revisionist and orthodox labels are applied to the Cold War in an entirely different way: in Cold war analyses, *initial* historical work produced "histories that were originally supportive and explanatory" of the official policy attempts to contain the Soviet Union and only later do "the revisionists provide a critique." However, in Vietnam war literature, the "orthodox readings of the war are critical [of government policy, and] the revisionists, emerging from the late 1970s onward provide a more exculpatory analysis." See Preston et al., "'Rethinking the Vietnam War' by John Dumbrell."

on security concerns and fears of communism, and is characterized by a sharp distaste for domestic progressive social movements. Former policy makers and journalists, rather than historians, are the key authors of these views, and brought them into public discourse in the decades immediately after the war.[189] Most of the scholarship that addresses "revisionism," then, comes from the fields of cultural studies and social history, and engages critically with the op-ed pieces, high school history textbooks, political discourse, and films that advance conservative interpretations of the war. The goal is usually two-fold: to call attention to factual errors and contested interpretations, and to assess the ongoing effects of revisionist versions of the war on the nation's collective memories about Vietnam, as well as current identity and foreign policy choices.

While scholars are interested in how revisionism has affected subsequent conversations about U.S. wars, they have not yet thoroughly assessed the ways this occurs in terms of mental health constructs, nor the potential impact of conservative narratives on contemporary conversations about soldiers' mental health. The remaining sections of this chapter address this gap, focusing on the distinctive and influential way that "revisionist" narratives draw on mental-health imagery in the presidential rhetoric of Reagan and Bush, and the complementary images produced by the *Rambo* film franchise.

However, even as this chapter contributes to scholarly work on revisionism, the central point is not to assess these conservative views as either accurate or false, but rather to engage with questions about the legacy that the conservative views have left behind.[190] As a result, I generally continue to use the word "conservative" rather than "revisionist" to describe a package of views that are security-focused, communist-fearing, and against the antiwar movement. While "conservative" is a much broader term (and includes other interpretations of the Vietnam war that are not described here) it does not prejudge the accuracy or value of the interpretation being assessed. As the chapter's later examples will show, it is only some versions of Vietnam Syndrome that take on notably aggressive and belligerent forms. And avoiding the word "revisionism" allows me to focus on the effects of the various claims, without taking a stand on their historical accuracy. I also contrast the conservative perspective with

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[189] Examples include former policy makers such as Henry Kissinger, Richard Nixon, Walt Rostow, William Westmoreland; journalists include Norman Podhoretz and Michael Lind.

[190] This chapter is focused on the effects, but it is also quite difficult to assess these accounts of the war from the perspective of truth and facts. As David Ryan notes, much of the content rests on counterfactual claims, for example: "the war *could have* been won, the war was necessary because of consequences that *would have* happened and so on." This reliance on counterfactuals may be part of the reason why revisionist claims do not get much attention from historians of the war—the claims are not often things that historians can "prove, disprove, falsify or even test empirically." See Preston et al., "'Rethinking the Vietnam War' by John Dumbrell."

various labels including "liberal," "progressive," and "antiwar" throughout, not because these are interchangeable, nor, indeed, anything like internally homogenous categories (each label can apply to varied views), but because these are the terms that are used by conservative speakers to refine and differentiate the political landscape, as well as to depict the object of their critiques. [191]

In order to counter perceived "revisionist" inaccuracies, scholars are often painstaking in their presentation of historical evidence, but they also often note that revisionist assumptions about the war are very deeply rooted in the culture, especially among younger generations who were not alive during the war and who have been educated with only vague descriptions of the war's political stakes. [192] Many people who were alive at the time also seem content today to remember the war through a clouded lens, meaning that revisionist narratives are often not assessed with any kind of critical scrutiny. Scholar of revisionism Linda Boose suggests that most U.S. citizens remember Vietnam as "a bad war that we didn't win and probably shouldn't have gotten into," but emphasizes that the ideological issues that defined the debate, especially the reasons why Vietnam was a "bad" war, have "receded into oblivion." [193]

This vagueness is especially worth noting in a project like this one, which seeks to clarify the impact of Vietnam-era constructs on contemporary frameworks for understanding suffering, because it highlights that many people engaged in contemporary debates, including the young people fighting in the current U.S. wars and their civilian peers, may not have an appropriate background to assess the potential sources and implications of the depictions of war and soldiers' distress that they consume. Furthermore, the high-profile, popular depictions of Vietnam assessed in this chapter might, in fact, be more influential on public perceptions than the established historical record. [194] With this background in mind, I begin the next section with a brief overview of what I'm calling a conservative interpretation of Vietnam, and contrast it with alternative accounts. My goal, again, is not to portray either view as good or right (or to over-simplify complex views), but to lay out the basic terrain on which

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[191] Dumbrell, *Rethinking the Vietnam War*, 141, for example, highlights the highly "variegated" composition and political effectiveness of the Vietnam era antiwar movement, including the "banal, morally anguished, and decent" and a sizable number of military participants.

[192] Lewis, *Hardhats, Hippies, and Hawks*. The reliance by revisionist claims on counterfactuals may be part of the reason why this evidence-based approach does not seem to be effective at changing people's perceptions of the war. See discussion in footnote 10.

[193] A 2000 Gallup poll, for example, found that "Nearly one in five [Americans] believe incorrectly that U.S. troops fought on the side of the North Vietnamese." And the youngest respondents (aged 18-29) who have no memories of the war are the least well informed: "27% say the United States backed North Vietnam, 45% say the South Vietnamese, and 28% express no opinion." Mark Gillespie, "Americans Look Back at Vietnam War," November 17, 2000. See Boose, "Techno-Muscularity and the 'Boy-Eternal,'" 583.

[194] Hixson, "Four Decades On," 48.

popularized interpretations of Vietnam diverge, and provide interpretative context for the 1980s consolidation of Vietnam Syndrome rhetoric about "anti-military" and "anti-interventionist" meanings.

Contrasting Views of the War

Contemporary narratives about the Vietnam war usually convey that that the U.S. was deeply divided. Scott typifies this view, interpreting a 1975 Gallup poll to show that 51% of the country thought the "war is just, but felt betrayed by the left and 49% saw the war as unjust, and thought the nation was being betrayed by the right."[195] But even as the divisions are widely acknowledged, the nature and legacy of these divisions is often under-specified. In conservative rhetoric, for example, the war is often described as bad because it was divisive, rather than bad because there was actually something amiss with the policy.[196]

The conservative view, which assessed, and continues to view the war as an important and necessary undertaking, tends to emphasize three inter-related claims, each of which is positioned in opposition to progressive or antiwar views. First, because the Vietnam war was a necessary war, and a good policy in theory (even if it ran into problems in practice), this perspective tends to assert that the United States should have won the war and defeated the north Vietnamese. After all, the U.S. was the superior military power and had moral right on its side, as it was opposing communism and advancing the cause of democracy and freedom. This view pushed against the antiwar narrative, which tended to propose that the war was unjustifiable from start to finish: Begun via manipulation of the facts in the Gulf of Tonkin, and conducted in a way that forced U.S. soldiers to adopt unsavory tactics (for example, the conundrum of destroying villages to "save" them from communism). From the antiwar perspective, the question of winning or losing was largely irrelevant, although many suggested that one cannot hope to win an insurgent guerilla war—the tactics involved make conventional ideas of victory impossible to achieve. Instead, the key question was: Why is America fighting in this war, and why should it continue? The underlying conviction in these antiwar views is, of course, that the U.S. should never have entered the war.

Second, conservative interpretations tended to emphasize the U.S. antiwar movement (and liberal media) as the source of problems—in fact, in some accounts, it is the key to why the U.S. did not win in Vietnam. Furthermore, such social movements

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[195] Scott's reference to the poll numbers has proven difficult to verify, but the account of the war accurately captures commonly held beliefs. Scott, Wilbur J. (2004) *Vietnam Veterans since the War: The Politics of PTSD, Agent Orange, and the National Memorial*. University of Oklahoma Press.

[196] See, for example, George Bush's rhetoric in his 1989 Inaugural Address: "The lasting lesson from Vietnam is that we cannot afford to be sundered by a memory." Bush, "Inaugural Address."

and the "values" they promote (for example, minimizing U.S. involvement in foreign wars) are understood as a danger to future U.S. security. According to this explanation, the U.S. did not succeed in its military-policy objectives in Vietnam because a disruptive, unpatriotic, and wrong-headed sub-group of the population protested against the war, received a platform from a biased media, and constrained politicians, limiting their willingness to commit to victory in Vietnam. This account contrasts with that of progressive groups, who viewed the antiwar movement as a breakthrough in the rising consciousness of the effects of violence, and the importance of ethical assessments of foreign policy-making.

Third, conservative perspectives tend to view U.S. troops as victimized by antiwar politics, because they were placed in the impossible situation of pursuing a cause without the appropriate means to succeed. Antiwar protesters were seen as inappropriately burdening soldiers who had sacrificed and served their nation. Soldiers had been set up to fail; in the words of film character John Rambo, they had not been "allowed to win". To add insult to injury, they were treated disrespectfully on their return home by civilians who objected to the war.[197] The antiwar perspective shared the view that U.S. soldiers were in an impossible situation, but on very different terms. From the progressive perspective, the war could never be "won" on practical grounds, and Vietnam would always represent a moral defeat for U.S. ideals. Progressive groups also tended to show concern for veterans' mental health, assuming that the war would inevitably cause inner harm.

Reach and Influence

While a conservatively inflected and liberal (or war-critical) position on the Vietnam war can be laid out like opposing arguments in a debate, most scholars of revisionism emphasize that these accounts of the war gained public traction one after the other.[198] While antiwar critiques were prominent at the war's end, by the mid 1980s, the conservative views—often in more antagonistic or extreme forms than those articulated above—had gained significant prominence. The changing meanings of Vietnam Syndrome as a political metaphor in the 1970s appears to follow this same trajectory, with various liberal and antiwar constructions of the syndrome giving way to a conservative version by 1979.

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[197] *Rambo* ends with Rambo's angry speech that includes the assessment of Vietnam "but someone wouldn't let us win", see Kotcheff, *Rambo*. *Rambo II* opens with his former commanding officer, Colonel Sam Trautman asking for Rambo's help on a new mission, to which Rambo responds: "Do we get to win this time?", see Cosmatos, *Rambo II*. For scholarly accounts of veterans' mistreatment see Shephard, *A War of Nerves*; Finley, *Fields of Combat*.

[198] Hixson, "Four Decades On"; Lewis, *Hardhats, Hippies, and Hawks*.

Scholars who examine the rising popularity of conservative narratives about Vietnam argue that struggles over Vietnam's meaning play out in a variety of media, including political discourse, high school history textbooks, and popular films.[199] For example, Hixson argues that in the immediate aftermath of the war, President Nixon's disproportionate focus on securing the release of American prisoners of war (POWs), and finding out more about soldiers who were still missing in action (MIA) had a diversionary effect, deflecting public attention away from an accounting of the mistakes made during the war.[200] While there were serious goals at the heart of the POW/MIA movement, including seeking further information about lost family members and securing the repatriation of remains, in Hixson's analysis these issues became a rallying point for conservative critics who claimed that, by seeking peace, the government was covering up and abandoning allegedly large numbers of MIA Americans still being held by the Vietnamese.[201] This issue moved from the realm of political discourse to Hollywood with *Rambo II*, in which Rambo, a Special Forces veteran, conducts a solo mission into hostile territory to rescue POWs abandoned by the government and the (civilian, bureaucratic) CIA. Thanks to the intense popularity of the *Rambo* films, Hixson claims that by the mid-1980s, there was more concern about MIA/POWS as an unresolved problem stemming from Vietnam than when the issue had been addressed predominantly with policy and negotiation efforts during the 1970s. [202]

Scholars of revisionism have also noted trends in film history that demonstrate the growing cultural traction of conservative versions of the war. Lewis, for instance, characterizes post-Vietnam films moving through several distinct stages. The initial response to the war was silence, followed by fearful depictions of veterans, then

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[199] Hixson, "Four Decades On"; Lewis, *Hardhats, Hippies, and Hawks*. Gallup polls through 2000 suggest counter evidence to this claim, noting that a majority (and a rising percentage) of Americans "think the war was a mistake" from August 1968 on. However, concluding the war was a "mistake" does not necessarily mean that the moral and legal objections to the war have similar mass support, nor is it an indication that a majority of Americans' supported the activities of the antiwar movement. In fact, the Gallup questions are often phrased in a manner that seems designed to yield agreement across significant divisions, thereby masking those divisions from view. For example, Americans might have many different reasons for thinking that the Vietnam war was a "mistake," including: because it was immoral or illegal; because the war caused divisions; because it was not waged in a sufficiently forceful way; because it was not appropriately supported by civilians; because it was mismanaged from a PR point of view; because the U.S. "lost"; or because the U.S. failed in its policy objective of saving Vietnam, even as it "won" the moral question of whether communism should be resisted.

[200] Martini, *Invisible Enemies*, 207.

[201] Hixson, "Four Decades On," 47.

[202] Hixson cites a 1990 poll that showed 84 percent of respondents believed that Vietnam still (in 1990) held American captives, see Hixson, 47. He argues that these beliefs held up the normalization of relations between the U.S. and Vietnam until Clinton's presidency, and sparked controversy over Asian American architect Maya Lin, being selected as the designer for the Vietnam Veterans' memorial, see Hixson, 50–51.

"revisionist" accounts that tended to "defend or justify the war effort," and which attributed U.S. defeat to a "lack of political will to fight," and "blamed . . . domestic opposition to the war." Finally, in her view, antiwar or anti-revisionist depictions of Vietnam begin to emerge to counter the revisionist portrayals.[203]

Hixson offers a slightly different characterization of this progression, arguing that an initial wave of films produced at the end of the war and immediately afterward (such as *The Deer Hunter*, *Coming Home*, and *Apocalypse Now*), cast a negative or ambiguous light on the U.S. intervention. By the 1980s, films like *Platoon* and *Full Metal Jacket* set up what became a "dominant" cultural frame, where the "traumatic experiences of American veterans" were portrayed front and center, without engaging other political issues (like what the war was about, or why people might have disagreed about it) or other forms of suffering (such as the impact of the war on the Vietnamese).[204]

Hixson characterizes a third wave of Vietnam-engaged films in the 1980s as "revivalist," portraying violence as a redemptive cure for a world beset by evil.[205] In his view, the *Rambo* and *Missing in Action* franchises are the best examples of this genre, where militant heroes set the world to rights using their own superior martial strength and cunning. The films find interesting resonances in political rhetoric. Just as the plot of *Rambo II* seems to have been influenced by the political activation of the MIA/POW issue, the fictional portrayal of Rambo completing his mission against all odds in *Rambo II* was mirrored in political rhetoric a few years later, in President Bush's 1991 claim that America's successful defeat of Iraq constituted a triumph over the divisive and weak legacy of Vietnam.

While the prominence of conservative views of the war in film might seem insignificant for higher-level political debate about the legacy of the war, or for cultural interpretations of real soldiers' suffering, it must be kept in mind that these films are very powerful: as Hixson notes, "They're the evidence for the cultural production of this 'popular knowledge' about the history of Vietnam." And whereas "Tens of millions of people have seen the *Rambo* films," only a tiny fraction of this number has read a basic history of the Vietnam War.[206]

Scholars of revisionism are aware that narratives centered on veterans' suffering—either in film or rhetoric about POWs—can have the effect of displacing other issues, however, they often move too quickly over the particular ways in which revisionist claims are constructed when they make use of mental health and soldiers' suffering. There are several factors that contribute to this gap. Some revisionist critiques focus on

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[203] Lewis, *Hardhats, Hippies, and Hawks*, 29.

[204] Hixson, "Four Decades On," 48–49.

[205] Hixson, 48–49.

[206] Hixson, 49.

revealing consistent themes across a wide array of disparate examples and do not engage closely with the complex content within specific cases (for example, Hixson's film analysis above). Others focus on the implications of conservative narratives for specific issues such as how these narratives construct class politics or gender. Such analyses necessarily position ideas about mental health and soldiers' suffering within conservative narratives on the margins of their analyses.[207] *Rambo*, however, is not only a film about redemptive violence and the fictional corollary to political rhetoric about POWs; it is also an influential portrayal of the psychic injuries inflicted on veterans by an unwelcoming public at home (and is discussed as such in more detail below). It is a central example of how conservative narratives of this period use ideas about mental health in ways that diminish the value of antiwar views and simplify the complexities of veterans' experiences.

Soldiers' Distress, and the Status of Antiwar Views

One fruitful way of drawing out these elements is to compare the presentation of veterans' suffering in the *Rambo* films with *Coming Home* (1978). While not as popular or prominent as the Rambo franchise, *Coming Home* is a rich example of an earlier film that put forth alternative views of suffering as well as war.[208] In fact, *Coming Home* exemplifies some of the key themes laid out in *Home from the War*, Lifton's 1973 study of the psychological effects of war on veterans who became involved in the antiwar movement.[209]

Coming Home portrays three veterans struggling with the after-effects of war, each exemplifying one of the distinct forms of guilt described by Lifton. One young veteran is thrown into passive, self-lacerating conflict with his war experiences and commits suicide. A second veteran (already physically injured and wheelchair-bound), is so provoked by the first veteran's suicide that he engages in antiwar activist activities, including chaining himself to the gates of the recruitment center. He speaks to auditoriums of high school students about the gap between the allure of heroic service and the reality of death and killing. The third veteran is also driven to suicide, but the events that prompt his decision seem to arise entirely from the dissonance he experiences upon returning home from the war, where he encounters antiwar protests and discovers that his wife is having an affair with the second veteran. While many

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[207] For example, Penny Lewis assembles her evidence to support an argument about class politics, while Susan Jeffords focuses on the impact of these narratives on the construction of gender. See Lewis, *Hardhats, Hippies, and Hawks*; Jeffords, *The Remasculinization of America*.

[208] Set in 1968, the film was released in 1978 and was directed by Hal Ashby. While no longer a prominent part of the war canon, *Coming Home's* lead actors both won Oscars.

[209] Discussed in detail in the previous chapter. I do not know if the film was influenced by Lifton's analysis.

commentators view it as an antiwar film, in my assessment, the overall effect is to highlight varied responses among veterans and the multifaceted nature of the costs of war.[210] Notably, the film also portrays themes often emphasized by conservative perspectives, such as a veteran's sensitivity to antiwar protest.

The *Rambo* films offer a sharply contrasting version of suffering.[211] While Rambo is not known for loquacious speeches, his statements on the war and its impact on him are all the more powerful for how little he says about anything else. *Rambo I: First Blood* depicts the following details about Rambo's internal sufferings (the character does not describe any of these experiences as difficult or stressful himself): He finds out that the last of his fellow unit members has died of cancer (all the others seem to have died in combat); he is treated disrespectfully by local U.S. police; he has a flashback of being tortured by the North Vietnamese; and he is beaten by local police who take issue with his surly attitude. After he takes on the police and blows up half of a small U.S. town, Rambo delivers this speech to his former commanding officer about the impact of the war, placing the primary responsibility for his internal distress on insensitive civilians and ineffective government leaders:

> Nothing is over! Nothing! You just don't turn it off! It wasn't my war! You asked me, I didn't ask you! And I did what I had to do to win! But somebody wouldn't let us win! And I come back to the world and I see all those maggots at the airport, protesting me, spitting. Calling me baby killer and all kinds of vile crap! Who are they to protest me? Who are they? Unless they've been me and been there and know what the hell they're yelling about![212]

One of the key effects of the conservatively inflected emphasis on soldiers' distress is that it fosters dismissive approaches towards antiwar voices. For example, the reference made by Rambo at the end of *Rambo I* to being spat on by antiwar protesters has yielded its own cultural meme and controversy, and popular-cultural references to incidents of protesters spitting on veterans abound. However, in scholarly and medical studies, there were so few corroborating accounts that Jerry Lembcke, a Vietnam veteran and sociologist, and columnist Bob Greene independently went in search of further evidence. The results were mixed. Greene reported wrenching accounts of veterans feeling abandoned and being spat on, but Lembcke argued that such experiences were in part projections by the veterans, and offered evidence that antiwar

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[210] *Coming Home* does tend to get dismissed as an "antiwar" film, in part because an actress active in the antiwar movement, Jane Fonda, takes one of the lead roles. But the portrayals of veterans' views of the war are extremely complex, making the overall effect of the film difficult to categorize.

[211] Additional close readings of the ways veterans' suffering is presented in the most popular films of the period would be a welcome supplement to this analysis.

[212] Kotcheff, *Rambo*.

protestors were also being beaten and abused for their views.[213] The spitting story in *Rambo*, however, presents civilian protesters as a central source of veterans' mental struggles.

Conservative interpretations of the war further undermine the credibility of the antiwar movement by framing it as a form of class warfare, where liberal elites and "crazy" hippies took advantage of working-class patriotism. Lewis examines the frequently-cited claim that class divisions played a decisive role in producing disagreement about the Vietnam war (rather than disagreement about the issues of why the U.S. was fighting the war). According to these views, the working class supported the war appropriately, and fought for their country when asked, while liberal upper-class elites were unwilling to fight, manipulated the selective service system to get out of the war, and protested. The antiwar movement was blamed for negative effects on policy, the war's outcome, and the well-being of veterans.

Lewis notes that while there is some truth to these descriptions of class differences, they are complicated by the high levels of working-class participation in the antiwar movement. Liberal elites may have had greater representation in antiwar movement leadership, and may also have known better how to play the selective service system to their advantage. But, she argues, the simplified version of Vietnam as a class war that is presented in films and history textbooks fundamentally distorts the reality that there was a diverse coalition of people who participated in the antiwar movement, across class lines, including numerous working-class veterans who took to the streets in protest.[214] Ultimately, Lewis could go further in her critique and argue that the class makeup of those who fought and those who protested do not necessarily have to be interpreted in a way that reflects badly on the antiwar movement.

Lewis does emphasize that the negative focus on elites and radical fringe groups like the Weathermen often obscures the magnitude of veterans' and soldiers' protests. She notes that, "Close to a quarter of all service personnel participated in the military antiwar movement as soldiers or veterans."[215] These antiwar actions by veterans brought credibility to the movement, in part because the veterans risked greater personal consequences for their involvement than their civilian counterparts. Their involvement was also immune to the criticism so frequently leveled at the antiwar protestors, that "hippies" or other clueless civilians have no right to protest. Veterans "were in fact patriots by the pro-war folks' own definition," so their participation in protests had tremendous impact on the public. As one veteran participant described, it "took away more and more of the symbolic and rhetorical tools available to the pro-war

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[213] Greene, *Homecoming*; Lembcke, *The Spitting Image*; Shephard, *A War of Nerves*.
[214] Lewis, *Hardhats, Hippies, and Hawks*, 123.
[215] Lewis, 117.

folks. . . . We took away little by little the response people had not to listen to the antiwar movement."[216] Even a pro-war commentator noted that he had respect for veterans in the antiwar movement: "These guys were different. They had paid their dues. They earned the right to say what they were saying. And they were good guys. It was interesting to hear their story. I started to have a different outlook on the war."[217]

Lewis' work highlights how these class-based explanations of conflict between different sectors of U.S. society are developed in ways that distort and therefore diminish the perceived legitimacy of the antiwar perspective. While it is difficult to appreciate in a time when much of the impact of the antiwar movement has been subjected to conservative re-framing, Lewis' work argues that opposing the war was in fact becoming more and more culturally acceptable through the 1960s, across vastly different communities.[218]

Presidential use of "Syndrome" as a Political Metaphor

Thus far, this chapter has offered two key contexts for interpreting Bush's 1991 use of the phrase "Vietnam Syndrome": First, through the term's historical emergence during the 1970s (in medical and political forms), and second, as a conservatively inflected "revisionist" interpretation of the war. The phrase can be further contextualized as part of a trend of medical-political metaphors that entered into American presidential rhetoric in the 1980s and 1990s. Setting aside actual medical conditions, a range of "syndrome" metaphors have featured prominently in U.S. presidents' rhetoric to explain (and often dismiss) undesirable situations or political positions.[219] Ronald Reagan and George H.W. Bush were the most prolific users of syndrome rhetoric, but every president from Nixon to George W. Bush has made some use of syndrome metaphors.[220] The targets have been diverse, with a range of modes

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[216] Ben Chitty, Vietnam Veterans Against the War (VVAW) organizer. See Lewis, 132.

[217] John O'Connor, former air force medic, who joined the Washington DC police on his return from war and was assigned the task of infiltrating the newly-formed National Peace Action Coalition in 1970. He told Andrew Hunt, the VVAW historian who interviewed him, that he "generally disliked the activists he met," and that he "cheered the hardhats when they smacked them around." While working in the office, however, he met VVAW organizers, who asked for his help with their work. See Lewis, 131.

[218] Lewis, 137. This interpretation suggests that while antiwar views have *never* been popular, or supported by a majority of the population, the impact of a diverse array of progressive social movements and the visible participation of veterans in the anti-Vietnam movement seems to have allows this antiwar movement to have greater (and gradually rising) legitimacy towards the end of the war.

[219] Truman, "Executive Order 10001."

[220] While Obama is the only president since the late 1960s that has withstood the temptation to frame some undesirable viewpoint as a "syndrome," George W. Bush also did it only rarely. The trend declined at the end of Clinton's presidency.

and effects. Parsing these modes and effects seems especially significant in the context of presidential discourse, which is intended to be tremendously influential: it is typically crafted with unusual care, and even fought over, by speechwriters, who weigh their words' probable effects strategically.[221]

Sometimes syndrome rhetoric seems primarily designed to call attention to something amiss and in need of intervention, but other times the effect goes further, simultaneously explaining and dismissing an unwanted viewpoint. Examples of the first kind include Carter's (1978) reference to the "boom and bust syndrome" to discuss cycles of undesirable economic activity—thus pointing our attention towards altering a system that produces undesirable outcomes, not dismissing the economy or people involved in it.[222] Likewise, "group-think syndrome"—an idea that first emerged from the Cuban missile crisis, in response to the concern that there were too many concurring opinions—is usually discussed as a problem in political decision-making that suggests the need for alternative arrangements that avoid or limit the dangers of group-think.[223] The use of the word "syndrome" in these two cases does not seem intended to dismiss a position or view; in fact, in the previous example, calling group-think a syndrome emphasizes the problems that will arise from decision-making processes in which outside and contrary perspectives are not included or heard.[224] The early medical uses of Vietnam Syndrome in op-ed pieces had similar characteristics: the apparent primary purpose of Shatan's and Rosett's articles was to direct public attention toward the serious problems of soldiers' distress.

In examples that go further towards dismissing a situation or position, Nixon in 1973, used the phrase "fear syndrome" to describe protesters who opposed nuclear power. [225] In this case, the word "syndrome" was being used to identify not a problem of human behavior that could be addressed with policy alternatives, but a problem with other people's perceptions. To extend the medical analogy, the pathological element was attached to the views themselves, or directly to the feelings (unreasonable fears) that drive and shape those views. Fear syndrome suggests that is appropriate (and

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[221] For a discussion of the high stakes background politics of presidential speechwriting, see, for example, Ritter and Medhurst, *Presidential Speechwriting*.

[222] Carter, "Denver, Colorado Remarks at a Meeting with Environmental, Community, and Governmental Leaders."

[223] Ford, "Remarks and a Question-and-Answer Session at Wheaton College in Wheaton, Illinois."

[224] This issue is central to the concerns of the present project: My claim is not that antiwar voices are right, but they should not be excluded from debates about current wars, and from discussions of soldiers' distress.

[225] Nixon was the first president to use the word "syndrome" in a manner that seemed overtly intended to dismiss a political or social position. See, Nixon, "Remarks at the National Association of Realtors Annual Convention."

recommended) to dismiss the views of those opposing nuclear power, because those opinions arise from unreasonable emotions rather than clear-headed evaluation.

Of course, presidential rhetoric can often work in multiple ways simultaneously, and interpreting its effects can depend on the context and political viewpoint of the interpreter. Clinton (1998), for example, tried to leverage Republican electoral strengths for his own political advantage by using the phrase "M&M syndrome" or "Money and Midterms."[226] Clinton was claiming that Republican candidates have structural advantages in midterm elections because they have greater funds available and don't have as many barriers to getting their voters to the polls (presumably because more Democratic voters have to work, and are unlikely to make the effort in lower-stakes elections). While this structural analysis could possibly be read as a call to action to try and overcome this problem, it also has a clearly dismissive effect: Republican successes in midterm elections are not due to the greater appeal of their ideas, but rather to economic advantages.

There are also examples where a behavior or attitude is presented in such over-the-top language as to be thoroughly pathologized. For example, consider Nixon's references to young people's vulnerability to drug addictions. Part of his phrasing sounds like a call for constructive engagement with the social and psychological factors that create medical crises and that turn young people towards drugs. He says that there is "a syndrome of the growing-up child with anxieties, frustrations, turning to drugs of any kind."[227] But the way he develops this idea trivializes the young people as desperate drug fiends, shifting our attention away from their plight and towards the risk they pose for other Americans:

> In certain regions, they are so crazy and insane as to inject into their bloodstream peanut butter, because somebody said that peanut butter gives you a high, and they die from that. Mayonnaise they are inserting into their bodies.[228]

The examples raised in the foregoing analysis also show that while republican and democratic presidents all favor "syndrome" rhetoric, it has been used more frequently and in more escalated terms by republicans. Republican presidents also tend to be more dismissive of views or behaviors, while democratic presidents tend to target structural problems that affect people's well-being. For example, compare the ways in which both Clinton and George W. Bush took aim at the healthcare system using syndrome-based metaphors. Clinton used "pre-existing condition syndrome" to describe the systemic policy-related problems experienced by those who are already ill but need coverage;

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[226] Clinton, "Remarks at a Unity '98 Dinner in Los Angeles, California."

[227] Nixon, "Remarks at a Bipartisan Leadership Meeting on Narcotics and Dangerous Drugs."

[228] Nixon.

whereas Bush used "bulletproof" syndrome to refer to young people who wouldn't buy into and support the healthcare system, because of their belief that they would never get sick.[229]

Among these politically valenced syndromes, Reagan's and Bush's version of Vietnam Syndrome has special prominence. It is the most frequently used and most extensively elaborated on.[230] However, presidential usage of Vietnam Syndrome also operates in a variety of ways: sometimes explaining and dismissing policy disagreements, and at other times, attacking liberals and/or the antiwar sentiments in expansive, pathologizing terms. This range of tone and effect may help explain why the conservative interpretations of Vietnam are so influential. Cumulatively, their many messages are able to appeal to a wide range of listeners.

From Reasonable Disagreement to Sick and Harmful

Reagan brought his version of the syndrome into prominence during his presidential campaign. His earliest and best-known speech on the subject, "Restoring the Margin of Safety," was delivered at the Veterans of Foreign Wars Convention in Chicago on August 18, 1980.[231] Reagan had recently received both the Republican presidential nomination and the endorsement of the VFW (an endorsement that had often gone to Democratic nominees in previous presidential campaigns).

> For too long, we have lived with the "Vietnam Syndrome." . . . It is time we recognized that ours was, in truth, a noble cause. A small country newly free from colonial rule sought our help in establishing self-rule and the means of self-defense against a totalitarian neighbor bent on conquest. . . . There is a lesson for all of us in Vietnam: if we are forced to fight, we must have the means and the determination to prevail or we will not have what it takes to secure the peace.[232]

This usage enriches the basic parameters of the conservative interpretations of war by *avoiding* issues central to critical views of the war. By emphasizing that the cause was noble, Reagan focuses on U.S. intentions, sidestepping whether the cause was sufficiently persuasive to justify military action. He also avoids debates about whether the way the war proceeded and ended were legitimate. Reagan's emphasis on noble

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[229] Clinton, "Remarks to Physicians and Supporters on Health Care Reform"; Bush, "Remarks in a Discussion on Health Care Initiatives."

[230] The term was used by Reagan in nine separate public addresses during his presidency, and numerous times during his first campaign. Bush used it in at least six separate public addresses. No other metaphorical syndrome comes close: Washington monument syndrome is the next most prominent phrase, used four times by W.H. Bush. All other syndromes are used only once or twice.

[231] Reagan, "Address to the Veterans of Foreign Wars Convention in Chicago."

[232] Reagan.

intentions can have the effect of soliciting agreement across divided viewpoints, since it avoids controversy: regardless of what one thinks of other parts of the war, we can all agree that the cause, at least, was noble. Reagan also directs attention towards the issue of why the U.S. lost (leaving aside the questions about U.S. involvement that some critics of the war raise); he asserts that the primary reason for this loss is that the U.S. lacked sufficient commitment. Thus, the key lesson for citizens to take away from this war is the determination to prevail —not, for example, the idea that policymakers need to guard against committing U.S. soldiers to wars of questionable legitimacy in the first place. Within these claims, the "syndrome" is defined negatively, as a set of values opposed to the ones Reagan is promoting. He implies that people who don't agree with his assessment of the war have not yet recovered from the syndrome.

One way that Vietnam Syndrome rhetoric works is by describing why some Americans continue to favor non-interventionist positions in the aftermath of Vietnam. In numerous speeches, Reagan uses the phrase to simultaneously explain and dismiss these views.[233] For example, in 1981 he had this exchange with a reporter:

> Q: Mr. President, is there any danger that we can become involved in El Salvador to the point that we might not be able to extricate ourselves easily?

> The President: No, I don't think so. I know that this is a great concern. I think it's part of the Vietnam Syndrome, but we have no intention of that kind of involvement. But there's no question but that we are in support of the government there against those who are attempting a violent overthrow of the government.[234]

Disagreements are explained as the result of a mistake, a foolish belief on the other party's side. In this case, the mistake includes the underestimation of communist threats, and inappropriate analogies between U.S. foreign policy in Central America and Vietnam. Reagan also explained domestic political disagreements about his proposed policies towards the Sandinista government in Nicaragua in these terms:

> . . . [the opposition is] suffering from something I call the Vietnam Syndrome. I think too many of them, remembering our entanglement there, 10,000 miles away from our own land, and think that this might lead to our military involvement. And, so they have been cautious about what we can do. As I've already explained, we have no intention of military involvement nor do I think it is needed. And I think as more of them come to see that,

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[233] Podhoretz repurposed this phrase from the Second World War in his 1976 essay "Making the World Safe for Communism," arguing that *both* conservatives and liberals who oppose an active U.S. military strategy to limit the spread of communism are hampering U.S. security. His reading is one example of a more nuanced account than I am offering here with my label "conservative". There are also varieties of conservative perspectives that favor a non-interventionist approach to U.S. foreign policy after Vietnam.
[234] Reagan, "Remarks During a White House Briefing on the Program for Economic Recovery."

and also as more of them have come to realize the real nature of the Sandinista government—that it is a totalitarian, Communist government—that that opposition is lessening.[235]

In this presentation of the syndrome, the opposing voices are still portrayed as reasonable—in fact, Reagan suggests over and over that they will likely correct their error and overcome the syndrome.

For Reagan, the syndrome is a problem because of the costly security outcomes of taking an isolationist stance:

> We do not stand alone in the world. We have Allies who are with us, who look to America to provide leadership and to remain strong. But they are confused by the lack of a coherent, principled policy from the Carter Administration. . . . When we do not lead, we weaken the unity and strength that binds our alliances. . . . We must now reverse this dangerous trend and restore the confidence and cohesion of the alliance system on which our security ultimately rests.[236]

The syndrome thus implies not only an inability to realistically assess threats, and overly cautious behavior, but the resulting unwillingness to intervene in world politics creates undesirable security outcomes, like abandoning U.S. allies, not preventing communism abroad, and the decline of the U.S. military:

> [Past attitudes] prevented us from giving some support when we could have prevented there being a Communist government in Angola. . . . What we're seeing is the end of the post-Vietnam Syndrome, the return of realism about the Communist danger.[237]

The non-interventionist beliefs at the heart of the syndrome are also positioned as illegitimate because of where they come from: Reagan sometimes presents their origins as the product of communist propaganda. For example:

> Much of that syndrome has been created by the North Vietnamese aggressors . . . Over and over they told us for nearly 10 years that we were the aggressors bent on imperialistic conquests. They had a plan. It was to win in the field of propaganda here in America what they could not win on the field of battle in Vietnam.[238]

Reagan's final sentence takes the idea of propaganda even further, suggesting that the American soldiers overseas *won* in combat, while American protesters back home

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[235] Reagan, Interview with Guillermo Descalzi of the Spanish International Network.

[236] Reagan, "Address to the Veterans of Foreign Wars Convention in Chicago."

[237] Reagan, "Remarks at a White House Briefing for Supporters of United States Assistance for the Nicaraguan Democratic Resistance," March 10, 1986.

[238] Reagan, "Address to the Veterans of Foreign Wars Convention in Chicago."

actually succumbed to the enemy. Non-interventionist politics are, according to this account, not just a product of communist propaganda, but also of resentful losers.

At other times, non-interventionist views were thought to arise from undesirable emotions, including "self-doubt, vacillation, and confusion."[239] Those suffering from the syndrome gave into "guilt feelings," and inappropriately "blamed" [240] America instead of overcoming their own impulses:

> We're ending the Vietnam Syndrome. . . . The old politics, the post-Vietnam Syndrome, the partisans of 'Blame America First,' are fading fast.[241]

This emotional framing is more dismissive than describing a mere difference in opinion. Once guilt, blame, and self-doubt are added to the syndrome, the pathological elements are more likely to be associated with the people who have these feelings than their views. The syndrome is then associated with a flawed personality, rather than with a reasonable actor who holds an alternative view.

Indeed, the emotions that are emphasized here notably align with some of the more stigmatizing attitudes toward soldiers' mental-health constructs, which linked suffering to weakness, lack of character, lack of patriotism, and insufficient manly courage or will to endure a challenging experience. Reagan suggests that the syndrome has "broken the will of the American people," and overcoming it requires great commitment.[242] In the previous chapter, I discussed the strongly pathologizing moral valence that, in the first half of the 20th century, tended to be associated with soldiers' experiences of mental health problems during or after combat. While the 1980s is often seen as a period when much of this stigma was being replaced with more sympathetic engagement with emotional distress, the older pejorative associations are often just below the surface in Reagan and Bush's rhetoric about Vietnam Syndrome, but they are directed at the "sick" war critics rather than at the soldiers.[243]

In some examples Reagan and Bush push this idea even further, attributing sentiments like religious ecstasy to their liberal critics:

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[239] Ronald Reagan, "Remarks in Los Angeles at a California Republican Party Fund-raising Dinner," May 25, 1982. http://www.presidency.ucsb.edu/ws/?pid=42566.

[240] "We dishonor the memory of 50,000 young Americans who died in that cause when we give way to feelings of guilt as if we were doing something shameful", see Reagan, "Address to the Veterans of Foreign Wars Convention in Chicago." On "blaming" America see Reagan, "Remarks at the Heritage Foundation Anniversary Dinner."

[241] Reagan, "Remarks at the Heritage Foundation Anniversary Dinner." Reagan's foreign policy adviser, Jeane Kirkpatrick, first used the phrase "Blame America First" in 1984 to describe critics of an interventionist foreign policy.

[242] Reagan, "Ronald Reagan: Remarks at a Fundraising Dinner for the Republican Majority Fund."

[243] The pejorative associations come out in scholarship assessing the impact of a greater cultural engagement with therapeutic forms of suffering on contemporary culture too, for example in Furedi (2004), and military medicine, for example in Shepard (2001).

> . . . . all of us can remember how liberals found in the post-Vietnam Syndrome a form of religious exercise, a kind of spiritual ecstasy, however much that syndrome paralyzed American foreign policy and jeopardized freedom.[244]

In this framing, liberals take a kind of sick and deluded pleasure in limiting American power and endangering its security. They are carried away by their distorted view of American politics, unable to see reality or make even-handed assessments. The stakes are very high: foreign policy is paralyzed, and freedom is at risk. And the dismissive effects are heightened by the reinforcing emphasis that both the effects and the sources of the ailment are problematic: the syndrome endangers American security, and also arises from sick and inappropriate feelings.

On occasion, Reagan even goes so far as to position the trauma that arises from war as an origin of the "distorted" beliefs. Although Reagan's emphasis in the 1986 speech quoted below is on the potential for America to recover from the syndrome, note the central position of war trauma as a cause of the current ailment:

> Some historians believe the trauma of the Vietnam war irreparably destroyed the spirit of cooperation. Well, I think otherwise; I think America is leaving the Vietnam Syndrome behind.[245]

This interpretation of the legacy of the trauma of war is a significant reversal of the claims made by 1970s mental-health physicians. Within medical circles, the debate had been focused on how badly war damaged soldiers' minds. Here, Reagan suggests that damage from the war prevents activities necessary to U.S. security (framed here as "cooperation," but denoting agreement on interventionist policies abroad to prevent the spread of communism). In this rendering, the unwillingness to wage war is portrayed as an inappropriate and costly outcome of war trauma.

U.S. foreign policy is, however, not the only casualty of the Vietnam Syndrome. I turn now to Reagan's presentation of the syndrome's consequences for veterans. In his 1980 "Restoring the Margin of Safety" speech, Reagan put it this way:

> We dishonor the memory of 50,000 young Americans who died in that cause when we give way to feelings of guilt as if we were doing something shameful, and we have been shabby in our treatment of those who returned. They fought as well and as bravely as any Americans have ever fought in any war. They deserve our gratitude, our respect, and our continuing concern.[246]

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[244] Reagan, "Remarks at the Annual Dinner of the Conservative Political Action Conference."

[245] Reagan, "Remarks at a White House Briefing for Supporters of United States Assistance for the Nicaraguan Democratic Resistance," June 16, 1986.

[246] Reagan, "Address to the Veterans of Foreign Wars Convention in Chicago."

Here we observe an earlier version of the contemporary claim that critical attitudes about war are indistinguishable from neglecting veterans. The guilt Americans "give way" to is presented as something to be struggled against, because it is assumed to be maladaptive or psychologically unhealthy, and to produce adverse effects.[247] Antiwar sentiment is presented as causing veterans' "shabby" or disrespectful treatment. And later in the same speech, Reagan emphasizes another negative effect on soldiers:

> . . . . let us tell those who fought in that war that we will never again ask young men to fight and possibly die in a war our government is afraid to let them win.[248]

Soldiers' suffering is heightened, in this account, by the domestic constraints on policy, which ensured that the war would never succeed. Again, this framing has contemporary resonances, and contrasts with the earlier rallying cry that U.S. troops should never again be asked to fight and die in an ethically questionable war.

While Bush rarely makes the overt claim that Vietnam Syndrome *causes* veterans' distress, he frequently suggests such a connection by discussing recovery from the syndrome *as* a simultaneous recovery from neglectful attitudes towards veterans. For example:

> I made a comment right here at this podium the other day about shedding the divisions that incurred from the Vietnam war. And I want to repeat and say especially to the Vietnam veterans that are here—and I just had the pleasure of meeting some in the hall—it's long overdue. It is long overdue that we kicked the Vietnam Syndrome, because many veterans from that conflict came back and did not receive the proper acclaim that they deserve—that this nation was divided and we weren't as grateful as we should be. So somehow, when these troops come home, I hope that message goes out to those that served this country in the Vietnam war that we appreciate their service as well.[249]

Here the "divisions" produced by the Vietnam war are presented directly before the issue of Vietnam veterans not getting proper acclaim and gratitude. In a similar move, Bush raises the ability to stand firm for "principle" on an issue of security directly before noting American willingness to stand firmly behind veterans.

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[247] For a contrasting form of guilt, see Shay, *Achilles in Vietnam*, 69–75 on adaptive and "wrongful" guilt. Guilt can also be interpreted to indicate that something is awry with one's past behavior, i.e. that the guilt feelings are the deserved consequences of inappropriate action, see Lifton, *Home from the War*, 1973, 99–133.

[248] Reagan, "Address to the Veterans of Foreign Wars Convention in Chicago."

[249] Bush, "Remarks to Veterans Service Organizations."

> . . . . And so, as we rejoice in our victory. . . . What we stood for was a principle. And now we've got to stand for doing what's right by our veterans, as we've got to stand for doing what's right by those countries whose freedom we saved around the world.[250]

And while Bush interprets the successful military policy of the First Gulf War as a sign that the nation has recovered from its civic ailment, he also suggests that Vietnam veterans have been released from the pain caused by earlier mistreatment:

> "It was great, wasn't it, on television last week, to see that [Vietnam veterans'] parade in Chicago. They finally had come home."[251]

Conclusion

Vietnam Syndrome has had different meanings. In the early 1970s, both medical and political versions of the syndrome circulated in public discourse, and both medical and political versions included a variety of contrasting interpretations of what is wrong with veterans, or American civic life, including those showcasing liberal views and those of war critics. But by the late 1970s, a conservatively inflected version of the political construct came to dominate public discourse in a fairly consistent form. This form was developed and given special prominence by Reagan and Bush in their presidential speeches, and is now known as the most recognizable and politically influential version of Vietnam Syndrome. The liberal and war-critical content attributed to the political metaphor faded away from public discourse. And as the PTSD diagnosis was codified in 1980, and replaced the more speculative medical language of Vietnam Syndrome with an "official" diagnosis, the medical versions of the Vietnam Syndrome also gradually faded from public prominence.

When developed as a conservative political metaphor in the 1980s, Vietnam Syndrome is not only used as a dismissive label that explains away antiwar voices or liberal post-Vietnam politics; it also allows antiwar views to be positioned as a sickness, or an ecstatic fervor from which the U.S. needs to recover by reasserting itself in war. Furthermore, the syndrome becomes part of an explanation of what is wrong with veterans: they are suffering not only from the war—and perhaps not even *primarily* from the war—but from the attitudes and behaviors of disrespectful civilians at home. The metaphor of Vietnam Syndrome allows antiwar opinions to become the greatest threat to U.S. civic health and foreign policy objectives, and also a grave threat to individual soldiers' well-being.

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[250] Bush.

[251] Reagan, "Remarks at a White House Briefing for Supporters of United States Assistance for the Nicaraguan Democratic Resistance," June 16, 1986.

Presidential discourse about Vietnam Syndrome is not the only source of these connections. The discourse is aligned with and reinforced by films, editorials and other political discourse that portray conservative narratives about the Vietnam war, including the ideas that the mental health effects of war on soldiers come predominantly from antiwar activism, and that violence plays a key role in veterans' redemption and recovery. For instance, the character of Rambo is invigorated by his actions in *Rambo II*, when he violently rescues American POWs. When offered the Medal of Honor, he suggests that it instead be given to the recovering POWS who had been abandoned—they are the ones with unhealed wounds, in need of repair. The injuries are linked directly to civilians' failings. When asked why he is so angry and what he wants from the nation, Rambo bursts forth with:

> I want, what they [the POWS] want, and every other guy who came over here and spilled his guts and gave everything he had, wants! For our country to love us as much as we love it! That's what I want![252]

In this rhetoric, antiwar views are positioned as illegitimate not only in terms of their source, but because of their purported effects. Furthermore, the purported effects of these views are adverse, both as an explanation of what went awry in Vietnam, and as a hurdle that the nation still needs to overcome during the 1980s.[253] Significantly for present-day debates, Vietnam Syndrome conveys various prominent versions of the claim that antiwar views are the most important source of damaging effects on veterans: the syndrome means that the troops are not given the means to win, and are then treated poorly when they return.[254] Struggling veterans will only be redeemed and their value to the nation reaffirmed if subsequent wars proceed without question or controversy.

This chapter opened by noting that Bush's 1991 rhetoric positioned the Gulf war violence as healthy, redemptive, necessary, a sign of strength, and an indication of social and political recovery from the civic malaise caused by Vietnam. But Bush had more than one reason to celebrate: in eulogizing the Vietnam Syndrome, he not only marked the success of overcoming a policy impasse, but also pointed to the successful cultural uptake of conservative interpretations of the Vietnam war. Reagan used 1980s syndrome rhetoric to contest the "unhealthy" legacy of the Vietnam war, but his

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[252] Cosmatos, *Rambo II*.

[253] The invocation of the Vietnam syndrome is not confined to the 1980s—conservative commentators have used the phrase multiple times in the past decade to refer to aspects of the post-9/11 wars, often in ways that are critical of Obama.

[254] There is a range of ways to link antiwar views to veterans' suffering, including the claim that civilians sometimes inappropriately "displace" their anger about the Vietnam war onto veterans. The examples examined in this chapter, however, go further by linking broadly liberal views, and any kind of antiwar statement to injury and harm.

rhetoric simultaneously (and successfully) created an alternative cultural framework that positions domestic debate and dissent about war as a source of both civic pathology and individual soldiers' distress. These claims appear to take a deep hold on the culture, and become a free standing narrative, portrayed in the fictional experiences of Rambo (and elsewhere). The effects and associations of the conservatively inflected version of Vietnam Syndrome can easily continue, even when the label is not explicitly used.

Vietnam Syndrome rhetoric and conservative narratives about the Vietnam war thus provide a crucial context for interpreting current public debates, including the assumption—which at times becomes an outright assertion—that critical attitudes towards war threaten the well-being of soldiers. 1970s medical descriptions of soldiers' suffering often highlighted multiple causes of soldiers' distress. Soldier's health can be understood as compromised by various combinations of three elements: the brutal and brutalizing aspects of war, because the violence is experienced as unjustifiable, and/or because the violence is experience as failed or criticized. Conservative narratives interpreting the political fallout of Vietnam elevate the third of these into the pre-eminent position, all but eliminating the other two. *Rambo I*, for example, is strikingly successful at asking the film's audience to identify with Rambo's struggles (which are caused by inept civilians) over and above any other issue. Viewers don't identify with the fictional townspeople—the characters that the film viewers are *most* like, and whose town is being blown up—but instead sympathetic attention tends to center on Rambo's internal struggles, as the lone wolf veteran who is wreaking understandable, if excessive, revenge for wrongs committed against him. While it is difficult to precisely track the overall effects and influence of such representations, it seems reasonable to assume that such accounts contribute to the development of contemporary intuition that critical attitudes towards war are incompatible with the well-being of soldiers. Of course, it isn't clear whether the *Rambo* films caused a shift in public perception about soldiers' homecomings, or whether the films simply reflect a shift that was happening anyway. Certainly, it is not a coincidence that the *Rambo* movies came out, and enjoyed enormous popularity, during these particular decades of struggle over the meaning of the Vietnam war. It is, however, probably fair to say that even if the films reflected what was already in the air and were so successful because they showed something viewers wanted to see, they still might have helped to crystallize and make vivid for the viewing public previously vaguer ideas about veteran and civilian interactions in the aftermath of war.

The analysis of conservative interpretations offered here could also enrich current scholarship. Cloud, for example, analyzes 1991 media coverage of the Gulf War, and characterizes the oft-repeated claim that civilians need to attend to the well-being of soldiers and avoid any critical statements about the war as "mystical." She holds

medicalization responsible, arguing that the rise of constructs like PTSD and popularization of traumatic discourse explains why the U.S. news media focuses on stories of soldiers' needing support at the expense of "political" issues like civilian ambivalence about the war.[255] Cloud's analysis could be usefully supplemented with a more precise account: the effects she notes in the media do not seem to inhere within the medical constructs so much as belong to *specific* conservative uses of medical metaphors, as exemplified in the 1980s and 90s discourse of Vietnam Syndrome.[256]

This chapter has also been an exploration of how health metaphors, like the invocation of a "syndrome" in political debate, can be used to achieve an array of effects. There are a number of larger issues at stake here, including the interpretative value that follows from using constructs, initially intended as tools for assessing individual suffering, as diagnostic and explanatory devices at the social and political level. The leap from the individual to the social/political level of analysis, and the inherent plasticity of health metaphors, make these kinds of claims extremely difficult to assess from the perspective of accuracy or truth. It is, however, very valuable to consider the nature and range of effects that follow from using health metaphors in this way. The use of Vietnam Syndrome as a medical construct applied to the civic body politic, for example, elides the important role for conflict and disagreement in maintaining the health of the polity. The metaphor of the nation as a body allows divisions and disagreement to take on unhealthy associations—an individual at odds with himself is vulnerable to ill health. But a democracy with strong commitments to freedom of speech would usually define civic health as constituted by open debate, not coerced consensus.

The broader issue of how health metaphors are deployed to intervene in political debate is significant. While this chapter has focused mainly on conservative accounts of Vietnam, syndrome rhetoric and other health metaphors are frequently used by liberals and others. For example, international relations theorist Kate Schick recently used the psychoanalytic health constructs of "working through" and "acting out" to critique justifications of the post-9/11 invasion of Afghanistan and Iraq. The clinical value of her diagnosis that the initiation of the post 9/11 wars by the United States is a form of "acting out" in response to trauma (and her prescription that policy makers would be better served by "working through" their responses to traumatic events) is difficult to assess. However, we can note various effects that follow from such an analysis,

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[255] Cloud, *Control and Consolation in American Culture and Politics*.

[256] These conservative assumptions also show up in recent anthropological analyses of soldiers' experiences being treated for PTSD. Finley states the importance of civilians holding back on the expression of any negative views about a war was a key lesson from the Vietnam era. In her view insensitive civilians heightened the misery of veterans by driving their suffering "underground," inhibiting them from seeking treatment, and from expressing their distress; see Finley, *Fields of Combat*.

including that Schick positions state violence as the symptom of a dysfunctional response to terror–the opposite emphasis from Vietnam Syndrome rhetoric. This and other contrasting examples would be worthy objects of extended critical analysis.[257]

The next chapter examines contemporary metaphors used to portray soldiers' distress. The analysis focuses on drawing out the influence over contemporary discourse of both military institutional priorities (such as maximizing combat readiness) and the now-dominant psychological paradigm of Cognitive Behavioral Therapies (CBT). However, the ongoing influence of Vietnam Syndrome narratives will be easily apparent.

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[257] Schick, "Acting out and Working through."

Chapter 4: "War Metaphors, Clinical Treatment Approaches, and Military Interests"

Introduction

In 2011, the policy-advisory think tank RAND published a government-commissioned study of the U.S. military's recent efforts to address soldier suicides, titled "The War Within."[258] The 150-page report compares the more than twenty suicide-prevention programs that different branches of the U.S. military currently provide for active-duty service personnel. These programs include education modules incorporated into basic training and ongoing skills sessions that soldiers attend throughout their service period, as well as counseling programs and other direct services designed to provide support for soldiers in acute distress. The report's central purpose was to identify the most successful programs—currently, those are run by the U.S. Air Force—and share guidelines and best practices with other branches, especially the Army and Marines, with the aim of reducing suicide levels across the military.

The RAND report is a rich source of information about the varied programs offered by the military, but this chapter takes what may seem to be a surprisingly narrow focus: the war metaphor in the report's title. The war-related elements conveyed through the title's words are further reinforced by the design of the cover page, where the letters are cracked and jagged, as if they, too, have endured the damaging effects of battle. The following image (figure 1) is taken from the cover page:

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[258] Ramchand et al., *The War Within*.

Figure 1: The War Within *cover artwork*

The report's authors are explicit about the appeal of using this metaphor, noting in their introduction that the title calls attention to a dual struggle: individual soldiers and the military are each fighting a "war within," as they attempt to prevent suicidal behavior.[259] The implication is that for the individual soldier, there is an internal struggle to recognize suicidal thoughts if they arise, to resist the impulse to act on those thoughts, and to seek help. For the military institution, the potential for soldiers to take their own lives— in addition to being tragic on its own terms— threatens the institution's strength and effectiveness in defending U.S. security. Unlike other security threats, however, this one comes from within the military itself. Thus, both individuals and the military find themselves engaged in a struggle that, like war itself, has life and death stakes. There is a literal risk of death for the individual, and an analogous threat to the power and vitality of the military institution. The metaphor is also effective, of course, because these two struggling entities—soldiers and the military—are already so closely connected to experiences of actual war in the theaters of Iraq or Afghanistan. The goal of the report—to analyze suicide prevention programs and identify needed improvements—is thus powerfully enriched via the war metaphor, because suicide can be positioned as a potent "enemy," similar to an opposing force in battle, that directly jeopardizes the lives of soldiers, and indirectly threatens the effectiveness of the military and the security of the nation.

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[259] Ramchand et al., iii.

War metaphors are common in contemporary portrayals of soldiers' distress. The psychological and medical languages this project examined in Chapters 2 and 3 are often supplemented with war- and combat-related language and imagery. Across a range of sources—including newspaper headlines, think tank and policy reports, advocacy texts, academic studies, veterans' memoirs, political satire, and graphic novels—soldiers' internal distress is compared to and linked with war via metaphor.[260] For example, PTSD is presented as "a condition that can be battled and defeated"[261]; medics and military personnel use various treatment interventions to fight their "war with PTSD."[262] A reviewer of a recent memoir, which detailed a Major General's struggle to maintain his internal equilibrium after a lengthy professional career in the Australian military, notes that the soldier's "enemy is no longer on the battlefield, but in the dark labyrinth of [his] haunting memories."[263]

While each of these metaphors occurs in a different context, and is used to a different effect, all rely on the premise that in soldiers' suffering there is something akin to battle or combat (and are not unique to our contemporary discourses). The central premise of many war metaphors underscores the causal link between soldiers' distress and their war experiences: some elements of the war have moved "within," causing difficulties inside the human mind. These metaphors also often point to a particular kind of response, suggesting that internal suffering can be fought/battled the same way a soldier (or military medic or officer) would approach any other war-related mission: with courage, dedication, sacrifice, and commitment. In some forms, the metaphor even suggests that the psychic aftermath of war can be successfully overcome or neutralized, as with the claim that PTSD can be "battled and defeated."

While war metaphors are capable of a wide range of effects, prominent contemporary examples are often used in contexts that have "anti-critical" impacts: they limit discussion of the justifiability of contemporary wars. For example, the RAND report's discussion of suicide blends soldiers' needs with those of the military institution in a way that obscures the potential of *military* experiences to increase one's risk of suicide: the report's war metaphor positions soldiers and the military as fighting kindred wars "within," suggesting that soldiers and the military appear on the same side against a common foe. Furthermore, the report contrasts active-duty military populations against "civilians" who have, according to the RAND analysis, a higher risk of taking their own lives. However, the RAND analysis treats veterans as part of the civilian

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[260] See the following examples of each of these categories: Ramchand et al., *The War Within*; Sherman, *The Untold War*; Finley, *Fields of Combat*; Cantwell and Bearup, *Exit Wounds*; Trudeau, *The War Within*.
[261] Klein, "Can Service Save Us?," 26.
[262] McLay, *At War with PTSD*.
[263] Cantwell and Bearup, *Exit Wounds*. This description is found on the back cover dust jacket of Australian Major General John Cantwell's memoir, which details his war experiences in Afghanistan.

population, meaning the report gives no information about the long-term suicide risks for soldiers. Nor is the report able to assess the impact of war on suicidality because it gives us no information about the suicide rates among veterans, or track differences between veterans who serve in combat or other roles (or during peace times), so the issue of mental health once active service is over—which is a central issue when assessing the relationship between war's justifiability and soldiers' mental health—is left out of the study. RAND's conclusion, therefore, that the risk of suicidality is higher among civilian populations than within the military ignores and distorts questions regarding the long term impact of war and military experiences on veterans' mental health. Of course, while the war metaphor itself does not frame suicide risk in an anti-critical light, it does facilitate a military-centered analysis, where the mental health of those who serve can be cast in a more favorable light than if the analysis assessed the consequences of war and the risk of suicide for all who have served in war.

This chapter examines several war metaphors to further explore the pervasiveness of anti-critical effects in contemporary discourses of soldiers' suffering.[264] While previous chapters have addressed the potential for anti-critical effects to be conveyed through medical constructs like PTSD (Chapter 2), and political and cultural debates over the legacy of the Vietnam war (Chapters 2 and 3), this chapter seeks to build up a sense of two additional contexts—Cognitive Behavioral (CBT) treatment frameworks, and the role of military efficacy, recruitment, marketing and public relations concerns—as central contexts in which anti-critical effects frequently emerge. The examples showcase the application of war metaphors in military-funded documents (the RAND report) and in civilian settings, including the 2014 box-office hit *American Sniper*, as well as magazine articles and a graphic novel by Doonesbury cartoonist Garry Trudeau. The analysis, while not a comprehensive account of either war metaphors or the concerns that shape CBT and military contexts, demonstrates some of the war metaphors at play,

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[264] The materials discussed so far in this project have made use of a range of metaphors for portraying soldiers' distress. Many don't explicitly invoke war as an associative or organizational frame, such as presenting inner suffering as a "journey," or as a source of "lessons." Shay, for example, offers an elaborate journey metaphor, organizing his analysis of veterans' struggles using the story of Odysseus' ten-year-long return from Troy, comparing various stages of his journey—the challenges of the lotus-eaters, dangerous goddesses, Cyclops, the sirens—to the challenges experienced by Vietnam veterans: substance abuse, difficulties experiencing intimacy, relating to civilian life, putting difficult memories to rest; see Shay, *Odysseus in America*. The debates over PTSD and moral injury (Chapter 2) and Vietnam syndrome (Chapter 3) reveal a wide array of lessons that can be derived from soldiers' distress, including critiques of medical practices, of the legitimacy of the war, of military leadership, and of civilian behavior. Others argue PTSD is better seen as a "maze" that soldiers and their families need to find their way out of (Hautzinger and Scandlyn), while others present suffering as a "haunting" experience, with intrusive thoughts being positioned as ghosts that the veteran needs to exorcise. (Cantwell, Bobrow); see Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*; Cantwell and Bearup, *Exit Wounds*; Bobrow, *Waking Up from War*.

and the key influence of CBT treatment frameworks and military institutional concerns in shaping public representations of soldiers' distress.

Specifically, this chapter argues that, while contemporary war metaphors tend to do an excellent job of conveying the shock- and stress-related aspects of suffering associated with PTSD, they are rarely used to portray the suffering caused by internal ethical conflicts, which are associated with moral injury (as discussed in Chapter 2) and critiques of war. Furthermore, the contexts in which war metaphors often emerge—in Cognitive Behavioral treatment programs, and in interactions with military institutional interests—are often replete with anti-critical influences. While anti-critical effects are not inherent to either CBT approaches or military presentations of suffering, these contexts frequently produce accounts of suffering that are incompatible with the task of assessing and debating the value of this country's wars. War metaphors are relevant to our understanding of these two contexts because they are especially well suited to enrich and amplify the central concerns of CBT treatment modalities, and military institutional needs.

I turn next to a brief discussion of the ubiquity and power of metaphors, to clarify the scope and focus of this chapter. The chapter then compares three contemporary war metaphors, and discusses the influence of the military and CBT treatment modalities on how suffering is framed. The analysis also returns briefly to Lifton's analysis of Vietnam-era veterans as a point of contrast, against both CBT approaches and descriptions of suffering that do not convey military interests. The concluding section elaborates on some key effects, arguing that while the given examples—and the contexts of CBT approaches and military institutional needs—could in theory generate either critical or anti-critical effects, prominent examples of war metaphors, military PR materials, and CBT treatment descriptions reveal an influential, but subtle tendency to produce anti-critical effects.

Metaphor

As has been suggested in previous chapters examining medical and political rhetoric, metaphors are associative, powerful, ubiquitous, and it is impossible to fully measure their effects. Of course, not all metaphors are worth the effort of intensive scrutiny, and before proceeding with further analysis of war metaphors, such as the one used in the Rand report title, I want to briefly consider their potential power to impact our perception of suffering and wars. While there is a rich literature on what metaphor is and what it does, I will dip only briefly into these debates, in order to clarify the basic interpretative parameters for the ensuing discussion of war metaphors, CBT treatment approaches, and military institutional interests.

To make explicit what has been implied in earlier chapters, a metaphor asks us to think of one thing in terms of another—for instance, to consider antiwar views as a medical condition or suffering as an internal war. Sometimes we're so accustomed to a particular metaphorical representation that we take it for granted, losing sight of the fact that our most familiar, well-worn phrases are also still a request that we think of one thing in the terms we associate with another thing. PTSD is as much a metaphor as the "war within," even though the former seems less metaphorical due to its established status.

Furthermore, because my analysis assumes that we can never fully separate language from the thing it purports to describe, metaphors like the "war within" or the psychological "journey" home from war will affect the way an audience understands a topic, even if the author intended the phrases merely to be engaging devices, intended to create a compelling atmosphere or catchy title. Because language choices have such particular effects, alternative descriptions always have a distinct impact, and the differences are often worth assessing. For example, there might be a significantly different effect when describing an argument as a "debate" rather than as a "war." "War" implies a significant escalation in the degree and quality of the conflict, and these word choices can therefore either escalate or minimize the perception of tensions.

One popular view of metaphor's ability to influence meaning, and which suggests a slightly more dismissive attitude towards the subtle effects of metaphor than the view I am advancing, suggests that metaphor is a kind of cognitive transaction, involving the "transfer" of knowledge between separate cognitive "domains." According to linguists like George Lakoff and Mark Johnson, metaphors are best thought of as tools that allow us to understand something more clearly, using the knowledge we already have about something else. Proponents of this view often suggest that metaphors are especially needed when we are trying to understand something abstract, ephemeral or vague; we can draw out the similarities between this unknown thing and something more concrete or better-known. Lakoff and Johnson distinguish between "source" and "target" domains to conceptualize this relationship.[265] In the present example, the source domain—the thing we are presumed to "know" well—is war. It is purportedly used to shed light on the target domain of internal suffering, by illuminating similarities between the two. Of course, these cognitive links can be used purposefully, not just to explain or educate, but also to persuade or at least encourage people to see target domains in particular ways. Lakoff's work, for example, which has used to design political discourse by political consultants across the globe, strongly emphasizes the power of appropriate metaphors to "reframe debate." According to this view,

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[265] Lakoff and Johnson, *Metaphors We Live By*. The distinction between source and target is itself an interesting metaphor, invoking military or weapon-related imagery.

metaphors like the "war within" not only further an understanding of internal suffering, but may also help people draw connections between concepts in a way that ultimately can shape public perception and political debate.

While acknowledging that metaphors can be all of the above, the view advanced here follows the work of scholars who characterizes the human mind as deeply associative, rather than transactional. For example, Donald Miller's analysis formulates metaphor as a central element of all communication and thought processes. Miller argues that the very transition from thought into language, or from language into thought, involves associative processes that are themselves metaphorical; we unavoidably and constantly think of one thing in terms of another.[266] This means that we not only bring thoughts into language using metaphors to enhance their persuasive or descriptive effects, but that we also think in metaphors, drawing associative comparisons between one thing and another. In contrast to Lakoff's analysis, this position asserts that, while we can try to harness language as a transactional tool to help us more effectively (or strategically) communicate our thoughts, the effects of those efforts will always extend beyond our conscious intentions. Even one's thoughts while *planning* the effective use of a metaphor, are being simultaneously and unavoidably shaped by metaphorical processes. Accordingly, there is no account of soldiers' suffering (or any other human experience) that is not metaphorical. And every word choice we make, when we bring an experience into language, further shapes and refines our view of that experience.[267]

The associative qualities of metaphor pose a key methodological challenge: How to get underneath (or in-between) the interwoven elements of the metaphorical process of thinking and communicating. If, as Heidegger notes, every description "conceals as it reveals," how can the concealed elements in turn be revealed? Sometimes, what is being "done" by one metaphor can only effectively be revealed by comparing several contrasting metaphors, as they tend to shed light on the shape and contours of an alternative characterization. This chapter's interpretative approach draws directly on this premise, aiming to reveal the scope and range of effects produced by a particular metaphor by comparing it with other examples, and with other possible effects. Miller compares the task of assessing contrasting metaphors to using a spotlight in the dark:

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[266] Miller, *The Reason of Metaphor*, 81–83.

[267] This view draws on and expands some elements of Jacques Derrida's analysis of metaphor in Derrida and Moore, "White Mythology." This view may contrast with Aristotle's conceptualization of metaphor as properly belonging in the "rhetorical" arts and concerning the "particular use of words" to create new insights; Miller is emphasizing metaphor's purview beyond words, arguing that it originates within, and, in turn, shapes, and re-shapes *thought*. Other influential conceptualizations of metaphor include: Nietzsche, *On Truth and Lies in a Nonmoral Sense*; Heidegger, *Question Concerning Technology, and Other Essays, The*; Searle, *Expression and Meaning*; Man, "The Epistemology of Metaphor"; Black, *Models and Metaphors*.

each description of suffering is like a beam of light, revealing some elements of soldiers' suffering, while simultaneously casting others into shadow. The shadowy aspects are brought into fuller view, however, by engaging with an alternatively positioned spotlight, or a contrasting description. And it is by assessing these contrasting images that we can evaluate each metaphor's fuller implications. The earlier chapters also used comparisons—between PTSD and moral injury, for instance—to illuminate the precise contours of PTSD as a medical construct that focuses on the stress- and shock-related after-effects of combat (rather than, for example, moral concerns).[268]

This discussion of metaphor as a "spotlight" also clarifies the challenge of analyzing metaphors: There is no broad beam of light that will reveal all the aspects of the object under consideration. Furthermore, because interpretive associations will vary between individuals and situations, there's no way of knowing the specific impact of a metaphor on any particular person in a given situation. Thus, characterizing or discerning a metaphor's effects will always involve an element of speculation.

American Sniper: Stress and Adrenaline Go Within

In the 2014 film *American Sniper*, the primary protagonist, Chris Kyle (the character is based a real person of the same name, who was killed in 2013), is shown struggling with intrusive recollections from combat while at home from war.[269] In the midst of everyday situations, he hears the sounds of gunshots and explosions inside his head, sometimes with potentially disastrous consequences. For example, at a family gathering, he is overcome with recollections from battle: he can't distinguish between children playing with a dog and a combat situation, and he intervenes to quiet the dog with disproportionate aggression.

These scenes exemplify a common portrayal of soldiers' internal suffering, or their "war within": while Kyle's actual war experiences are depicted in other portions of the film, when he is home between tours, he is plagued by intrusive memories of combat. The film format allows for the audience to experience the violence and shock of traumatic memories inside Kyle's mind—the surprise and intensity of the remembered sounds of a gun fight are dramatic and adrenaline-producing—whilst simultaneously seeing Kyle's family and friends on screen, reacting only to the external parts of Kyle's experiences, oblivious to what is going on inside him.

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[268] Previous chapters used a more historical approach to gain interpretative purchase on the constructs of PTSD, moral injury, and Vietnam Syndrome. Showing how these three constructs emerged over time, and using conceptual analysis to reveal contrasting meanings within what appears to be a single unified label, provided two ways of gaining critical leverage on the metaphorical processes of thought and language.

[269] Eastwood, *American Sniper*; based on Chris Kyle's memoir of the same title.

The film's representation of Kyle's inner struggles matches up closely with the scope of suffering as defined by PTSD symptoms, and portraying the war as migrating "within" is an excellent metaphor for engaging suffering along these lines. In the scene with the children and dog, Kyle appears to experience something like a flashback: a memory from a traumatic experience intrudes on his conscious mind, and he is unable to clearly distinguish memory from the present circumstances, or clarify his thoughts about the past. The "flashback" as a symptom of trauma has become something of a trope—instantly recognizable to film audiences, and effectively conveying the present effect of past trauma, often without further or explicit explanation.

While the metaphor of the war going inward is powerful and effective at portraying the effects of PTSD on Kyle, *American Sniper* does not use imagery of soldiers' internal suffering to portray moral misgivings about wartime actions, or doubts about the broader ethics of the war. As the previous two chapters have established, traumatic shock is not the only source of soldier's distress, even if it is the portion of soldiers' internal suffering that currently get the most attention. *American Sniper*'s portrayal of Kyle's struggles with the resurfacing of adrenaline-producing simulations of combat inside his mind contrasts with the flashbacks experienced, for example, by Vietnam veteran Ron Kovic in *Born on the Fourth of July* (1989), where Kovic is plagued by doubts about whether his stray bullet may have killed a fellow American, and is deeply troubled by his commander's dismissive response to Kovic's suspicions. This kind of representation is not limited to contemporary narrative; consider, for example, how Shakespeare's Macbeth is plagued by his guilty conscience about the murders he's committed, until his capacity to reason is overwhelmed. Chris Kyle's "war within," in contrast, has much in common with the *Rambo* films' presentation of inner suffering: while Kyle and Rambo both suffer when elements of their war experiences penetrate "inward," the troubling elements are restricted to questions of emotional and psychological endurance, not ethical dilemmas. Furthermore, their toughness remains unimpaired (and may even be enhanced) by their experience of this inner suffering.

As a Navy Seal sniper, the real Chris Kyle has a heroic standing in popular culture similar to that of the fictional Rambo: he served 4 tours in Iraq, and is credited with over 160 "kills" of Iraqi insurgents or combatants who directly threatened American lives.[270] *American Sniper* venerates Chris Kyle's actual life, and is a wildly popular film—it was the highest grossing film of 2014 in the United States, and is the highest grossing war film of all time worldwide.[271] Both in the film and in real life, Kyle is held up as a model of patience, level-headedness, endurance, incredible shooting skill, and for his

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[270] The number of kills are documented in Kyle's memoir: Kyle, McEwen, and DeFelice, *American Sniper*.
[271] *American Sniper* is the second highest grossing war film in North American markets—it stands second to *Saving Private Ryan* (1998) when box office earnings are adjusted for inflation.

commitment to protecting other soldiers.[272] In the film, while the Iraq war is not presented in glorifying terms, Kyle's contribution is undoubtedly heroic. He is portrayed, for example, being forced to kill unconventional combatants (a woman and child) because they pose a direct threat to his fellow U.S. troops, but without losing his cool. He merely assesses the situation, and when it is clear that his troops are at risk, shoots and kills the potential sources of harm. His personal mission—to protect the lives of his fellow soldiers, as with Rambo's mission to rescue abandoned POWs—is beyond debate.[273] The films do not express any ambivalence about the ethics of the tasks undertaken by each hero, nor does the justifiability of the war as a whole ever come into play.[274] Kyle's "war within" is thus part of a recently formed image of the war hero who *does* suffer (in contrast to earlier, such as World War II-era portrayals of military and masculine toughness where suffering was off-limits), but in ways that do not undermine his overall heroic status, and do not bear much relationship to ethical questions about war.

For all its popularity, the film did provoke some criticism for neglecting the political context in which the American invasion of Iraq occurred, and for using Kyle's heroism to obscure the politically contested status of the war.[275] The lead male actor, Bradley Cooper, who plays Kyle, responded to critics by arguing that the film is actually about the "widespread neglect of returning veterans," and that "people who take issue with Kyle should redirect their attention to the leaders who put troops [in Iraq] in the first place."[276] In Cooper's view, the film attempts to "ignite attention" about the lack of care that veterans receive, and he presents this lack of care as the central ethical and policy issue. In keeping with the anti-critical tenor of much of contemporary discourse, Cooper's comments imply that any conversations about the film that do not focus on the well-being of soldiers, their challenges, and their risk of suicide are missing the point. Director Clint Eastwood also responded to critics by emphasizing that the film "shows what [war] does to the people left behind… and the people who have to go back into civilian life, like Chris Kyle did."[277] Eastwood's comments anticipated that these representations will have an "antiwar" effect, presumably because they highlight the

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[272] Within the film, a fellow veteran approaches Kyle's young son to tell him "your father is my hero," and in Iraq fellow soldiers tell him he is "a legend." Bradley Cooper, who plays the part of Kyle, described it as "an honor." See, also, for example, media coverage of his funeral, including Michael Nast, *Chris Kyle The 200 Mile Tribute for a True American Hero*.

[273] Cosmatos, *Rambo II*. This film is discussed in more detail in Chapter 3.

[274] There are occasional criticisms of the way military procedure is implemented. For example, in one scene Kyle abandons his sniper post to teach the patrolling marines more effective techniques for clearing Iraqi houses. Kyle expresses no remorse for the 160 plus lives he took as a sniper; instead he tells a therapist that he is "haunted by the guys he did not save."

[275] Buckley, "Bradley Cooper Says 'American Sniper' Debate Ignores Plight of Veterans."

[276] Buckley.

[277] Haithman, "Eastwood Talks Impact Of 'American Sniper' At PGA Nominees Breakfast."

personal costs of war, and because they ought to stimulate some "effort to help people through [the effects of war]."[278] Eastwood went on to say, "Each time we get in these conflicts, it deserves a lot of thought before we go wading in or wading out. Going in or coming out. It needs a better thought process, I think." His film doesn't necessarily cultivate a "better thought process," however: it presents Kyle's suffering in heroic terms, without any connection to doubts about the value of the current wars.

In the film, the notion that the value and legitimacy of Kyle's actions are not subject to doubt extends into his life as a veteran. When Kyle retires, he decides to help other veterans at home, by visiting them in hospitals and volunteering to take them shooting. The film emphasizes the healing power of this intervention, showing that Kyle's military toughness rubs off on those around him in reparative ways.[279] In one scene, a severely physically-disabled veteran is shown shooting in Kyle's company, and exclaiming in delight that he "got his balls back" after successfully hitting a target. In real life, however, Kyle was tragically shot in the back and killed by a veteran who he had taken shooting (a different, and clearly disturbed, individual).[280] The film portrays this final chapter of Kyle's life very briefly, describing his death off-camera (in text), before moving to footage of Kyle's real-life memorial.[281]

In presenting Kyle as a heroic figure who does not succumb to his internal war within, the film makes a powerful assertion that healing can emerge through *closer* identification with toughness, military values and culture. Other soldiers are portrayed as falling victim to the aftereffects of war more severely than Kyle, and he is held up as the exemplary case. As a result, the film does not allow for an expanded discussion of varied kinds of suffering, or, for example, of the wisdom of Kyle's confidence that mental health problems can be treated constructively via access to firearms. While I'm not taking a position on whether these interventions might be effective for a particular veteran, it is important to note that, overall, the film suggests that healing will emerge

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[278] Kilday, "Clint Eastwood on 'American Sniper's' 'Biggest Antiwar Statement.'"

[279] Some media present a (slightly) skeptical account of the wisdom of these actions—see Schmidle, "In the Crosshairs." Kyle's military toughness is also portrayed as a source of his romantic success: in one of the final scenes before his death, he is portrayed flirting with his wife in front of their two children by levelling an apparently loaded hand gun at her and telling her to drop her drawers.

[280] Kyle's killer is represented only fleetingly in the film, but even that brief portrayal somehow manages to suggest his disturbed demeanor results from something amiss with his character, rather than his war experiences, and in this respect is a throw-back to earlier representations of the dangerous and mentally unhinged veteran that characterized films in the aftermath of the Vietnam war, discussed in Chapter 3. Kyle, and even the severely disabled veteran in the wheelchair, are presented as veterans who are admirable and heroic in spite of the mental health costs of participating in war.

[281] Director Clint Eastwood explains the decision not to show Kyle's death on camera out of concern for Kyle's two young surviving children. See, for example, Baker, "American Sniper Screenwriter Nixed Chris Kyle's Death in Script for the Sake of Kyle's Kids."

through being *more* like Kyle, and through an assertion of toughness, and military values. This portrayal contrasts with the preferences of many antiwar veterans (described in Chapters 1 and 2) whose suffering provokes greater distance between their veteran identities and military culture, especially its "idealized" images of masculine toughness.[282] Those earlier cases demonstrate that, historically, soldiers' distress has been presented as an experience that prompts a re-examination of (rather than a recommitment to) military values.

At War with PTSD: CBT Treatment Approaches

War- and combat-related metaphors can thus portray suffering as continuous with "conventional" military and medical experiences, rather than something that propels separation, critique or critical engagement (either by questioning military norms or by expanding medical practices). A recent cover for the alumni magazine of Clark College (of Vancouver, Washington) further underscores this point. The color version of the image (see figure 2) shows the profile of a soldier, whose helmet and jacket are various shades of camouflage green. On the soldiers' head, the camouflage tones take the form of jigsaw puzzle pieces that fit together to form the protective layer of the soldiers' helmet. One piece of the puzzle is missing, and a (small) military medic stands above the hole, holding the missing piece in his hands and looking as if he is about to bend down and slot it back into place. The title of the featured article is "Medic of the Mind: From Iraq to Afghanistan to U.S. veterans' clinics, psychologist Major Clifford Trott '87 heals the hidden wounds of war." Inside the magazine is a personal-interest story for Clark alumni, describing the work of a fellow alum, now a military doctor, who treats veterans in a VA setting.[283]

The soldier's distress and his healing process is depicted as part of a thoroughly military endeavor, as his mind takes on the color and shape of military gear, and is protected and healed by military instruments (the helmet; the military medic). The cover—designed to address a civilian public—also serves as a litmus test for measuring public comfort and comprehension in seeing soldiers' suffering portrayed in reference to military imagery. The Clark magazine editors have chosen an image for their cover that (while replete with additional meanings and associations) portrays the veterans' mind as shaped and colored by military symbols. The artist and the magazine's editors

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[282] See, for example, the veterans interviewed by Gutmann and Lutz, discussed in the Chapter 1; Gutmann and Lutz, *Breaking Ranks*. Lifton reports his Vietnam veterans struggled intensely to find a new kind of "moral equilibrium… rejecting the glorification of macho-detachment in killing"; see Lifton, *Witness to an Extreme Century*, 189.

[283] Gottardo, *Clark Magazine Spring 2011 Cover Illustration*.

evidently assume that contemporary viewers will know how to read this image and its associations, without much dissonance.
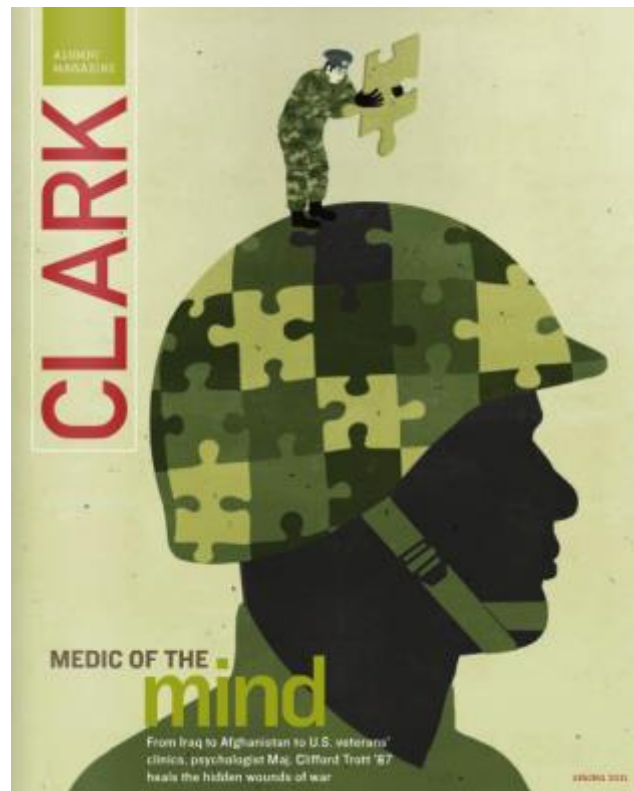

Figure 2: Clark Alumni Magazine cover artwork

In addition, there is a puzzle metaphor on offer, with the soldier's mind portrayed as a series of interlocking pieces. To suggest that soldiers' distress is a puzzle also implies that medics *can* solve the problem, by figuring out how put his mind back together again. Unlike Humpty Dumpty, who breaks into irreparable pieces when he falls off of the wall (not for want of resources or effort: "all the king's horses and all the king's men" can't put him back together again), contemporary soldiers can, this illustration suggests, be healed by military medics.

These military and puzzle-piece motifs contrast with past portrayals of Vietnam veterans as irrevocably harmed by their war experiences.[284] They also convey allegiance to a specific psychological approach—cognitive behavioral therapy—that has risen in prominence since the Vietnam war and has been adopted by the U.S. military as the gold standard of treatment and care.

As Finley observes, the treatment of PTSD has changed since the 1980s (when the diagnosis was initially codified to address the suffering of Vietnam veterans). What

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[284] See discussion of Lifton, *Home from the War*, 1973 below.

was once considered a lingering condition with uncertain treatment outcomes, is now thought of as a condition with an "ideal pathway to care." [285] Patients should flow into the treatment system to receive prompt treatment, and come out having regained the ability to function. The recommended course of treatment within the military is Prolonged Exposure Therapy (PET), where soldiers undergo an intense but short series of therapy sessions during which they are asked to focus on their most traumatic memories and, with the assistance of the clinician, attempt to remove any strong emotional associations from those memories. Because of its intensity, this treatment is reported to make soldiers feel much worse in the short term, but Finley notes that PET approaches are lauded as successful because they are able to produce "evidence" of the cessation of symptoms.[286]

In assessing PET approaches, it's important to note some fundamental differences between CBT and psychodynamic therapies. Evidence-based success rates depend on the way in which the problem of mental health is defined and measured, and many psychodynamic clinicians don't accept the same measurement protocols by which CBT clinicians claim their success. Even outside of a clinical framework, it seems clear that these treatment approaches are doing little to illuminate the truth and meaning of soldiers' experiences, but are instead focused on reducing felt suffering. While important, CBT approaches therefore have more in common with taking pain medication than exploring and learning from distress. If we think back to the example of Macbeth, a fuller exploration of the sources of his madness would likely engage with the ethical implications of his actions, including his guilt. A CBT approach, in contrast, might overlap with the efforts made by Lady Macbeth to reduce his madness by soothing those qualms away. And a series of PET treatments would aim to reduce Macbeth's emotional response to the murders he committed.

While extremely demanding for the individual patient, PET is now preferred over the psychodynamic treatments previously provided in the VA system (CBT approaches are also more prominent than psychodynamic treatments outside of military environments, as they are preferred by the private insurance industry). In general, psychodynamic approaches emphasize the integration of a fuller range of experience; patients are encouraged to explore any feelings and responses to combat, in an attempt to integrate

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[285] Finley, *Fields of Combat*, 126.

[286] Finley notes that the dominance of this short term treatment program and emphasis on "evidence-based" improvements are mainly driven by financial incentives—the private insurance industry will only reimburse a therapist for six sessions which simply does not allow time for exploration; see Finley, 122–27. However, she also clearly welcomes the decline of a "culture of chronic support and treatment" that dominated after the Vietnam war; see Finley, 121.

them. PET, in contrast, focuses *only* on the most traumatic memories, and seeks to diminish their painful associations.[287]

Because PET is effective at diminishing felt suffering, or at least, of reducing the kinds of symptoms that are measured by CBT protocols, this therapy is also well suited to being depicted with war metaphors. The soldier has to bring a certain degree of courage and resilience to the PET treatment program, and Finley observes their continued reliance on the "military mindset". The soldiers say, "if therapy doesn't work, you're [the patient is] not trying hard enough."[288] The Clark image of a soldier's mind as a puzzle waiting to be put back together by the right kind of medical intervention, could, for example, be productively applied to these treatments, and to Chris Kyle's symptoms as portrayed in *American Sniper*: the idea is to get rid of the intrusive, combat-related thoughts and recollections by going over the memories in a clinical setting until they no longer have the capacity to cause painful disruptions to everyday life.[289] And for a character like Kyle, who is not portrayed as having any other attending difficulties, perhaps such a treatment would in fact "put him back together again," by addressing the malfunctioning piece (the flashbacks) of his otherwise well-defended mind. However, these treatment methods are not so effective with forms of suffering that fall outside of the PTSD diagnosis, or for types of suffering that don't lend themselves to measurement within the cognitive behavioral framework.

"Internal Conflict" and Ethical Struggles

While the PTSD diagnosis and CBT treatments are extremely important to the well-being of soldiers because they are effective at targeting a specific kind of suffering, other forms of distress—which offer perspectives that may well enrich our political debates about war—are excluded from the CBT framework.[290] Vietnam-era representations of soldiers' distress, for example, made frequent use of metaphors of "internal struggle," which allowed for the articulation of soldiers' doubts about personal actions, or the broader ethics of war-related policies. This way of positioning doubt suggests that *some* experiences of suffering can reveal the ethical dimensions of war. While not all suffering has this potential, we lose the opportunity to engage with the ethical

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[287] Critics suggest the intensity of PET treatments lures the mind "close to an emotional and potentially psychotic abyss"; see Finley, *Fields of Combat*, 125.

[288] Finley, 138.

[289] There is also some dissonance between the CBT treatment approach and the Clark image. According to Finley, PET programs are extremely demanding, while the Clark image implies passivity on the soldier's part.

[290] Most clinicians, in fact, will use a combination of both kinds of treatment, depending on the specific needs of the patient. Interview with licensed clinical social worker, August 22, 2012.

dimensions of war if we frame all suffering exclusively within a PTSD- and CBT-inflected paradigm, with its focus on the fear and stress created by combat. This is particularly true if we allow our perceptions of suffering to be primarily shaped by war metaphors and PET treatment protocols that position distress as a "foe to be defeated," and never as a potential source of ethical learning or revelation.

For example, Lifton's *Home from the War* (1973) uses psychological "conflict" as the central metaphor in his analysis, and supplements this concept with viewing suffering as a source of varied "lessons," and as an internal "journey" towards personal transformation. Psychological conflict is central to the psychodynamic clinical approaches within which Lifton works, and differs in fundamental attributes from the kind of internal struggle that is invoked by the "war within" metaphor. According to psychodynamic approaches, the healthy human mind, even without exposure to trauma, will experience a vast array of "conflicts," often with different degrees of consciousness. These unavoidable conflicts structure the human mind, and inform processes of growth and change.[291]

While internal conflict is central to human mental experience, Lifton notes that particular conflicts tended to arise in response to Vietnam: soldiers' experiences frequently did not match their expectations, and the resulting dissonance could reveal those expectations as personal or cultural fantasies. For example, he notes that many Vietnam-era soldiers initially identified with the image of John Wayne, presented in movies as a tough hero who kills his adversaries without misgivings or regret. However, their exposure to the actual deaths of fellow soldiers in Vietnam, as well as the deaths of Vietnamese combatants and civilians, could "severely threaten the playful romance of the John Wayne image." Soldiers found themselves experiencing deeply conflicted emotions, including shock and grief at the reality of death, and at their own "horror and awe at being an agent of grotesque annihilation."[292] Their subsequent inner struggles, Lifton notes, centered around the psychological effort to reconcile actual experiences of internal distress with their former ideals. Lifton notes that when soldiers were unable to tolerate the tensions between their experiences and their ideals, they would often begin to question the value and meaning of their actions, and of the society that sent them to war. Some soldiers came to conclude that they had approached war without fully apprehending its costs. They thought of war as having the psychological stakes of a game, rather than understanding that real human lives were on the line. In addition, as one veteran noted, the *reasons* for the war begin to seem unpersuasive:

> I started to wonder why anyone was dying, why we were in Vietnam, and slowly I began to realize that the reasons we had been told back in the

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[291] Therapist A, interview, August 22, 2012.
[292] Lifton, *Home from the War*, 1973, 223–24.

States, the reasons we grew up with, were not true . . . we brought weapons and men to protect Vietnamese freedom, and I found out we were taking away their freedom.[293]

Lifton's discussion advances the view that war-making *relies* on such dissociative psychological mechanisms. He argues that the war in Vietnam could not have taken place without most participants and advocates being psychologically disconnected from what was actually happening, both on the ground, and politically. Their participation or support for the war depended on their psychological capacity to keep the war's costly effects, and its illegitimate character, at a distance. In his analysis, veterans who were able to "feel again," and let go of the dissociative or "numbed" approach to the war, would likely conclude that the war could not be justified.[294] As a result, veterans' responses to their experiences of dissonance and distress are an essential starting point for obtaining ethical insight into the war: the veterans are able to evaluate the war's ethics only by being more conscious of, and then working to understand their internal conflicts.

This metaphor of internal conflict frames the inner struggle as an attempt to make sense of seemingly contradictory expectations with lived experience, which can yield lessons or "insights" into the ethical stakes of the war. Lifton also uses the metaphors of a psychological journey, and of learning lessons, to portray veterans' responses to the doubts and questions that emerge out of their suffering. Psychologically, they move away from their former beliefs and towards a new view of the war, with new insights gleaned as a result of their suffering. They seem to believe their changed views are a more accurate perspective on the war, derived from the suffering of trying to experience the war in unrealistic and unethical terms.

Lifton's critics dismiss his analysis as biased in favor of antiwar views, suggesting that his psychological conclusions are irredeemably skewed by his negative assessment of the Vietnam war.[295] While his interpretation may seem teleological—the veterans who come to antiwar views are presented as feeling the full costs of the war, and those who hold on to positive views of the war are still dissociating—Lifton is nevertheless offering an analysis from within a well-established clinical framework. Furthermore, clinicians from both psychodynamic and cognitive behavioral approaches theorize and intervene around dissociation. Of particular note, dissociative techniques are actively

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[293] Needle, quoted by Lifton; see Lifton, 224.

[294] Lifton, 265–80.

[295] Ben Shephard, for example, expresses concern that a culture sympathetic to suffering creates an impossible situation for the military and for soldiers, who rely on ideals of toughness in order to do their jobs. Lifton's approach has the effect of radicalizing soldiers, instead of helping them adjust to the requirements of military service. See Shephard, *A War of Nerves*, 339–69.

inculcated in soldiers during basic training, and the military has consulted with psychologists in order to increase these techniques' effectiveness. The techniques were needed to remedy a very real problem of combat efficacy: Grossman (1995), for example, describes that dissociative modules came to be included in basic training after the military collected data on surprisingly low kill rates among infantry during World War II. Keegan (1978) documents much earlier techniques of ensuring dissociation through the heavy use of alcohol in battle, for example, at Agincourt in the 15th century. Benedict (2009) also assesses the intensive demands of basic training to "remodel" soldiers' minds in preparation for war, describing how some "fail to adjust" to the coercive psychological environment of the military—a structure that is set up during basic training—while others thrive in response to the purposeful psychological adversity.[296] Even the film discussed earlier, *American Sniper*, engages with this material, presenting grueling scenes of humiliation and abuse in basic training, but these depictions seem designed to demonstrate Kyle's superiority at enduring adversity; they don't appear to offer grounds for reflection on the psychological manipulation that inheres to the task of preparing new recruits for war.[297]

Lifton's critics, therefore, lose sight of an essential point when they dismiss his analysis: regardless of whether we agree with his assessment of the U.S. war in Vietnam, it seems unavoidable that *some* wars will be illegal and immoral, and soldiers' experiences of internal conflict are presented as an important source of information about a war's justifiability. If war is indeed enabled by dissociative mechanisms, as the military's own training practices suggest, then Lifton's more general claims about internal conflict and dissociation contain valuable guidance: "the actuality of death" can function as an internal psychological test for many soldiers—it allows them to assess the justifications for fighting in the face of war's costs. Lifton argues that the veterans he worked with suffer because they could make "no inwardly convincing association between death and a higher principle."[298] Lifton argues that the "actuality of death" (when perceived without numbing or dissociation) is an internal psychological test, "by which prior claims of the war's nobility or necessity are judged."[299] For many soldiers in Vietnam, he observes, that test could not be passed – they could not justify what they were doing in accordance with the reasons they had been given for fighting the war. While Lifton's analysis is focused on specific problems in Vietnam, we can extract a more general and clinically informed claim: that ethically problematic wars will likely

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[296] Grossman, *On Killing*; Keegan, *The Face of Battle*; Benedict, *The Lonely Soldier*, 48–50. Belkin goes further, documenting the rampant unofficial violence within military culture, arguing that widespread abuse in fact sustains military cohesion, see Belkin, *Bring Me Men*.

[297] For a counter-example of basic training revealing the potentially abusive and coercive character of military training, see Kubrick, *Full Metal Jacket*.

[298] Lifton, *Home from the War*, 1973, 225.

[299] Lifton, 225.

produce "unresolved" pain in soldiers, as they will question the value of their actions, their sacrifices, and the war.[300]

This chapter has already examined how the PTSD diagnosis and films like *American Sniper* aligned well with the possibilities offered by war metaphors for depicting soldiers, medical experts and the U.S. military fighting *against* intrusive recollections of war. This positioning of soldiers (and others) in opposition to symptoms also aligns well with the cognitive behavioral treatment methods described by Finley and implied in the Clark image, which aim to remove or at least lessen the intensity of a soldier's symptoms. Because the CBT treatment model implied in these examples assumes has already taken the position that veterans' suffering has nothing to do with the politically-inflected processes of assessing the meaning and value of the current wars, it focuses on reducing symptoms, not exploring potential ethical meanings. Lifton's analysis, based on a psychodynamic conceptualization of inner conflicts as a potential source of insight into ethical questions, offers a strikingly different set of associations: internal struggles are something one works *with*, and can provide insight and enrich political processes of debate and evaluation.

Trudeau: Military Access and Personal Reversal

Sometimes contemporary tensions between portraying suffering and making critical statements about the wars are negotiated in a subtler manner than in the examples examined so far. "Doonesbury" cartoonist Garry Trudeau's 2006 graphic novel *The War Within: One More Step at a Time*, for example, raises the profile of the mental health struggles of U.S. veterans in a way that does not necessarily preclude asking questions about a war's value and meaning. The book tells the story of the injury and beginning recovery of a longstanding character, DB, while he is serving in Iraq.

Trudeau's weekly syndicated strip began in 1968, and DB was one of the characters from the very beginning.[301] He first appeared as a football player on the Walden college team, and has the idiosyncratic characteristic of never appearing without his helmet. His first war experience was during Vietnam, when he joined up to get out of writing a term paper. He liked military life, and befriended a member of the Vietcong. He redeployed during the First Gulf War, and helped keep order at the World Trade Center site after the terrorist attacks of 9/11. His apparent function is to give Trudeau's generally liberal strip an opportunity to present sympathetic renderings of conservative views.

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[300] Lifton, 368.
[301] The strip is syndicated to nearly 1,000 daily and Sunday papers worldwide. It is also available online: Trudeau, "Doonesbury Comic Strips."

In Iraq, DB loses a leg after being hit in an IED attack, and, in a significantly symbolic moment, his helmet is also removed (an event that DB later acknowledges as the most "traumatic" of his experiences that day). *The War Within* details his recovery once he's back at home in the U.S., including his internal struggles to adjust to civilian life, and his eventual therapy sessions at a local VA center.[302] The book presents DB and his family members struggling with various challenges, including the shock of the loss of his leg, the discomfort of his prosthetic limb, waking up from war-related nightmares, and being easily frustrated (he shoots up his family's garage at one point). He is hyper-vigilant and suspicious of old friends, wants his weapon on hand at all times, and thinks parked cars could be bombs. He also drinks excessively. He eventually seeks therapy at his local VA center, after hearing his young daughter confess to a friend that she's afraid of him.

In many respects, the book's account of suffering has many similarities with the portrayal of war's internal effects in *American Sniper* as both portrayals share the sense that war causes involuntary disturbances inside soldiers' minds. DB's life and family are shown to be more profoundly affected, however, as the war coming home "within" DB is Trudeau's central concern, and therefore it is also the central concern of Trudeau's characters. DB has to confront the loss of his leg, and the challenges of therapy. The war is also shown to be within America—it appears in the civilian services available to veterans at the VA clinic, and in the impact of DB's instability on his family and friends. Furthermore, the scenes of DB's therapy sessions include unexpected and traumatic elements of DB's internal struggle where DB reveals that one of his central psychological difficulties is a painful and confusing memory of ordering his driver to accelerate through a crowd of Iraqi civilians, in order to escape a firefight that would potentially kill soldiers under his command. DB feels terrible remorse for the civilian deaths and injuries his order to accelerate must have caused. The therapist, also a veteran, points out that these deaths couldn't have been avoided without DB further endangering the lives of his own men.[303]

Trudeau had to navigate complex processes of cultural gatekeeping in order to develop the storyline in a way that would highlight soldiers' struggles. When DB first lost his leg in the weekly strip, conservative critics immediately predicted that Trudeau

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[302] Trudeau, *The War Within*. The book is the second of four in Trudeau's "Wounded Warrior" series, which addresses the experiences of U.S. soldiers and veterans of the global war on terror. The first book details DB's immediate treatment in Germany after the loss of his leg; see Trudeau, *The Long Road Home*. The third and fourth books address the experiences of other characters: a young male soldier (formerly under DB's command) dealing with TBI or traumatic brain injury, and a young female soldier (whom DB takes under his wing) dealing with sexual assault; see Trudeau, *Signature Wound*; Trudeau, *Mel's Story*.
[303] This incident recalls Shay's account of "wrongful" or maladaptive guilt (discussed in Chapter 2), which has no significant political implications for the ways war is assessed, other than that wars are acknowledged to contain morally "unlucky" situations; see Shay, *Achilles in Vietnam*, 30–32.

would manipulate this new storyline to push an antiwar (and anti-veteran) agenda. As journalist Gene Weingarten reports:

> Calling Trudeau a 'committed leftist,' Fox News Channel host Bill O'Reilly wrote in an online column that "a case can be made that Trudeau is attempting to sap the morale of Americans vis-à-vis Iraq by using a long-running, somewhat beloved cartoon character to create pathos." [304]

But Trudeau developed the story in a way that has avoided further criticism, and instead garnered praise among military communities for its sympathetic and very touching portrayal of DB's struggles, and the impact of his injury on his family members. The work has also been awarded various honors from military organizations, and was endorsed by Senator and Vietnam veteran John McCain.[305]

Trudeau managed to ward off many potential critics by making his work heartfelt and funny, and donating all the proceeds from the books' sale to help veterans in recovery.[306] Most significantly, Trudeau assiduously avoids bringing any judgments about the value of the wars into his depictions of DB's suffering. This last characteristic is particularly notable because Trudeau has a longstanding reputation of including antiwar critiques of every U.S. war from Vietnam onward in his strip. Though he *is* critical of current wars in other storylines within the Doonesbury strip, Trudeau keeps the critical tone out of the DB storyline. This book is therefore an especially illuminating example of the potential effects of the contemporary pressure to avoid mixing critiques of war with veterans suffering, and shows that Trudeau has changed from being willing to use any material available to advance biting critiques of the Vietnam war, to adopting the current taboo. He avoids mixing war-criticism with soldiers' suffering, and this in turn seems to facilitate the positive reception of his portrayals of a veteran's struggles with traumatic memories and loss.

Trudeau is aware that there is some tension in his work around this issue. In an acceptance speech for an award Vietnam veterans gave Trudeau, he described the task in front of him (and civilians more broadly) as "walking a strange line between hating

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[304] Weingarten, "Doonesbury's War."

[305] Trudeau received the "Commander's Award for Public Service" by the Department of the Army, the "Commander's Award" from Disabled American Veterans, the "President's Award for Excellence in the Arts" from Vietnam Veterans of America, the "Distinguished Public Service Award" from the American Academy of Physical Medicine and Rehabilitation, the "Mental Health Research Advocacy Award" from the Yale School of Medicine, and a special citation from the Vet Centers. McCain's endorsement is particularly noteworthy because he said of Trudeau in 1995, "Suffice it to say that I hold him in utter contempt" (quoted by Weingarten).

[306] Proceeds from the book go to help veterans in recovery (specifically, they help fund The Fisher House, where injured soldiers' families stay in Germany. This is essentially a military version of the Ronald McDonald house, which offers accommodation to the families of hospitalized children in the U.S.).

the [current] war [s] but honoring the warrior."[307]   And while there's much to be said for the fact that he manages to avoid living up to the negative expectations of his critics—he is very successful at offering an account of suffering that can't be dismissed as antiwar ideology or manipulation, but which also engages with soldiers' struggles with care and attention—there's an interesting backstory and some potential costs to Trudeau's success.

Trudeau's storyline about DB not only had to navigate the reactions of cultural critics, it was also influenced by military PR experts. A *Washington Post* article describes how Pentagon officials contacted Trudeau just one day after the injured DB appeared in national papers, offering him special access to veterans for interviews and research purposes. Trudeau said he jumped at the chance, as this was a valuable opportunity for an investigative reporter/cartoonist (which is how he characterizes himself).[308] He describes Pentagon officials taking him to meet a selection of veterans, and his striking initial impressions of their bravery and commitment to each other. He had already wanted to develop a storyline that addressed soldiers' suffering and sacrifices, and when offered insider access, he saw it as a richer and deeper opportunity to follow through on that original intention. While it is impossible to know the precise influence this access had on Trudeau's thinking, it is important to read his book as the product of a collaboration between Pentagon PR specialists and a liberal satirical cartoonist. Trudeau's reputation as a critic of past U.S. wars must have influenced the Pentagon's decision to reach out to him directly, and their selection of veterans for Trudeau to interview must have been shaped by military PR concerns. More broadly, it is worth noting that the Pentagon is actively looking out for opportunities to influence contemporary depictions of soldiers' suffering, a theme that is examined further in Chapter 5, when I examine their recent funding of performances of excerpts from ancient Greek tragedy on military bases.[309]

Conclusion

This chapter has described two important contexts where discourses of soldiers' suffering are both directly and indirectly shaped in ways that have anti-critical effects:

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[307] Weingarten, "Doonesbury's War."

[308] Weingarten.

[309] As part of the transition to the All-Volunteer Force, and unpopularity of service during the Vietnam war, the military is closely engaged with its public image, and portrayals of soldiers' mental health contributes to that public image. Extensive resources are involved, Beth Bailey, for example, reports that the Army's advertising budget increased by 600 percent as it transitioned. High performing PR firms are involved, and actual military experience is often distorted or misrepresented in PR efforts to construct an attractive public image. See Bailey, *America's Army*, 67, 85–86.

CBT treatment approaches, and military institutional contexts. While it is difficult to determine the precise ways in which current discourse is shaped, particularly if one seeks to measure the relative influence among competing factors, it is still possible to reconstruct the potential within these archives for sharply anti-critical effects. The focus and priorities of CBT and military practices make it very difficult for war-critical representations of suffering to emerge with any kind of prominence.

Previous chapters have examined other contexts that restrict the circulation of war-critical images of soldiers' suffering: Chapter 2 demonstrated how the construction of PTSD can influence our perceptions of what counts as relevant or important suffering, especially when contrasted with Vietnam-era debates of soldiers' distress, and the emerging construct of Moral Injury; Chapter 3 showed that political debates over the meaning of the Vietnam war have left an enduring legacy of wariness about public critiques of war, because the rhetoric of "Vietnam syndrome" positioned antiwar protests as the product of mental illness, and as a central cause of veterans' post-war suffering. Continuing along this trajectory, the current chapter examines the scope and effects of CBT treatment modalities, and the military as a source of imagery about soldiers' distress (and the institutional interests and PR resources that are thereby involved).

In the course of examining these contexts, this chapter has raised some questions that cannot be adjudicated here, including debates about the therapeutic effectiveness of various treatment modalities, and the feasible balance between shoring up military power and committing to civic processes which evaluate war-related policies in full. Soldiers (and military institutions in general) may, for example, have different priorities around the use of psychological expertise when on active duty than they do in civilian life. When on active duty, maintaining combat efficacy and "steeling the mind" against disruptive distress is understandably at a premium.[310] It isn't clear, however, that the priorities that constrain mental health applications during combat need to be extended into civilian life. While reducing unnecessary suffering (via CBT treatments) is important, fully exploring the implications of a soldier's distress is also of great value, both to the individual receiving treatment, and to the civic process that assesses our wars.

Furthermore, psychology has multiple functions within military settings, some of which may be in tension with each other. It can be used to enhance military power, almost like a weapon; for example, to break the will of a suspect under interrogation. At other times, psychological techniques can be used as a tool of healing and repair, to overcome the damage that war produces. As noted earlier, the military explicitly teaches dissociative techniques during basic training, to enable soldiers to do their jobs

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[310] Helmus and Glenn, *Steeling the Mind*.

(including killing the enemy) without being overwhelmed—a strategy that carries benefits to soldier's mental health, but which is also intended to increase the efficacy in soldiers' kill rates. Another way that clinical psychology can affect military concerns is when diagnoses are used in ways that preclude veterans' participation in policy debates. In Chapter 1, for example, Gutmann and Lutz's veterans suggested that the PTSD diagnosis is sometimes used to undercut the legitimacy of their political critiques of the current war: their dissent about U.S. policy is often explained (sympathetically) as the product of a mental health condition, rather than as a legitimate political view. To further underscore their objections to being interpreted as "ill," these veterans refuse to take medications aimed at getting rid of their "symptoms," when these symptoms consist primarily of objections to the wars, and to the ways in which the current wars are being fought.

While some applications of psychological expertise to enhance military power have been hotly debated, as in the case of "enhanced interrogation techniques," current public debates appear to give psychologists a free pass when assessing their role in preparing soldiers for war and helping them return home afterward. The current debates about how to ethically deploy psychological expertise could be fruitfully extended to an examination of psychologists' ability to improve the mental health of soldiers. One can imagine disturbing developments in psychological training, for example, that would aim to remove any sense of guilt or inhibition in killing for our soldiers. We would then potentially lose all access to soldiers' feedback about the internal consequences of the policies we ask them to carry out, and have even greater difficulties in identifying ethical problems with military actions.[311]

While precisely adjudicating how psychological expertise can be applied to the project of enhancing military power is beyond the scope of this work, the preceding discussion does identify two key factors that can profoundly limit public evaluations of current U.S. wars: First, in addition to the problems raised in Chapter 2 regarding PTSD's scope (where the causes of suffering are presumed to have no connection to questions of a war's justifiability), treatment modalities that likewise presume that the symptoms being treated bear no meaningful relationship to the ethics of a war will also produce anti-critical effects, by obscuring the potential relationship between suffering and insights about a war's illegitimacy. This effect is deepened when those treatment modalities primarily approach suffering with a view to reduce or remove distressing symptoms, particularly because such an approach can get in the way of other processes that might facilitate a better understanding of the truth and meaning of a soldier's experiences and the ethical status of a war. Second, we cannot take for granted that

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[311] The increasing use of drones in targeted attacks raises one version of this debate already. The technology makes war *too* easy, some claim, lowering the psychological barriers inhibiting war to unacceptable levels.

representations of soldiers' suffering produced by the military are not shaped by power-enhancing (including PR or recruitment) concerns that will work against, or exist in tension with efforts to enliven and sustain civic debate about the value and meaning of our wars. Nor should we assume applications of psychological expertise in a military setting are only guided by a concern for the best mental health practices for individual soldiers and veterans.

This chapter has also examined examples of soldiers' suffering that make use of war metaphors. While not intrinsically anti-critical in their effects, many current applications of war metaphors serve as an additional barrier to debates about war's justifiability. They align closely with the current scope of PTSD (which focuses on symptoms related to traumatic shock), CBT treatment modalities (which aim to overcome traumatic symptoms quickly), and military institutional goals of enhancing combat effectiveness and producing an appealing PR image. War metaphors can also be used to direct attention away from the wars *abroad* by elevating the prominence of "wars" *within*. Again, while this effect is not intrinsic to the metaphor, in practice the "war within" often functions as an invitation to move away from considerations of the wars "without." For example, this chapter noted earlier how actor Bradley Cooper, who portrayed Chris Kyle in *American Sniper*, responded to criticism about the film's absence of a clear position on the Iraq war by redirecting critics' attention to the sacrifices of soldiers and their families. This response suggests that public awareness of soldiers' sacrifices and struggles is more significant than the impact of the film on public perceptions of the war in Iraq. The use of war metaphors facilitates this move, as the boundary between the external war in Iraq, and the inner war in Kyle's mind (and the struggles of his family to care for him) become fused together, and the inner aspect can come to stand for (or garner the lion's share of attention and concern for) the external war.

Of course, as Cooper suggests, it is important to attend to those inner struggles with care, but not at the expense of debating political (and clinical) ethics. This chapter has presented some of the factors that arise in contemporary applications of psychological treatment programs, and in military settings that prevent or limit our ability to engage in a thorough and honest reckoning with questions of the legitimacy and consequences of American war-making.

Chapter 5: Ancient Greeks in America

Introduction

For the past eight years, Bryan Doerries and his acting troupe, the "Theater of War" have been performing the work of ancient Greek playwright Sophocles on U.S. military bases, garnering a lot of attention from high-profile national media. The stories about Doerries' work often repeat the same meme: Today's soldiers are like the ancient Greek war hero, Ajax. Doerries aims to use the Greeks to start "an important conversation" about suffering among active duty military personnel—in fact, each performance is followed by an open discussion where the military attendees are encouraged to share their responses. My analysis shows that the performances amplify the timeless, natural, and heroic aspects of soldiers' suffering, and that many soldiers and civilians seem to take comfort from these representations. However, in a variety of ways, some overt and some implicit, his project makes it difficult to pursue any connections between suffering and the ongoing task of assessing war. To make these implications of his work visible, this chapter compares Doerries' project to the earlier work of psychologist Jonathan Shay, whom Doerries himself cites as an inspiration.

While there are many similarities between the two men's work—both are primarily motivated to help soldiers and veterans; they successfully use the ancient Greeks to engage a potentially reluctant audience on a difficult subject; and they work in predominantly "military-friendly" settings with soldiers and veterans who, broadly speaking, seem favorably disposed towards the legitimacy of the wars they fight in—

significant differences between their approaches affect their audiences' ability to assess war policy in the context of suffering. Shay does emphasize that war is the primary condition that causes soldiers' distress, and promotes specific efforts at prevention, including working to end war. In contrast, Doerries explicitly separates suffering from assessments of war, suggesting that such connections are inappropriate or incompatible with task of "healing." The comparison shows how seemingly similar speech about suffering can channel our attention in different ways, so that the association between suffering and assessing war is immediate and crucial for Shay, while for Doerries it is a distant concern, and inappropriate to the goal of healing and supporting soldiers.

The analysis also shows that Doerries' focus has shifted during the past decade, especially after he began working more closely with the U.S. military. While the set of associations and topics he considers central to his work started out closely aligned with Shay's work, over time he has moved away from Shay to focus on a narrower set of concerns, limiting his audience's capacity to evaluate war. These changes reflect the broader shift in the representations of soldiers' distress in public discourse (noted throughout the previous chapters), toward representations that manage and limit the kinds of assessments of war that can occur in the context of soldiers' suffering. Doerries' move to align his work with this trend raises interesting questions about whether his success depends on aligning with current trends, and how conscious he might be, both of the shifts within his work, and the ways in which his work now produces effects that align with the goal of building support for current wars and with military institutional concerns. Furthermore, while Shay's work, published between 1994-2002, was initially welcomed by many military and political representatives in the post-Vietnam context, Doerries' recent successes and his divergences from Shay's earlier emphases suggest that Shay's account of soldiers' distress may no longer line up with the military's public relations preferences and the political needs of the post-9/11 wars.[312]

This chapter's main focus is to illuminate the hard-to-see connections between Doerries' performances and anti-critical effects, and is divided into three sections: First I introduce Doerries' work as a representational intervention into public perceptions of soldiers' distress. The next section outlines the key differences in how Doerries and Shay frame and address soldiers' suffering, including how each author makes use of the Greeks. The final section tracks how Doerries' position has changed over time, and how those changes indicate his socialization into a recent trend that aligns presentations of soldiers' suffering with contemporary political and public relations concerns of building support for ongoing wars.

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[312] Shay, *Odysseus in America*; Shay, *Achilles in Vietnam*.

Doerries' "Theater of War"

Bryan Doerries, a self-described "evangelist" for classical texts and their "relevance in our lives today," began staging excerpts of Sophocles' tragedies in 2008.[313] A Classics major in college, Doerries describes in his 2015 memoir that he found great comfort in the Greek tragedies as he navigated a personal loss—the death of his girlfriend from a rare genetic disorder—during his early twenties.[314] He became motivated to share the ancient texts with others, particularly people who had suffered similar losses, and had not had the opportunity to speak about their suffering. He initially directed a small group of actors to perform excerpts of several different ancient Greek plays to a range of audiences, including civilian patients in medical hospitals who were dealing with chronic pain and illness, offering audiences the chance to openly discuss their own experiences in forums after each performance. However, Doerries noticed that military audiences were particularly responsive to sections from Sophocles' *Ajax* and *Philoctetes*, and engaged with the post-performance discussion with notable intensity. Doerries then turned his focus exclusively to performing dramatic readings of excerpts from these two plays on military bases. This work on psychological suffering within military communities has attracted significant public attention, mainly through lively and widespread coverage in the U.S. press.

Perhaps as a direct result of this publicity, Doerries' work to bring the ancient Greeks to contemporary audiences has expanded beyond U.S. military audiences in recent years. In his memoir, Doerries reports that new audiences, concerned with struggles such as end-of-life care, incarceration, domestic violence, and substance abuse and addiction began seeking him out ". . . to ask, "Do you know of a play that could help our community deal with what we've been through?"[315] His portfolio of projects has broadened in response, and he reports that his (re-named) theater company, "Outside the Wire," now performs readings of his translations of tragedies by Aeschylus, Sophocles, and Euripides in diverse locations including "supermax [sic] prisons, homeless shelters, drug-ravaged Appalachian towns, churches, military bases, the Mayo clinic, museums, regional theaters, business schools, children's hospitals, public squares, and the detention camps in Guantanamo Bay, Cuba."[316]

Doerries' presentations of Greek tragedy prioritize creating opportunities for contemporary audiences to identify with ancient characters, and then talk about their similar experiences and concerns. Typical performances begin with Doerries' introducing the plot of the play; followed by a short dramatic reading, excerpted and

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[313] Doerries, *The Theater of War*, 8.
[314] Doerries, 5–8.
[315] Doerries, 7.
[316] Sophocles and Aeschylus, *All That You've Seen Here Is God*, xiii.

translated by Doerries, and performed by professional actors; then Doerries facilitates a discussion period with the audience. [317] In his memoir, Doerries offers an example of the kind of simplified summary of *Ajax's* plot that he uses to frame the excerpted sections and invite audience engagement:

> *Ajax* tells the story of a formidable Greek warrior who loses his friend Achilles in the ninth year of the Trojan war, falls into a depression, is passed over for the honor of inheriting Achilles' armor, and attempts to kill his commanding officers. Feeling betrayed and overcome with blind rage, Ajax slaughters a herd of cattle, mistaking them for his so-called enemies. When he finally realizes what he has done—covered in blood and consumed with shame—he takes his own life by hurling his body upon a sword.[318]

Any elements of Sophocles' play that might confuse or alienate contemporary audiences are left out. For example, Doerries makes no mentions of the goddess Athena intervening to make Ajax mad, or her complex motivations to punish Ajax for his former arrogance, and to protect one of her favorite humans, Odysseus. The ancient Greek practices of enslaving women war-captives and sacrificing animals to the gods, while present in Sophocles' play, also don't make it into Doerries' summary. While I discuss this "updating" of the Greek text more below, Doerries' choices undoubtedly allow Ajax's suffering and eventual suicide to receive sharp and focused contemporary attention. And this focused attention is his goal: as Doerries notes, this ancient awareness of military suicide is "as contemporary as the morning news," with a recent VA report estimating that veterans are taking their own lives at the estimated rate of 22 deaths per day, or almost one per hour.[319]

Doerries' staging and translation choices also reflect his priority of providing contemporary audiences with an emotionally moving experience, even if in doing so he conveys very little about the ancient world. His translations of the Greek texts are self-admittedly loose, with a focus on bringing the "drive and action" of Greek drama into contemporary English.[320]

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[317] Doerries facilitation style during one of these performances was briefly described in Chapter 1, and will be taken in more detail below. Doerries' current website includes a short video sampling one of the dramatic readings where one can get a sense of the tone and style of the performances; see "Theater of War, Overview."

[318] Doerries, *The Theater of War*, 3.

[319] Doerries, 4. Though sourced from the VA and frequently cited by veterans' advocacy groups, the precise significance of these statistics is uncertain because the veteran suicide rate is not compared to the suicide rate in the general population, nor are the methodological problems of tracking veterans *as* veterans within the general population addressed. However, the issue of suicide rates is clearly of grave concern, and is frequently publicized by military leaders and those who provide mental health services to soldiers and veterans.

[320] Doerries, 8.

My goal is to build a bridge between the ancient and contemporary world, which inspires the reader, actor, and audience members to connect to the impulses beneath the original words, so that they might be swept up into the unfolding emergency that propels each play forward. . . . my translations are, by design, spare and incomplete. I am interested in how omission creates an opportunity for the reader or performer to imbue the space between the words with meaning.[321]

The staging choices follow this commitment to presenting the ideas in a spare and incomplete manner: No props are used, and the house lights stay on while actors in civilian dress read excerpts from the play aloud.[322] The central element that engages audience attention is the actors' use of intense emphasis and feeling as they read – the selected excerpts always feature characters expressing immediate and overwhelming pain and distress. Doerries explicitly requests that the actors do all they can to shock their audiences with the "raw power" of their emotional expression.

After the readings, Doerries facilitates a discussion of the audience's associations with the performance, with a central focus on their own experiences. In his summary, the key themes that emerge are how stories can help us "face complex issues," "offer comfort to those who are afflicted by suffering," and "illuminate the moral and spiritual dimensions of trauma and loss."[323] For instance, in his memoir, Doerries notes that soldiers have special insights into what Sophocles (who was an experienced soldier and commander of others) was writing about in his ancient plays. There is, Doerries argues:

. . . something hidden within *Ajax*: a message for our time. Sophocles didn't whitewash the horrors of war. This wasn't government-sponsored propaganda. Nor was his play an act of protest. It was the unvarnished truth. And by presenting the truth of war to combat veterans, he sought to give voice to the secret struggles and to convey to them that they were not alone.[324]

Alongside the rather dubious claim that there is a "truth of war," and the potentially comforting message that suffering soldiers are not alone across time, Doerries frames the performances of *Ajax* and *Philoctetes* as interventions that will increase awareness of potential mental health problems in the military, with a particular focus on mitigating the stigma that soldiers might feel in talking about their distress. During the facilitated "talk-back" section of the event, he encourages audience members to find the courage to speak about their own suffering, in part by seeing such suffering as an enduring and

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[321] Sophocles and Aeschylus, *All That You've Seen Here Is God*, xv.
[322] Fiely, "Ancient Empathy for Warriors." (This is Doerries' alumni magazine.)
[323] Doerries, *The Theater of War*, 8.
[324] Doerries, 4.

timeless problem, familiar even to the Greek heroes about whom poets have written for centuries. In this respect, Doerries' "evangelism" for the classics seems to mainly highlight how the Greeks can serve as an engaging starting point for contemporary audiences to reflect on their own experiences of suffering and loss. Indeed, he argues that while many contemporary audiences might find Greek tragedy inaccessible and boring, people who have "come into contact with death, who have faced the darkest aspects of humanity, who have loved and lost, known the meaning of sacrifice, seem to have little trouble relating to these ancient plays."[325]   People who have suffered, he argues, know the "truth" of the ancient texts, and "respond directly and powerfully" to their timeless message.[326]

Doerries' work is currently backed by military funding and policy. In 2010, he received a $3.5 million grant from the Department of Defense, and was invited to perform at 50 military locations across the United States, as well as on U.S. bases in Germany and Guantánamo. Active-duty soldiers are often ordered to attend. More recently, Doerries has secured additional funding from other military organizations as part of a broad, multifaceted campaign to address mental health risks among soldiers. By the end of the first three years of his military contract, approximately 40,000 audience members had attended one of over 230 performances at various locations.[327]

Doerries' work has also enjoyed a prominent public profile in civilian as well as military media. Between his first performance in 2008 and mid-2014, there were more than 100 accounts of his performances in news media, including high-circulation daily publications (*The New York Times*, *The Washington Post*, *The LA Times*, *USA Today)*, prominent weekly publications (*The New Yorker)*, and public TV and radio coverage (*PBS News Hour*, the *Brian Lehrer show*, NPR, BBC Radio).[328] Doerries' work has also appeared in military-focused publications, including *Stars and Stripes*, *American Forces Press Services,* Department of Defense press releases, *Military Officers Association of America*, Air Force Space Command, 1st Infantry Division Post, and Naval Medical Center News.[329]

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[325] Doerries, 7.

[326] Doerries, 7. The precise content of the "timeless message" is not clearly articulated, but the chapter explores the implications of Doerries' emphasis on timelessness below.

[327] Doerries lists all performances and estimates audience numbers on his website. See "Theater of War, Overview."

[328] Local news stories include broad coverage through public radio in states like Wisconsin, New Hampshire, and Minnesota, and in widely-circulating local papers like the *SF Chronicle* and the *Washington Times*; there is overlapping local newspaper and radio coverage in military towns like San Diego, CA; Colorado Springs, CO; Honolulu HI; Jacksonville, NC; and Newport, VA.

[329] Another "category" of publication is the handful of articles in specialized classics- and drama-oriented professional or academic publications, such as *Didaskalia*, *American Theater,* and *The Journal of Dramaturgy*.

While Doerries' work is clearly an experiential intervention, aimed at providing soldiers and their families with a forum for confronting or expressing their distress, it is also a representational intervention, whose appearance in the media publicly frames and offers templates for thinking about soldiers' suffering. Of course the two are related: those who attend the performances are also offered a particular frame for thinking about soldiers' suffering (as similar to the Greeks, as heroic and timeless), which, in turn, can influence their experiences and shape the way they subsequently talk and think about soldiers' distress. When Doerries claims the performances have therapeutic value, he potentially influences the public perception that suffering can be healed in this kind of context, in addition to shaping the audience's understanding of the potential meaning and significance of what they see on the stage. Furthermore, the authority of Doerries' claims about the power of the ancient Greeks to engage contemporary audiences relies, of course, on the evidence of his audience's responses. Reporters cite Doerries' own account of his work, but also observe audience members who "speak thoughtfully, tearfully, passionately, even angrily" in the aftermath of the readings, and "discussions [that] last for hours."[330]

Moving as such descriptions are, this chapter does not attempt to evaluate the experiences of Doerries' audiences, but instead focuses primarily on the representational dimensions of Doerries' work, asking: What are the likely effects on public perceptions of suffering to have these engaging stories so prominently featured? The analysis draws on an archive of media descriptions to assess Doerries' ideas as they are disseminated to the broader audience who read about his performances. The chapter also assesses the changing content of the "Theater of War" website, to better understand how Doerries' promotion of his own work has changed over time. The key analytic question is: what kind of associations for thinking about soldiers' suffering are the media producing in their news stories about "Theater of War," and in what ways does Doerries' project align with, and potentially illustrate, broader trends in contemporary speech about soldiers' distress?

Because media accounts offer such an attractive and remarkably consistent profile of Doerries' work, it constitutes a significant representational intervention, with the potential to broadly influence public perceptions of suffering. News stories usually begin with an engaging hook about *Ajax* or *Philoctetes*, emphasizing that the general public may be surprised to learn that the ancient Greeks are relevant to contemporary soldiers and veterans, and can help them to recover from the mental health impacts of war. Despite being thousands of years old, they say, ancient Greek plays are actually an ideal tool to address the contemporary problem of stigma within the armed forces,

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University newspapers and alumni bulletins also provide accounts of on-campus performances: e.g. at Columbia, Vassar, UC Irvine, and Kenyon.

[330] Cohen and Rogers, "Interview: Theater of War"; Kendall, "Winning the Soldier's Heart."

because these plays show the "timeless" quality of soldiers' suffering, particularly in the case of PTSD and suicidality.[331] The media depictions focus on the format of a "play," its ancient Greek elements, and the opportunity it presents for public discussion. Often, the media stories cite Doerries' claims that there is a therapeutic, rather than merely educational, value to attending these events. He and the reporters highlight the responsiveness of the military audience, and report the plays' value in showing that everyone struggles with internal difficulties in the aftermath of war. This account of Doerries' work is repeated by different reporters, with surprisingly little variation in tone or content. The chapter now turns to analyze these media depictions of Doerries' work in comparison with Shay's two influential books interpreting Vietnam veterans' experiences in light of Homer's *The Iliad* and *The Odyssey* (which were discussed earlier, in Chapter 2).

Key differences Between Shay and Doerries

Shay's and Doerries' work shares much in common: They both draw on the ancient Greeks to raise the profile of mental health issues in soldiers and veterans in a way that is appealing to audiences, such as the U.S. military, who don't want critiques of war to take center stage. They both have close relationships with military institutions: Doerries performs on military bases, while Shay worked for two decades at the VA, treating Vietnam veterans who volunteered to serve and tended to evaluate the Vietnam war as necessary and legitimate. Doerries also likes to connect his work to Shay's. He invited Shay to attend his early performances as a panelist, and often acknowledges that Shay was the first to promote the idea of reading the Greeks to illuminate contemporary military suffering.

However, as I will explore below, they differ in an important way: Doerries' work goes much further in disconnecting suffering from our ongoing duty to assess war, while Shay suggests it is possible to understand and care for soldiers without entirely giving up these evaluative obligations. Because Shay and Doerries share the same broad goals and draw on similar cultural resources, Shay's work allows us to see more clearly how Doerries' choices are even more restrictive, despite their seeming naturalness, and sensitivity to soldiers' needs.[332] The following analysis examines the two men's work according to five dimensions: Doerries' focus on stigma, his exclusions of politics and claims about healing, Shay's emphasis on prevention of harm and moral

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[331] Pressley, "Theater of War at Woolly Mammoth."

[332] This chapter presents Shay's use of the ancient Greeks as relatively less restrictive than Doerries' way of presenting soldiers' suffering. In contrast, the analysis in Chapter 2 argued that Shay was offering the more restrictive discourse when compared to authors who study antiwar veterans, including Lifton and Gutmann; see Lifton, *Home from the War*, 1973; Gutmann and Lutz, *Breaking Ranks*.

injury, Doerries invitation for audiences to identify with the Greeks, and the ways each project makes use of the Greeks' heroic associations.

Because Doerries' work comports with a broader trend of restrictive discourses of soldiers' suffering, my goal in assessing the anti-critical dimensions of Doerries' work is not to criticize the news media or Doerries specifically, but rather to call attention to the specific dynamics of yet another dimension of the trend. A close analysis of Doerries' work offers further examples of how the public awareness of soldiers and of war's ethics can be focused in on the narrow (though grandiose) issue of suffering's universal and timeless character, in a way that excludes questions of the legitimacy of a particular war. But to be clear: Even as the forthcoming analysis calls attention to these outcomes, I have no interest in suggesting that Doerries or the reporters who write about him are consciously pursuing the anti-critical effects that will likely follow from their accounts of soldiers' suffering. Indeed, Doerries' stated intention is to start a conversation among potentially reluctant participants, and his effort to publicize soldiers' mental health concerns is a laudable goal. However, the overall value of his work still depends on the specific form, content and consequences of his interventions, including the way his work is publicly represented. Therefore, it is important to track how his work hinders public engagement with important ethical dimensions of war and its justifiability. The case is an illuminating example of how a well-intended effort to help soldiers can easily become entangled in additional political and institutional agendas, seemingly without the participants' awareness of these consequences.

Stigma

The first way that Doerries' work differs from Shay's is in his conceptualization of the problems of, and possible solutions for, suffering. From Doerries' perspective, important conversations about suffering are not occurring because soldiers are inhibited by perceptions of stigma. Neither Doerries, nor the media depictions elaborate on the nature and causes of stigma, but the central issues are commonly understood to include soldiers' fears of being judged by their superiors or peers (as weak, less capable, or impaired) if they admit they are suffering or seek help, and their fears of the profess-ional penalties that might result from such judgments.[333] To address this narrowly defined problem, Doerries pursues an equally narrow solution: talking about suffering in his forum.[334] In an important contrast, stigma is not the only problem (or even the most significant one) that Shay identifies in his work with veterans. Throughout his two books and in his own news media interviews, Shay hardly ever discusses stigma, but instead focuses on soldiers' distress as a problem with complex underlying causes,

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[333] For an extended scholarly analysis of stigma based on ethnographic research in military communities see Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*.
[334] Doerries, "Answering the Call to Help Our Soldiers Heal."

whose manifestations vary among veterans, and which requires a coordinated variety of responses. These include reassessing the value of war as a foreign policy tool, and changing the military policies and practices that make soldiers more vulnerable to distress.

While there is nothing inherently wrong with Doerries' choice to focus in on a narrow problem and offer a targeted solution, in media representations of his performances, the focus on stigma often frames suffering in an inappropriately simplistic way. For example, Doerries is often presented conflating the difficulty of responding to suffering (by talking about it or getting help) and the actual suffering itself. Of course, these distinct experiences are related: soldiers' suffering can be heightened when a fear of public judgment is added to combat-related distress, or when soldiers don't seek help because they anticipate repercussions. But in Doerries' work, the narrow focus on stigma—which is really just one part of a complex picture of suffering—often comes to stand in for the whole, replacing any other source of suffering. In many accounts of his performances, the reporters' upbeat tone makes it sound as if seeing an excerpt of Sophocles and understanding that "suffering is timeless" is all that is needed to remedy soldiers' fears, and the underlying war-related suffering itself gets lost in the unique and engaging quality of Doerries' work with the Greeks. This effect of simplifying the complex dimensions of soldiers' suffering, conflating and obscuring portions of their experience with "stigma," may be a misrepresentation of Doerries' intent, but it is enabled by his expansive claims that his performances accomplish "healing," implying that the project does in fact address all the necessary dimensions of suffering, including responding to its underlying causes. This chapter will address his claims about healing in a dedicated section below.

Doerries is clearly successful at getting soldiers to talk about their experiences, and provides a forum that soldiers are happy to make use of. Indeed, one of the most striking and touching elements to emerge from his project is the palpable sense among audience members of a hunger to engage with suffering in ways that feel constructive. But this responsiveness alone does not mean that Doerries is employing the best, or even a good approach for engaging that need. The fact that the discussions go on for hours and elicit powerful emotional responses, and that many audience members seem to "find comfort" in the knowledge that these experiences of suffering have existed "through the ages," points, I think, to a huge reservoir of unexpressed pain and frustration among contemporary military personnel.[335] Despite the existence of a medically legitimate and codified PTSD diagnosis, soldiers, veterans and the public are still in search of effective languages (and forums) to investigate and address suffering in the aftermath of combat. Chapter 2, on medical discourse, already noted the ways

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[335] The quotes are from "In Ancient Dramas, Vital Words for Today's Warriors"; Carlson, "Marines Turn to Greek Plays to Cope with Stress."

veterans and clinicians can disagree vehemently over the meaning of medical labels, and the seeming scarcity of institutionally, socially and personally acceptable forms for expressing suffering.[336] In the meantime, we are left to assess the effects of Doerries' particular form.

Of course, in a society that makes frequent use of therapeutic discourses and openly discusses therapeutic interventions, it is worth pausing for a moment to examine (in a way that Doerries does not) whether soldiers *are* in fact especially affected by stigma, and if so, why. To add more depth of understanding to what might lie behind his claims about stigma, I will briefly turn to examine the tension between the emergent medical languages which point to soldiers' (and everyone else's) emotional and psychological vulnerability during war, and the long-standing military emphasis on soldiers' toughness. Quite apart from any particular representation of soldiers' distress, the simultaneous emphases on soldiers' vulnerability and toughness creates a fairly intractable experiential and expressive problem for many soldiers.

Over the past decade, representations of soldiers' vulnerability have emerged with increasing frequency across a range of sources, including clinical textbooks, mainstream news media, military institutions, veterans' speeches and writings, and publications by veterans' advocacy groups. Soldiers have been shown to suffer tremendous and long-lasting impacts from war. However, these images often sit uneasily within the broader institutional and cultural context of the U.S. military, where soldiers' toughness is emphasized and highly valued, not only by military leadership but by recruits, who often join up because they already identify with military toughness, or hope to access it.[337] This tension between presentations of vulnerability and cultural investments in toughness must exercise a significant inhibiting power over soldiers' willingness to explore their distress or pursue assistance, especially if they internally identify with the ways military culture rewards toughness. Soldiers are notably different in this respect from most contemporary western civilian populations, who have fewer investments in cultivating "toughness" and are more likely to be influenced by the rising cultural emphasis on psychic vulnerability and the value attributed to the public acknowledgement of suffering.[338] In other words, while non-military populations may

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[336] These difficulties are doubtless so persistent because languages of suffering so easily get entangled with the government's public relations task of building support for wars, and military institutional needs of maintaining a combat ready-force. Individual psychological needs and political preferences also play a role.

[337] For example, military messaging encourages potential recruits to consider themselves an "army of one" or to "be all that you can be"; basic training procedures subject recruits to intense physical and psychological pressures. Military systems for reward and promotion recognize a soldier's willingness to push himself to his limits, and to willingly work in life-threatening situations.

[338] This tension also seems to take on a particularly fraught form in the United States today, when compared to other Western English-speaking militaries. Some preliminary research into how other

have fewer traumatic experiences than soldiers (because not working in a war zone), they are likely to be less conflicted about expressing the suffering they do experience.

In light of this general context, there are several ways to view and evaluate Doerries' interventions around stigma. From the perspective of the media's emphasis, his use of the ancient Greeks can be understood to imbue suffering with a helpful sense of status that could remedy soldiers' concerns about stigma. Doerries' performances emphasize that emotional and psychological suffering have always been a part of war, and show that warriors of impeccable heroic pedigree like Ajax and Philoctetes also experienced rage and distress. A military publication reports Doerries saying that "many of the bravest war heroes in history have lived with the psychological effects of battle."[339] From this perspective, where stigma is a barrier to soldiers seeking care, Doerries' intervention seems constructive and relatively unproblematic.

Another way to view Doerries' intervention, however, is in terms of the medical-military tension between vulnerability and toughness that seems to *cause* stigma. Such an analysis would likely characterize Doerries' work as the creation of a more expansive version of toughness: broad enough to include contemporary categories of medicalized suffering, while not sacrificing the core association of soldiers with strength and bravery. As one NPR reporter suggests, Doerries has succeeded in the search to find a "non-threatening" way of approaching the subject of soldiers' mental health.[340] But it is worth being very specific here, and asking: To whom is the performance 'non-threatening,' and at what price? Soldiers sometimes welcome the opportunity to evaluate their own investments in toughness, and to recover a sense of their own responsiveness and feelings that are necessarily limited within military culture.[341] While a subset (and likely a majority) of the active-duty military population is likely to appreciate a performance that leaves their personal investments in toughness intact, the remaining minority might be more inclined to see their suffering as partially caused by an excessive emphasis on "toughness." These veterans would likely argue that emphasizing toughness would not have helped them, but rather would have risked obscuring a central cause of their distress. Doerries' performance does not account for this variation.

English-speaking militaries (including Australia, the U.K., Canada, and New Zealand) use heroic rhetoric suggests that while specific cultural factors clearly play a role, the questionable legitimacy of current U.S. military projects seems to create both heightened levels of distress among soldiers and a greater need for reassuring rhetoric about heroism and toughness.

[339] "Theater of War." STAND-TO! is a U.S. Army publication.

[340] "In Ancient Dramas, Vital Words for Today's Warriors."

[341] Gutmann and Lutz, *Breaking Ranks*; Glantz, *The War Comes Home* describe veterans questioning the way military training and combat experiences pushed them to lose their sense of humanity, and their struggles to regain a sense of themselves as ethical actors. For a similar assessment developed by Vietnam veterans, see Lifton, *Home from the War*, 1973.

More importantly, there is an institutional and political convenience to any account of suffering that reshapes soldiers' distress as only a problem of stigma (because it avoids engaging with other causes and broader debates about war's costliness or legitimacy) and which does not encourage soldiers to question their commitments to toughness. This brings us to a third possible perspective for viewing Doerries' interventions. In his portrayal (and others like it), suffering becomes significantly less threatening for the military status quo by leaving notions of toughness intact. Furthermore, for those seeking to build public support for wars, there is a political advantage to depictions of suffering that prompt no questions about whether war's costs are justifiable, or whether its tactics are legitimate. To be clear, I'm not suggesting that Doerries emphasizes stigma with these effects consciously in mind; merely that, because he is operating in a context already saturated with language and imagery designed to maintain military combat-readiness and support PR projects to build public support for current wars, representations of his work can't seem to avoid becoming entangled in those additional agendas.

For all their purported value, Doerries' performances might be most accurately understood as interventions that unleash pent-up emotional responses to war, and then channel soldiers' powerful emotions into relatively benign, unproblematic forms. Those forms reduce the volatility of soldiers' personal investments in toughness, while maintaining the institutional and political investments in policies that produce suffering.

Exclusions of Politics and "Healing"

Doerries deepens his channeling of soldiers' responses into relatively benign, unproblematic forms by expressly excluding any discussion of U.S. foreign policy from the post-performance discussions. He justifies this exclusion by suggesting that policy assessments (because contentious) would undermine his therapeutic goal, and when policy debates arise in post-performance discussions, he discourages such discussion. Pressley reports, "When a spectator in the balcony protested angrily about the policies that led to this past decade's wars, Doerries smoothly redirected the flow. 'Tonight is not about policy,' Doerries said, 'but about healing.'[342] In another example, Doerries "steered" the conversation to keep it away from policy-related questions:

> Were it not for Doerries' careful management of the audience, always steering the audience conversation back to the text of the performance, there is no little risk that the "Theater of War" could also

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[342] Pressley, "Theater of War at Woolly Mammoth."

become part heated—even explosive—public debate on contemporary American military policy.[343]

As I noted in Chapter 1, such exclusions have become so commonplace in contemporary discourse about suffering that people rarely stop to think through the claims that are being made, or their full implications.[344] The press certainly report Doerries' exclusions in approving, unreflective tones (for example, Pressley observes Doerries "nimbly moderating the potentially inflammatory chat.") If we attempt to reconstruct the claims that justify this exclusion of policy-related assessments, however, we need to examine two inter-related premises: that the performances can accomplish a therapeutic outcome, and that debate about policy would threaten that desirable outcome. I'm going to unpack these two claims on their own terms, raising several general concerns, and in the next section I'll show how Shay's contrasting analysis also allows us to call Doerries' exclusions of policy into question.

In the media, the claimed therapeutic effect of the "Theater of War" performances is rarely examined or questioned. There are frequent references to the performances potential "healing" power,[345] along with repetitions of Doerries' claim that, in ancient Greece, Sophocles' plays having served as "a way to reintegrate soldiers back into society."[346] If we accept Doerries' narrow and relatively simple version of the problem (stigma) with an equally simple solution (talking), then it makes sense that Doerries wants to exclude anything that might jeopardize the unfolding conversation. According to this view, the Greeks relieve the burden of stigma by giving soldiers an opportunity to express their suffering, and expression alone has a healing effect.

However, many questions emerge once one applies any kind of clinical expertise to Doerries' therapeutic claim. While the outpouring of responses from the audience seems to support idea that the performances have a beneficial quality, it is not clear that any kind of "healing" is necessarily going on. Even experienced clinicians disagree about what constitutes a therapeutic outcome. Some emphasize the patient's subjective sense of well-being, while others claim that clinicians are able to discern features of a patient's health that the patient is not aware of: for example, greater integration of one's personality, and greater awareness of semi-conscious forces acting on one's thoughts and feelings. This perspective suggests that even if the patient does not feel "healed," a

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[343] Cohen and Rogers, "Interview: Theater of War."

[344] Chapter 3 examined further dimensions of this claim that policy debate can cause suffering, along with specific analyses of the revisionist uses of this claim to establish an alternative meaning and legacy of the Vietnam war, including some of the political discourse, imagery, and films that promoted the idea that soldiers' suffering begins when civilians protest against the policy of war.

[345] Pressley, "Theater of War at Woolly Mammoth."

[346] Haberman, "Like War Itself, Effects of War Are Hell. Ask the Greeks." See also Carlson, "Marines Turn to Greek Plays to Cope with Stress."

clinician may notice "improvement." Other clinical schools argue that the whole idea of "healing" is misleading, since the goal of psychological expertise and insight is to understand the human mind more deeply, not to "fix" it.[347] Similarly, many clinicians are wary of any claims that therapeutic outcomes of any kind can occur *en masse* and in such a short time.[348]

Shay himself raised a controversy during an early presentation, when he was invited to participate as a post-performance panelist. While clearly endorsing Doerries' general project as a way to raise key issues about mental health in the aftermath of combat, Shay also expressed skepticism about the performance's proposed therapeutic value, arguing that the more passive reception of a performance had little therapeutic value compared to more active work, for instance acting or performing oneself, or the "working through" that goes on in therapy.[349] In the media account of this interchange, an audience member who objects to Shay's analysis is given the final word, arguing that the performance "helped tonight." Another report, while lauding Doerries' work, seems to have inadvertently undermined the universality of his healing claims by showing that some audience members were unable to tolerate the stress or discomfort

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[347] This analysis is based on interview testimony with a consulting clinician (of psychodynamic orientation) and on the cognitive behavioral interventions assessed by Finley; see Finley, *Fields of Combat*. These different definitions of healing, of course, lead to different assessments of the inclusion or exclusion of material from the therapeutic process. If the clinical or individual goal is to manage or get rid of unpleasant thoughts and feelings, excluding material that prompts painful associations might be desirable. However, if the goal of therapeutic processes is to develop an accurate *understanding* of distress, one cannot justify excluding information, as every association and feeling must be relevant to understanding what is felt and why. For many clinicians, the tension between managing symptoms of distress and investigating or understanding their causes is an enduring challenge. When conducting political theoretical analysis, however, a key question is how to protect public and political forums from being inappropriately limited by claims about therapeutic needs.

[348] There are media depictions of Doerries' work that offer more moderate versions of these claims, and differentiate, for example, between the performance, the town hall conversation about suffering, and processes of healing as distinct steps. Doerries is also capable of more nuanced descriptions of the relationships between his performances and healing, sometimes indicating that prompting an audience member into therapy constitutes the healing potential of the performances. I focus my analysis on the claim that healing *does* occur, because it is prominent within the media archive; when it occurs, it is rarely directly questioned or even contextualized. While there is evidence that Doerries' methods are more nuanced than the majority of media representations imply, from the perspective of his public impact, this claim about healing is one of the most powerful effects his performances are likely to have on perceptions of suffering and processes of policy assessment.

[349] A journalist reported the incident: "Can simply watching a play be therapeutic? One panelist, Dr. Jonathan Shay, expressed skepticism. Dr. Shay is a psychiatrist who has specialized in combat trauma. 'The most potent healing function of the arts,' he said, 'is the doing of it,' not the viewing of it." See Haberman, "Like War Itself, Effects of War Are Hell. Ask the Greeks."

that arose from watching the plays.[350] This example suggests that what counts as a therapeutic intervention is not only contested, but varies greatly depending on the needs of the particular individual.

If Doerries' healing claim is uncertain, his justification for excluding contentious policy material also falters. Doerries' position might, instead, be that soldiers can't tolerate hearing connections made between their own distress and doubts about military policy. But even so, some audience members are *already* being asked to tolerate high levels of discomfort, because the way they see their suffering (as related to the ethics of the current wars) is not acceptable in Doerries' forum. Because individuals will differ on what seems therapeutic to them, some audience members might need to work through their beliefs about U.S. policy choices as part of their process of coming to terms with their experiences and diminishing their distress. Indeed, studies that examine dissenting vets suggest that they are frequently preoccupied with political concerns as part of their post-combat efforts to understand and address their suffering.[351] So, while it may seem like intuitive wisdom in favor of soldiers' healing to exclude policy debate from discussions of suffering, or to frame policy questions specifically as interruptions or threats to the healing potential of Doerries' event, audience members who seek to raise policy concerns may be trying as genuinely as anyone else to engage with their own feelings of distress.[352] One could argue that these veterans' process of "working through" their distress and the effects of war is being controlled and limited by Doerries' exclusions. While this excluded group is barely visible in the media depictions of Doerries' work, other analyses of suffering, including studies of Shay's Vietnam veterans (who were positively disposed towards the war), strongly suggest that voices questioning policy and moral stakes – and even asking whether war is worth the cost – do exist, and seek inclusion in public debate about soldiers' suffering.[353] Rather than provide a conversation where those preoccupied with policy questions can also talk about their suffering, Doerries' project promotes the notion that it is appropriate to exclude this subsection of the audience, and assumes

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[350] Reporter Healy describes an audience member who noted that "her husband...who served in Iraq with the Army National Guard in 2004-5, slipped out into the hallway. He still struggles with memories of a particularly bloody bombing during his tour in Mosul, she said, though he has come a long way with psychotherapy. He found the scenes hard to watch at times, she added." See Healy, "Theater of War Uses Sophocles to Help Anguished Soldiers."

[351] See, for example, Gutmann and Lutz, *Breaking Ranks*; Lifton, *Home from the War*, 1973.

[352] The intuitive quality of this claim is in part is due to the powerful status of post-Vietnam revisionist narratives, as discussed in Chapter 3.

[353] Audience members who think policy questions are important become visible when Doerries redirects the conversation and prevents their participation – but to the general reader, there is no sense of any cost to excluding these perspectives.

their perspectives are dispensable to the process of understanding and responding to suffering.

Moral Injury and Prevention

In contrast, Shay's texts engage in explicit evaluations of policy in order to explain how suffering emerges among soldiers and veterans, and how to prevent future suffering. He posits a causal relationship between policies that encourage unethical action—especially by military leadership— and the deterioration of soldiers' mental health, potentially leading to lasting damage and the development of PTSD. Indeed, Shay argues, the task of evaluating war's moral context is one of the most important and enduring lessons we can glean from the ancient Greeks:

> The epics teach no lesson at all to modern forces on weapons, planning, communications, tactics, organization, training, or logistics. But for those who go to war and return from it today, the epics still vibrate with meaning on cohesion, leadership, and ethics.[354]

This emphasis on military ethics finds specific form in the concept of "moral injury," a category that Shay offers as an informal supplement to the DSM diagnosis of PTSD. While Shay's account of moral injury was examined in Chapter 2, I reintroduce some of the material here to highlight the contrasts between Shay and Doerries' approaches. Shay argues that the moral environment in which a soldier is asked to act can undermine his or her mental health. According to Shay's analysis, the current medical criteria attached to the PTSD diagnosis do not include consideration of moral factors like feelings of shame or guilt, but rather focus on fear and stress-related symptoms in the aftermath of a traumatic event. With "moral injury," he wants to develop an additional category for assessing the operating environment in which a soldier encounters the traumatic events, fear, and stress that determine the PTSD criteria. A compromised moral environment is itself a source of suffering and potential damage; Shay argues that soldiers who are morally betrayed by leadership acting inappropriately or by unethical policies are more vulnerable to suffering, whether its symptoms fit into the PTSD diagnosis or do not map onto the diagnosis but are still debilitating.

Shay's exploration of "moral injury" as a framework for understanding the experiences of his Vietnam veteran patients draws heavily on examples from the ancient Greeks. In Shay's interpretation, Achilles undergoes a process of gradual mental

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[354] Shay, "Moral Injury," December 19, 2012. While cohesion is significant in Shay's work, I restrict my discussion here to his account of leadership and ethics, because those are the most fruitful points for comparison between Shay and Doerries.

deterioration over the course of *The Iliad*, initiated by the immoral actions of Agamemnon, the Greek military and political commander. Agamemnon's moral transgressions damage Achilles' morale, along with that of the troops more generally:

> The whole tragedy of *The Iliad* had been kicked off in the first book by Agamemnon's breathtaking twin violations of his army's moral order. First, he impiously—with disgusting crudity—refuses ransom for the captive girl Chryseis from her father, the priest of Apollo. Then, he publicly dishonors his most esteemed, most effective subordinate commander, Achilles, in front of the troops by seizing Briseis, Achilles' *geras*, his 'Medal of Honor.'[355]

According to Shay's assessment, Agamemnon's actions set the stage for a generalized vulnerability to suffering among the troops who witness them, but it also sets in motion a specific sequence of events for Achilles: his withdrawal from battle, his heightened vulnerability to the shock of Patrokles' death, a killing rage directed at the Trojans—Shay reads these cumulating factors as an example of the conditions that can produce atrocities, or in Shay's language, "berserking"—and finally, his own desire for death.[356] From this series of events, Shay generalizes about the potential effects that "moral injury" has on soldiers:

> It deteriorates their character; their ideals, ambitions, and attachments begin to change and shrink... [and it] destroys the capacity for trust. When social trust is destroyed, it is replaced by the settled expectancy of harm, exploitation, and humiliation from others. With this expectancy, there are few options: strike first, withdraw and isolate oneself from others, or create deceptions, distractions, false identities to forestall what is expected.[357]

Shay uses the Greeks to emphasize that soldiers' mental health can be threatened when moral issues are not given due consideration, and conversely, how it can be supported by examples of moral leadership and policy. Shay argues that Achilles was an exemplary leader before he was humiliated by Agamemnon; highlighting Agamemnon's shortcomings through unfavorable comparison:

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[355] Shay. Shay's framing of Briseis as a "medal of honor," rather than as an enslaved woman, entitled to her own role in Homer's text, and as a figure who raises unfavorable elements of Achilles' personality and actions to the fore highlights some of the many ways in which Shay reshapes *The Iliad* to serve his specific agenda. This chapter's focus on Shay's and Doerries' contrasting ways linking suffering to military policy and moral context means that the question of Shay's specific manipulations of the Greeks remains unfortunately under-examined. Other dimensions of Shay's work were examined in Chapter 2

[356] Shay, *Achilles in Vietnam*, 81–99. "Berserking" is Shay's word, and his framing of American atrocities using this term is an example of his revisionism where he depicts events from Vietnam in language that glosses over important political associations and historical context.

[357] Shay, "Moral Injury," December 19, 2012, 60.

> Achilles has broad, other-regarding care for *all* the troops, not just his own. He is famous among them for his skill and interest in treating wounds. When a plague ravages the army, it is Achilles who steps in to end it. He leads by example and is lavish in his generosity to both peers and subordinates. He shows moral courage as well as physical courage.[358]

Shay adds his own inflection to Homer's text, presenting the image of a noble leader we admire because he challenges those with greater power and authority, searching for the underlying causes of the plague, all to secure the well-being of his men.[359] Shay's books about the mental health challenges faced by the veterans he works with in the VA can be seen in the same light, as he tries to fight back against conditions or authorities that foster suffering and won't permit a proper investigation into its causes.

Shay's analysis also argues that if one understands the deep and lasting effects of war on soldiers' minds, one will approach war more cautiously and view it as more costly. In order to minimize avoidable damage to soldiers' minds, he discusses "moral injury" and prompts the military and civilians to assess military policy and the ethical dimensions of war continuously. At the same time, Shay recognizes that the best way to protect soldiers' mental health is to avoid war completely: "It cannot be too strongly stated that the primary prevention of combat trauma is the elimination of the social institution of war."[360] Statements like this can easily be interpreted as "antiwar" or "idealistic," and then dismissed as impractical. This approach obscures the fact that Shay is hardly taking a position "for" or "against" war, so much as he is offering a simple *diagnosis* of suffering's primary cause, a cause which Shay does *not* take to be impossible to eliminate. His analysis of suffering prompts us not only to assess a war's moral conditions for the ways they might impact soldiers, but to also question the underlying value and usefulness of war as a foreign policy tool.

This section has argued that while Shay and Doerries have a shared agenda to help veterans in military-friendly settings, they define the scope of suffering differently, and emphasize different solutions. As a result, the actions they take to accomplish their goals have distinct ramifications for public assessments of war. Throughout his analysis of soldiers' distress, Shay views war as a set of policy decisions that needs to be scrutinized, while Doerries frames questions about military policy as dangerous and excludes them. These overt differences are also present in the more subtle ways that they present the ancient Greeks. Both use Greek texts as resources to further their respective agendas—including, most broadly, helping soldiers—but Doerries develops

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[358] Shay, 62.

[359] Shay has a tendency to read Achilles as incapable of any wrongdoing, and Odysseus as a terrible leader. For his proposed court-marshal of Odysseus see Shay, *Odysseus in America*, 236.

[360] Shay, *Achilles in Vietnam*, 197.

his interpretation of the Greek texts in ways that implicitly support his goal to restrict policy debate, and Shay does not.

The Greeks: Timeless Equivalence or Myriad Lessons

Doerries focuses on a relationship of simple equivalence between the suffering experienced by ancient Greek characters and the suffering experienced by contemporary soldiers and their families. His readings of the plays minimize any sense of strangeness or difference between ancient Greek culture and contemporary Western culture. Doerries presents images of suffering in ancient plays almost as a mirror in which contemporary soldiers can see themselves. This approach emphasizes the continuity in post-combat experiences across more than 2,000 years. Doerries describes reading newspaper stories about contemporary suffering "that could have been ripped straight out of the pages of these ancient Greek war plays."[361]

As noted earlier, the performance style and translation choices minimizes differences between the audience and the Greeks. There are no costumes or props, the texts are read aloud, and Doerries' translations prioritize contemporary language. Often times, Doerries' translations alter Sophocles' text significantly. For example, from Denis Fiely we learn that a more literal translation "*He lies (inside), disturbed by a tempestuous disease*" is rendered by Doerries as "*He sits shell-shocked inside the tent, glazed over, gazing into oblivion. He has the thousand-yard stare.*"[362] While a few reporters note that Doerries' "updating" of Sophocles' language is extensive, none of them finds it troubling. For example, Fiely writes: "Doerries tailored his translations for contemporary consumption with updated language ('shell shocked') and graphic images ('severed heads, snapped spines,' 'ripped-out tongues'), trying, [Doerries] said, 'to find the right words for this moment in time.'"[363] Fiely expresses admiration for Doerries' success in creating a sense of equivalence between contemporary soldiers and the ancient Greeks. The same reporter notes, "When the wife of Ajax described her husband's psychic paralysis as 'the

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[361] Dabilis, "Maine Students Hear Ancient Greek Wars Effects." See also Reed, "Tragedy of Ancient Warrior Spurs Suicide Discussion" for almost identical phrasing: "I was reading the news, and the headlines sounded like they could be ripped from the plays of Sophocles, and I started making the connection between ancient war stories and modern warfare." A similar description was also a central part of Doerries' initial web presentation of his work, accessed in June, 2009, but has since been removed.
[362] Fiely, "Ancient Empathy for Warriors." This example suggests that Doerries' translations amplify symptoms of distress to make suffering more visible, and make extensive use of the metaphors for suffering used in various wars: "shell shock" and the "thousand-yard stare" date back to World War I and World War II, respectively. A more comprehensive analysis of Doerries' translation choices will be forthcoming elsewhere; my focus here focuses on to the way his work is publicly represented in the media, in order to assess its probable impact on public ideas about suffering and war.
[363] Fiely.

thousand-yard stare,' U.S. Army Major Ray Kimball, an Iraq war veteran recovered from PTSD, nodded with recognition."[364]

Doerries justifies his staging and translation choices on a number of grounds: he wants to use language "more specific and meaningful to the modern military," and he seeks to avoid any undesirable associations between the ancient Greeks and "primitivism"—a traditionally pejorative interpretation of the Greeks as less civilized—that might be prompted through costumes or attempted staging.[365] Furthermore, the minimal staging makes the performances more effective, allowing the actors to shock and surprise members of the audience, and overturn their often low expectations because they don't expect such intensity to come from the actors.[366]

But in defending his staging and translation choices in these terms, Doerries neglects to mention how his choices also amplify a sense of sameness, and minimize any sense of the vast differences that exist between his audience and the Greeks. For example, when the character of Tecmessa is presented as Ajax's "wife," the audience is likely to interpret her distress within the framework of a contemporary woman's concern for her husband's disturbed condition.[367] This framing is quite a leap from the context of Sophocles' play and ancient Greek practices during war. Sophocles' Tecmessa is an enslaved woman, whose father was killed by Ajax. That she has suffered much loss and brutality already, and now depends entirely on Ajax's well-being for her continued physical security, puts quite a different cast on her distress in response to Ajax's sudden madness. Powerful audience identification with Tecmessa's suffering is made possible by Doerries' selective use of excerpts from *Ajax*, which leaves out all the plot elements that would complicate a relationship of timeless equivalence.

Within the un-excerpted Greek texts we can find additional points of contemporary resonance, beyond Doerries' sole focus on suffering. The ancient Greek plays also

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[364] Fiely.

[365] Fiely.

[366] This emphasis on the potency of shock and surprise aligns with recent developments in military best practices for the treatment of trauma. An earlier model of longer-term talk therapy is being replaced by short-term and emotionally demanding "prolonged exposure" therapies which allow the patient to be pushed to their emotional limits with purported positive effects. Doerries' corresponding emphasis on shock and the presumed therapeutic power of being able to tolerate intensive emotional distress in the service of "healing" is one of the many ways in which Doerries' project seems to pick up and reproduce ideas which currently dominate military medical practice. See Finley, *Fields of Combat* for an admiring account of the shift towards prolonged exposure treatments.

[367] Scholars like Alison Howell have argued that women and spouses are increasingly given the crucial role of caretaking for wounded veterans in military discourse—a position reinforced by Doerries' performances and reproduced through this his rendering of Tecmessa's character and her role in Ajax's drama. Howell criticizes these discourses for the way they obfuscate the military responsibility to take care of veterans' injuries, and relocate that responsibility in the private (and heavily gendered) realm of marriage. See Howell, "The Demise of PTSD."

contain elements that create a sense of distance and estrangement from contemporary audiences. As will be discussed in the section below, when presented in full, both *Ajax* and *Philoctetes* have the capacity to prompt discussions about contemporary themes like betrayal and ambivalence about participation in war. If Doerries really wanted to use the Greeks as a model for thinking about the effects of war, however, he might have to contend with pieces like Euripides' *The Trojan Women,* where the theme of women's degradation, enslavement, and profound bereavement in the aftermath of war comes to the fore as a central theme; or Aeschylus' *Agamemnon,* in which a major Greek leader and instigator of the war with Troy is killed at the hands of his wife, in part as revenge for his willingness to sacrifice their daughter to the Gods in order to get the war started. If Doerries engaged with the fuller scope of Greek writing about war, contemporary audiences would likely be struck by various kinds of timeless resonance—for example, there is plenty of material for exploring the themes of competition, power, revenge, deception, and rage engendered by war—and also by our notable distance from Greek practices like enslavement, cannibalism, and human sacrifice.

While Doerries' rendering of the *Ajax* clearly moves soldiers who witness the performances, the media's attending observations that contemporary soldiers find solace in the "ancient Greeks" are not really accurate. Contemporary military audiences are moved by a highly selective, adapted presentation of the ancient Greeks, which amplifies a limited set of equivalences between contemporary audiences and the Greeks, and minimizes any differences. The cumulative impact of Doerries' translation and staging choices are certainly effective in allowing the audience to identify directly with the characters: as one audience member said after the performance, "I've been Ajax," he said. "I've spoken to Ajax."[368] I turn now to Shay, before assessing the further potential benefits and costs of this sense of timeless identification.

Shay offers a clear contrast: he uses Greek elements as a metaphor for a range of issues, which allows him to engage his audience's attention without encouraging a simple identification with Greek figures. Like Doerries, Shay uses Greek characters, narratives, and ideas to highlight the similarities between contemporary military experience and the Greeks. There are moments of allegory: for example, pointing out that vets take a long time to "return home" psychologically, feeling distant from the civilian world, like Odysseus who took 10 years to get home from Troy, running into all kinds of life-threatening dangers and ethical dilemmas along the way. But Shay also uses the Greeks to illustrate differences between the contemporary moment and the past. He includes sections on what "Homer left out," where issues of contemporary significance such as the tactics and impact of contemporary technology on war are discussed. He sometimes uses the Greeks as a source of favorable assessments of how

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[368] Healy, "Theater of War Uses Sophocles to Help Anguished Soldiers."

we *should* act, such as the importance of moral context for protecting good character and preventing atrocities during war. He also uses the Greeks as a source of *unfavorable* assessments: things we ought to avoid. For example, he presents the case that Odysseus should have been court-martialed as a military leader, because his high-risk, irresponsible actions in *The Odyssey* resulted in the deaths of all of his companions (all, also, his subordinates) on the way home from Troy. However, the central focus of Shay's texts are the conditions in Vietnam that exacerbated and produced soldiers' mental health difficulties. Even Shay's dislike for the Greek leader Agamemnon softens when he compares him to the worst of recent U.S. leaders:

> *The Iliad* and Demodokos' first song in *Odyssey* 8 show Agamemnon as an almost perfectly *bad* leader—with one important exception, that he was personally brave and shared the lethal risks of combat with the rest of his forces. He did not orbit in his helicopter at 6,000 feet, yelling instructions into the radio for his people down in the mud, as some higher commanders did in Vietnam.[369]

Shay's diverse metaphorical engagements with the Greeks may appear scattered to the reader the reader, as his reading takes so many forms without any consistency. But there is one valuable side effect: his audience is continually aware of the author as a force, shaping both the Greek material and the audience's experience. While Shay is still selective about which aspects of the Greeks he draws upon (he ignores, for example, many of the resources in Homer that could be used to launch more overt antiwar positions; in contrast, Simone Weil's essay "*The Iliad* or the Poem of Force" presents *The Iliad* as a critique of violence more broadly, arguing that it crushes all that it touches, and turns even victorious men into objects),[370] his engagement with soldiers' distress allows his audience to engage critically with what he says by calling attention to his role as an author making editorial choices.

Unlike Shay, Doerries doesn't talk about his process of selection or present any version of his voice as distinct from "the Greeks"; instead, and especially in media depictions, his work is presented as accurate and complete accounts of Greek military wisdom about suffering. He emphasizes, for example, there is a truth about war, that "Sophocles was a general," that PTSD goes "way back," and that today's soldiers live lives of "mythic proportions."[371] Emphasizing the equivalences between contemporary and ancient experiences of suffering has some advantages for Doerries, allowing him to address stigma through showing that ancient heroes also suffered in the aftermath of

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[369] Shay, "Moral Injury," December 19, 2012.

[370] Weil, "The Iliad or the Poem of Force."

[371] Haberman, "Like War Itself, Effects of War Are Hell. Ask the Greeks."; "In Ancient Dramas, Vital Words for Today's Warriors"; Pressley, "Theater of War at Woolly Mammoth."

war. By not showing his hand as an author, he conveys this sense of equivalence more powerfully.

However, these advantages come at the price of using the Greeks (and concepts like PTSD) in a limited and relatively inflexible way.[372] Sophocles, indeed a man of military experience, wrote about a range of issues that Doerries does not want included in his forum, including the (by today's standards) brutal treatment of women, and the lies and deceptions that individual Greeks deployed against each other in their struggles to secure greater personal honor. Because Shay uses the Greeks in a more multifaceted way, his argument about soldiers' well-being does not rely on an inflexible application of the Greeks to the contemporary moment. It is relatively easy to imagine Shay in conversation with additional Greek texts, or even with alternative interpretations of the characters of Achilles or Odysseus. But Doerries can't broaden his discussion of the Greeks to include, for example, a detailed description of what precipitates Ajax's madness, or Philoctetes' abandonment, because the details would not only undermine the sense of equivalence he has worked so hard to establish, but also might reflect badly on military decision-makers, and would likely shift the attention of a contemporary audience from the existence of timeless suffering to a more detailed sense of the causes and contexts in which suffering occurs— the conversation that Doerries seems keen to avoid.

Doerries successfully engages his audience by establishing a sense of mirror-like equivalence with contemporary experience, but in doing so, makes naturalizing and divine associations that can make soldiers' suffering appear inevitable. For example, his emphasis on "timeless" suffering can easily obscure the human role in both causing and potentially preventing suffering. The language of timelessness naturalizes suffering, portraying it as ever-present throughout history, and implying that it cannot be impacted by human efforts. Doerries also frequently uses the phrase "divine madness" to describe Ajax's state, a phrase which introduces into contemporary conversations a sense that madness is caused by divine forces, another association that places suffering beyond human control. The rhetorical difficulties of trying to de-stigmatize suffering by invoking higher forces (either History or the Gods) raises the question of whether there might be alternative and more effective ways of addressing stigma—perhaps through a deeper understanding of the specifically human and contemporary causes of soldiers' distress? Doerries' choice to exclude the questions of war's costs and legitimacy from a forum dedicated to healing, and instead to emphasize suffering's timeless and natural elements, seems certain to limit an awareness that war-related suffering is the result of human actions, subject to human intervention and influence. Is this an acceptable (or necessary) price to pay for reducing stigma?

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[372] Further dimensions of PTSD's limited scope and inflexibility are discussed in Chapter 2.

Differences in Degree: Heroism

In choosing to talk about suffering in terms of the ancient Greeks, both Shay and Doerries cannot avoid tapping into contemporary associations about the heroism of ancient Greek characters. For many audience members, the invocation of the ancient Greeks may well stir up memories of childhood stories about mythical warriors of legendary status. But Shay and Doerries even differ in the way they handle these unavoidable heroic associations. Shay explicitly discusses the danger of painting over contemporary suffering with a heroic gloss, and does not allow heroic associations to inhibit his discussion of war's moral context. Doerries doesn't seem to share Shay's awareness of the potentially problematic implications of elevating the heroic, and his work ends up amplifying the Greeks' heroic associations to a greater extent than Shay's.

While Shay uses the Greeks to frame his accounts of suffering, he seems to want to prevent a heroic gloss from interfering with readers' apprehension of experiences of suffering and the policy problems that cause them. He is explicit in these efforts, stating: "I will present *The Iliad* as the tragedy of Achilles. I will not glorify Vietnam combat veterans by linking them to a prestigious classic."[373] His books, of course, *do* tap into heroic and mythic elements just by invoking the Greeks, through the numerous comparisons to named characters and reconstructions of narrative elements from both of Homer's epics. However, mentioning the problem of heroic gloss at least calls his readers' attention to this probable effect.

Shay also seems motivated to use the Greeks primarily as an attractive hook to structure his account of suffering, allowing a potentially reluctant audience to engage with his analysis of the complex and unpleasant subject of soldiers' mental health and post-combat suffering.[374] He cites historian Paul Fussell describing the reasons why World War I veterans tend not to describe their experiences: Soldiers "fall silent" after war because "no one is very interested in the bad news they have to report. What listener wants to be torn and shaken, when he doesn't have to be?"[375] The appealing Greek elements from *The Iliad* and *The Odyssey* allow Shay to shape an account of Vietnam veterans' suffering that is still "bad news," but also still engages the reader with adventure, fantasy, and the regretful facts. Shay deftly presents scenes like Odysseus' risk-taking in the Cyclops cave as a framework for thinking about the dangerous things veterans sometimes do to escape the boredom of post-combat life. Similarly, Odysseus' relationship with Calypso becomes a way into the difficult subject of veterans' post-combat difficulties with sex and intimacy. These comparisons draw on the appeal of the Greeks to bring the complex details of Vietnam veterans' struggles

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[373] Shay, *Achilles in Vietnam*, xx.

[374] As was discussed in Chapter 2, when Shay's books are initially published, PTSD seems to still retained war-critical associations that many soldiers may have found off-putting.

[375] Fussell, cited in Shay, *Achilles in Vietnam*, xxi.

to life, and make the costs of war more real for a civilian population who would prefer to think about other things.

But Shay also scrutinizes and troubles contemporary ideas about heroism by offering critical assessments of famous Greek figures. He argues, for example, that Odysseus is not a good leader. Even though he is often lauded as a hero, Odysseus' reckless behavior results in the deaths of many of his own men. Shay's critique of Odysseus raises several key issues that attenuate the audience's heroic associations. The definition of heroism can change over time, and heroic figures in the ancient Greek world might not meet modern standards of noble or heroic behavior. More generally, once Shay has offered this assessment of Odysseus, it becomes clear that for all the reliance on heroic associations of his texts, his readers can also use Shay's arguments to evaluate any specific claim about heroism. It is a designation that deserve thoughtful criteria and debate, and not in the past, but also in the present, and people who have a heroic reputation or appear heroic on the surface may not deserve this assessment when we examine their specific actions.

Shay's approach to his own role as author further tempers some of the Greeks' heroic or mythic gloss: he uses Homer's texts in myriad ways, as both guides and salutary lessons, and thus puts himself in the authoritative role of interpreting the Greek material. Shay, as author, is constantly visible in the books, changing his assessment of the Greeks, by turns approving and disapproving of Homer's characters, but always using them to point our attention to some aspect of contemporary experience. Shay draws on his own psychological expertise to back up these interpretations, rather than attributing timeless authority to the Greek texts themselves. Furthermore, in Shay's texts, the range and depth of the discussion of suffering, and the pervasive concern with the ethics of war, further limit the power of heroic associations that come from ancient Greek narratives, because they are just one part of a much larger, wide-ranging and complex discussion.

Because Doerries provides relatively little context or framing other than the mirror-like relationship between contemporary suffering and ancient Greek heroes, the heroic elements in his work have a much greater significance or relative weight. And because Doerries uses the heroic attributes of Greek figures as a remedy for the perceived stigma that soldiers face, he tends to use heroism as a means of elevating (and even glorifying) situations in which suffering occur. Not only is Ajax an example of a man enduring great suffering, but he is a hero whose reputation lives on through the ages as poets have been writing about, and immortalizing, the feats of these men for generations. In positing a unidimensional, equivalent relationship between the ancient

Greeks and contemporary soldiers, Doerries extends this glorifying language to portray contemporary soldiers "living lives of mythic proportions."[376]

This amplification of heroic elements in the face of contemporary suffering is not unique to Doerries. Many contemporary representations of soldiers' suffering share this attribute, including the military naming practices that have given rise to the popular phrase "wounded warrior" in contemporary speech. The phrase, which already seems so familiar, was barely used before 2005, but swiftly rose in prominence after it became a staple component of military organization naming practices. There are also several prominent not-for-profit organizations that provide services to veterans who use the phrase in their title, such as the "Wounded Warrior Project." The phrase enjoys great popularity in news media stories and has become as a key ingredient in many depictions of suffering. While further analysis would be needed to assess the psychological dynamics involved in the invocation of heroism, and the political convenience of these depictions, I will briefly consider how Doerries' work has the potential effect of conflating suffering with heroism in contemporary discussions of war, with troubling implications for our ongoing task of assessing war's value and legitimacy.

The conflation of suffering and heroism is made possible by Doerries' narrow emphasis on stigma as the primary challenge to contemporary soldiers. Within this framing, the act of speaking about one's suffering requires great courage and strength—a task that at times can sound like a heroic act in itself. So when Doerries offers the idea that Ajax suffered although he was the "bravest" of the Greeks, and that contemporary soldiers are just like Ajax (because they live "lives of mythic proportions," and because they need to follow Ajax's lead in order to be courageous and speak about their suffering), it is one dangerously easy step further to say that the source of Ajax's heroism is in his suffering.[377]

This conflation has important implications for the ongoing task of assessing war's value and legitimacy. Most generations of veterans include a few (or many) who, because of their experiences of post-combat suffering, have come to question the allure of military heroism as a form of manipulation—for example, the notion that a soldier will "do good" using violence, or that he will be remembered and honored for his use of violence in a way that makes the sacrifices of military service worthwhile.[378] This particular critical line of inquiry is even one of the many voices present in Homer's *The*

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[376] Pressley, "Theater of War at Woolly Mammoth."

[377] It is worth considering why this conflation might be a particularly tempting proposition in contemporary America, where skill in killing and personal bravery have become somewhat largely a matter of highly complex technology, putting other, more conventional sources of the warrior's heroism under threat. Questions of the ethics of a war, also, of course, always threaten the heroic meaning of a soldier's actions.

[378] Lifton, *Home from the War*, 1973.

Odyssey. Achilles, the most skilled warrior who fought at Troy, who famously chose a short life with great heroic honor over a long life in obscurity, is presented in the underworld telling Odysseus that he now not only questions the value he attributed to heroic glory as a young man, but would reverse his earlier choices if he could: "O shining Odysseus, never try to console me for dying. I would rather follow the plow as thrall to another man, one with no land allotted to him and not much to live on, than to be king over all the perished dead."[379] Homer allows us to hear a dead man take stock of his suffering and reassess the value of heroic glory, raising the question of whether living men have sufficient wisdom to resist its dangerous allure. Living, non-mythical and non-fictional men have also produced critical questions about warrior-sourced heroism, as the earlier examples of antiwar veterans established. Any similar reflections, however, into the value of contemporary versions of heroism—in particular when they are weighed against the suffering war causes—are very hard to pursue when suffering becomes conflated, as it does in Doerries' work and many other contemporary settings, with heroic status itself.

Thus far, I have sought to show how Doerries' presentation of the Greeks has various discrete but cumulatively powerful effects on the ways we might think and talk about soldiers' suffering. Of central concern is the representational impact of his work on broader public debates that might seek to link suffering to assessments of war. Doerries presents suffering in a narrow form, focusing mainly on stigma, which, his work suggests, can be overcome when people avoid evaluations of military policy and instead think of suffering as timeless and heroic. Doerries' work has enjoyed frequent media coverage and is always portrayed in uncritical, positive terms as an innovation that helps soldiers. Before concluding this discussion, I want to briefly consider whether his narrow focus and exclusion of policy-related material helps soldiers—or, are there ways to help soldiers talk about their suffering, overcome stigma, and even come to better understand their experiences that do not require these overt and subtle exclusions of assessments of war's costs and legitimacy?

Changes in Doerries' Approach Over Time

Of course, directly linking suffering to policy choices and war does preoccupy and relieve contemporary veterans, as documented by Shay's authoritative studies during

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[379] Alexander, *The War That Killed Achilles*, 224. Homer's text is, however, more complex than Alexander suggests: immediately after this statement, Achilles asks after his son, concerned to discover if he, too, has made a name for himself as a skilled warrior—a concern that seems to undercut Achilles' disengagement from heroic rewards. The broader point is that these Greek texts have many voices within them, including, in fact, those that support a much more critical evaluation of heroism, the suffering caused by war, and war itself, than that offered by Shay. See, also, Weil, "The Iliad or the Poem of Force."

his years as a VA therapist.[380] Unexpectedly, Doerries also proves that permitting a more expansive engagement with suffering and the Greeks is valuable to his audiences, as is shown by observations of his audience's responsiveness over time. As I mentioned at the outset of this chapter, Doerries was initially inspired by Shay, and his early work allowed for a much broader definition of the struggles faced by veterans, including issues that link audience attention directly to policy questions. Those early audiences still loved Doerries work.

Early media interviews with Doerries describe how, as a recent classics graduate, he had been translating Sophocles' *Philoctetes* while keeping his sick father company in the hospital, when the 2007 Walter Reed medical scandal broke in the newspapers.[381] Doerries was struck by the resonance between the ancient play he was immersed in, and his desire to be helpful to soldiers. His translation complete, he first presented the full-length play to audiences made up of classicists, then medical professionals, and eventually military personnel. Media accounts of these early performances provide evidence that the discussion included and even emphasized the moral components of war, and that audiences found those discussions engaging and constructive (i.e. insofar as it is possible to judge: not emotionally harmful). One reporter noted that while Sophocles' *Philoctetes* is not as well known as his other plays like *Oedipus Rex* or *Antigone*, "in its depiction of the suffering and moral dilemmas of the civilization at war, it's extremely relevant to our country and our time."[382]

This engagement with moral issues such as the feeling of betrayal, and ethical dilemmas in combat was possible in part because Doerries initially presented the full play, not excerpts. The complete text presented audiences with significant evaluative questions and themes that were left out once the plays were presented as excerpts, narrowly focused in on depictions of suffering. For example, when *Philoctetes* was presented in full, the audience saw the influential "hero" Odysseus trying to manipulate Philoctetes (in order to secure victory in the Trojan war) through the intercession of a younger Greek soldier, Neoptolemus, even though Odysseus represents those who initially decided to abandon Philoctetes on the way to the war on an island to suffer alone. This broader context unavoidably raises questions of Philoctetes' betrayal by his own allies, and also the central issue of whether he will participate in a war he is clearly ambivalent about. The central dramatic question of the play is: will Philoctetes and the younger soldier respond to Odysseus' manipulative efforts? In media representations, Doerries' performances of the whole play reported showing Odysseus' efforts at

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[380] As a reminder, Shay's clinical expertise comes from working with Vietnam veterans who do hold critical views of that war's justifiability.

[381] The scandal resulted from the Washington Post publishing a series of stories detailing patient neglect at the Walter Reed military health care facility.

[382] Mason, "War's Forgotten Wounded Topic of Greek Play."

ensnaring Philoctetes, and its "heart" as concerned with "the inner battles of Neoptolemus and Philoctetes over whether to return home or to go to Troy and aid the Greeks."[383]

Doerries subsequently added a second play by Sophocles, *Ajax,* and media reports focused on critical questions about the relationship between an individual soldier and his leadership, and about inappropriate behavior by fellow Greeks. They note that Ajax's rage is in part "divine madness," but it is also produced by the justifiable anger he feels towards Odysseus, who has tricked him out of honors that should have belonged to him.[384] Tony Perry, reporting on the play, summarizes its key themes this way: "Ajax feels cheated of honors due him, betrayed by the generals and alienated from his wife and the society he fought to protect."[385] The explicit emphasis on emotions associated with cheating and betrayal in Doerries' early descriptions of suffering channel the audience's attention toward broader evaluative questions about war. For example, one might ask if the suffering of contemporary soldiers is partly produced by a sense that they feel cheated of honors—for example, a sense of the meaning and significance of military service. Furthermore, as many soldiers clearly do feel alienated, we might ask what are the specific sources of their alienation, both within U.S. society, but also as a result of their military experiences.[386]

Media accounts of Doerries' early performances of *Philoctetes* also include a sense that soldiers' distressed feelings are caused in part by the actions of other Greeks. Those actions can be evaluated, understood and prevented: "Philoctetes, marooned on an island after suffering a debilitating injury, also feels betrayed by an army that tossed him aside when he was of no further use."[387] Audience commentary in the aftermath of this performance (to an exclusively military audience of Marines) showed that this kind of presentation is very engaging, particularly because it prompts soldiers to think about the moral implications of their actions. As one Marine told a reporter: "Ajax was infantry, just like me...The kinds of moral and ethical decisions he was facing are just the same as what Marines are going through now."[388]

But within a year of this performance, the inclusion of similar moral contexts dropped away, and the themes raised in the performed excerpts became more narrowly

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[383] Mason.

[384] Perry, "Through Drama, Toll of War Resonates across the Ages."

[385] Perry.

[386] Military ethnographers have noted the ways in which military culture can cultivate a sense of profound alienation from civilian life. See, Hautzinger and Scandlyn, *Beyond Post-Traumatic Stress*.

[387] Perry, "Through Drama, Toll of War Resonates across the Ages."

[388] Perry. It is worth noting that this Marine also seems to identify with the "timelessness" of the Greeks, but the *content* of that timeless identification is crucial: most of Doerries performances promote a sense of suffering as a timeless experience; here the marine emphasizes the enduring quality of "moral and ethical decisions." This alternative rendering of timelessness is only visible in Doerries earliest performances.

oriented towards the problem of stigma, and the dangers that follow from inaction, for example, that untreated mental health issues can lead to suicide. The media now almost uniformly relies on the following plot summary (which closely mirrors the descriptions Doerries himself has authored on his website):

> While *Ajax* bears warnings about the failure to seek help and the potential impotence of caregivers, *Philoctetes* delivers a measure of hope. The eponymous hero lays bare his anguish and loneliness and asks his comrades for aid. They take him into their care, delivering him from his isolation and pain. War will damage minds, but the severity and the duration of psychological wounds can be contained when help is provided and sought. Otherwise, we have Ajax, dead upon his sword.[389]

The earlier sense of soldiers' feeling cheated, betrayed, alienated, and facing ethically and morally complex decisions is replaced with the passive, "war will damage minds."[390] The emphasis is not on understanding "why" or "in what context," but rather on the idea that the damage is timeless and needs to be remedied. While feelings of betrayal, alienation, and moral confusion might be complex for soldiers, military institutions, and U.S. society to confront, if they are partial causes of contemporary suffering, it seems counterproductive not to engage with them directly. The importance of critically assessing war's ethical basis and consequences, and specifically of soldiers' suffering, is impossible to overstate.

What prompted these changes in Doerries' work? While a combination of factors might have influenced him, there are two significant, overlooked and overlapping streams of cultural influence on Doerries: military institutional needs, which are not the same as soldiers' needs, and political PR projects that aim to shore up public approval for war. These cultural influences might have guided Doerries only in very subtle ways, such as his gradual acculturation to norms within the military, or suggestions from others about how to improve his work, and the desire to secure military contracts. The changes in his content do coincide with the increased military sponsorship described in this chapter's introduction.[391] Because many of his early performances were presented to mixed military, veteran, and civilian audiences, in hospitals and universities, there was likely little institutional stake in soldiers' suffering being discussed in ways that avoided policy evaluations. However, once Doerries began performing regularly on military bases to active duty soldiers who were ordered to attend, the institutional settings and incentives were likely very different.

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[389] Mockenhaupt, "Tragic Heroes."

[390] Mockenhaupt.

[391] Doerries received his first military contract of $3.5 million in 2010, and a performance schedule at 50 military locations. See my earlier discussion on page 124.

As a result of trying to succeed in this new environment and maintain steady financial support for his project, Doerries may have noticed himself adapting to new constraints and made prudent changes to his program to avoid conflict in the military environment. Or he might have felt that he was honing and improving his message, through a better understanding the needs of contemporary soldiers.[392] Whatever his motivations and understanding, because these changes occurred during a time of greater contact with military institutions, it seems fair to assume that the institutional needs for maintaining tough-minded, combat-ready soldiers who do not question authority or orders have likely influenced the "public health" message of Doerries' performances. The 2008 audience of active-duty marines responded well to the invitation to include moral conflicts in their consideration of suffering, which shows that from health perspective alone, Doerries' later, more restricted content was unnecessary. One could still argue that it is appropriate to restrict considerations of suffering during an institutionally-funded performance, but, when the media coverage of such events presents the same template to the broader public, it ought to be recognized that this account of suffering is shaped by more than just soldiers' needs, and indeed ask the broader public to think about soldiers' distress in ways that do not interfere with military institutional priorities.

The changes in Doerries' approach also coincide and align with broader trends in U.S. culture, where representations of suffering tend to channel our attention away from the how and the why of fighting current wars, and instead towards issues that align with the political PR goal of maintaining support for current wars. Because these trends are diffuse, popular and difficult to recognize, it may be that the media accounts of Doerries' work can't avoid reproducing language and imagery that fosters unreflective support instead of more discerning engagement with the post 9/11 wars. Whatever the specific causes of Doerries' changed views, there is clearly a military-institutional and political convenience to any account of suffering that avoids engaging with the diverse causes of soldiers' distress and broader debates about war's costliness or legitimacy, and little evidence that Doerries' changes better serve soldiers' needs.

Conclusion

As was indicated in Chapter 1, Doerries' work is illustrative of a broader trend in contemporary portrayals of soldiers' distress, analyzed throughout this dissertation,

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[392] It is probably appropriate to also attribute some dimension of these changes to Doerries' ongoing process of developing a business. Certainly Doerries' work has never been static, as demonstrated by his recent expansions in scope, using theater to work with issues of end-of-life care, prison reform, political violence and torture, domestic violence, and the de-stigmatization of substance abuse and addiction treatment.

whereby overt and implicit restrictions on speech about soldiers' suffering are promoted, and the audience's attention is channeled away from debates about the current wars' ethics. As a result, suffering's causes and broader contexts are partially obscured, and political debates about war are impoverished. Previous chapters have shown that similar effects are accomplished within contemporary medical discourse when diagnostic categories don't register suffering that is caused by a soldier's unethical actions, or the unethical status of the war as a whole (Chapter 2); through the assertion that antiwar views are a product of mental instability, and that soldiers' suffering is caused by critiques of war or civilian disrespect (Chapter 3); and through the use of war metaphors, like the "war within," which may over-emphasize defeating suffering, and lose the opportunities to learn from it, especially regarding the mental health costs of unethical actions (Chapter 4).

This final chapter has analyzed the specific ways in which Doerries' work contributes to that trend, and has often relied on the comparison with Shay to make these aspects of Doerries' work more visible. Doerries is shown to simplify suffering as a problem of stigma, narrowing the scope of what can be discussed. He excludes important considerations that Shay emphasizes; particularly, the consideration of military policy and moral factors as contributing causes to soldiers' distress. Doerries also focuses on "timeless" connections with the ancient Greeks that potentially naturalize suffering, removing a sense of human causes and therefore the human capacity to prevent suffering. Finally, Doerries promotes heroic associations with the Greeks in ways that make it easy to conflate suffering with heroism, potentially transforming suffering into a source of status, rather than a call for the critical evaluation of military policy (as many, including Shay, view it).

The comparison with Shay's application of the Greeks, and with Doerries' own earlier work, also suggests that Doerries' development over time was most likely prompted not by the expressed (or actual) needs of soldiers, but by other agendas, such as the military's interest in maintaining a culture of combat-ready troops, and government concerns about maintaining support for the current wars. Thus, even if Doerries' interventions are successful on their own terms in providing soldiers with a safe forum for discussing their distress, that forum, with its overt exclusions and subtle restrictions, impacts public perceptions of soldiers' distress in an extremely costly manner, channeling attention away from sufferings' fuller context and causes, and implying that soldiers' distress can be worsened by political dissent. The cumulative effect of these differences is that representations of Doerries' performances almost entirely disconnect suffering from our ongoing duty to assess war, while Shay

demonstrates that it is possible to understand and care for soldiers without giving up these evaluative obligations.[393]

To underscore a central feature of this analysis, I'm not arguing that Doerries' work (or any of the other cases examined in this dissertation) produces uniform or determinable effects: interventions like Doerries' will likely not affect all audiences in the same way. People are capable of responding critically to the representations and frames they are offered, or innovating an earlier meaning, developing ideas that may be quite different from the author's intent. Doerries himself is an example of this: while he further develops the links that Shay established between contemporary soldiers and the ancient Greeks, he does little with Shay's concerns about war's moral context. And as was shown in Chapter 2, a small number of recent veterans have picked up on a completely different part of Shay's work—his concept of moral injury—and developed it to further amplify their war-critical concerns, asserting a close connection between their suffering and the questionable legitimacy of the current wars.[394]

However, even as discourses allow for varied interpretations, dominant trends *are* likely to produce generalized effects. Even if we can't be certain of the specific effects of Doerries' interventions on every individual who reads about it, and his work appears to have real value, it also seems likely to profoundly influence attitudes towards war by directing audience attention away from critical questions about war's justifiability, and suggesting such questions will harm vulnerable veterans. Such effects may seem subtle in any individual case study, but Doerries' work comports with trends seen elsewhere in the culture, particularly when it comes to military institutional interests in maintaining combat-ready troops, investments in a culture of toughness, and political incentives to limit dissent in ways that do not necessarily align with soldiers' needs.

One key premise of the foregoing analysis is that current discourses of soldiers' suffering are made up of various choices, exclusions, and assumptions. However, as many scholars of discursive trends note, these choices, exclusions, and assumptions are often difficult to recognize, and to analyze, because they seem natural and intuitive. In examining each particular case, such as Doerries' Theater of War performances, or those offered in the preceding chapters, I have sought to illuminate different ways in which current discourses of soldiers' suffering are imbricated with the civic processes with which we try to assess war.

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[393] There may be an important historical dimension to this difference: Shay's alternative presentations of the ancient Greeks, published in 1995 and 2002, before the U.S. invaded Iraq in 2003, reveal that there are (or very recently still were) ways to discuss soldier's suffering that both extend appropriate care and respect to soldiers and maintain our obligations as citizens to assess war critically.

[394] See the discussion of Brandon Bryant in Chapter 2. It is worth noting that Shay chooses to distance himself from both Doerries and the antiwar veterans' concerns.

A close analysis of Doerries' work informs us about his development over time, as he is socialized into current conventions of the portrayal of soldiers' suffering; it also allows us to recognize similar discursive characteristics in other contemporary speech about soldiers' distress. In particular, it comports with a generalizable patterns that occurs in other examples of speech about soldiers, where civilian concern over the current wars' legitimacy is redirected towards soldiers' well-being, and constricted by the assertion that critiques of war harm veterans, thereby disconnecting soldiers' experiences of suffering from an assessment of war's costs and legitimacy.

This chapter also builds on insights advanced in prior chapters to argue that a willingness to assess military policy in the context of soldiers' suffering is not reducible to what are commonly labeled "pro-" and "antiwar" positions, or inherent ideological differences. As was revealed in previous chapters, Shay does not fit the profile of an antiwar activist, and is a tireless advocate for the well-being of Vietnam veterans who volunteered to serve and identified as supporting the war during the Vietnam era. Indeed, as I argued in Chapter 2, in comparison to analyses that really do earn the label "antiwar," Shay's work can appear "revisionist" in its efforts to smooth over the complex divisions produced by the Vietnam war.[395] Shay and Doerries both amplify veterans' heroism, diminish the civilian authority to assess war, and reframe Vietnam in significant ways. In some respects, Shay's work only differs from Doerries in the degree to which he pushes military heroism or diminished civilian authority. Still, Shay's representations of soldiers' distress still include the opportunity to engage in assessments of military policy, including questions about war's value, costs, and legitimacy. While not perceived to hold a different kind of political affiliation or position than Shay, Doerries more radically limits the opportunity for inquiry and debate, because he more effectively delinks suffering from evaluative questions about war.

This dissertation has attempted to understand how different discourses of suffering tend either to illuminate or to foreclose debates about a war's justifiability. I've sought to highlight that while emotions and pain are complicated sources of ethical knowledge, and require the mediation of interpretation and judgment, they are deeply relevant for the processes by which we evaluate wars. Sometimes suffering can illuminate moral problems with the cause for which a war is fought, the manner in which the fighting proceeds, or the way in which a war's aftermath is addressed. Contemporary discourses tend to emphasize the latter, and neglect and restrict other important dimensions of suffering as they relate to moral knowledge about war. This tendency profoundly

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[395] "Revisionism," a label commonly used to identify accounts of U.S. involvement in Vietnam that obscure or distort the war's troubling legal and moral status, including accounts that neglect extensive civilian and military dissent and the important role of domestic political dynamics in shaping the war is discussed at greater length in Chapter 3. For my analysis of the limiting effects of Shay's contributions to the historical development of present-day medical discourses, see Chapter 1.

limits our understanding of war's ethics, and of soldiers' distress, and may become an obstacle in efforts to fight only those wars which are justifiable.

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