Chapter 8

Soldiering On

Care of Self, Status Passages, and Citizenship Claims

> One thing I do know: everything that is sinking into us like a stone now, while we are in the war, will rise up again when the war is over, and that's when the real life-and-death struggle will start.
> —Erich Maria Remarque, *All Quiet on the Western Front*

> Returning troops faced bunting, bands, speeches, and hidden fears.
> —Desmond Morton, *A Military History of Canada*

The psychologically wounded veteran is a major figure in contemporary society. Despite new methods in psychiatric training, popularity of counseling, and transformations in psychiatric care, the matter of soldiering on for the weary warrior after the military campaign and returning home remains a vexing issue of public policy-making around the world. The concept of "soldiering on" commonly refers to perseverance, resolve, determination, and firmness, qualities and actions associated with the ideal image of the masculine fighting soldier. It is often equated with a discourse of returning home and the culturally anticipated processes of overcoming challenges, making adjustments, and getting on with one's life. Families, too, are implicated in this discourse of soldiering on: they are asked, indeed expected, to stay brave in the face of awkward reunions or setbacks in transitions, to conquer their own anxieties and fears about the returning veteran, and to monitor the state of mental health the veteran displays.

We suggest here, as elsewhere in the book, that, as veterans returning home, weary warriors are enacted through specific practices arising from various forms of power relations: biopower of psychiatry, disciplinary power of the military, and the sovereign power of the nation-state. These

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power or force relations frame the private struggles of the returning veteran in terms of care of the self and the place of the family in relation to the fighting soldier and the returning psychologically wounded veteran. Also a part of the return and transitioning for the soldier is a collage of normative images or discourses on who a weary warrior is and the role of the family in the soldier's demilitarized life. Whether positive or negative, some normative material-discourses have been more prominent than others over the past 125 years in the modern history of the weary warrior.

As an embodied subject, the weary warrior may be present in a material way, to family and others, but almost totally absent in a discursive way, ignored culturally, withdrawn socially, and distant emotionally from even those most intimate with the veteran. In recent times across several nations, we have observed, relative to wars in earlier decades, an upsurge in community recognition and official commemoration of the biological deaths of veterans. In itself, body counts are significant to consider theoretically (see Hyndman 2007). It is also significant for another reason: together with this increasing public remembrance of the fallen soldier, there is an ongoing official contestation of soldiers with traumatized psyches by government authorities, and general disregard by the public, over the *social death* of veterans living among us.

Similarly, the *political life* of weary warriors as veterans is full of organizing and mobilizing to gain profile, express shared struggles, incite state action, and thus secure rights and services in order to secure a sense of fairness and quality of life. The unevenness in the way in which the nation-state has responded to the lived circumstances of, and political claims by, psychologically wounded soldiers bears scrutiny. We maintain that the will of the state, as exercised through sovereign power, can be to acknowledge, to assist, or to abandon individual veterans or groups of veterans with certain embodied subjectivities and contested illnesses.

In this chapter we examine this conception of soldiering on, showing it to involve images, discourses, and actions. Soldiering on by psychologically traumatized veterans relates to the impact of war on civilian populations generally and families more specifically (Finkel 2013; Linford 2013; Thomas 2009). Soldiering on, we maintain, involves the (re)cultivation of the civilian self and the care of the psychologically wounded veteran by the veterans themselves, by some peers and by family members, and either civilian or military psychiatrists or mental health-care workers associated with recovery, addiction, and support centers. A politics of claims making and social change is a formative part in soldiering on by veterans in their struggles for recognition of wounds and distress as a result of combat. In these struggles, a series of relationships are activated and issues are contested in military, state, and political institutions. In this sense, we make

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the case that it is not just those soldiers diagnosed with war shock, combat fatigue, delayed stress, or PTSD, that are traumatized veterans: all veterans now have become potential psychiatric cases for the military because of the way in which due processes and resources from welfare states care for and support of veterans form.

Reconstitution of the Distressed Subject

In previous chapters we challenged standard images of the military as a stable, closed, and formal system by drawing attention to tensions that mask acts of resistance and discretion operating within these institutional systems. We also reject the early Foucauldian view of soldiers as thoroughly docile bodies and static machines by emphasizing instead that the soldier can be an unstable identity, generated through multiple practices and contested relationships. In particular, we suggest that the veteran can be thought of as an embodied subject constitutive of material and discursive forces within a specific power/knowledge configuration. By the end of the Second World War, psychiatrists were in agreement that nearly anyone could break down, given the circumstances of war. So, it comes as no surprise that, with regard to Viet Nam veterans in the United States, a psychiatric consultant claims, "The individual [soldier] becomes totally submerged in the goals and needs of the military organization [because] military training requires submission to the aggression of superiors" (Tanay 1985: 30–31). There is much truth in this observation, yet our analysis in previous chapters casts doubt on the absolute nature of these claims. In various conflicts over the past century, when ill soldiers have not performed in accordance with their commands, a frequent diagnosis was that they had been unduly influenced by their civilian personality, usually in the form of family upbringing, a character flaw, or possible suffering from nostalgia. Militaries continually adjusted recruitment screening and training programs with a view to improve the emotional breakdown ratio among combat soldiers, reflecting the reality that their success is always limited. Allegations of malingering and of insubordination, among other issues facing military authorities, also indicate that total submission and complete indoctrination rarely if ever occurs in military organizations, however powerful and coherent they may appear to insiders as well as outsiders.[1]

Likewise, we resist adopting images of civil society as an open, democratic, and supportive social world for veterans, especially traumatized veterans. Demobilization—the shift from active duty and military service to private civilian life—may be thought to be a form of deinstitutionaliza-

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tion. We think here in terms of changing primary social locations from within the largely authoritarian institutional domain of military life (with pockets of total institutional spaces) to a generally more diversified array of social structures. However, we cannot overlook the fact that civilian life takes place within a context of small social organizations and large institutional sectors, including families, support groups, and mental health–care facilities, in addition to psychiatric professions, judicial systems, veterans' groups, and government bureaucracies. It is more apt, then, to think of the demobilization of veterans, indeed of postdeployment life, as a type of reinstitutionalization.

A conventional account of demobilization sets up a *status passage* comprising three phases: separation from a soldier's present military identity; transition from that to another, civil identity; and finally the incorporation into a new (or former) personal identity in civil society (Glaser and Strauss 1967; Jenkins 2004: 150–51). The place the traumatized soldier takes up in society is clearly absent. Sociologically, reconstitution of the subject is a formal pattern of rituals and institutionally approved and regulated changes in status, with a beginning and end to the status passage. John Wilson and G.E. Krause (1985) describe the homecoming experience as made up of three major phases. The first phase is the return from the war zone to the United States and "the initial return to a civilian way of life." The second phase is the homecoming period, which they define as "the first six months home from the war." Here "the relative degree of support from significant others and a meaningful community are important" (113). Following these is a third phase of favorable assimilation; that is, stabilization, positive adaptation, normal personality functioning, and constructive character changes, such as personal growth. It is worth noting that Wilson and Krause do note a fourth outcome, not quite an alternative phase, of nonassimilation or failed adaptation reflecting, they suggest, the presence of posttrauma stress, character disorder, or neurotic traits. Recognition of the potential of psychological or emotional effects of war in soldiers' lives postdeployment indicates more that this is a disruption rather than a manner in which some veterans live their lives.

The theme of *returning home* is another influential way of talking about civilian life after military service and how the subject of the warrior is or ought to be reconstituted. Returning home after military deployment is often described as "getting back to 'normal' [after their] return, … to pick up where they left off, [recognizing that some] post-homecoming frictions are normal and predictable" (Lyons 2007: 311). In this context, reconstitution of the veteran is a process of renormalization and reunification. Parts of a family are reconnected by a soldier returning to a household and local community. One's self, too, becomes of site for normality to take

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hold. Previous roles and relationships become part of daily life again by veterans and others alike. It is a return to being a spouse, a parent, a sister or brother, a son or daughter, an aunt or uncle. An affirmation of one's bundle of social roles and overall identity facilitates the process of coming back to one's previous life, one's true self. In this idealized process of returning home, the dominant discourse on the reintegration of veterans into civilian life highlights the emotional process of seeing loved ones, full of joyful occasions of reconnecting. The experience of war is to be packaged and neatly tucked away, not to be shared with intimates because it would spoil the moment, the occasion, the relationship, the ideal. Adjustments to private life including the tweaking of relationships to keep unreason at bay are to be expected and may take some time, some missteps, but not too long and not too many. With reintegration the goal, returning home is but a transitional phase with a few ups and downs that can be smoothed over with the aid of information and advice from government agencies and veterans' services. In the end, a new balance is established for veterans, their families, and their social networks, ones that hold together a normal life, at least on the surface.

Another far more critical discourse on returning home is to be found in clinical literature and in military memoirs, along with news stories in the popular press and social media and in cultural products such as war movies, plays, and books. It is remarkably evident in works dealing with Viet Nam War veterans in the United States and, to a lesser degree, in works on recent conflicts in Iraq and Afghanistan. As a disruption to the theme of coming home is the issue of *coming to terms* with the symptoms, diagnoses, and treatments associated with war neuroses, battle fatigue, and delayed stress. Coming to terms with disabling and disabled identities, as well as psychiatric labels and interventions are implicated in the identity reformation of distressed military subjects (Gerschick and Miller 1995). Status passages for weary warriors are neither so straightforward, nor portrayed so positively or optimistically, nor so patterned in adjustments from service in the armed forces to family life in civil society. Their status passages are more unpredictable and multidirectional, framed as troubling for the path to normality. They entail both adaptation and deterioration to things like pain, anger, and turbulence alongside recovery, gratification, and composure. Of course, the passages are not temporally or spatially confined. They span not just weeks, months, or a few years of adjustments, but decades of ravaged minds. It is not just in hospitals and psychiatrists' offices that breakdowns take place: they occur in the bedroom, on the street, and on the steps of the courthouse. An American study published in 1981 documented that while most Viet Nam veterans were "unscathed by their experience," several years after the war was over

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an estimated "500,000 to 800,000 Vietnam era veterans, particularly those who endured the most severe combat-related stress and psychic trauma, were still encountering varying degrees of inability to adjust successfully to civilian life" (quoted in Fuller 1985: 9).

"Coming home from the war," notes a former U.S. Army nurse, "turned out to be a devastating experience, however, for many Vietnam veterans" (Van Devanter 1985: 156). She adds, "many women have indicated that they just felt generally very different from their old selves and from their families and their friends when they returned" (158). In addition to strained relations over gendered roles and expectations, veterans may be returning in other concrete embodied terms with substance use issues, behavioral problems, and remoteness from family and friends. The affective distance between their traumatized self and their previous self produces intense anguish, grief, and despair. When home, discharged soldiers confront employment challenges and prolonged unemployment. There may be sudden onset of bodily sensations that were never part of their experience during deployment. Depression, anxiety attacks, flashbacks, hallucinations, fatigue, and emotional numbing are relatively common among Viet Nam veterans. "There is a striking absence of preparation of war survivors for the adaptive crisis which awaits them upon return to the civilized world [and in certain cases an] existential crisis, questioning the meaning of life" (Tanay 1985: 30, 34).

Viet Nam veterans returned from a deeply unpopular war and a failed military campaign in Southeast Asia. No heroes' parades or even warm welcomes were there for these soldiers when they returned home. There was only a collective sigh of relief that the war was over and the attitude toward demobilized soldiers—most of whom were conscripted—held a hint of disdain. A commonplace occurrence for Viet Nam veterans was to be shunned and stigmatized from the general American public, government agencies, and even other veterans groups. "Unlike WWII veterans who returned home to a hero's welcome, the Vietnam veteran returned home feeling defeated and witnessing antiwar protests and marches. There was little or no time for readjustment. Some men had to make the transition from the rice paddies of Vietnam to home within 36 hours!" (Woods, Sherwood, and Thompson 1985: 253). These observations indicate how the logistical process of demobilization and the cultural meaning of homecomings are shaped by technological developments in transportation and by generational-based assessments of wars and veterans.

The subject of the ill soldier, the weary warrior, results from the circulation of meanings in customs, stories, myths, symbols, narratives, and rituals. Over the twentieth and early twenty-first centuries, we identify seven figures apparent in the cultural domain of public beliefs and social

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attitudes toward psychologically wounded veterans and in self-perceptions held by veterans themselves (Childers 2009; Galovski and Lyons 2004; Haley 1985; Silver 1985). In brief, the seven figures of shaping weary warriors as veterans are

1. The good warrior. Soldiers who did their duty and served their country with honor and are publicly recognized as heroes
2. The troubled hero. A good warrior, yet with some internal struggles that, overall, are not incapacitating
3. The outlaw. The shunned, feared, and reviled veteran who is regarded to be aggressive and explosive in his (her) actions
4. The misfit. More oddball than outlaw, and thus less threatening in reference to prevalent societal norms and practices
5. The forgotten (abandoned) soldier. Not publicly recognized, hidden from sight, dealt with by the military and the state in trivial ways, and marginalized from military and nation-state histories
6. The disadvantaged outsider. Outcasts of society who are homeless, jobless, and in hopeless poverty
7. The survivor. A soldier, who, despite various travails, engages post-deployment life without either direct engagement or marginalization.

Clearly this typology is merely heuristic, an exploratory schema with porous boundaries holding the shape of each category. Even so, each type readily generates images that facilitate an understanding of *how* weary warriors are mediated discursively through ideas about what constitutes an honorable veteran and materially through the practices in which both the veterans and the people associated with veterans' issues engage.

For example, the survivor, if a POW, may feel blameworthy and remain trapped in silence. Some survivors see themselves as under a personal duty to live a good life in order to validate those sacrificed, which can be seen as a form of survivor's guilt (Childers 2009). A survivor, if a witness to atrocities and genocide, may well be struggling with recurring nightmares of death and destruction, and take up the role as moral witness to humanity for failed policies and practices (Dallaire 2003). Less dramatically, the survivor may adopt a pragmatic stance or perhaps a fatalistic viewpoint claiming to be one of the lucky ones, being dutiful, and getting on with living, and may have what can be referred to as "delayed stress" or "delayed trauma." And there are the survivors who are active political subjects, possibly organizing around mental health issues and doing battle with various state and social institutions (Doucette 2008). In the rest of this chapter, we bear in mind the wideranging scope of various veterans who live with the experiences of war and the ways in which

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they deal with their experiences of emotional distress and psychological wounds.

Private Struggles over the Care of the Self

Crucial to the work of soldiering on for the traumatized soldier is the care of the self. For weary warriors, such caring practices are not merely solitary activities, but also involve both formal and informal relationships of solidarity, support, and surveillance. The embodied soldier is an embedded subject positioned in configurations of interpersonal and bureaucratic relations as well as mutual dependencies and shared experiences with other shattered fighters. We note three aspects to the practices of the care of the self by weary warriors as veterans: caring about others, specifically one's comrades; struggling to care for one's self; and caring with others in veterans' support groups.

Helen O'Grady observes, "care for the self has tended to be a male preserve, while caring for others has been assigned to women and attributed the customary devaluation" (2004: 109). O'Grady grants "the reality of men's care for others" and that men are not always more oriented toward the self than others. However, she maintains that the self orientation applies as "a general claim about the common effects of gender socialization processes" (112). Within the armed forces and military establishments, distinctive socialization processes seem at work that, while unquestionably organized for males, masculine in nature, with an element of machismo, contain a philosophy of care for the other. The norm of care for the self is subordinated to the value of care for others in the unit; individual safety and survival is secured through mutual support and commitment. Care of the self is placed under the authority of superior others and, equally important, under the scrutiny of significant others. As Cameron March and Neil Greenberg (2007: 247) state, "The essential ethos for the U.S. and British Marines was: 'Mission, Men, Self'—always in that priority." This suggests, to us, that care of the self and of others are contingent and situational practices. *The Red Badge of Courage,* written by Stephen Crane ([1895] 2004), a classic novel about the American Civil War, provides an illustration of the solidarity of a company or regiment and the felt sense of responsibility to one's comrades:

> He suddenly lost concern for himself, and forgot to look at a menacing fate. He became not a man but a member. He felt that something of which he was a part—a regiment, an army, a cause, or a country—was in a crisis. He was welded into a common personality which was dominated by a single desire. . . .

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> There was a consciousness always of the presence of his comrades about him. He felt the subtle battle brotherhood more potent even than the cause for which they were fighting. It was a mysterious fraternity born of the smoke and danger of death. (Crane [1895] 2004: 34–35)

Warriors develop a deep connection to the soldiers close by for which care becomes a key in maintain an interdependent relationship. Having to depend on someone to protect you inspires you to protect and care for those around you, especially during battle. Breaking up these relationships can be a source of danger. Soldiers' jitters, preoccupations, and, in extreme cases, nervous breakdowns disrupt the tightly woven fabric of the so-called battle brotherhood. These ties, however, are strong and remain long after battle, breakdown, and reunification (RTU). Soldiers take these connections and draw on them after the war is over and military service is done.

The combatant struggling to engage in self-care after coming home is the second example of soldiering on by weary warriors. The traumatized veteran is a figure of stress-injured military personnel, primarily in the sense of an abnormal or deviant self (after Foucault 2003). Not so much a docile body as a diminished mind, the psychologically wounded soldier lives at the edges of the self. The relationship these veterans have with themselves, their own sense of self, is portrayed in a considerable body of literature as permanently altered in personality, markedly damaged in capacity, and with considerably limited agency in everyday living. Emotionally, soldiers feel some type of self-guilt, self-blame, and self-doubt, while negotiating daily life through damaged self-esteem. In the aftermath of being traumatized, it seems "one can no longer *be oneself* even to oneself" (Brison 2002: 40; emphasis in original). Practices of the self, in this context, are practices of struggle in relation to one's body, one's thoughts, and one's own soul.

Yet practices of struggle do suggest that some degree of movement, agency, and resistance is still in effect. Studies speak to battling "the enemy inside" (Baird 2010) and the link between an operational stress disorder and thoughts and acts of suicide (Coleman 2006), and the juxtaposition of "public peace, private wars" (Muir 2007). Soldiers write about their emotional experiences, likening themselves to "empty casing[s]" (Doucette 2008), finding solace in the thought that "this, too, shall pass" (Richardson 2005), and describing acts of self-care to preserve their sanity (Graves [1929] 1995). These conceptions of the damaged self can be seen to imply that care of the veteran requires medical treatments and psychiatric interventions. A frequent reference in this domain of the traumatized self is the image of "ghosts" as part of the legacy of combat, whether in regards to the Great War (Barker 1991, 1993, 1995), the Viet Nam War (Isaacs 1997; Kwon 2008; Moore and Galloway 2008), the Iraq War (Wasinski 2008), the

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Afghanistan War (Steele 2011), or conflicts elsewhere (Mithander, Sundholm, and Holmgren Troy 2007).

Healing the traumatized self to allow some kind of moving on for veterans can entail remembering and reaffirming as much as forgetting (Achugar 2008). More than forty-five years after a battalion of the 7th U.S. Calvary battled North Vietnamese regulars in November 1965, two veterans recount, "All along our war and our battles remained fresh in our memories and our nightmares. We had a lot of unfinished business that could only be conducted on those long-ago battlefields. We had old ghosts, old demons that tugged at our hearts and minds and sent some of our comrades in search of a name for what ailed us, and help in dealing with that ailment" (Moore and Galloway 2008: xvi).

Erich Maria Remarque's novel, *All Quiet on the Western Front* ([1929] 1996), provides a compelling example of how warfare produces in combatants, in this case among young German soldiers during the Great War, a sense of detachment from their former selves: We're no longer young men. We've lost any desire to conquer the world. We are refugees. We are fleeing from ourselves. From our lives. We are eighteen years old, and we had just begun to love the world and love being in it; but we had to shoot at it. The first shell to land went straight for our hearts" (61). Remarque elaborates on this uncoupling and separation from one's self: "And even if someone were to give us it back, that landscape of our youth, we wouldn't have much idea of how to handle it. The tender, secret forces that bound it to us cannot come back to life" (84). This separation is also perceived by the traumatized young veterans in generational terms: "in front of us there is a generation of men who did, it is true, share the years out here with us, but who already had a bed and a job and who are going back to their old positions, where they will forget all about the war—and behind us, a new generation is growing up, one like we used to be, and that generation will be strangers to us and will push us aside" (199). The fear expressed here is that no one will understand burnout and the broken embodiments of young veterans as they struggle to understand themselves, many not knowing what to do, while melancholy and confusion make their way into their thoughts whether their "conscious self likes it or not" (200).

This literary account of young German soldiers during the Great War is uncannily echoed in a historical account of American veterans who served in the Viet Nam War: "Life, as they say, went on day by day for all of us. We took the good with the bad and kept moving ahead, each in his own way, always with an inner understanding that we had already seen both the best and the worst that men can do to other men, and that nothing—not even the passage of four decades—can fully erase these images" (Moore and Galloway 2008: xvii–xviii).

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A third example of the practices of attention to the self by weary warriors is caring with others in veterans' support groups. These particular practices relate, in a Foucauldian sense, to technologies of the self in which veterans constitute themselves in an active manner by drawing on the mental health service users' movement (Rogers and Pilgrim 2001), existing models of self-help and mutual aid groups, and, in 1970s and 1980s American culture, rap groups as part of consciousness-raising practices. In a number of countries from the 1960s onward, anti-psychiatry critics, consumer survivor groups, and patients' rights movements emerged that questioned established theories and practices of treatment. These critics slammed the hierarchy of asylums and authority of specialists while at the same time advancing the interests of marginalized groups of sick and mad persons. The principles on which these groups emerged included self-advocacy and group solidarity (Foucault 2004, 2006; Rogers and Pilgrim 2001). More than coping mechanisms, these activities represent practices in social critique and social change. They represent a *depsychiatrization*—in lieu of the more common process of deinstitutionalization—of how the troubled self should be labeled and how health professionals should best treat that self. Peer support, as one example of this technology of the self and one with antecedents to practices in the Great War, emerged as a preferred intervention by many American veterans during and after the Viet Nam War. "It is known," write March and Greenberg (2007: 251), "that military personnel who do want to speak about their operational experiences prefer to speak to a peer rather than to other forms of support such as medical staff or managers."

The Operational Stress Injury Social Support (OSISS) program is a formal peer support program in collaboration between the Canadian forces and Veterans Affairs Canada (Grenier et al. 2007). It arose at least in part from a recognition that "[m]ost providers of mental health services in the Canadian military are now civilians, who find themselves at a disadvantage when trying to understand and empathize with the particular work-related situations facing their clients" (268). Relationships between service consumers (i.e., veterans) and clinicians and therapists raised issues of suspicion and trust, and of power relations and accountability. Peer support became seen as a way of addressing these issues and as a way of cultivating cohesion among veterans (Linford 2013). Thus, the OSISS program includes a self-care regime that is described as "what you do for yourself. It is recognizing your own limits and being kind to yourself. It is understanding what you need and making sure your needs are met at work and at home. Self-care is utilizing your team of colleagues and consultants. It is staying involved in your personal relationships, and it is respecting the choices of others" (278).

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Beside such formal peer support groups and inpatient programs attached to the military and veterans' administrations, as in this Canadian example, other more independent and informal self-help programs, support groups, recovery programs, and veteran-driven meetings are noteworthy practices of care of the self via caring for others. One example is the Viet Nam veteran rap groups and similar storefront group approaches. Steven Silver explains the purpose and the success of these rap groups:

> The emotional and often physical isolation of the past is altered by joining with others sharing basically the same experience. This process is aided by the desire of most veterans to see their relationship in Vietnam as positive and supportive, and in many cases more so than they actually were. This makes joining with other sharers of the trauma easier—it is a return to a supportive system, rather than an initiation of one. It is not necessary that it once did exist, or that it did to the degree the mythos presents [the mythos here being the prevalent beliefs of American culture with regard to the Viet Nam veteran]. It is only necessary that it exists now. (Silver 1985: 50)

Through a weary warrior joining with other sharers of combat trauma, we catch sight of "the interplay of the care of the self and the help of the other" (Foucault 1988b: 53) through "the talks that one has with a confidant, with friends, with a guide" (51).

The Family, the Military, and Psychiatry

The state, psychiatry, and the military have been interested in the family for centuries. While the nature of these interests has undoubtedly changed over time, as have the assumptions and models of family life that underlie practices, military concerns and psychiatric customs remain primary in policies and services for and about the families of weary warriors. Through state propaganda, military recruitment campaigns and general practices, nationalist cultural practices, and through discourses of health professions, the family has been represented in numerous ways. Some depictions contradict one another; all depictionsare contextual in meaning and consequential for the way in which configurations of power and knowledge impact weary warriors.

In 1678 a Swiss physician, Johannes Hofer, wrote a paper on an illness among soldiers serving in foreign campaigns. Hofer called the illness *nostalgie,* or *mal du pays,* a "pain which the sick person feels because he is not in his native land, or fears he is never to see it again" (Babington 1997: 8). Symptoms of this homesickness, this yearning for family, according to Hofer, included, "melancholy, incessant thinking of home, disturbed sleep or insomnia, loss of appetite, anxiety, [and] cardiac palpitation" (8). In the

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late 1700s an Austrian physician echoed Hofer's diagnostic category of nostalgia, noting, "When young men, who are still growing, are forced to enter military service and thus lose all hope of returning safe and sound to their beloved homeland, they become sad, taciturn, listless, solitary musing, full of sighs and moans" (8). Anthony Babington writes that in 1863, during the American Civil War, a military surgeon in the U.S. Army recorded that "many a young soldier has become discouraged and made to feel the bitter pangs of home-sickness, which is the usual precursor of more serious ailments. That peculiar state of mind, denominated nostalgia by medical writers, is a species of melancholy, or a mild type of insanity, caused by disappointment and a continuous longing for home" (14). Two decades later, near the end of the nineteenth century, a U.S. government study concluded that "young men of feeble will" and married men away from home for the first time were most prone to nostalgia (14). During the Great War some British servicemen were dubbed "home men," signifying that their primary allegiance was seen to be to their families rather than to their king or country (Barham 2004: 314). From an early age, then, in modern warfare and psychiatry, the private domain of family life has been an object of disquiet, among other things, in the public realm of military and state affairs.

One conception sets up the family as a source of troops and other valuable resources, or, in other words, the family is "the regular purveyors of material to the military machines" (Barham 2004: 117). In Britain, during the Great War, conscription was introduced in 1916 with the passage by Parliament of the Military Service Act. This legislation was called the Bachelor's Bill because "all male British subjects between the ages of 18 and 41 who were either unmarried or widowers without dependent children were called up to enlist" (25). This illustrates a claim made by Foucault (2006) that "the obligation of military service was imposed on people who clearly had no reason to want to do military service: it is solely because the State put pressure on the family as a small community of father, mother, brothers and sisters, etcetera, that the obligation of military service had real constraining force and individuals could be plugged into this disciplinary system and taken into its possession" (81). Beyond the image that Foucault presents of the pressured family are those of the reluctant or resistant family, often portrayed in popular culture in terms of the worried mother not wanting her son or sons to enlist (Crane [1895] 2004; Findley 1977). As well, other notable images of family in relation to the military include the patriotic family, with recruits and relatives of soldiers identifying with heroic images of loyal service and steadfast sacrifice for one's country (Barham 2004: 177; Morton 2004; Remarque [1929] 1996); and the hopeful traditional family, the belief of a father "that the military life might

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prove to be the making of his son" (Barham: 177), or the hope of parents and siblings "that war service might have transformed a wayward and burdensome son and brother into a manly patriot" (179). All these images center on the processes of recruiting troops and mobilizing related materials for the military. The resources which families provide for a military or war effort include embodied conscripts or volunteers as well as finances through war bonds and taxes, the rationing and donation of goods and services, and expressed symbolic and moral support or, conversely, active or passive political opposition.

Once the soldier becomes part of the military, the family itself becomes psychiatrized—that is, the family becomes the source of a soldier's psychological traits and identifiable strengths or weaknesses. Since the early notions of nostalgia and homesickness for soldiers serving in foreign lands, which can be considered a precursor to the psychiatrized understanding of emotional illness as combat stress, the family has been regarded as a cause of something as benign as emotional distraction and as serious as nervous troubles or mental disorders. In the late nineteenth century family history became a topic of growing interest by militaries when recruiting and screening applicants, when diagnosing ill soldiers, or when disciplining soldiers. Attention has been devoted to learning about a soldier's education, his general demeanor, his physical stature, his health and medical history, and his parents and other family members' health, especially any record of nervousness, hysteria, or insanity in his mothers, sisters, or aunts. A troubled, problematic family history of a soldier could "assist the military authorities in casting him as a constitutional inadequate, for whom they did not need to assume any special responsibility nor make a focus of intensive therapeutic zeal" (Barham 2004: 21). If it is assumed that a soldier can have a predisposition to exhaustion, shock, or fear, then it follows that the family is implicated in that susceptibility.

A comparable line of concern is the idea that families can be a distraction to the timely recovery of ill soldiers. A belief among military surgeons in the American Civil War (prior to the advent of military psychiatry) was that "soldiers who were sent to hospitals near their homes were always more liable to contract nostalgia than those who went to hospitals near to the Army which they belonged" (Babington 1997: 16). Much-more-recent clinical literature on the stressors of war likewise view the family as a source of "loyalty conflicts" (Nash 2007: 23) for those deployed and especially in combat operations, conflicts triggered by emotional stress or depression and feelings of guilt and helplessness about domestic matters at home (23–24).

Families are not always regarded as a source of mental or emotional problems for soldiers. Families can also be indispensable support systems

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for healing, through their practical assistance along with love and hope (Greene and Greene 2012). A psychotherapist who worked with U.S. veterans and their families has concluded, "spouses, family, or close friends are the *last line of defense* against the hostile world and death" (Marrs 1985: 88; emphasis added). Here the image of the family for the veteran is a safe haven, "an emotional support system outside of the hospital" (Racek 1985: 284). As a natural support system and private world of love, the traumatized soldier finds understanding and assistance in whatever adjustments need to be made in soldiering on after the public war is over.

When Foucault wrote about the family he usually was referring rather conventionally to a married couple, parents, and children. Fundamentally, the type of power Foucault saw exercised in the family was that of sovereignty, but not a form of sovereign power derived from the state. Instead the sovereign power of the family operates as an independent form, intrinsic to "the order of inheritance, relationships of allegiances and obedience" (Foucault 2006: 114; see also Taylor 2012). It is this idea of the family alongside the values of domesticity as a foundational societal unit and of deep-seated systems of commitments and obligations that appear in debates over the role of the family in providing postdeployment for the traumatized veteran. To give one instance of this role of the family, "In the absence of an official policy or programme of community care in the interwar period [between 1919 to 1939], to a large extent it fell to ex-servicemen and their families to manufacture alternatives to the chronic destines [of permanent incarceration in asylums or mental institutions] that would otherwise have greeted them" (Barham 2004: 366; see also Tyquin 2006).

At the same time that the family is cast as the last line of defense in the support of the weary warrior, the family is also an emotional battlefield and a place of stress (Finkel 2013). For some veterans living with, PTSD, the family can become an uncivil place in civilian life. Anne Rogers and David Pilgrim (2001: 121) point out, "[s]ituations may arise in which relatives may care about a person but at the same time [may] be very distressed or frightened by their actions." Family members' fears are compounded by the emotional distance psychological wounded veterans foster in their intimate relationships. "Many times veterans will push away their spouse although loving them, because their negative self-image is so strong they cannot stand to be loved" (Marrs 1985: 88). Tying the loose threads of this emotional sensitivity are marred lines of communication that are "one of the factors increasing the veteran's alienation, thereby causing them to further distance themselves from their support systems" (Marrs 1985: 92). The weary warrior who demonstrates general indifference or conveys a lack of affection while exhibiting undependable behaviors will be regarded by his closest social connections as not being part of

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the family. Indeed, strains put on a family by a traumatized soldier have multiple effects, including, but certainly not limited to, caregiver burden and burnout; financial hardships of modest salaries, loss of earnings, and accumulated household debts; persistent anger, aggression, and violence within homes; secondary traumatization of parents, spouses, and among children of veterans presenting as depression or emotional distress; high rates of divorce; and significant rates of suicide among veterans themselves (Gomulka 2010; Muir 2007; Racek 1985; Waysman et al. 1993). At its most extreme, the family becomes a site of relatively contained conflict with high levels of discord, little cohesion or expressiveness among family members, and a general lack of structure in the way the family operates (Waysman et al.).

There can also be troublesome normative gazes of masculinity and military beliefs across generations. Of British veterans of the Great War, "it was generally fathers of the old school who were most resolute on checking their sympathies for their distraught sons" (Barham 2004: 178). Old-school fathers would perceive their son's melancholy, nervousness, frailty, and anguish "as an exhibition of weakness, a failure to live up to the expected standards of manliness," rather than as resulting "from a legitimate war-related disability" (178). Consequently, silences would hide the harsh realities of military service. Of American veterans of the Second World War compared to their sons of the Viet Nam War, "Considerable value conflicts also undermine the veteran's support base within his family. 'Tell it like it is,' and 'Grin and bear it' are mutually exclusive concepts resulting in a clash of the veteran as survivor and the veteran as troubled hero, outlaw, or misfit. Many fathers who fought in the Second World War cannot understand their sons' alienation, and are thereby preventing them from seeking relief and understanding" (Marrs 1985: 98).

Parallel to the psychiatrization of the family as a source of psychiatric problems for the recruit, the family members, too, become objects of psychiatric and mental health practice interventions. The military family has always been a site of surveillance of the troubled veteran through loving care and attentiveness; however, in recent decades, families are more formally plugged into military and psychiatric apparatuses. In a sense, family members have become stand-ins for the psychiatric care system, with spouses in particular acting as mental health workers in absentia. Who better than a spouse or parent to know the weary warrior as a person and his inner thoughts, his life plans, and his unique biography as an individual? In this context, the family is a place of welcome and acceptance as well as a site of watchfulness and surveillance as family members monitor the veteran, sometimes quite closely, for signs of erratic behavior, outbursts of anger, and other symptoms of OSIs and postdeployment

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trauma. The returning veteran becomes an object of concern and a target of studied observation and potential disclosures by family members. Relatives are deployed in looking for signs of recovery, mental breakdown, relapse, or stability; and for the presence or absence of particular bodily behaviors and emotions. By means of intimate knowledge and personal interactions, spouses and other significant relations take on a disciplinary role in observing the returned warrior; in identifying what is normal and abnormal in the warrior's actions, thoughts, and personality; and in engaging in the practices that enact the veteran as a weary warrior. One effect of this constancy of surveillance by family members can be an emotional distancing by loved ones as well as by the weary warrior who has come home.

The military family, moreover, has become a therapeutic project in itself, an object of professional counseling, advice, and information, and various psychiatric therapies. Traditionally, the military family in grief over the "loss of husbands, sons, fathers, brothers or friends in war" (Muir 2007: 61) or the loss of wives, daughters, mothers, or sisters, would receive some official recognition of the loss from the military and perhaps some assistance from veterans' groups or religious counselors and others in the community in dealing with the emotional and practical work of loss. Gradually over the twentieth century and into the twenty-first century, the family came to be seen as not just a source of recovery for the traumatized veteran, but also as a site requiring mental supports for recovering and adapting to the challenges associated with the weary, demobilized warrior (Rogers and Pilgrim 2001). In the words of a former military personnel and counselor with veterans, "Most frequently the immediate family has no conception of the nature of the problems which cause the veteran to behave in these ways which are destructive to the family" (Racek 1985: 284).

Family involvement in the treatment of psychologically wounded veterans has branched out over time from participating in the veteran's treatment as a patient to ensure a connection with the real world. Family therapy is a significant type of intervention with sessions involving just the spouses, then perhaps including children, then individual therapy session with the spouses and the children. Sometimes psychological counseling is offered to extended family members of both the veteran and the spouse. In the United States, family-oriented interventions for veterans with PTSD from military operations in Iraq and Afghanistan, and their intimate partners include behavioral conjoint therapy, cognitive-behavioral conjoint therapy, emotionally focused couple therapy, strategic approach therapy, support and family education programs, and strong bonds for couples (Monson, Taft, and Fredman 2009). In the Canadian Forces, the

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OSISS program includes a family peer support coordinator role that focuses on families of military members and veterans with an OSI in order to provide one-on-one assistance, to organize psychoeducation group sessions, and to present program outreach briefings.

The weary warrior's family thus becomes a consumer of psychiatry and a site of psychiatric practice. Family-oriented interventions for veterans and family peer supports connect the family to other systems of power and knowledge and the intrafamilial relationships "become the domain of investigation, the point of decision and the site of intervention for psychiatry" (Foucault 2004: 146). Elsewhere Foucault called this process an internal *disciplinarization* of the family in which, through the transfer of disciplinary techniques of power into families, "the family becomes a micro-clinic which controls the normality or abnormality of the body, of the soul" (Foucault 2006: 115). At the same time, another process is at work here which we call the "refamilialization of the veteran's life": the family as the reference point and site for reintegrating the weary warrior into civilian life and the social world; and for rebuilding and strengthening the family system itself in response to the strains of the traumatized combat veteran returning home.

The Social and Public Death of Traumatized Veterans

There has been a change in death in modern wars. Across nation-states veterans of both old and recent armed conflicts, while biologically alive, are socially dead; this is especially true for severely weary veterans. With medical advances and increases in treatment practices, with continued misconceptions and denials over mental health conditions, and with the intensification and fragmentation of warfare techniques, more soldiers injured in combat are surviving from blasts, burns, wounds, and head injuries; however, among these weary warriors more are returning home in a state of *social death*. The academic and clinical literature has not caught up with this development although there are instances of recognition of social death in cultural and philosophical works.[2]

Unlike fallen comrades who have passed to the next world, weary warriors survived. But to the extent they are socially dead they may be of this world but are not fully in our world. What Barham (2004: 1) calls "the prolonged afterlife of wars" includes a dark and distressing discourse about the psychologically traumatized veteran, possibly with serious emotional damage and mental illness and a loss of self-identity. Media accounts report of family members describing a relative returned from combat as "not the same person anymore," "a shell of his former self," "not all there any-

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more," and "as good as dead."[3] In a detailed historical study on treating the trauma of soldiers and civilians in France from 1914 to 1940, Gregory M.Thomas (2009: 126) remarks that "mentally alienated veterans sequestered in asylums were considered les morts vivants—'the living dead.' They were survivors of the war, but they were as good as dead to their families, who saw them rarely and could no longer count on them for financial or emotional support.… Even those who escaped institutionalization were seen to inhabit a realm that was somewhere short of truly living." Sociologically, the socially dead veteran is an incomplete person; with the loss of basic self and public identity, the veteran is a "non-person" (Goffman 1959: 152). While nonpersons may be physically present in everyday relations, in certain ways they are regarded and treated as someone who is simply not there.

Conceptualized as a nonperson, the weary warrior no longer exercises the attributes and capacities of a so-called normal person. On a persistent basis, they lack self-awareness, emotional regulation or self-control, self-caring, a sense of belonging, and active engagement in their surroundings. They may no longer really know themselves or others once close to them. Social death, then, is embedded in the living bodies of profoundly damaged veterans. Socially dead veterans are of this world yet remain linked, however tenuous and contested, with various relationships of power and knowledge that are severing them from it. The social death of a weary warrior therefore is entangled in the biological death of others—their comrades, enemy soldiers, and innocent civilians as well as their *living relationships,* however fraught with tension, with intimates, family, friends, psychiatrists, and health-care practitioners. The Great War poet and veteran, Siegfried Sassoon, in his 1917 poem "Survivors" wrote of

> their haunted nights; their cowed
> Subjections to the ghosts of friends who died,—
> Their dreams that drip with murder

Viet Nam veterans from the 1960s write of how they and their comrades were condemned "to carry their own memories of death and dying through their lives" (Moore and Galloway 2008: xv).

Social death is not an anonymous death, just as the weary warrior's life is not an anonymous life. Both are embedded and embodied sets of "interrelations, constituted in and by the immanence of his or her expressions, acts and interactions with others and held together by the powers of remembrance: by continuity in time" (Braidotti 2006: 252). Social death extends to those around the traumatized soldier trying to survive the day (Dekel and Solomon 2007). The social death we talk about here

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is not, however, inevitable. Without some form of attention, the crevices apparent in veterans who have survived deep emotional distress and psychological wounds would most certainly break the veteran apart. The attention veterans get—whether through emergent self-reflection, sought-out assistance, or as a result of close scrutiny by family and friends—keeps the broken pieces together in some semblance of order sometimes just to get through the day. Indeed, the piecing together itself is a process of *styling one's self* to make a self sustainable (Braidotti, 252). Sustainability supersedes survival in this case, and pushes social death away, to at least an arm's length, in order to create more space within this liminality.

A specific type of death of the veteran we additionally consider is the *public death* and the power of the fallen soldier. In his work, Foucault wrote about the disappearance of "the great public ritualization of death" (Foucault 2003: 247; also see Foucault 1979). He correspondingly wrote about death being outside the power relationship; that power has no control over biological death. For Foucault, "the end of life [also meant] the end of power" (2003: 248). The public death of deceased soldiers is connected with the emergence of the military dead, in the latter half of the nineteenth century and early decades of the twentieth century, as a specific mortuary category administered by military and state authorities. By the time of the Great War, with massive civilian and combat casualties, military deaths were "differentiated from other kinds of death [and] nation states took fuller responsibility for the bodies of dead soldiers" (Wasinski 2008: 116). "Warriors have been placed into a separate but included caste, one out-ranked often only by royalty and the priesthood. This was due, in simple terms, to the unique role played by warriors—they killed people. Soldiers endured war and approached and encountered the ultimate unknown, death. Those who have worked and lived with death have always occupied a position apart from others" (Silver 1985: 46).

In the military and in warfare, power clearly does exercise influence over matters of life and death (Sledge 2005). The continuance of sovereign power relations in death is apparent in whether to issue a pardon or discharge or to execute a soldier for cowardice; the determination of the nature and cause of a soldier's death and the implications such a decision has for the provision or not of survivor benefits or pensions as well as for stigma or honor. In the United States Army, for example, dedicated units of mortuary affairs, staffed by hundreds of personnel, undertook the management of dead American soldiers in Iraq. Technical practices and protocols included the collection and refrigeration of bodies; the identification of bodies (by such methods as dog tags, dental records, or DNA tests); the evacuation of bodies followed by medical inspections; the preparation

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and clothing of bodies in new uniforms; and making, where possible, "the bodies viewable for the relatives" (Wasinski 2008: 118). The Army was also responsible for "the repatriation of personal belongings of the dead soldier"; the announcement of the death to the family, as a rule in person by two officers; organization of the funeral and paying for the burial; arrangement of a personal letter to the family from the U.S. president; and ensuring death benefits in the thousands of dollars are paid to the family of the dead soldier.

The reach of state power into military deaths has long extended into keeping memories alive through remembrance events, cenotaphs and other war memorials, and dedicated cemeteries for fallen soldiers. In recent decades the military death is not always a silent or private affair. There is a heightened emphasis of military deaths as a public event with media attention and displays of public emotion and sympathy. This marks a relative shift in the nature of remembrance of past military conflicts in Korea in the early 1950s, Viet Nam in the 1960s and early 1970s, and the Gulf War in the early 1990s.[4] Increased ritualization and public commemoration of military deaths is demonstrated by the formation of virtual war memorials, the belated recognition of forgotten warriors and civilian victims of past wars, the naming of highways of heroes, the publicizing of military fatalities flown home from overseas, and the regular showing on television and Internet sites of the latest soldiers killed in battle in Afghanistan or in other conflicts. This public commemoration is often accompanied by rhetorical support for the troops not only by military and political leaders and not just by grieving families and friends, but also by other grateful citizens and communities.

Such public markings of military casualties are not without controversy. They invariably generate ambivalence: patriotism and support as well as anti-war protest and opposition. A competing mixture of discourses arise that commemoration of military deaths advances a government's political agenda. Discourses of military death acknowledge individual sacrifices but also invade private lives of grieving families; they glorify militarism and warfare and also generate expressions of pacifism. Furthermore, competing discourses on military death are claimed to publicize the success of one's adversary—by connecting the coffins with enemy action—and thereby weaken public morale or national resolve, and raise questions about national security plans and military operations or underlines the necessity to continue a mission. Overall, a paradox operates that while vigorous public debates circulate around the *public death* of fallen soldiers killed in military service, mentioning the *social death* of traumatized veterans is taboo, largely unmentionable in civil society.

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Nation-States, Social Policy, and the Political Activism of Veterans

Weary warriors' politics is a distinctive part of veterans' politics and of disability politics more generally. Actually soldiering on is a multiple politics, concerning social status, identity formation, ontologies, weary warrior entitlements to material and symbolic public resources, and state responses of actions and inactions. The activism of traumatized combat veterans includes a range of activities across a range of institutions and a range of policy fields. These veterans are seeking to influence policies and decisions within institutions of the state: political executives (chancellors, presidents, or prime ministers and their cabinets); legislatures (upper and lower branches); civil service bureaucracies; the courts and police (civilian and military); and, of course, the armed forces and veterans' administrations. The politics of soldiering on, which by definition focuses on institutions of the armed forces and government decision makers, does reach beyond the state. In their advocacy, veterans seek connections with societal institutions that include the mass media and social media; health, medical, and legal professions; families and local communities; interest groups and social movements representing veterans; and other groups such as embodied health movements. As we noted earlier in this chapter, some veterans are suspicious and distrustful of state organizations and devote their political activism to self-organizing and nongovernmental organizations. Overall, though, veterans in all countries and across recent centuries have engaged with the politics of nation-states.

In a cultural and material sense, weary warriors are striving to close the gap between the public rhetoric of "support our troops" and "honoring our veterans" and the personal reality for many old soldiers, of struggling on their own and feeling abandoned by their county. For weary warriors soldiering on involves living with contradictions; one of which is the conflict between the discourse of loyal service, personal sacrifice and national remembrance, and the lived experience of invisibility, marginalization, and inequality within society. Compensation for combat-related damages, pains, and losses is a fundamental claim by veterans and, in fact, a widespread basis for social policy responses by nation-states. Social policies and other public services that are compensatory in nature focus on the needs of disabled veterans who participated directly in war efforts as well as for surviving spouses and bereaved families (Gal 2007). Such policies and practices operate for the returning warriors, the soldier citizens, the disabled veterans, across welfare states (Cowen 2005; Gerber 2003; Guttmann and Thomas 1946; Larsson 2009; Morton 2004; Morton

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and Wright 1987; Neary 2011; Neary and Granatstein 1998; Thomas 2009; Tyquin 2006).

The politics of weary warriors includes a variety of identity politics. Informal networks, formal organizations, and collective alliances form around the embodied subjectivities, marginalized conditions, and social struggles of traumatized combat veterans. In France following the Great War, "many wounded soldiers stuck in hospitals began to band together to form associations for moral support and material assistance" (Thomas 2009: 108). Discharged soldiers also joined, and such organizations proliferated through the country. "Associations focused on the practical concerns of ameliorating discharge procedures and improving pensions. They organized social gatherings for soldiers and established permanent centres to disseminate information about veterans' rights and pension laws" (Thomas 2009: 109). DavidGerber (2003: 603) notes of contemporary Western societies, "the disabled veteran's experience of post-disability social integration has been a collective one that is intensely shared with his cohort of conscripted and professional military personnel." Sharing particular issues and challenges, they mobilize in ways to confront the dominant norms and images of the veteran, highlighting that weary warriors are often treated differently and unfairly by governments as compared to other veterans in their own country and conceivably to veterans in other countries. Activism by veterans, as identity politics, contests certain forms of knowledge as the only regimes of truth; seeks to gain acceptance of veteran's bodily symptoms and possibly a diagnostic designation for their conditions; and, thus, establishes a more visible and positive image of veterans as psychologically wounded warriors. In addressing negative cultural representations and medical discourses, traumatized veterans are engaged in collective self-assertions by forming group identifications (Gerber 2003; Oritz 2010; Turner 1988).

Rather than being constituted invisibly by authorities as ineligible claimants for benefits or portrayed negatively as a stigmatized medical category, veterans' political actions endeavor to become recognized publicly as social groups, and as active political constituencies and deserving members of social policy communities. In this manner, identity politics resembles a process of making weary warriors real, practicing a type of ontological politics: "a politics that has to do with the way in which problems are framed, bodies are shaped, and lives are pushed and pulled into one shape or another" (Mol 2002: viii).

National governments and state agencies are intriguing institutions for weary warriors. In specific times and places, states are curious and distinctive combinations of being responsive and helpful along with being resistant and hostile to the needs and claims of veterans. The state's rela-

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tionship to sick soldiers involves several functions: the symbolic recognition and commemoration of most (though not necessarily all) veterans; the regulation of identities and statuses through program definitions and historical discourses; and the provision of income benefits, such as disability pensions, and of services such, as housing and health care, to veterans and their families. As a result of struggles and claims, the state is at times a site of contestation and, at other times, of collaboration between government agencies, military services, and veterans' associations.

This multifaceted and contradictory nature of states is reflected in works on the link between warfare and welfare in modern states. Some literature claims that military conflicts have been an affirmative trigger for the expansion of social rights of citizenship and welfare states in Europe and North America from the late nineteenth century through the twentieth century (Klausen 1998; Neary and Granatstein 1998; Skocpol 1992; Titmuss 1958; Turner 1986); other literature posits a negative tradeoff between public spending on defense and the military on the one hand, and public services and social programs on the other hand (Gal 2007). While the research is diverse and the evidence is mixed on these perspectives, it is clear that state structures and policies are not neutral or indifferent in matters pertaining to veterans and weary warriors. National governments and other state institutions frequently relate to disabled veterans, specifically weary warriors, in highly contentious and deeply problematic ways. Veterans often struggle with a state politics that endures as a top-down and inside-out deployment of sovereign power.[5]

A customary view of the state in relation to veterans is as a provider of benefits and services to ex-military personnel and their families, made available earlier in the history of modern social welfare than for most other groups in society, and at a level more generous and more politically supported than for comparable social benefits for civilian populations. Gerber (2003) clearly expresses this perspective: "Increasingly, since the nineteenth century, the state has undertaken to provide all veterans, but especially disabled veterans, with generous pensions and a vast array of medical, rehabilitation and reintegration services.… [I]n the twentieth century, veterans, and especially disabled veterans, … became both a project of the modern Western welfare states and pioneers on the frontiers of social welfare policy" (899). Behind this apparent willing recognition of veterans' needs by state authorities and the liberal provision of services, various motives and discourses are in play (Barham 2004; Bryson 1992; Gerber 2003; Morton 2004; Thomas 2009; Titmuss 1958): patriotic gratitude and/or civilian guilt; national self-interest "to ensure the continued readiness of individuals to participate in the war effort" (Gal 2007: 111); official concerns over civil unrest by distressed and unemployed veterans;

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growing legitimacy of claims expressed as positive rights in terms of the state's duty and obligation to those who served; financial considerations by state treasuries about assuming too much of the costs of care for injured, ill, or disabled veterans; and "the political clout of veterans and the degree of public sympathy for their sacrifice" (Gal: 111).

In *Psychiatric Power,* Foucault remarks on "the problem of the cost of abnormality that we always come across in the history of psychiatry" (2006: 220). The same can be said about providing pensions to veterans. "Acrimonious standoffs between aggrieved ex-servicemen and the state in the prolonged afterlife of wars are the stuff of modern life, involving the competing claims of war pension agencies, veterans' associations and divergent medical authorities" (Barham 2004: 1). Peter Barham suggests that for working-class men who had fought in the Great War, this military pension provided by the British government "was perhaps in this period the single most important site on which the struggle for equality and for social justice was conducted" (8). In concrete terms, the struggle for war pensions meant gathering evidence on personal medical history and family background, and assembling documentation to prove that a veteran's condition was due to military service. This knowledge work to obtain a pension may be repeated by a veteran in order to keep a pension if it is reviewed by government agencies, and to appeal a rejection of a pension claim once or perhaps more depends on the review procedures available.

The French parliament just after the end of the Great War enacted a pension law in 1919 as to whether a soldier's condition was caused or aggravated by the war that "officially removed the burden of proof from the soldier. A great victory for wounded and sick soldiers, this change meant that wounds and illnesses were assumed to have been caused or aggravated by the war unless proven otherwise" (Thomas 2009: 96–97). The pension law provided for a right to health care for pensioners, including medical and pharmaceutical care and the transportation costs to hospitals. However, this change in France in legislated national policy on military pensions did not mean it was simple to claim a war disability–related pension, or that the public administration of benefits was implemented in a timely and efficient fashion, or that it was not subsequently open to reassessment and possible reduction or cancellation by military administrations.[6] "Though the law of 1919 purported to inaugurate a new era in military pensions, veterans often found that they still had to fight for what was due to them" (142).

This history of pensions to veterans illustrates important lasting effects on the roles and relationships of the state, medicine, veterans, and politics. One such effect has been the general bureaucratization of the state via the formation of new civil service bureaucracies and the categorization of

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veterans in administrative systems A second effect is that pension policy developments after the Great War provided for a general medicalization veteran and disability policy-making, creating an authoritative space for neurology and psychiatry in the design of pension laws and the determination and administration of disabilities. In many countries, the meager level of military pension benefits generated a third effect—the pauperization of many veterans, forcing them to resort to stigmatizing forms of public relief and residual sources of charity (Cohen 2001; Morton 2004; Thomas 2009), inciting as a fourth effect the further politicization and activism of veterans throughout the twentieth century and into our own time.

Uneven Terrains

To think of soldiering on as a relatively straightforward process of shifting identities from an official militarized status to a demilitarized status is problematic, we contend, because the soldier is diminished or spoiled even before demobilization. As well, the ill veteran retains, as part of the self, an identity that has been scarred by battle. The politics of soldiering on is a particular illustration of the politics of citizenship: the struggle by a marginalized group for recognition and inclusion in a political community and the rightful access to state resources of pensions, services, and social policy benefits.

Demobilization does not automatically or necessarily mean a demilitarization for the weary warrior. Indeed, it can mean an intensification of military-based norms, practices, identities, memories, and flashbacks. Postdeployment exchanges one field of struggle and battle to another and does not necessarily entail a quiet civilian life, but rather suggests a life in sharp contrast to both the deployed life and the civilian life the soldier came from. Yet the life remains altered, even upturned, a life filled with various tactics, strategies, moves, and countermoves. Soldiering on, as a field of intertwined discursive codes and material experiences, has a dynamic and contingent character of individual bodily conditions, interpersonal relationships, and memberships in social groups. It also engages public beliefs and attitudes, social policies and bureaucratic procedures, and the responses of actions and inactions by armed service establishments and veterans' organizations. Soldiering on as a process enacts weary warriors via triumphant returns for some veterans or troubled homecomings for others. It may involve public celebration and private indifference or, conversely, private acceptance of a diagnosis of mental illness but public shame and discrimination toward emotionally damaged veterans

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(Barham 2004). As well, soldiering on may usher in an exciting, new, or renewed life just as easily as could introduce a grim existence through social death.

With demobilization from the military, soldiering on for the weary warrior is often a new kind of mobilization individually and perhaps collectively through support groups. In other words, the civilian life of the ill veteran is another form of combat. Life is an uneven continuation of war by other means and to other places, of carrying out and living with war neuroses. There are the invasive nightmares, acute anxiety attacks, clashes with old friends or family members, confrontations with mental health practitioners, and battles with government agencies.

Care of the traumatized self by caring with others in veterans' support groups is not necessarily implicated within neoliberal technologies of responsibilization. Rather, we notice a remilitarization of the self that relies on the reformulation, if not magnification, of past military roles and relationships. We see the success of the rap groups as part of self-care that scripts the context within which veterans return to a supportive system with other combatants who shared similar wartime experiences; in effect, an RTU. This time, however, rather than prepared for combat, the veteran is prepared for healing. Indeed, the dominant expectation in nations today is for veterans to engage with and submit to the protocols and treatment modalities of psychiatric and psychological care specialists. What is interesting is that combat veterans' peer-support and rap groups are activities mainly assumed by contemporary weary warriors, and are not often imposed on them by state authorities (Shatan 1973; Silver 1985). However, rap groups and similar forms of self-care can pose risks to veterans, such as carrying the burden and the personal responsibility for grappling with trauma. Then again, veterans' self-care groups offer benefits of a level of self-control, understanding, and safety missing in other parts of their lives. There is space away from systems of psychiatrization and medicalization and a place for networking and mobilizing for policy reforms. In this way, rap groups by veterans and similar self-care techniques can produce alternative discourses and practices, rooted in strong interpersonal supports and relationships by subjects who are not economic rational actors in a neoliberal project, but rather are psychologically wounded combatants.

Notes

1. Consider these remarks in a recent book by Donald Savoie (2010: 16) on power in modern societies: "The military has been a powerful organization throughout its history partly because it has a single, clear purpose and does not toler-

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ate dissent in its ranks. It settles disputes internally, and its members submit to the organization's common purpose, or leave." We see here the classic themes of discipline, hierarchy, mission, and obligatory submission.

2. We have come across quotes attributed to Plato that say, "only the dead have seen the end of war" and, "death is not the worst that can happen to man." We have also come across a line from John Milton: "To live a life half dead, a living death." Other philosophical and literary remarks along these lines can be readily found.
3. A British article, "Soldier Death Leap" (http://www.thelondonpaper.com 24 July, 2009, 4), states, "An Iraq veteran who watched the coffins of eight colleagues being laid to rest killed himself just days later by jumping off a tower block.… Although he returned three years ago, his mother said: 'To me, he was dead when he came back from Iraq. When he saw the bodies of those eight soldiers being brought back from Afghanistan, it must have done something to him, because he saluted at the TV and then a few days later he was dead.'"
4. In another example of the deployment of state power in the death of combat soldiers, Christopher Wasinski (2008: 119) notes that as part of a historical search and recovery policy by the American armed forces, "the United States is still expending a lot of energy on the recovery of bodies from the Second World War, the Korean war, and the Vietnam war."
5. In the United States, the Readjustment Counselling Program for Vietnam Veterans, introduced in 1979, was deliberately "placed outside the physical and administrative structure of the VA [Veterans Administration]. The plan was submitted and approved to place the centers in communities in storefront settings with a chain of command and budget process totally apart from the traditional bureaucratic functions of the VA's Department of Medicine and Surgery." The reasons for this were twofold: "1) to overcome the inherent destruct of the VA 'organization' felt by the client Vietnam veteran population; and 2) to overcome the distrust of the program felt by those within the VA itself who had long questioned from the traditional perspective the nature of post-traumatic stress disorder and the new treatment methods being implemented under the program" (Fuller 1985: 9–10). This move away from conventional veterans' mental health service delivery represents a partial demedicalization and depsychiatrization of supports to stressed combat veterans.
6. In Germany, pensions to soldiers with shell shock from the Great War were ended in 1926 (Thomas 2009: 213).

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