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Adam Gregory Woolf
University of South Florida, adamwoolf@mail.usf.edu

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Competing Narratives: Hero and PTSD Stories Told by Male Veterans Returning

Home

by

Adam Woolf

A thesis submitted in partial fulfillment
of the requirements for the degree of
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Major Professor: Robert Benford, PhD
Sara Crawley, PhD
Sara Green, PhD

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TABLE OF CONTENTS

ABSTRACT

This qualitative study seeks to extend the existing body of scholarly literature on returned veteran civilian reintegration by exploring "hero" and "Post-Traumatic Stress Disorder" narratives. The character of the hero, as a social construct located within hegemonic notions of masculinity, is widely portrayed and believed to possess highly prized, extraordinary, almost superhuman personal qualities. However, this widely disseminated belief stands at odds with some of the stories returned veterans tell. This qualitative study explores and illuminates the enigmatic intersectionality of hero and PTSD narratives.

Extant hero and PTSD narratives contain paradoxical implicit meanings embedded within them. The hero is understood to be fearless, strong, independent, and physically and emotionally tough. PTSD, on the other hand, implies personal deficiencies, enervation, dependence, diffidence, and other personal shortcomings. The apparent contradictions between these two cultural narratives elucidate how hero narrative are founded less in the lived reality as experienced by returned veterans and more in socially circulating stories about returned combat veterans as disembodied people. Most problematic is the tendency for widely circulating stories about them as the hero character to disguise the reality of day-to-day life as returned combat veterans live it. Through

ii

narrative analysis it is revealed that the popular cultural image of veterans as strong, independent, and courageous "warriors" may conflict with reality as lived by combat veterans. Paradoxically, however, returned combat veterans may employ the hero narrative in making sense of themselves. As a result, returned combat veterans may find it difficult to act in ways inconsistent with the hero narrative, such as asking for help, admitting a damaging personal problem, exacerbating the civilian reintegration experience and potentially significantly lowering returned combat veterans' quality of life. This problem may be especially salient for veterans experiencing symptoms of PTSD who may feel trapped between two the cultural narratives of hero and victim.

Chapter One:

Introduction

The Epic of Gilgamesh can be viewed as a story of personal journeys which produce the hero character through a series of trials and tribulations. Enkidu, a wild man created by the gods and Gilgamesh, king of Uruk, are the central characters in this epic Mesopotamian poem. Together they challenge and violate the rules set forth by the gods by killing both the bull of heaven which had destroyed their community and the demon orge-guardian Humbaba. After a life of war and violence, Enkidu begins having dreams of being taken to the Netherworld by an angel of death and being held captive there as a slave in the house of death. The gods infect Enkidu with an illness as punishment for past transgressions which ultimately claims his life. Distraught by the death of his close friend and fellow warrior, Gilgamesh calls upon the mountains, rivers, wild animals and all of Uruk to honor his life and mourn his loss. Perturbed by Enkidu's death and obsessed by the thought of his own death, Gilgamesh searches for Utnapishtim, "the one who sees death," in a quest for immortality.

As one of the oldest surviving literary works in human civilization, the epic of Gilgamesh is a story rewritten in successive Mesopotamia generations which

describes how two characters achieved hero status through exhibiting superhuman personal qualities in defending their community from evil and powerful villains. As one of the most enduring character in Western literature, it is a powerful reminder that human societies construct, redefine, honor, understand and teach others what a hero is through storytelling. While Gilgamesh and Enkidu are welcomed back to Uruk as honored members of the community, they also exhibit signs of what we would call today Post-Traumatic Stress Disorder (PTSD).The cultural messages embedded in the poem are enduring and fundamentally rooted in traditional notions of manhood, whose concepts of a hero character are easily applied to returned combat veterans in contemporary American society nearly 4,000 years later. The hero's journey is as much outward as inward; it is through their actions that they become honored members of their community. The heroic characteristics implicit in the characters of Gilgamesh and Enkidu are evident, and though their good deeds are deeply praised within their community, others can hardly see past their heroic and selfless acts to the psychological and emotional burdens they carry.

Returning combat veterans are confronted with the task of figuring out how to present themselves to those around them. Symbols and language are cultural tools they use to make sense of themselves, as well as how others make sense of them. Telling stories of their past and their experiences in combat allow returned combat veterans to construct identities and imagine selves, all of which are guided by larger narratives. These stories, and their meanings, are far from

static. Instead they are in a perpetual state of change with respect to circumstance, context and audience.

Veterans returning home encounter narratives about them that are circulating in American culture. Culturally circulating narratives about types of people, such as "veterans," are used to make sense of individual people. Two such culturally circulating narratives about veterans are "hero" and "PTSD mental illness" narratives. The former leads veterans to find themselves responded to as heroes while the later leads veterans to find themselves responded to as ill people victimized by a disease process. The two are contradictory in the sense that they imply very different meanings about veterans as particular kinds of people. Indeed, they may be competing narratives in that to be a hero is to never be sick or have failings. Contemporary American society tends to imagine heroes as strong, independent, tough, heterosexual, persistent and sacrifice-making individuals while PTSD tends to imply individuals have been damaged by the experience of combat and, as a result, are not fully functioning persons. According to the narratives themselves, it is contradictory to be both hero and ill.

This research seeks to better understand and extend the existing scholarly body of literature on returned veteran civilian reintegration by exploring the underlying interaction order through the phenomenon of storytelling as a route to understanding veterans. This research also explores how notions of masculinity are unpacked in the contemporary returned combat veteran hero character and how returned combat veterans make sense of biographical experiences through storytelling. It is the purpose of this research to explore explicit sociological

questions of the complex and interactive relationship between hero and PTSD

narratives and civilian reintegration experiences among returned combat

veterans. Those questions are: what *is* the hero narrative more generally? What

are its components when applied to returned combat veterans? Can reflections

of people using this narrative be observed? What are the effects on civilian

reintegration of the two narratives? And how are these narratives embraced by

returned veterans? Additionally, this research aims to explore those social

meanings which accompany hero and PTSD mental illness narrative and

investigate their relationships through textual analysis of returned combat veteran

stories. Sociological inquiry into the relationship between hero and PTSD

narratives is an important quality of life issue for returned combat veterans which

add to our sociological understanding of the larger civilian reintegration

experience. The timeliness and importance of this study are grounded in the

large numbers of U.S. troops who will be reintegrating into U.S. society in the

near future as well as those who have been reintegrating.

Chapter Two:

Literature Review

Socially circulating cultural narratives are easily recognizable stories about "types of people living types of lives" (Loseke 2011:256). Socially circulating narratives in American civilian society about "returned veterans" make them, as a disembodied group of people, understandable to larger American audiences. More importantly, social circulating cultural narratives provide the template for arranging the life experiences of returned veterans, and works to provide the self and others with a sense of who returned combat veterans are, what their problems are, and what their needs are. These narratives are important topics of sociological investigation because they reveal the social context which others use to understand who returned combat veterans are as disembodied people. Eakin observes how "an extended self takes the form of a narrative identity, and identity narratives serve as the medium for displaying that self in interpersonal encounters" (2007:119). Similarly narratives help us order and organize experiences into a social context, and as such "lived life can be seen as the basis of narrative organization of experience" (Carr 1986:53).

Conceptualizing one's own identity, as well as others, has become much more difficult in the postmodern era. In contemporary American society, senses of selves have become extraordinarily complex and narratives of identity, as sense-making devices, are produced at the macro, meso and micro levels of social organization (Loseke 2007) and remain interconnected with notions of selves. As Loseke demonstrates in her work "The Study of Identity," understanding how "narrative identity works and the work narrative identities do require examining reflexive relationships among stories of cultural, institutional, organizational, and personal identity" (2007:662). More simply, these narratives help us make sense of ourselves and others by way of socially constructed cultural identities. These cultural identities, produced at the macro-level, are fundamentally informed by socially circulating stories which give rise to supposed characteristics of disembodied types of people which helps to simplify an otherwise complex social world.

Narratives are important interpretive tools and are responsible for constructing and maintaining identity in every sphere of social life and often guide stories of lived experiences as told by the storyteller. David Maines refers to narratives as "cultural frames and ideologies that prefigure some stories" (2001:487). It is with self-narration that we "establish for others our possession of normal, functioning identities" (Eakin 2007:121) and that we "come to know, understand, and make sense of the social world, and it is though narratives and narrativity that we constitute our social identity" (Somers 1994:605).

Storytelling is an "overt, conversational activity that can vary according to a number of factors, including situation, audience and competence" (Maines 2001:487). Returned combat veterans construct a sense of self through self-narration, and these narratives "serve as vehicles for rendering ourselves intelligible" (Gergen 1994:186). Storytelling is both malleable and strategic in the sense that we possess the ability to present ourselves in particular ways through stories (Bruner 1987). Storytelling is done with a purpose, follows a temporal sequence of events, (McComas and Shanahan1999, Hyden 1997; Ewick and Silbey 1995) and is situated in meaning and cultural systems. In telling others personal stories about ourselves, we are identifying ourselves as unique and embodied people. Likewise, self-narration can also have powerful transformative properties, as "the very act of assembling becomes part of the story" (Plummer 1995:135). Self-narrating one's experiences in combat, for instance, can make who a returned veteran thinks she or he is and where she or he would like to go.

Formula stories are culturally circulating stories featuring particular types of people with "plots, characters, and morals (which) are recognizable and predictable to audience members" (Loseke 2011:253). American culture is the author of these stories, but in order for them to be judged as good and believable people must "have an understanding of several commonly circulating symbolic codes" (Loseke 259:2007) such as the importance of patriotism and individual sacrifice. These stories are a resource to make sense of the unique self and others. As a character, the image of the returned combat veteran is decontextualized; he or she has no race or social class or other personally

identifiable characteristics. Instead, stories regarding returned veterans often evoke an image of a soldier in a pristine uniform standing eagerly at attention, prepared to make unimaginable sacrifices for both comrades and country.

Symbolic and emotional codes are the basic building blocks of cultural meaning systems (Loseke 2011). The image of the veteran would be meaningless to others if there were not a system of symbolic and emotional codes which made the story sensible to others. If, for example, American culture did not value patriotism the current symbolic and emotional codes employed would simply fail to make the story intelligible. To illustrate, in order for the symbolic code of "PTSD" to be sensible to others people must believe that 1.) participating in combat can cause or exacerbate mental illnesses; 2.) that this mental illness can damage a person and; 3.) that damaged persons may need, and deserve, extensive post-deployment care. Similarly, in order for the concept of "hero" to be sensible to others people must believe that 1.) the returned veteran stands out from non-veterans because of presumed qualities and his or her assumed sacrifices; 2.) heroes overcome obstacles and; 3.) that these sacrifices and personal characteristics merit honored social status.

Hero Narrative

This research employs the term *hero* to exemplify a socially constructed type of embodied social character who possesses extraordinary and admired personal qualities, located in traditional masculine contexts, which are both highly prized by society and whose attainment is symbolically guarded. As a hero

character, they enjoy special honorary social status. Individuals attain hero status in contemporary American society based on the deeds they are thought to have done and the characteristics they are thought to have; deeds and personal characteristics which are evaluated and judged as important and held in high esteem in contemporary American society. As otherwise ordinary people, heroes are presumed to have made otherwise extraordinary sacrifices, possess uncommon qualities and, as returned combat veterans, have voluntarily committed to defend American society and its way of life. Such presumptions work to locate the collective image of returned combat veterans into extraordinary characters, heroes, deserved of honorary social status.

The hero as a character, although existing since the time of first-recorded civilizations and having contemporary versions as recent as World War II, significantly reemerged in contemporary American society with the September 11th terrorist attacks and the subsequent Global War on Terrorism campaigns. The new public focus on "terrorism" and perceived threats to the United States in many ways called for and legitimated returned veterans as types of societal heroes for their part in the "war on terror" upon returning to civilian life. The magnitude of the threat presented to the American public, widely publicized in the form of "weapons of mass destruction," biological weapons and suicide bombers, coalesced to paint a dangerous and uncertain future for American society. Faced with uncertainty and unimaginable threats, American society called for heroes to answer the call to fight such enormous threats. Boon astutely observed this phenomena stating that "the greater a culture's need to reassure itself of potential

survival thus the greater its need to seek embodiment of the hero figure" (Boon 2005:303).

Specific components of the hero character can be further explicated to clarify the process returned veterans encounter in civilian society. Characters, plot, scenes, morals and the importance of both author and audience (Loseke 2011:253) are important constituents in the construction of hero narratives. The hero, as a social construct, is a type of social character who becomes a hero as a result of his or her role in scenes situated in a larger social plot. As is the case with returned veterans, military service is an individual role in a larger plot, such as a war against a great and powerful evil. The audience, or contemporary American society, utilize social symbolic and emotional codes to make the stories returned veterans tell sensible. These components coalesce to create a *hero narrative*.

Stories circulating in culture order typical moral evaluations of returned veterans. Storytelling fundamentally shapes morality, and "configures a social world in terms of ethical value and moral action, including the audience in the narrative through a process of identification" (Farrer 2002:9). These socially circulating stories about veterans as certain "types" of people allows others to make sense of who they are as disembodied groups of people. This is made possible by use of what Swidler calls the "cultural toolkit" in which people employ stories circulating in society to make sense of people. Swidler defines the cultural toolkit as "cultural resources from which people can construct diverse strategies of action, […] (in which actors select) cultural elements and invest them with

particular meanings in concrete life circumstances" (1986:281). With respect to hero narratives, stories can be conceptualized as an aspect of the cultural tool kit as outlined by Swidler which individuals utilize to make sense of self and others and, more specifically, returned veterans as honored members of American society.

Heroic characters become particularly evident when compared to the access civilians have to comparable levels of honorary social status. Presumed characteristics of the hero character work to legitimate veritable hero social status and are thus symbolically segregated from others. This becomes particularly evident when anything which aims to reveal them as ordinary or non-heroic are often quickly and fiercely condemned. As the perceived defenders of American society, returned veterans tend to embody the American way of life as sacrosanct; a feature of the hero character only reinforced by the voluntary nature of military service. Nonetheless, as decontextualized characters, heroes are an "idealized reference group… (they represent) one mechanism we use to tell ourselves what it is we stand for. For those who have them, then, heroes are an important marker of identity" (Porpora 1996:211).

The military is a social space in which these restrictive qualifications for honored status in contemporary American society can be met. That is because socially circulating stories have informed assumptions made about returned combat veterans, they are presumed to have; 1.) highly prized personal qualities; 2.) made uncommon sacrifices for society; 3.) fought for a greater cause against a powerful social villain and; 4.) voluntarily done so at great personal risk. People

tend to react in expectably positive ways towards returning combat veterans, ways in which are historically specific and socially constructed. As a social type of hero they are subsequently "admired because they stand out from others by supposed unusual merits or attainments […] (and) are recognized as such and occupy an honored status, to which behavior such as homage, commemoration, celebration and veneration is appropriate" (Klapp 1957:57). The narrative is so compelling that it may be a significant source of desire for enlistment in a voluntary force in addition to other reasons for enlistment like employment and intention to serve.

Notions of heroism, as well as the construction of the hero character itself in contemporary American society, emerge within masculine contexts. Heroes as characters are located within the social parameters of masculinity which often include "risk-taking, self-discipline, physical toughness, and/or muscular development, aggression, violence, emotion control, and overt heterosexual desire" (Hinojosa 2010:179) as central and fundamental elements in its construction. More deeply, qualities often associated with the hero character serve as models of identity and privileged masculine behavior as "the hero figure engenders masculine affiliation through its presumed presence in the masculine other" and that "the hero figure constructs, informs, and controls masculinity as it is imagined and apprehended by popular western culture" (Boon 2005:303-304). Klapp is cited at length to capture his astute interpretations of the fundamental features of the hero character:

Because the hero exceeds in a striking way the standards required

of ordinary group members, as has been said, he is a supernormal

deviant, his courage, self-abnegation, devotion, and prowess, being

regarded as amazing and "beyond the call of duty." Because of the

requirement of transcending the mediocre, he must prove himself

by exceptional acts, and the most perfect examples of heroes are

to be found in legendary or mythical personages who represent in a

superhumanly exaggerated way the things the group admires most.

Because of their superior qualities, heroes dominate the scene of

human action, symbolizing success, perfection and conquest of

evil, providing a model for identification by the group-one might say

its better self (Klapp 1954:57)

Hero status is symbolically guarded and access is regularly restrictive. Military service, however, is one such avenue to access the cultural resources and social privileges associated with heroism. The military, as an institution, offers unique resources for constructing masculine identities characterized by emotional control, overt heterosexual desire, physical fitness, self-discipline, self-reliance, the willingness to use aggression and physical violence, and risk-taking qualities (Higate 2007; Hockey 2002; Siebold 2001). Drawing on the specific qualities which society imagines them to have it is difficult to imagine heroic characters arising in any way which is not distinctively masculine. That is because the very qualities which constitute them as heroic characters reside

13

exclusively within the domain of the masculine; heroes as non-masculine characters are not conceivable because the very hero-producing characteristics themselves are situated solely within masculine social contexts.

Throughout the 1980's sociological dialogue on gender identity began viewing dominant masculine identities as patterns of gender practices. What emerged is the concept of hegemonic masculinity as a "pattern of practice (i.e. things done, not just a set of role expectations or an identity) that allowed men's dominance over women to continue" (Connell and Messerschimidt 2005:832). Moreover, leading scholars in gender studies have conceptualized hegemonic masculinity as a "historical situation, a set of circumstances in which power is won and held" (Carrigan, Connell and Lee 1985:594). This led to the idea that hegemonic masculinities are less attributable to social roles and instead tend to be produced through social interaction. As configurations of everyday gendered social practices (Carrigan, Connell and Lee 1985; Connell 2005), understanding masculinity is "a question of how particular groups of men inhabit positions of power and wealth, and how they legitimate and reproduce the social relationships that generate their dominance" (Carrigan et al. 1985:592).

Social life in the military has the cultural resources available within it for producing hegemonic masculinity. Hegemonic masculinity is not necessarily inherent in those who join the military, but rather engendered through military service. Hinojosa addresses this this point in his work and states that "identities are actively constructed as part of an interaction strategy that uses available symbolic and material resources" (Hinojosa 2010:180). Further particular

patterns of aggression are linked to hegemonic masculinity, not as a mechanical

effect for which hegemonic masculinity is a cause, but through the pursuit of

hegemony (Connell and Messerschmidt 2005). Cultural resources necessary for

constructing distinctively masculine identities are themselves widely abundant in

the social environment of the military active duty military personnel employ to

more efficaciously navigate military social life and become important tools in

imagining and sustaining selves.

      Hegemonic masculinity is a structural order of gender, comprising

dominant and subordinate groups. In addressing how hegemonic masculinity

works to order the experience of gender within social frameworks, Connell notes

how hegemonic masculinity is itself "the maintenance of practices that

institutionalize men's dominance over women" and is "constructed in relation to

women and to subordinate masculinities" (Connell 1987:185-86). An important

distinction, and departure, from earlier work on gender studies is that gender

constructs "shape the overall framework of gender relations" (Bird 1996:122) as

opposed to emphasizing the utility of social roles which fails to fully explain how

individuals incorporate interactional meanings (Connell 1987). Thus we would

benefit from understanding how "heroes" arise in masculine contexts and

produce hegemonic masculinity through a pattern of practice; the very practices

which become entangled with the qualities legitimating hero social status.

      Hegemony characteristically forms at the intersections of widely held

cultural beliefs and institutionally sanctioned power. Returned veterans would

appear particularly entitled to claim hegemonic identities because as service

members, they are agents of American state domination (Connell 2005; Nagel 2005), and are "legally vested with the right to use lethal force in order to maintain political and physical domination of others" (Hinojosa 2010:180). They are, quite literally, the physical embodiment of political and social processes which specifically call upon them to establish and maintain the American state. This symbolically, and sometimes literally, works to display them as dominate over others.

The hegemonic model implicates all men even though hegemonic masculinity is not necessarily representative of all men and "may only correspond to the actual characters of a small number of men" (Carrigan et al. 1985:592). There are, however, a number of reasons why men would be receptive to hegemonic models of masculinity. Most importantly because "men benefit from the subordination of women, and hegemonic masculinity is centrally connected with the institutionalization of men's dominance over women" (Carrigan et al. 1985:592). Fundamentally, hegemonic masculinity is a power relation in which "it would hardly be an exaggeration to say that hegemonic masculinity is hegemonic so far as it embodies a successful strategy in relation to women" (Carrigan et al.1985:592). Peculiarly, the same can be said for returned women veterans. Exhibiting and embodying traditionally masculine characteristics commonly associated with the hero character is an important and necessary component for returned women veterans in legitimately claiming hero status in contemporary American society. Legitimate hero status calls for explicit masculine performances to situate these claims to heroism within identifiable social

contexts. Femininity then must be underemphasized, or perhaps all together

shed, in favor of accentuating traditionally masculine characteristics in order to

correspond with recognizable societal notions of legitimate hero characters.

The hero character is fundamentally situated within hegemonic notions of

masculinity. So much in fact that the concept of hero becomes unrecognizable

when removed from masculine contexts. Assuredly, the very qualities which

constitute and sustain the image collapse when the hegemonic masculine

foundations upon which it rests are removed. We find its symbolic access

through "discursive constructions of masculinity as dominant over others and

open the way for claims of a hegemonic masculinity that draws on the resources

made available via the United States military" (Hinojosa 2010:182). The

interaction order compels others to interact with returned veterans with the

understanding that they are heroes, situated firmly within masculine contexts, so

that they, as unknown people, become recognizable as honorary members of

society. From the point of the view of the returned veteran, whose honorary

social status has been conferred upon him or her, dangers arise when individual

action and behavior are not in concert with the expectations of a masculine

oriented hero as Bird explains; "hegemonic masculinity is consistently and

continually recreated despite individual conceptualizations that contradict

hegemonic meanings. Violations of the norms of hegemonic masculinity typically

fail to produce alterations in the gender order; instead, they result in penalties to

violators" (1996:130).

Mental Illness Narrative

Social constructionism is a conceptual theoretical framework which articulates the experience of illness differently than traditionally deterministic approaches to illness. The social constructionist approach to understanding illness "foregrounds how illness is shaped by social interactions, shared cultural traditions, shifting frameworks of knowledge, and relations of power" (Conrad and Baker 2010:S69) and has emerged as a major research area in the subfield of medical sociology which has made significant contributions to our understanding of the social dimensions of illness (Conrad and Baker 2010). This theoretical tradition examines how individuals and groups contribute to producing perceived social reality and knowledge (Berger and Luckman 1966; Conrad and Barker 2010), and challenges the widely held belief that illness exists solely and entirely within the domain of the natural. Instead, it contends that social components must be recognized as important and inseparable faucets of experiencing, conceptualizing and understanding illness.

Employing social constructionism to the phenomenon of illness is a powerful theoretical tool used to uncover how concepts of illness and health arise within social contexts. It is particularly useful in revealing the subjective experience of living with illness and how society tends to respond to people experiencing illness. Indeed, this approach emphasizes how "social forces shape our understanding of and actions toward health, illness, and healing… in creating meanings and interpretations, (how) people's interaction includes how they play

18

out their social roles, and how they relate to professional and institutional structures where interaction takes place" (Brown 1995:34-35). While biomedical components of illness and health are certainly important in their own right (Lock 1988), it is imperative that we uncover and elaborate upon the social processes which inform individual and social understandings of illness since "illnesses are as much social products as medical-scientific ones" (Conrad and Barker 2010:S76). Ultimately, this theoretical approach is ideal in revealing how illness arises within social contexts and affords a window into how people make sense of illness within particular social environments.

Medical knowledge is constructed within social contexts which fundamentally inform how it comes to be conceptualized, disseminated and employed in society. An important and often overlooked feature of cultural stocks of medical knowledge is the social contexts in which they materialize. Neglecting the social component of the construction of medical knowledge is tantamount to failing to fully grasp the complexity of the phenomena, and otherwise compelling us to rely solely on biomedical models of understanding illness. Echoing the importance of taking social contexts into account when thinking about how society arrives at understandings of illness, Brown has described the social construction of medical knowledge in this way:

> *(It) mainly deals with the origins of professional beliefs, and*
> *with diagnosis… the ways of knowing that are based on the*
> *dominant biomedical framework, contemporary moral and*

ethical views, the socialization of medical providers

(especially physicians), the professional and institutional

practices of the health care system, and the larger social

structures of the society (1995:37)

As a social construct, medical knowledge is exposed to cultural biases
and acquiescent with respect to social systems of power. The process by which
stocks of medical knowledge are produced is neither a value neutral nor a purely
scientifically medical endeavor. Instead, a staple of the construction of medical
knowledge is the manner in which social process work to guide its creation and
development. The way in which it comes to be socially defined, used and indeed
conceived, is inextricably wedded to larger social processes and relations of
power. Conrad and Barker have remarked on the malleable social nature of
illness saying "medical knowledge about illness and disease is not necessarily
given by nature but is constructed and developed by claims-makers and
interested parties" (Conrad and Barker 2010:S68). Moreover medical knowledge
arises within, and is condition by, dominant social elements of medical
knowledge (Brown 1995; Timmermans 2007; Joyce 2008). More simply,
biomedical understandings of disease, illness and disability are interpreted with
respect to the social.

Diagnoses are rooted in medical discourse and act to legitimate medical
conditions. As an integral component of both medical theory and practice, for
social scientists the process of making the diagnosis is central to subsequent

constructions of illness (Brown 1995). As the guardians of medical legitimacy, diagnoses "represent the time and location where medical professionals and other parties determine the existence and legitimacy of a condition" (Brown 1995:38). In this way, diagnoses can be seen as the mechanisms by which medical apparatuses articulate and establish the authenticity of medical conditions as either normal or abnormal medical conditions.

Contemporary scholars have imagined diagnoses as instruments of social control. Proponents of this view maintain that naming diagnoses is a language of medicine (Mishler 1984) used to create, label and stigmatize "abnormality." In demarcating normality and abnormality through diagnoses, "the professions and institutional boundaries of the social control and treatment system authorizes medicine to label and deal with people on behalf of the society at large" (Brown 1995:39). Through the monopolization of medical knowledge by medical professionals, subjective notions of normalcy are colonized by medical apparatuses. This can be accredited to how "(the) medical profession is organized and the mandate it has from society, decisions related to medical diagnosis and treatment are controlled almost completely by medical professionals" (Zola and Schneider 1972:497).

Diagnoses have particularly important implications for returned combat veterans in contemporary American society. As far as post-traumatic stress disorder is concerned, cultural anthropologist Allan Young has commented on the social nature of PTSD saying that it is:

Not timeless, nor does it possess an intrinsic unity. Rather, it is

glued together by the practices, technologies, and narratives with

which it is diagnosed, studied, treated, and represented and by the

various interests, institutions, and moral arguments that mobilised

these efforts and resources (1995:5)

For Young, PTSD is less discovered than manufactured through political interest and veteran lobby groups. That is not to deny, however, a reality as lived with those experiencing the challenges and suffering often associated with PTSD. Instead Young's work highlights the way in which we come to understand PTSD tends to inform how returned combat veterans experience the mental illness. From this point of view, the social construction of PTSD has a powerful transformative effect on those experiencing PTSD as the diagnosis itself colors the experience of illness and informs the conditions it is intended to describe. His work with Vietnam veterans at a Veterans Affairs hospital found that the stories they told about their experiences of living with mental illness were often packaged remarkably neatly into narratives which reflected the symptoms they were supposed to exhibit. Based on his findings, he has posited that self-narration of traumatic events may be a sense-making technique to render these traumatic events intelligible. Looking at PTSD in this way, experiencing PTSD is less organically derived than a social process by which individuals refashion traumatic life experiences to fit narratively within normative and socially scripted stories of experiencing PTSD.

The emergence of PTSD as a legitimate medical diagnosis can be traced back to veterans returning from the war in Vietnam. The term *post-traumatic stress disorder* (PTSD) first appeared widely in American society as a result of political and social processes that sought to validate the behavior and experience of returning American Vietnam veterans in the late 1960's and early 1970's (Simmons 2000). Initially viewed as the villains and widely held personally responsible for the atrocities in Vietnam upon their return, the emergence of PTSD as a valid medical diagnosis was meant to "shift the focus of attention from the details of a soldier's background and psyche to the fundamentally traumatogenic nature of war" (Summerfield 2001:95).

Though different definitions have been offered to express the personal effects of combat on individuals have surfaced in different eras of American society, contemporary definitions of PTSD are most often conceptualized as a normative response to events beyond the range of normal human experience (Simmons 2000). This newly created label constituted the legal basis for awarding disability claims to returned veterans diagnosed with PTSD, and worked to "legitimize their victimhood, give (returned combat veterans) moral exculpation, and guaranteed them a disability pension because the diagnosis could be attested to by a doctor" (Summerfield 2001:95).

The concepts underlying PTSD position returned combat veterans as victims of a greater social and political process, and imply that they have somehow been fundamentally damaged by their presumed experiences in war. Further, important gendered components constitute the social moment and

23

organization of the cultural PTSD narrative in contemporary American society.

The Diagnostic and Statistical Manual (DSM) is the most often cited and

generally accepted medical authority on PTSD today in U.S. society. It has, and

continues to play, an important role in the development of PTSD as a medically

sanctioned mental illness considering that the formal recognition of PTSD in the

DSM "provided a new and helpful language for veterans and it recognized their

legitimate claim for assistance" (Fox and Pease 2012:22). The concept of

medical abnormality is implicit in the construct of PTSD, and defines this mental

illness with respect to criterion thought to be common place among those

diagnosed. Symptoms include exhibiting irritable or aggressive behavior,

reckless or self-destructive behavior, hyper vigilance, exaggerated startle

response, problems with concentration, sleep disturbance, persistent and

exaggerated negative expectations about one's self, others, or the world,

persistent distorted blame of self or others about the cause or consequences of

the traumatic event(s), feeling of detachment or estrangement from others,

pervasive negative emotional state such as fear, horror, anger, guilt, shame and

persistent inability to experience positive emotions (American Psychiatric

Association 2000). These symptoms are particularly embodied in the proliferation

of highly publicized media accounts of returned combat veterans portrayed as

unable to cope with trauma incurred in combat and as a result engage in

dangerous behaviors like domestic violence, suicide, and suffer from abnormally

high levels of unemployment and homelessness.

While a legitimized medical diagnosis certainly provided returned veterans with "a tool for engaging in politically charged definitional settings" (Brown 1995:39), it simultaneously engendered legitimized victimhood. PTSD diagnoses labels returned combat veterans as mentally wounded by their experiences of war, leading to the perception of damaging or even crippling mental illness which in turn legitimates advanced assistance and care post-deployment. PTSD diagnoses have become a way for returned veterans to access legitimate victimhood in contemporary American society in pursuit of recognition and compensation (Summerfield 2001:96) and are often associated with higher standards of morality. What is more, legitimizing illness within medical domains plays an important role in how "individuals come to understand their illness, forge their identity, and live with and in spite of their illness" (Conrad and Barker 2010:S76).

The salience of mental illness issues is underscored by the high level of attention returned veterans are currently receiving from distinguished national organizations and the large amount of national media attention they have thus far received. Public and scholarly interest on PTSD and mental illness has centered around illness and narratives, (Frank 1995, Frank 1991; Hydén 1997) reconstructing systems of meaning, (Schok 2011; Davis and Nolen-Hoeksema 2001), personal growth (Frazier, Conlon and Glaser 2001; Davis and Mckearney 2003; McFarland and Alvaro 2000) while emerging research has concentrated particularly on those veterans returning home from the Global War on Terrorism (GWOT) campaigns (Owens 2009; Aloi 2010; Hoge, McKee, Castro and Messer

25

2004). Today, many scholars employ narrative theory to understand the subjective experience of illness (McLeod 2000) with growing recognition that narratives are the means by which we render our existence as meaningful (Polkinghorne 1988). Illness narratives are particularly important in contemporary sociological discourses of mental illness in exploring how individuals make sense of lived experiences, thus current sociological discussion on telling the illness story often focuses on how people tell some kinds of stories and avoid telling others.

PTSD is an illness, and "illness calls for stories" (Frank 1995:53). The social constructionist perspective conceptualizes illness as a process in which the stories people tell are of equal important to the disease and its symptoms. Kleinman elaborates:

> *The forms and functions of mental illness are not 'givens' in the natural world. They emerge from a dialectic connecting-and changing- social structure and personal experience. That dialectic is a golden thread running through ethnographies of life in different cultural systems, and also through the structure of criticism that anthropologists draw upon to understand mental illness and the mental health professions […] Mental illnesses are real; but like other forms of the real world, they are the outcome of the creation of experience by physical stuff interacting with symbolic meanings (1988:3)*

Frank proposes that there are three types of illness narratives people employ when telling their illness story: restitution, quest and chaos narratives. While all of these types of illness narratives are used by people at different points in time, only one type of narrative guides the story at the time of storytelling. The stories ill people tell about their illness are far from static, but rather dynamic as the "meaning of the illness experience evolves, much like the illness over time" (Vroman et. al 2009:977).

The plot of the restitution narrative as outlined by Frank is that "yesterday I was healthy, today I am sick, but tomorrow I will be better" (1995:77). In the restitution illness narrative, the person interprets the details of the illness from the position of a diagnosis and the subsequent treatment that will make the patient "better." This story is one in which the ill person's health and well-being will be restored. Frank offers an elaborate analogy comparing the body to a television set to illustrate the particularities of the narrative; "restitution requires fixing, and fixing requires a mechanistic view. The mechanistic view normalizes the illness: televisions break and require fixing, and so do bodies." Similar to current post-deployment care strategies for returned veterans at Veteran Affairs hospitals, "the question of origin is subsumed in the puzzle of how to get the set working again" (1995:88).

The restitution illness narrative is the most common among the three outlined by Frank, and implies that a remedy exists for the illness, and cultivates the idea that all that can be done is being done. Simply put, restitution narratives

of illnesses "are about transitioning from health to sickness and the return to health; i.e., diagnosis, treatment and cure" (Vroman et. al 2009:977). The character in this story is modern western medicine itself, while the ill person is "merely the habitus on which the practice of providers is inscribed" (Weingarten 2001:3).

The quest narrative is one where Illness is lived as a quest to see if something can be learned which is of value to others (Kaethe 2004). Whereas restitution narratives conceptualize illness in transitory terms, quest narratives transforms illness into a vehicle for achieving meaning through self-awareness, personal growth, or act as the impetus for action. Illness leads to new insights and is accepted because it is believed that "something is to be gained through the experience," (Whitehead 2005:3) and thus the illness itself becomes "a challenge and an impetus for change" (Frank 1995:166). In discussing illness as a kind of personal journey, Frank states that "as the ill person gradually realizes a sense of purpose, the idea that illness has been a journey emerges. The meaning of the journey emerges recursively: the journey is taken in order to find out what sort of journey one has been taking" (1995:117).

The last narrative Frank proposes ill persons use to navigate their illness is the chaos narrative in which experiences in life leave social actors without a culturally acceptable personal narrative to situate and tell others of their life experience(s). This narrative is particularly applicable to the traumatic experiences often associated with the combat experience. The experience of combat, for many soldiers, is such that the terribleness cannot be told; it may

only be lived. For instance, there is simply no narrative template which calls for the telling of how one watched comrade's die, enemies killed or witnessing civilians hit by bullets in chaotic crossfire. Suffering becomes the story and renders telling of lived chaos to others impossible; the stories are simply too threatening, chaotic, frustrating and painful to tell or listen to.

Because these types of stories cannot be told as they are, others try to change these stories or all together avoid them. The types of traumatic events military service members are most often exposed to include seeing dead bodies, being shot at, being attacked/ambushed, receiving rocket or mortar fire, knowing someone killed/seriously injured, and experiencing military sexual trauma (VA National Center for PTSD). Many returned combat veterans' stories of traumatic events often go untold. This is problematic to the returned veterans well-being because silencing their stories "denies (them) the opportunity to tell his/her story and work towards a sense of meaning, and also denies the person recognition for his or her suffering" (Vroman 2009:977). Stein exemplifies well how stigma can be a powerful mechanism in suppressing stories in her work on Holocaust survivors moving to the United States after release from internment in concentration camps and the "unspeakability" of the trauma suffered there. She notices how that "after testing the waters and finding that those around them did not want to hear about their traumatic pasts, many survivors (of the holocaust) began to silence themselves, controlling information about their pasts" (Stein 2009:53). For Stein, this could be a way for them to exercise agency in order to avoid being defined by one's victimhood (Stein 2009:53). Yet scholarship has

established that storytelling is an important part of helping survivors of traumatic experiences like military combat to "refashion a sense of self and 'work through' their traumatic experiences" (Stein 2009:58).

For returned combat veterans, widely circulating stories about them as heroic characters work to discourage acceptable social narrative templates for telling stories of their traumatic experiences in combat to others. What's more is that cultural meanings embedded within current understandings of PTSD mental illness in contemporary American society is wholly inconsistent, and incompatible, with those of the prescribed heroic contexts to which combat veterans return in civilian society. As returned combat veterans they are caught between these two narratives, compelled to live up to the hero narrative and discouraged from telling stories which do not position them as such. Hero status, which has been conferred upon them by contemporary American culture, prompts returned combat veterans to compartmentalize traumatic experiences in combat and disallows them from telling their stories to others. Consequently, returned combat veterans may find themselves trapped within the intersectionality of these two co-existing narratives, and cannot use storytelling as a tool to work through their trauma.

Whereas the restitution narrative implies illness is transitory and the quest narrative finds meaning in the illness experience, the chaos narrative is characterized by the belief that life will *not* get better, the experience(s) are void of redeeming values, and that "no one is in control" (Whitehead 2005:3). The plot is disordered as chaos narrative stories are "chaotic in their absence of narrative

order and lack of plot" (Holloway 2005:198). The events within the chaos

narrative lack structure, while there is no apparent causality because the stories

do not make sense to ill persons themselves. In describing the chaos narrative

as "consciousness (having) given up the struggle for sovereignty over its own

experience," (Frank 1995:104) Frank asserts this type of narrative as a non-self

story; actors *are* chaos.

Stories guided by chaos narratives are particularly problematic social acts.

Military personnel have been through a socialization process largely unintelligible

to non-veterans; all soldiers are trained to take human life while some returned

combat veterans have lived experiences in which life may have been taken in

front of them. No one wants to, or can, inquire into their life experiences because

no socially acceptable template exists for telling their stories of combat.

Understanding how one's story and illness is interpreted affords us a

means to not only re-establish the relationship between the self, the world and

our bodies (Bury 1982), but additionally how meaning is situated within the

returned veterans' belief system. Frank's point of view is that personal recovery

is most meaningful when individuals can openly share the illness with others.

However, widely circulating stories positioning returned veterans as a type of

hero character disaffirm opportunities to tell their stories to others, and so

returned combat veterans are compelled to decline sharing their stories.

Nonetheless, silence itself is an important component of the illness narrative

because "stories of and silences about sickness hold promise for exploring

narrative meaning, temporal duration and sequence, and reconstruction of self

after loss" (Charmaz 2002:306).

Chapter Three:

Methods and Data

This research explores hero and PTSD mental illness narratives by identifying their components and using narrative analysis to examine the stories combat veterans tell about returning home. This research uses secondary and textual analysis to explore the first-hand accounts of American war veterans contained in the Veterans History Project (VHP). The VHP, created by the U.S. Congress and funded and supported by the U.S. Library of Congress, collects and preserves the remembrance of American war veterans and civilian workers who supported them primarily by oral history for present and future generations of Americans (American Folklife Center). The VHP relies on individual and organization volunteers throughout the United States to contribute veterans' stories to VHP. Stories are shared through the VHP via personal narratives, correspondence through letters, post cards, v-mail, personal diaries, and visual materials. The projects collects the first-hand accounts American veterans from World War I, World War II, the Korean War, the Vietnam War, the Persian Gulf War, and the Afghanistan and Iraq conflicts. This study makes use of the personal stories told by returned veterans of the global war on terrorism campaigns that have deployed to the combat theaters of Iraq and Afghanistan.

Narrative analysis of stories contained in the VHP interview transcripts is an ideal dataset to conduct research on the hero narrative given the large quantity of rich, intimate personal stories of returned combat veterans reintegrating into civilian society.

Presently the VHP is composed of approximately 74,000 individual interviews, though resources have allowed the project to digitize only approximately 10% of all material it has received to date. The Veterans History project is composed of contributors who record and submit the stories veterans tell about life experiences in the military, in combat and returning home. Contributors can include family members and friends of veterans, organizations such as universities, community groups, Department of Veteran's Affairs, churches and veteran's service organizations. Interviews are regularly added to the website. No second hand accounts of a veteran's experiences are accepted by the VHP, and all accounts are voluntarily submitted to the collection. It is important to recognize that since all stories have been submitted to the VHP on a voluntary basis since those returned combat veterans who shared their stories, particularly sensitive biographical experiences in combat, are those veterans who are both aware of the VHP project and wish to share their stories with others.

Among the goals of this research is to illuminate the interrelationship between contemporary hero and PTSD mental illness narratives and their components in contemporary American society. U.S. citizen civilians who were actively involved in supporting war efforts such as war industry workers, USO workers, flight instructors, medical volunteers and the like have been excluded

from this study to instead highlight the stories active or activated military

personnel told. Transcript selection was thus limited to those stories provided by

individuals who have participated in Operations Iraqi Freedom and/or Operation

Enduring Freedom who told their stories to a contributing interviewer.

Transcription selection was further limited to the portion of the collection which

has been digitized and transcripts have been made available to allow for

verification of data cited in this study. Lastly, only those stories which discussed

their experiences of returning home after discharge from the military are used in

this study. The Army, Marine Corps, National Guard and the Air Force are

represented in this study, as are both former officer and enlisted military

personnel.

These methodological techniques produced 109 transcripts of which 70

actually discussed their experiences of returning home after having been

discharged from the armed forces. Thus 70 transcripts comprise the total number

of eligible stories told by returned combat veterans which were incorporated into

and used for this study. The process of coding aimed to delineate identifiable

patterns of hero and PTSD narratives. These codes allowed for attentiveness to

emerging themes in the data. In order to capture both a broader narrative

framework as well as the multi-faceted conditions of human experience, codes

were both reduced and merged where larger common patterns could be

identified and brought to light.

Each eligible transcript was read and narrative content which spoke to

notions of heroism and/or PTSD in reintegration experiences were placed into

broader categories of hero or PTSD mental illness narratives. Patterns were then ordered according to common themes and organizing principals in which three discrete typologies of hero narrative and one PTSD mental illness narrative emerged as a result. This coding strategy uncovered three hero categories of narrative; *Entitled Heroes, Self-Effacing Heroes, and Brother-in-Arms* while the *PTSD Mental Illness Narrative* honed in on the personal problems returned combat veterans discussed in the VHP. Excerpts from 11 transcripts which reflect the types of stories told in these typologies of hero and PTSD narrative illustrate the characteristics of these narratives, their components, and how authors tend to engage with notions of heroism and PTSD in their civilian reintegration experiences. Stories which accurately and consistently exemplified these typologies of hero and PTSD mental illness narratives were presented in this study to serve as representative examples of those typologies of narrative told in the VHP (American Folklife Center 2000).

Chapter Four:

Findings

Entitled Heroes

The first typology of hero narrative is what I refer to as *entitled heroes*. These types of stories characteristically underscore the sacrifices returned veterans understand they've made, and the hardships they understand they've endured. Sacrifice is characteristically interpreted as a kind of loss, and life before the military is often remembered nostalgically. More discernibly, stories which tend to fall into this type of hero typology recall personal experiences with a sense of being void of redemptive or rewarding qualities. Concerning the hero producing qualities of storytelling, these stories have the propensity to interpret the sacrifices themselves as painful experiences which in turn legitimizes and entitles returned veterans to honorary social status.

When Army specialist Joseph deployed to Mosul Iraq with an artillery regiment is asked "what would you want people to know about what soldiers are doing over there" he responds that "it's a difficult situation that they're put into and they just need to be treated with all the respect they deserve […] just keep

up with putting the ribbons on trees and the different homecoming celebration, put their names in papers and the radio. Just a lot of respect needs to be given."

Joseph's story calls for society's continued recognition of soldiers. Military personnel fighting the war, and returned veterans who have fought in the war, are distinguishable by qualities Joseph views as uncommon in society. In calling attention to the difficulty of fighting the war, expressing veneration for military personnel simultaneously implies that those who fight it are exceptionally strong, courageous and daring; all of which merits honored social status. Storytelling of this type implies that soldiers possess remarkable characteristics and personal qualities for fighting the war; a fundamental component in the production of heroes.

Quincy, a former enlisted airman, describes the special occasions he has sacrificed for during his deployments overseas with regret, saying:

> *Like looking from the outside like you get your thank yous*
> *and stuff like that for serving your country and everything but*
> *like nobody sees like the stuff like I missed. Thanksgiving,*
> *Christmas, New Years, like I missed all these important*
> *holidays. I missed Easter too like I missed all the major*
> *holidays and like working like 12 hours a day, six days a*
> *week you know? (I'm) in an area I don't even want to be*
> *in….*

Quincy's story follows a similar narrative pattern. In addition to pointing out the difficulty of his occupation in the military, he more acutely emphasizes the sacrifice-making component of soldiering and suggests that social appreciation is simply not enough for the sacrifices and time lost during deployment. The author's story gives his audience the impression that his particular job, which he says he does not enjoy, exacerbated the disappointment he describes. The sacrifices he's made, like valuable time lost with family during the holidays and the difficult and meaningless work, frustrates and appears to embitter him. So while Quincy's story reflects his view that he is entitled to unique social recognition from society, social recognition alone falls short of adequate compensation for the sacrifices he feels he has made.

Stefan, a German-born soldier who obtained U.S. citizenship through military service, describes his thoughts on how appreciative he was of the support active duty military personnel received from the American public but also how disappointed he is of the negative publicity the war had received in media while he was deployed. From his point of view, the war has done a lot of good, Stefan elaborates:

> *I appreciate all the support we get over there, we get a lot of*
> *support over there, a lot of groups over here sending us*
> *stuff, little goodies here little goodies there. You know,*
> *everybody wants to support the troops and get 'em home,*
> *but nobody wants to tell the truth about us. You know, you*

see all this bad things, maybe a good thing here or there,

and that's it, so of course everybody's gonna have a

negative influence on this war when it's not that negative.

And a lot of good things and a lot of positive things about the

war that nobody knows, just because they never get told.

Now yeah, bad things happen on a daily basis. Yes, soldiers

die on a daily basis, that's not a lie, but it's not as dramatic

as they make it out to be. I mean, we coulda came home

with everybody, easily, we just had that one incident where,

well, it happened. But, um, all the soldiers they have to go

out there, they have to go search buildings, you know you

never know where you're gonna run into… I'm glad to be

here. I love the United States, it's a great place to be. I've

been in different countries, about four or five countries,

including Germany, and I think this is about the best place to

actually live, and I appreciate what America's done for me

personally, and the opportunities it gave me….

For Stefan, the American public has a negative view of the war based on biased media accounts. While these losses in life certainly occur, he views media coverage of the war failed in the sense that the negative aspects of the war were not portrayed as necessary sacrifices for a greater, more humane cause. Over emphasizing these negative aspects of the war such as the death of American

40

military personnel without acknowledging the greater good it serves, from Stephan's perspective, distorts the larger image and purpose of the war to the American public. From Stephan's point of view, the United States is a society which gives opportunity to its citizens, and thus sacrifices resulting from military service are ways of giving back to that society, even when larger American audiences are not aware of it or believe otherwise.

Stewart, an Army National Guard officer who deployed to Kirkuk Iraq in 2007 with the 1st infantry division, discusses the challenges for younger, enlisted military personnel deployed to combat theatres in and around Kirkuk. He shares his thoughts:

One of the most important things I learned from my experience (is) how unbelievably hard these 19- 20-year-olds (are) working day in and day out. I had no discipline, no desire to be disciplined like that when I was 18, 19, 20 years-old. But these guys are doing a great job. And this nineteen-year-old is asked to make quick decisions that affect his own long-term life, but also the life of his -- of him right there and his buddies….

Stewart commends deployed military personnel for performing physically and emotionally demanding jobs day in and day out. He uses himself as a yardstick to measure the maturity, determination and discipline of enlisted military

servicemembers with whom he served while deployed in Kirkuk. For Stewart, there is something special about the military servicemembers he encountered during his deployment. For him, they possess personal qualities which are fundamentally different, noteworthy, and far from common among non-military servicemembers. Stewart also cites the burden combat military servicemembers carry, and for some he says, the burden and guilt can last a lifetime. Living with the weight of having made life and death decisions in mere moments for one's self and friends in combat, Stewart insists, is a personal sacrifice, a deep and personal risk which can have devastating consequences over the lifecourse. The story is a kind of entitled hero typology because of the emphasis its author places on the risks military personnel take at such young ages. Potentially painful experiences and personal guilt which may cause deep and lifelong scars illustrate how some returned veterans tell stories of burden; a quality fundamental in the production of heroes. This typology of hero narrative appears to claim the rewards of hegemonic masculinity based on the difficulty and dangers which characterize deployment and military service.

Self-Effacing Heroes

The second typology of hero of narrative is what I call *self-effacing*. These stories characteristically speak of deployment as a rewarding experience. When this typology of hero guides the narrative, the story consistently entails a strong sense of fulfillment in returned veterans' soldiering experience, pride in their accomplishments during deployment, and personal growth following the military

experience. The sacrifices returned veterans have made tend to be framed as meaningful experiences in their lives, while personal costs are seen as acceptable and sometimes even necessary for the benefit of their community and American society. The purpose of loss, sacrifice and hardship has a clear and more gainful purpose; to preserve the American way of life. As with the entitled hero's typology, access to honored social status is implicit with sacrifice-making and hardship. However, stories characteristic of the self-effacing typology view the burdens, sacrifice and suffering characterizing military service as containing inherent redemptive properties and are interpreted by the authors of these kinds of stories as personal investments in one's community, society and one's self; our interaction order *needs* heroes to protect the United States.

Former Army sergeant Roger Koch illustrates well his perceived contributions to his community. Commenting on his own reintegration experience, he states "when we did come back it was so neat because kids and adults would always say, you know, 'hey thanks' and it does mean a lot […] it's for people like them, meaning people that appreciate you, is the whole reason you went over there, for the freedom."

Other returned combat veterans place their sacrifice-making and hardship in a purposeful, intergenerational context. Their contributions as deployed military personnel tend to be modestly interpreted and viewed as simply one link on a cultural, continuous chain of defenders of the American way of life. Luis, an Army sergeant who deployed to Fallujah Iraq, states he joined the military because:

(I) wanted to make sure that my children, my future children,

and my family get to enjoy that freedom and to be able to

fight for all the individuals' freedoms. You know, to my

brothers in arms, continue to fight. Continue to be strong,

and know that even when we pass away, there'll be brothers

in arms following in our footsteps to continue to make sure

that our country is still protected….

Shawn deployed with the 203rd enlisted battalion and also comments on the need for sacrifice-making for the benefit of our collective interaction order, and takes pride in his contribution to society. He elaborates:

For us to be able to have the freedoms here we need to fight

abroad. It just happens that way. I am very proud of what I

do and I don't have any regrets of anything that I do. I have

to leave my family quite a bit but my family is very

understanding. I have learned that its a good life though. Its

a good way of life. People don't feel that way and they don't

look at it that way….

Luis and Shawn's stories echoes that of Bobby who comes to view his soldiering experience in very similar ways. When asked "how would you like (American society) to remember you and what you've done" he insists that "(I)

put my men above everything. That I was a good leader, that I tried. I represented America the *right* (emphasis added) way and that I loved being in the Army. I loved being in the infantry. I know that my time is done. I shined in Iraq … I put God and country first." It is clear by these stories that they take great pride in their experience of soldering, and credits their role as soldiers as important contributions to the freedoms enjoyed by American society. Their stories highlight the importance of remaining strong as protectors of American freedom, a quality they view as necessary in protecting liberty. For the authors of these kinds of stories, the United States is seen as secured because of those who have, and continue to, fight for this country the *right* way.

Such qualities are interpreted as important and fundamental in producing a hero and soldier alike. Moreover possessing prized and socially exceptional traits such as strength and determination are critical qualities as guardians of the American way of life. Luis reveals how deeply he believes in sacrifice-making when he states that his was just one of many needed to protect the freedoms enjoyed by members of American society. He is certain that future generations will serve in the military and eventually continue where his generation of soldiers has left off. More deeply, his story suggests heroes are *needed* to defend the United States and its way of life.

Brothers-in-Arms Heroes

The third typology of hero narrative is what can be called the *brothers-in-arms* heroes typology. These types of stories are inclined to frame and justify the

events of war experienced or witnessed in combat done so on behalf of brothers-in-arms. Qualities like sacrifice-making, risk-taking, aggression, courage, camaraderie, controlling one's emotions, physical toughness and selflessness are not necessarily personal qualities used in the fight for a greater cause, but, more importantly, practical tools employed to protect and ensure one's fellow comrades will return safely home. The gendered component of the hero character is highlighted especially well in this typology of hero narrative. Stories which reflect brothers-in-arms hero narrative typologies have the propensity to enact discourses of hegemonic masculinity when describing events and biographical experiences in combat more sharply than other hero narrative typologies. While other hero narratives draw upon cultural resources offered through hegemonic discourse in producing and making sense of a hero character, brothers-in-arms narratives characteristically articulate hero-producing qualities as existing more sharply within the domain of hegemonic masculinity in that only the most selfless soldier, one who readily risks one's or her life for brothers-in-arms, can be imagined as legitimate claimants of heroism. So embedded are discourses of hegemonic masculinity in this typology of hero narrative that women are often excluded and glossed over entirely.

Speaking on the possibility of being injured in combat, former 1st Lieutenant Andrew Doss discusses how he worried much less about his own safety than those around him while deployed to the theater of combat in Iraq. He explains:

After the first few months (of arriving in Baghdad) you realize

the probability of getting hit is maybe one in a hundred, so

it's really just a numbers game for you, and you really don't

get worried about it anymore. If you hear it ten times and

they don't land within a hundred feet of you, you're not

worried. You're usually more worried about your men than

you are yourself….

The nature of sacrifice-making is similar to other hero narratives yet the moral, scene and plot does somewhat differ. Abstract ideas of protecting the American way of life appear as weak justification for the use of violence. A common theme found in returned veterans' stories guided by the brothers-in-arms hero typology is that camaraderie in many instances outweighs personal moral objections to the war; a deep and personal sacrifice in and of itself. This type of hero narrative oftentimes thinks of fighting the war not necessarily for American society, but for the "other boots on the ground." Though Luis Arguelles disagrees with the war he says that he, as did fellow soldiers, fought principally for those around them. Moral objections and overall disapproval of the war were underwhelming when compared to concern for those soldiers for whom he felt he was responsible. He elaborates:

While I was there, I disagreed with Iraq […] We disagreed

with the war. However, we fought for the personnel that was

next to us, our brothers in arms. So I fought to make sure

that the people that were entrusted to me were coming home

alive and the same way that I was coming home alive.

Although my wife and my mom made me promise not to be a

hero, it was a promise that I couldn't follow. I had to make

sure that the soldiers that were assigned to me or at any

time were with me were coming home alive. And if that

meant to -- for me to lay down my life, I would have done it

and would have done it proudly. It's something that we truly

believe, and I still truly believe. I fought for my brothers in

arms, not for the war cause….

Luis locates hero-producing qualities entirely within hegemonic masculine contexts. In expressing his eagerness to assume the risks associated with war, perhaps we might say a larger share than most, the story he tells reflects cultural normative ideals of masculine behavior and positions him as an "alpha male" who dominates other men by claiming an unequal burden of responsibilities. In doing so, he simultaneously claims the symbolic prestige associated with these burdens; sacrifice-making, risk-taking, selflessness, camaraderie, and courageousness. Maintaining the hero narrative here is exemplified in telling stories about supporting other men, particularly how failure to be a hero is failing other men; all of which is understood as unbecoming of a man. However it would be incomplete to say hero-producing qualities situated in cultural normative

ideals of men's behavior are simply an important component of everyday soldiering for returned veterans who tell these kinds of stories. Instead, these highly prized personal characteristics are incorporated into, and tend to serve as models for, identity. Such stories creates models for soldiering and ways of acting in combat, expectations set for others to follow, and reproduce hegemonic masculinity as the blueprint for soldering in the process.

Analyzing the use of hegemonic masculinity discourse is important to understanding how Luis interprets and evaluates claims to legitimate hero social status. He states that he could not promise his mother and wife that he wouldn't become a hero while deployed in Iraq, however, he reiterates that the sacrifices which he was prepared to make have nonetheless cemented his legitimate social status as a hero - only in relationship to other men. Luis cannot imagine himself not being, or not becoming, heroic for the sake of his brothers-in-arms. It is the very act of sacrifice and the potential selflessness toward other men which legitimates and constitutes his claim to heroism. Further, employing and engaging in hegemonic masculinity discourse in this way distinguishes worthy and unworthy claimants to honored social status; to *not* be prepared to risk or lose one's life for a brother-in-arms is tantamount to acting in ways unbecoming of a hero - or a man.

This typology of brother-in-arms hero is constructed with qualities located exclusively within the domain of hegemonic masculinity. Hegemonic masculinity discourse works to orientate one's perceived responsibilities, duties, and actions in war and establishes a veritable model for accessing heroism. From this point

of view, hero-producing qualities are colonized for the purposes of constructing

and maintaining masculine hegemony, rendering individual soldiers who embody

these qualities as the only worthy claimants of honorary social status. We cannot

imagine the brothers-in-arms hero narrative located outside of hegemonic

discourse as the very hero-producing qualities used to engage in this kind

typology of hero narrative are situated exclusively and wholly within the domain

of masculinity. It is, after all, employing hegemonic masculinity discourse

grounded in dominate masculine identities which engenders and sustains

brothers-in-arms heroes as a typology of hero narrative.

PTSD and the Chaos Narrative

Frank's work on chaos narratives are supported consistently in the stories

told by returned combat veterans about traumas experienced in combat. *PTSD*

mental illness narratives co-exist with other typologies of hero narratives. These

narratives are comprised of the stories returned veterans tell regarding traumatic

experiences during military service which they attribute to having damaging

ramifications on their civilian reintegration experience. These kinds of stories

routinely attribute personal and reintegration difficulties as a result of these

traumatic experiences in combat. In particular, subsequent feelings of anger

succeeding traumatic and sometimes violent events in combat most commonly

materialized in this typology. PTSD mental illness narratives characteristically

report feeling helpless to change outcomes in traumatic moments of extreme

violence, and loss. Upon return to civilian society, returned combat veterans who

tell these kinds of stories tend to feel as though they cannot discuss their experiences in the military and in combat with others, particularly with non-combat veterans in civilian society.

Army Sergeant Jeremy Hurtt, who sustained a service-connected disability as a result of his deployment with the 2nd infantry division, discusses how his experiences in combat led him to harbor anger and resentment far into civilian reintegration. Interestingly, he chooses a hypothetical account of violence in place of an example from his biographical experience in Iraq to share with the interviewer. He says:

> *When you do lose friends, like I said Iraq's a lot of them*
>
> *trying to kill you and you not being able to do too much in*
>
> *response. Like if you're in the middle of a neighborhood with*
>
> *100 houses around and an IED goes off and kills somebody*
>
> *or whatever, you can't just go in and kill everybody in those*
>
> *100 houses. A lot of times you'll never know who set off that*
>
> *IED and that's a hard pill to swallow, and it does, it breeds*
>
> *anger….*

In describing biographical accounts of war and personal implications of combat, Jeremy discusses a *type* of experience yet does not offer ownership of the experience itself. In giving a fictitious account of an enemy attack Jeremy circumvents discussing a violent and traumatic biographical experience while

deployed to a combat theatre in northern Iraq. However he is still successful in providing a clear example of how having one's life threatened without knowing the perpetrator can leave a returned veteran indignant. The story Jeremy tells is strategic in the sense that he communicates a vivid account of the harrowing experience of being attacked by an enigmatic and unseen enemy without offering ownership of that experience. Rather he employs fiction as a vehicle for expressing how losing friends and feeling powerless to do something can breed anger.

Anger stemming from the events of combat leads some veterans to refuse to talk about their experiences altogether. In a characteristic chaos narrative, Sam, an older veteran who deployed with the 186th Combat Engineer Detachment in Iraq, reflects on his experiences in combat:

There are things I can't talk about [...] We saw bad things on the Iraq-Kuwait border. We ran convoys north into Iraq (while) constantly being sniped at. We were lucky our unit only had two deaths […] (Soldiers have) to do very ugly things that they can never talk about. I don't care how many interviews you've got. There are things people simply won't talk about….

When asked how it was readjusting to civilian life, he responds: "(I have) a lot of resentment. It's terribly aggravating, very, very frustrating. So that's why a

lot of us just shut up. We don't want to fight. We've had our war. We had to carry the rifle; we had to pull the trigger. And we're tired." Sam infers that a lot of returned veterans "just shut up" because they feel as though civilians cannot comprehend the horrors and terribleness of war. Remindful of Frank's chaos narrative rendering such stories unspeakable, Sam's story expresses the anger and frustration from his experiences in combat, and the frustration in not being able to disclose stories from his biography due to the absence of a socially acceptable template in which he can talk about them with others.

PTSD can lead to debilitating personal problems in various spheres of life. Luis is careful to avoid discussing biographical events which triggered PTSD; however, he directly attributes difficulty reintegrating into civilian society to personal problems stemming from PTSD. He explains:

> *It was good that I didn't have an employment because at the time I could barely sleep and I could barely do anything. So with the medications that I was taking, […] I almost felt like I was a pharmacy, a walking pharmacy […] I commend all the soldiers who are able to come back to school after seeing combat. I would have not been able to do it, had too many issues to deal with […] And you know, the stupid things you do when you come back. I spent probably the five months that I was in active duty drunk to make sure that I didn't remember stuff and I could sleep at night and that the pain*

was manageable. We would drink during the day and the

moment that we got out of work, and it's just -- I know the

cycle….

Luis does not discuss what specifically happened in Iraq in the interview conducted with him, but his story holds telling clues. Upon return to civilian society, his psychological and emotional state was such that he could not have held a job or regular sleeping hours, and believes he could not have succeeded in college. Further, he discusses his struggles with substance abuse, self-medication and the obstacles they posed in daily life rather openly. His story shows how contemporary mental illness narratives allow for self-narrating personal faults and serious personal problems; yet fails to afford space for self-narrating horrors witnessed, suffered, or performed in his own biography.

Bobby, deployed with the 1st Calvary, reflects on a comrade with whom he had served who had become addicted to crystal methamphetamines after discharging from the Army. He reflects on his friend:

Bobby: Crawford's now caught on that meth. I don't know...I

think he's lost.

Interviewer: Oh the meth, the drug you mean. And that was

one of your soldiers?

Bobby: Yeah, he had ah, his wife. Well, I'm sure he's not

married anymore. His wife had a baby while we were in Iraq

54

and when my unit came back, Crawford got out of the army

and started doing drugs and I've...I don't know what ever

happened to him. I don't know if he's dead or alive.

Interviewer: You think it was his war time experiences.

Bobby: Yeah, I know it was….

Bobby's story seems to serve an archetype example of sensational media accounts of vets coming home and "having lost it." Highly publicized stories similar to Crawford's illustrate both the need for post-deployment care as well as the dangers of neglecting the mental health care some returned combat veterans may need; the worst case scenario of a returned veteran having been damaged by wartime experiences to point of complete mental breakdown, and, possibly, the loss of human life. A story of this type, where PTSD is directly attributed to military combat service, is the antithesis of heroism. Yet, ironically, it reminds us that for the same reason returned combat veterans are commonly thought of as heroes are they sometimes in danger of severe risk behavior; the burdens they sometimes carry as a result of wartime personal experiences. His story is one which may serve as a tragic reminder of how dangerous and entangled the intersections of hero and PTSD narratives can potentially be.

Later he is asked if he would join again if he had the opportunity or if he would recommend young men and women join the United States Armed Forces. Bobby responds:

I would join, I want to join. I mean I would do it again, all over

again, if President Bush would let me go back over there,

with my guys. But you mean some kid outta high school?

Join for the right reasons, join cause you want to join, don't

join because you think you owe America, because America

won't take care of you when you come back all jacked up….

Bobby's story most acutely addresses the feeling of being trapped in the intersections of hero and PTSD mental illness narratives. His story highlights the dangers of returning to civilian society after military combat service and, in particular, he cautions potential recruits to carefully consider the decision to enlist in the U.S. military and not join simply because they believe that they owe the United States. Bobby references the lack of understanding of PTSD in America and that the U.S. will turn its back on them when and if they develop a mental illness.

Veterans Affairs hospitals offer PTSD counseling without charge to all returned combat veterans, financially compensate them through service-connected disability paychecks, and often offer a wide range of social services aimed to assist the reintegration of combat veterans diagnosed with PTSD. Bobby is *not* referring to Veterans Affairs, nor is he referring to any medical apparatuses charged with caring for and supporting returned combat veterans when he states "American won't take care of you when you come back all jacked up." He is referring to *the challenges of everyday life as a returned combat*

veteran in contemporary American society. His sharp criticism to the United

States' reception of returned combat veterans, to be sure, addresses how

essential social support systems like employment, family, friends and other

relationships interact with him once they've gained privileged access to his

biography and learn that he is in fact a returned combat veteran. Perhaps his

story is one in which civilian reintegration has been a challenge, possibly

because he has not lived up to the popularly portrayed image of returned combat

veterans as heroes, capable of much more than he has demonstrated thus far to

others. Bobby's story suggests that he is aware that carrying the mental, physical

and emotional burdens of war and the challenges they pose to everyday life are

inconsistent with the image of returned veterans commonly portrayed in

contemporary American society. His story is reminiscent of a kind of warning to

others considering military service, one which suggests that military service may

not necessarily be all that it's been made out to be. That living with PTSD can

quickly and harshly collide with widespread preconceptions of who returned

combat veterans are supposed to be in a society which tends only to celebrate

and see them as extraordinary heroes.

Summary of Findings

Three discrete typologies of hero narrative can be demarcated based on

stories veterans tell. These typologies of hero narratives consist of entitled

heroes, self-effacing heroes, and brothers-in-arms heroes. An important recurring

theme and finding in the data in the stories veterans tell is the production of hero qualities through sacrifice-making, although the purpose of sacrifice-making within each typology is interpreted differently. Secondly, the stories returned veterans tell imply military service produces qualities in a person which extend beyond the scope of common individual abilities. This is an important distinction returned veterans often make which is used to demarcate returned veterans as a specific group of people with a specialized set of qualities uncommon to the generalized, civilian population. These hero-producing qualities more generally tend to validate their social status as heroes and legitimize their honored status in American civilian society.

Returned combat veterans who told stories guided by the PTSD mental illness narrative were consistently unpacked within the context of chaos narratives. Largely absent in these self-narrated stories are instances of trauma and violence in which veterans themselves were involved. Also absent in the data are instances of returned veterans telling stories guided by quest or restitution narratives. This research is unconcerned with uncovering motives for storytelling but rather the purposes they serve for returned combat veterans telling them, and so we see strategies to avoid articulating these instances of trauma and violence in the stories returned combat veterans tell. This is particularly evident in the case with stories consisting of fictitious situations which possibly replaced the lived experiences of combat veterans or giving clues that trauma occurred by detailing serious civilian readjustment issues.

Many stories indicate that authors knew that their lives were in disarray; stories of substance abuse and self-medication upon return to civilian society appeared frequently in the data. Regularly, veterans described behaviors suggestive of substance abuse and self-medication as a way of coping with anger resulting from the military experience and how they work to ameliorate daily living. For them, daily life *is* chaos, and understanding how chaos narratives guide the stories returned veterans tell illuminates how and why they come to articulate their experiences in these ways throughout the civilian reintegration experience. In many ways, these chaos narratives leave no way out for the authors of these kinds of stories. The outcomes can be damaging as veterans cannot begin to work through traumatic experiences when the stories they tell are guided by a chaos narrative, and opportunities for recovery through storytelling can be arrested. Adversely, narratives which could potentially offer ways of working through trauma and towards recovery are important tools returned combat veterans experiencing PTSD can use to improve day-to-day life by articulating these traumatic biographical experiences in combat through storytelling.

Interesting contradictions surfaced in this study between hero and PTSD mental illness narratives. This research argues that qualities commonly perceived as necessary to perform military service such as perseverance, resolve and fortitude are inconsistent with social perceptions of those returned combat veterans living with PTSD. This is particularly evident in the data analyzed as some veterans told stories like "we just shut up," "I could barely do

59

anything […] I felt like a walking pharmacy," and "(Soldiers have to) do very ugly things that they can never talk about." The stories returned veterans told analyzed in this research indicate that they are well aware of which stories are likely to be considered as acceptable and unacceptable stories to tell others. Their stories illustrate that they are aware of the stigma attached to telling stories from one's own biography in war, and censor, or deny ownership of, those stories they recognize as socially unacceptable.

This research cannot speak to returned women veterans as hero characters due to the paucity of stories told by returned women veterans contained in the Veterans History Project. Nonetheless, it is important to imagine how the hero narrative may apply to women for the purposes of more fully describing the characteristics and process of how hero characters are constructed and organized socially in contemporary American society. Keeping in mind that the very qualities which constitute hero characters emerge exclusively with the domain of masculinity, we would expect that returned women veterans who do gain access to honorary social status are deeply influenced by those traditional notions of manhood in their social interactions. More importantly, femininity is incongruous with contemporary American notions of heroism which exists exclusively within masculine contexts. Therefore, returned women veterans are likely compelled to exhibit traditionally masculine characteristics in order to be considered legitimate claimants of honored social status. Failure to embody these masculine oriented characteristics which comprise the hero

character is tantamount to falling short of fully accessing hero status in contemporary American society.

The stories returned combat veterans told concerning personal problems co-exist with stories they tell of sacrifice and heroic characteristics, as expressed particularly well in the stories told by Luis. These two narratives contain opposing implicit meanings. The qualities and characteristics of the hero character simply cannot account for the personal problems many returned combat veterans encountered and described during their civilian reintegration experiences. This contradiction elucidates how hero narrative templates are founded less in the lived reality as experienced by returned veterans and more so in the socially circulating stories about them as disembodied people. Most importantly, narrative analysis of mental illness narratives shows how those stories guided by this kind of narrative reveals serious inconsistencies with their popular conception, and how they work to disguise the reality of day-to-day life as returned combat veterans live it. Through narrative analysis it is revealed that the popular image of veteran's as strong, reliable, self-sufficient "warriors" not only misses reality as lived by combat veterans, but often returned combat veterans themselves use the hero narrative in making sense of themselves. As a result combat veterans may find it difficult to act in ways inconsistent with the hero narrative, such as asking for help or admitting a damaging personal problem. Consequences to these narrative contradictions include exacerbating the civilian reintegration experience and significantly lowering returned combat veterans' quality of life.

Frank's work on chaos narratives is heavily supported by the data analyzed in this study. Many stories told by veterans depict a civilian reintegration experience characterized by addictions, substantial mental problems, a propensity to engage in high risk activities, interrelationship troubles, employment difficulties, and other significant personal problems. However, it is particularly striking that Frank's other illness narrative typologies, the quest and restitution narratives, are noticeably absent in the VHP. This exemplifies the narratives employable throughout the civilian reintegration experience and reveals how many veterans who tell their stories of combat tend to be trapped and discouraged from sharing biographical experiences with others; particularly with non-veterans. Also, the ubiquitous use of chaos narratives in the data may explain in part the vast number of outstanding and long-lasting personal problems returned combat veterans encounter, and the difficult process of recovering from them. While access to and employment of recovery oriented narratives would certainly be a valuable tool to ameliorate the difficulties associated with civilian reintegration described by providing returned combat veterans with the narrative means to work through these traumas, where it stands now returned combat veterans are discouraged from sharing traumatic biographical accounts in combat work, and subsequently the process of healing is seriously exacerbated.

Chapter Five:

Discussion

This research asked what hero narratives were more generally and what their components were when applied to combat veterans. It concludes that highly prized social qualities unpacked within traditional hegemonic notions of masculinity like sacrifice-making, strength, selflessness, physical and emotional toughness, resolve and courage are important and indispensable features of the hero narrative. More specifically, the nature of military service, particularly service in combat, is viewed as the demand for performing acts outside the boundaries of normal individual abilities. Subsequently, the stories returned veterans tell often view such acts as critical in validating their social role as heroes and legitimizing their honored social roles in contemporary American society.

This study recognizes several limitations in its design. First, this study is a secondary analysis of data amassed from the VHP database which was not collected for the specific purpose of examining the civilian reintegration experiences among returned veterans. This eliminates the chance to ask for clarification, follow up questions, or phrasing questions in ways more advantageous to achieving the goals of this research. Secondly, not all veterans

are represented in the Veterans History Project. As a result, this study cannot speak to the stories of veterans who have not shared their stories in the VHP. Thirdly, this study uses only the stories of returned combat veterans who felt comfortable enough to share these sensitive biographical experiences of others. Lastly, returned combat veterans who are more connected with their communities were more likely to have their stories shared with the Veterans History Project. That is because returned combat veterans and contributors such as family, friends, universities, community groups, Department of Veteran's Affairs, churches and veteran's service organizations are most often the social groups who bring the project to the attention of potentially contributing veterans. Thus there is some selection bias in the available pool of stories of stories; many other stories go untold, especially biographical experiences in the military among returned women veterans in the VHP. Additionally, this may be particularly applicable to returned combat veterans who do not have stronger relationships with their communities or feel completely discouraged or overwhelmed by their experiences in combat and/or the challenges of civilian reintegration.

Despite these limitations, this study makes several important contributions to our sociological understandings of the lived experiences of returned combat veterans and the stories they tell. Returned combat veterans enjoy special honorary social status based on the deeds they are thought to have done and the personal qualities they are thought to have. This stems in large part from the terror attacks of September 11th 2001 and the perceived rise in threat and danger associated with global terrorism. The threat posed by global terrorism as framed

in American society, articulated with such urgency and solemnity, called for heroes to defend against this new and enigmatic global threat to protect the values and principles of the United States, democracy, freedom, and even its very way of life. Returned combat veterans of contemporary American society, having had hero social status conferred upon them for their part in this "war against terror", are thought to possess almost superhuman capabilities in the context of these global campaigns against terrorism. As the voluntary protectors of our country against these dangers, heroes are presumed to have made otherwise extraordinary sacrifices and possess uncommon qualities employed in the defense of American life, values, and society. Thus the interaction order compels American society to view and interact with returned veterans with the understanding that they are heroes, equipped with the prized and admired social characteristics needed to carry out this mountainous task, and so are ubiquitously recognized as honorary members of American society and entitled to subsequent social privileges.

The stories returned combat veterans tell suggest that they themselves have employed the hero narrative to make sense of themselves and their own biographical experiences in combat. And perhaps they are driven to present themselves within the culturally outlined parameters of heroism as imposed by the interaction order to which they return. After all, failure to embody and exhibit the characteristics which form the archetype hero character in the American popular imagination and in the presence of others can damage one's sense of self by not living up to such great expectations. Returned combat veterans are

65

compelled to play the part of hero and exhibit the voluminous personal qualities which accompany this societal expectation. These social expectations and understandings of who returned combat veterans are, located firmly within culturally masculine social contexts, prompts them to present themselves as strong, independent, tough, heterosexual, persistent and selfless to correspond with the archetype hero as outlined in contemporary American society post-military service.

Herein lies the delicate and recondite intersection of hero and PTSD narratives, a complex interaction order in which returned combat veterans are responsible for presenting themselves in particular ways throughout the civilian reintegration experience. Scholarship has established that the burdens returned combat veterans carry can include mental illness, physical disfigurement, and traumatic brain injuries among others far into the civilian reintegration experience. The most prevalent among these, as well as the most publicized in national media, is PTSD. The medical diagnosis of PTSD has had a powerful transformative effect in legitimizing victimhood which characteristically implies returned combat veterans are deserved of, and increasingly require, special care post-deployment. PTSD status signifies social recognition and moral, symbolic or even financial compensation as victims of a greater social injustice.

The stories returned combat veterans tell about PTSD are chaos narratives which reveal a chaotic personal depiction of their daily lives. This is illustrated particularly well in stories like Bobby's where returned combat veterans seemingly cannot imagine improved life circumstances from where they are at

present. The stories returned combat veterans told about PTSD and trauma emerge exclusively within chaos narratives in the data, and suggest that there is no recovery. As such these inconsistencies cannot be reconciled with the popular cultural image of a hero. However, narratives which allow for and inspire personal recovery could offer returned combat veterans a way of working through trauma through storytelling. Access to a recovery oriented narrative, such as the quest or restitution narrative, could potentially be an important resource in making sense of traumatic biographical experiences, working through trauma, and ultimately improving everyday life for returned combat veterans experiencing PTSD.

We see reflections of the personal and psychological problems they live within the stories they tell. Yet, more tellingly, the stories returned veterans tell often directly attribute these personal problems to biographical traumatic experiences in combat though we often see one's self auspiciously removed from the physical scene where the traumatic event(s) took place. Perhaps returned combat veterans who tell of instances of extreme violence or even loss of life uncouple themselves from the parable reflects a masculinity maneuver, and how they fundamentally understand concepts of heroism. Perchance, including one's self in the story would stand in direct contradiction to, and unbecoming of, our societal expectations of what constitutes a hero, and threaten how one understands, imagines, and thinks of one's self.

I contend that the paradox of co-existing hero and PTSD narratives is that the everyday lived experiences of returned combat veterans are lived against the

backdrop of the social perceptions, and expectations, about who they are, and who they should be, as embodied social heroes. Some stories returned combat veterans tell directly contradicts widely circulating hero stories, and, in some cases, entirely miss the lived realities of returned combat veterans. Further, the contradictions of the implicit opposing cultural meanings embedded within hero and PTSD narratives can work to disguise the reality of day-to-day life as returned combat veterans live it. As heroes entrusted with confronting and defeating terrorism, strong and brave enough to voluntarily sign on to fight a global terror said to threaten our very existence, the civilian social climate to which they return discourages social templates for being anything other than a hero in day-to-day life.

The hero as a character implies personal qualities and characteristics which cannot account for, or negotiate, the personal problems returned combat veterans discussed in the Veterans History Project. This contradiction elucidates how narratives are founded less in the lived reality as experienced by returned veterans and more so in the socially circulating stories about them as disembodied people. Through narrative analysis my work reveals that the popular image of veteran's as strong, independent, tough self-sufficient "warriors" can work to miss reality entirely as lived by combat veterans. Consequently, to act in ways inconsistent with the hero narrative is not only extraordinarily difficult, it is threatening to one's sense of self. In addressing the contradictions apparent in the intersections of hero and PTSD narratives we can begin to imagine how asking for help, admitting a damaging personal problem or otherwise navigating

civilian society post-military service poses serious and complex personal impasses for returned combat veterans. Lay and scholarly literature has done well to document the difficulties and challenges accompanying civilian reintegration, often highlighting issues of violence, crime, suicide, unemployment and homelessness among reintegrating veterans.

This research maintains that the relationship between hero and PTSD mental illness narratives are complex and incongruous structures of interaction order and that learning more about these contradictions has the potential to make tangible contributions to ameliorating reintegration difficulties via narrative analysis. There exists a paucity of sociological literature on hero narratives which merits additional scholarly research on the interrelationship between hero and mental illness narratives. More thoroughly understanding the co-existence and apparent contradictions of hero and mental illness narratives is an important quality of life issue for returned combat veterans and advances our sociological understanding of narrative processes which inform presentation of self issues throughout the civilian reintegration experience. Future research may more fully evaluate the social understandings and meanings implied in hero and PTSD narratives and their implications for returned combat veterans. We might also ask how divergent meanings which accompany these two contradictory yet co-existing narratives can be re-conceptualized to begin work towards resolving damaging issues produced in these narratives.

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Appendix:

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