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Helping traumatized warriors: Mobilizing emotions, unsettling orders

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ABSTRACT

Within the span of a week in late November 2013, three Canadian Forces members committed suicide. Another suicide was reported in early December. This spate of soldiers taking their own lives caused uproar among military families and suicide survivors. Our interest in these suicides is the discourses around helping traumatized warriors and veterans that seem to be circulating both in tandem and at odds with one another. We draw on Michel Foucault's ideas about discourse, truth games, and *parrhēsia* to unravel some of the complicated connections within the discourse of helping traumatized soldiers. Using the analytical method of audiography, we make the case for understanding these discourses as parts of authoritative narratives and echoed narratives. We pay close attention to the embeddedness of emotion in the discursive practices of help-seeking and help-offering and to the mobilization of emotion within the asymmetries in the practice of power. We close with comments about the mediated effects of military and state hierarchies in discourses of helping traumatized warriors.

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> I would rather study the effects of power produced in reality by a discourse that is at the same time both statutory and discredited.
>
> Michael Foucault, *Abnormal*, (2003: 14)

1. Introduction

Within the span of a week in late November 2013, three Canadian Forces members committed suicide. Another suicide was reported in the press early December. This spate of soldiers taking their own lives caused uproar among military families and war veterans, especially those from the Afghanistan war, who demanded that the government and the military help soldiers who are suffering the psychological effects of Posttraumatic Stress Disorder (PTSD). The Canadian Forces' Deputy General Surgeon, Director of Mental Health, and Senior Psychiatrist responded quickly, citing stigma, self-stigmatizing behaviours, and negative popular depictions of soldiers coming home as reasons for prolonged suffering. They maintained that the system designed to help soldiers has been well thought out and actually works. Soldiers who are suffering just need to come and get help (Cobb, 2013).

Our interest in these suicides is not to draw attention to the suicides themselves and place them in a mental health context. For us, the suicides act as a catalyst, bringing to the fore public notions of helping in public interactions. More precisely, our interest lies in both the discursive practices that feed and sustain public debate over helping traumatized soldiers and veterans, as part of the discourse of helping traumatized warriors and what subject is produced through these discursive practices. Our contention is that the compressed span of time magnified an emergent politics around the discourse of *helping* traumatized warriors. Even though the number of suicides was similar to and even lower than in previous years among soldiers and veterans (cf. totals of 25 in 2011, 17 in 2012, and 13 in 2013; National Defence and Canadian Armed Forces, 2014), the cluster of suicides propelled the issue of helping traumatized warriors into the public's eye. To the public, the idea that soldiers and veterans would kill themselves indicated something was distressingly amiss. Interactions were rife with passionate expressions as mourners called out for help through their grief and pain to create support for those deeply suffering and state officials claimed to hear their pleas and like them are shocked at the suffering, declaring their sympathy for providing needed help. Ideas about what constitutes help circulate unevenly through claims made by soldiers, veterans, family members, the military, the state, psychiatrists, and the public. This talk and actions can be

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understood by looking at how emotions are mobilized around a specific event in order to generate change in policy or service provision.

For example, buoying each call for help are the ghostly memories of those fallen in battle, including those committing suicide post-deployment. As Langford (2013: 211) observes: "If the dead testify, they do so in terms that necessarily exceed modern political rationality. Ghosts do not speak in a discourse of civic rights and obligations. They are irreducible to ex-citizen subjects, medical patients, or even religious practitioners." But the dead do speak, quietly and emotionally, at cemeteries and memorials, diaries and memoirs, cenotaphs and observances, linking past people and places with those of the present. And even in the statistics bandied about in the talk about suicide. Now that the number of suicides among soldiers and veterans since 2004 is higher than the number of soldiers killed in combat in Afghanistan during the same time (cf. 164 with 138 as of September 30, 2014; National Defence and Canadian Armed Forces, 2014), it appears that everyday life is being recognized publicly as having become the battlefield for soldiers post-deployment. This shift in place from combat zones to the personal and private spaces of home and community is disrupting the traumatized warrior as a nervous, fatigued subject, whose boundaries are dissolving in the search for help. This particular unsettling of the subject, alongside other unsettlings, is facilitating a re-ordering of help replete with emergent narratives to help tell their story.

In this article, we draw on Michel Foucault's ideas about discourse, truth games, and *parrhēsia* to unravel the complicated connections within the discourse of helping traumatized soldiers. We make the case for understanding these interactions as parts of authoritative and echoed narratives. We understand the former as state discursive practices linked to ruling, legalistic, and sovereign power whereas we see the latter emanating from a public that is structured, at least partially, in relation to the state. We pay close attention to the embeddedness of emotion in the organization of help-seeking and help-offering and to the asymmetry of the implicated power relationships. We close with comments about the mediated effects of military and state hierarchies in mobilizing emotions and unsettling orders in helping traumatized warriors.

2. Emotions, help-seeking, help-offering, and truth-telling

Our inquiry begins with unravelling tessellations of emotional distress that have been layered into the everyday lives of active duty soldiers and veterans. For us, *traumatized warriors* include those women and men who are serving or have served in the armed forces, who have endured deep emotional and/or psychological distress as an effect of war, and who are finding it difficult to cope with daily life. As a subject, the traumatised warrior emerges out of various and multiple events, processes, and practices that have been part of the soldier's emotional or psychological collapse. Diagnosis and treatment of trauma by military psychiatrists fashion breaks in (or the breaking apart of) bodies, emotions, and psyches through particular practices, such as embracing military approaches to psychiatric illness, negotiating inherent tensions between the goals of psychiatry and the military, understanding illness to be gendered in particular ways, and conflating illness and honour in formal military justice processes (Kilshaw, 2009; Kronsell, 2012; Iacobelli, 2013; Moss and Prince, 2014). Another set of practices – the discursive tension between help-seeking and help-offering – has received less attention by critical scholars and researchers as part of the formation of traumatized warriors as subjects. As the war in Afghanistan winds down for Canada, attempts to access help are increasing as emotional wounds begin surfacing.

Conflict between traumatized warriors needing or seeking help and state authorities offering and providing help to them and their families is playing out in public. Entangled in the ideas about helping is a jumbled mélange of emotions. We understand emotions to be infused into and an integral part of the spatialities of everyday life (Davidson and Milligan, 2004; Thien, 2005, 2011). Making sense of the discourses of helping means paying attention to features around how help for traumatized warriors – as part of everyday living – gets instilled with an array of emotions that both facilitate and hinder support (e.g. on grief see Bosco, 2006; on love see Morrison et al., 2013). In support of traumatized warriors, armed services personnel, veterans, family members, and allies are mobilizing a set of emotions around anger, dismay, grief, empathy, guilt, and sympathy in part to forge a politics of care (after Green and Lawson, 2011). In justification of public programs, government bureaucrats, elected officials, and military psychiatrists, among others, are marshalling statements of compassion, understanding, chastisement, surprise, and pride in response to claims of not providing help to soldiers and veterans enduring deep emotional distress.

Help-seeking is not wholly a dependent or an individual form of political behaviour. In the case of traumatized warriors, help-seeking is also a collective and personal mode of action. We come to this position through conceptualizing help-seeking alongside help-offering. *Help-offering* as an activity or process involves the articulation of political language and the provocation of emotions to manage issues that arise from events, such as soldiers' and veterans' traumatic injuries, as well as identifying unmet needs with accusatory claims of mal-administration by government departments, as with the call for a public inquiry into suicides of Canadian Forces soldiers. Help-offering is not the same thing, then, as directly taking responsibility and actually *providing* tangible assistance in a timely and adequate manner that can "appreciably" and "fairly immediately" (after Nelson, 1980) change the condition of soldiers' and veterans' lives.

For state officials and political leaders, expressions of intention, that is, help-offering, represents action, albeit symbolic action, much like other institutional organizations that attempt to reach out to traumatized warriors. Organizations that offer help to soldiers, veterans, and their families are diverse, representing a range of sites and approaches for seeking help. Attempts to treat, manage, and contain the emotional distress of the traumatized warrior are mediated through these organizations. For example, there are informal and mutual support structures of families and friends, peer units, rap groups, and face-to-face and virtual self-help groups. More formalized social organizations exist, such as community and not-profit agencies, faith-based organizations, and veteran associations. Increasingly there are market economy organizations that include professional fee-for-service practitioners in therapy, counselling and social work, lawyers, and private rehabilitation agencies. There are state organizations that offer help through the armed forces, courts and tribunals, health and social care systems, legislatures and governments, and departments of veterans' affairs. Across and within these institutional types, organizations differ: in their complexity and formality; in the extensiveness in type of help on offer; in what they call (and do not call) traumatized warriors; in the relations of authority between help-seekers and those providing help; in their practices around privacy and disclosure of information; and in the sense of balance between an impersonal order of rule and legitimate expression of personal sentiments.

But are these institutions really offering help to traumatized warriors, or are they engaged in the rhetoric of help-offering? Some no doubt are, and there are perhaps some that are not. This is not the issue here. For us, the publicness of the debate over help shows

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