

Chapter 7

IMPOTENT WARRIORS: THE CONTEXT OF NARRATIVES OF LOST MASCULINITY

The context and causes of GWS must be seen as wider than the Gulf War, as many other things were happening in the lives of these men. GWS was their way of making their various experiences intelligible. GWS shares certain features with other new illnesses, but it arises out of anxieties particularly relevant to a specific group of people: the package for these men (and women) is unique. GWS responded to, addressed and commented upon issues relevant to the specific things that were happening economically, physically and culturally in their lives. In this chapter I will provide an account of the context of GWS mainly through analysis of literature considering the war itself, militaries more generally, and the relationship of these to masculinity. This examination of the context will, I hope, shed light on the narratives discussed in the previous two chapters. In this chapter I extend my interpretation, developed in the previous chapter, that GWS is in part an expression of gender anxiety in the face of a changing military.

As we have seen, two of the unique aspects of GWS are its contagious nature and its focus on the loss of masculinity. GWS is believed to be passed on to partners via sexual contact and transmitted to others through different means. GWS narratives emphasise the toxicity of semen and, in many ways, the toxicity of manhood itself. Veterans, through their time in the Gulf, are altered and damaged. They subsequently infect their wives, lovers and children through their

bodies. They are broken men, impotent warriors. The essence of being a man – semen – is defective. Their bodies have transformed from the epitome of militarised masculinity to embodying a lack of virility and manliness.

Military Masculinity

The military, populated primarily with men, plays a primary role in shaping images of masculinity in the larger society (Connell 1992; Morgan 1994). Military masculinity places great emphasis on stamina and physical vigour, and exerts extreme pressure on soldiers to live up to these ideals. Fienman (1995) argued that the media framed the Gulf War as a “rebirth of masculinity” following Vietnam, despite the relatively large number of female soldiers. Media coverage of the Gulf War made abundantly clear how pivotal the discourse of war is to the consolidation of the penis–phallus equation: conventional masculinity (Silverman 1992). Although “women are among the veterans, the war itself and soldier life in general have been culturally coded as masculine” (Shriver et al. 2002a: 132).

Militaries around the world have defined the soldier as an embodiment of traditional male sex role behaviours (Barrett 1996). Masculinity has long been associated with strength, toughness and vigour, while sickness has been coded as weak and feminine (Ehrenreich and English 1978). Just as militaries embody masculine ideals from culture at large, they also impact the notion of masculinity in the wider society. Consequently, the military and war are said to be sites where hegemonic masculinity is reproduced and maintained. The term “hegemonic masculinity” refers to a particular idealised image of masculinity in relation to which images of femininity and other masculinities are marginalised and subordinated. The hegemonic ideal of masculinity in current Western culture is a man who is independent, risk-taking, aggressive, heterosexual and rational (Connell 1995).

The link between masculinity, the body of the soldier and the ability to fight effectively has, at times, been direct. Bourke reports that in the First and Second World Wars there was a focus on the selection of the most effective combat soldier based on a “brief inspection of the body build to determine characteristics of masculinity” (1999: 111). Thus, combativeness was inscribed on the male physique. For soldiers their body is their tool, weapon and livelihood and that body must be a masculine body. Violence is turned on one’s own body and the body is virtually assaulted in the name of masculinity and achievement (Connell 1995). Furthermore, the individual body, its strength and its

masculinity stand for the strength and masculinity of the society as a whole.

One of my informants, mentioned earlier, differed dramatically from the others. He was a high-ranking officer and was ill with a chronic fatigue condition he did not attribute to GWS. Henry was also different in that he saw the mind and body as indivisible and related GWS to stress. He commented on the physicality of his troops:

One of the first groups of my [men]... who went downhill psychologically was a huge surprise to me. It wasn't the lounge lizards, the big boozers from way back and the degenerates; it was the barbell pumping biceps revellers. And I know why they went downhill first. Because they were losing their drip feed of endorphins or self-esteem or reassurance that came with their posturing and sweating twice a day everyday. It all had to go. They were in long watches tucked in the bowels and their bodies were going to hell. And they hated it. Those guys were actually showing us that the military's huge focus on physical excellence is actually a double-edged sword. So much of what we have to do is based on physicality. You can become wow and when you can no longer wow about your rippling body you say, Christ, I'm a heap.

Masculinity as warrior is central to the understanding of military cultures. Mosse (1990; 1996) has shown that although the notion of the warrior male had existed before, the First World War strengthened this connection. Moreover this "reading of masculinity as warrior involves a clear distinction between the protectors and protected, soldiers and civilians, warmongers and peacelovers, and masculinity and femininity" (Agostino 1998: 58). From "small rituals such as shaving heads and discarding civilian clothes for uniforms, to warrior initiation rites, violent drill instructors, hazing rituals, sex education films on the harms of venereal disease, recruits learn that there is 'a cult of toughness and masculinity traditionally associated with making soldiers out of civilians'" (Barrett 1996: 131).

Masculinity achieves meaning within patterns of difference.

[If] success for men is associated with "not quitting" in the face of hardships, femininity becomes associated with quitting, complaining, and weakness. This follows Kimmel's (1994) notion that definitions of masculinity depend on changing definitions of women and gay men who serve as the "others" against which heterosexual men construct and project an identity. In fact, there is a tradition in the military of reserving the labels associated with femininity for the "other" (Enloe 1990; Strange 1983). (Barrett 1996: 133)

In his study of notions of masculinity and the US Navy, Barrett found that from the first day of training, recruits who complained or did not keep up with the others were the targets of gendered insults: they were called girls, pussies, weenies and wimps by the instructors. Often while marching, the instructor leads the men in songs that demean women as weak and feeble (Barrett 1996). Thus, masculinity in the military sets itself up by associating negative traits with women.

Morgan writes:

Of all the sites where masculinities are constructed, reproduced, and deployed, those associated with the war and the military are some of the most direct. Despite far-reaching political, social, and technological changes, the warrior still seems to be a key symbol of masculinity [...] Traditionally, then, combat and military experience separate men from women while binding men to men. It is a separation which reaches deep into a man's sense of identity and self. (1994: 165–66).

Images and discourses of masculinity as warrior require as much as possible a negation of the feminine and homosexuality. One of the necessary “characteristics of masculinity as warrior is that of men's flight from the feminine. Most of this is done in response to a culture where men support and encourage one another's masculinity to maintain a hegemonically masculine culture” (Agostino 1998: 64). In relation to this Kimmel writes: “being a man means ‘not being like women’. This notion of anti-femininity lies at the heart of contemporary and historical conceptions of manhood, so that masculinity is defined more by what one is not, rather than who one is” (1994: 126).

Narratives about GWS go to the very heart of notions of masculinity. Veterans stress the physical notion of masculinity: masculine bodies are strong, muscular, fit and have effective, adaptive immune systems and impenetrable defensive barriers. Veterans commonly describe themselves and their pre-war bodies as the epitome of masculinity. In contrast, they depict their present state in terms of deterioration: old before their time and weak. The symptoms they most often discuss are fatigue, memory loss, aches and pains, and low libido – all of which can be associated with aging, degeneration, fatigue, weakness. Sexuality and sexual performance are an essential part of masculine identity; failure in this regard is most damaging to a man's sense of self-esteem.

Veterans often suggest that the first sign of their illness was a lack of fitness, often indicated through failure at fitness tests. Barrett found that the image of masculinity that is “perpetuated involves physical toughness, the endurance of hardships, aggressiveness, a rugged heterosexuality, unemotional logic, and a refusal to complain” (1996:

131). It is never assumed that such character traits are permanent, however. It must be continually confirmed and exhibited. Barrett points out that the Navy creates structures and routines that call for continual testing of these qualities. This “is a culture that chronically creates trials that separate the ‘weak’ from the rest. From the first day of training, the culture creates a testing ground that creates boundaries of inclusion around those who exhibit strength, endurance and competence” (Barrett 1996: 131). Men’s masculinity, then, is insecure and constantly in question. This follows Collinson’s conclusion that a culture that encourages continual comparison “recreates the social insecurity it is intended to transcend” (1992: 97). Many veterans told me that the worst, most embarrassing thing that could happen would be to fail a fitness test, with its accompanying insults of being referred to as women and homosexuals.

The physical nature of masculinity has been emphasised in military culture and the wider society. This relates to the fact that self and identity have been increasingly associated with the body (Chapter 3, 4 and 6). Mosse argues that the body itself took on symbolic meaning in the second half of the eighteenth century due to the fact that it was a more visual age; this affected notions of masculinity. For soldiers, “their outward appearance was crucial: supple, lean, muscular bodies, striking eyes” (1996: 115). Historically, combat effectiveness and characteristics important in war, such as valour, were found through physical inspection (Bourke 1999). Prior to and during the First World War the grading of recruits into categories “was based as much on perceptions of the relationship between physical masculinity and combativeness as it was on medical principles of healthiness” (Bourke 1999: 109).

Shriver et al. (2002a) have suggested that there were a number of cultural constraints to US veterans labelling their illness as GWS: their continuing patriotism, their value of group cohesion and an idealisation of strength and vigour. The latter was related to the association of military pursuits and health with masculinity. I would argue, however, that instead of constraining labelling illness as GWS, the idealisation of masculinity as strength and vigour might have encouraged perceptions of their suffering as GWS. Men who focus on fitness and health as the markers of masculinity may find it harder to accept their body’s inevitable decline. They may be more likely to need a reason for physical degeneration and failure. They are also more likely to focus on such decline and see it as negative and strongly unfavourable. Thus, they would look towards an acceptable reason for their weakness. One which points to their wartime experience, such as GWS, would be highly ideal. If sickness and inability to cope are coded

as weak and feminine, then these men would need a culturally acceptable reason for their state.

Masculinity under Threat

Veterans are unmanned. As soldiers they were part of a culture which is the quintessence of masculinity; yet they now see themselves and their bodies as lacking this masculinity. I argue that it is a masculinity under threat. GWS emerged at a time when there were a number of changes in the lives of these men and in the military in general and, indeed, the Gulf War can be seen as a turning point between militarities and masculinity. During the period when GWS emerged the military was experiencing two major trends: “Options for Change”, and the integration of women. The phenomenon of “Options for Change” has appeared in the lives of the men I describe. This episode of the military’s history was one which had enormous repercussions for GWS sufferers. Prior to the Gulf War there was a concerted effort on the part of the government to trim down the forces. This meant redundancies as well as offering certain military jobs to civilian contractors. When hostilities developed in Iraq this action was postponed until after the war; however, once the war was over the MoD quickly resumed the process of reducing and altering the services. This meant that many soldiers, soon after returning from war, were faced with the prospect of redundancy.

Many of my informants report they were forced to accept voluntary redundancies, others say they were effectively pushed out and still others suggest that they happily accepted the offer of voluntary redundancy and the benefits that accompanied it. So, many of my informants along with other members of the armed forces found themselves stripped of their soldier identity and confronting life in the civilian world. “Options for Change” and the entrance of women threatened the dominance of the military man. The latter trend¹ created a challenge to the image of the male warrior. If these gruelling tests are there to separate men from the boys, what does it mean if women can pass them (Barrett 1996)? These changes also meant that soldiers were competing for fewer places and competition became fiercer. “Options for Change” and the entrance of women into the forces opened boundaries which had once been firmly closed to women and civilians.

1. “Options for Change” also brought about a threat to the male warrior identity in that many jobs became open to civilians.

Masculinity is defined more by what one is not, than who one is (Kimmel 1994). In relation to war, masculinity and femininity are set apart as polar opposites. Women's presence in contemporary militaries has precipitated some of the most vociferous essentialist arguments surrounding gender. The increase of women's participation in Western militaries problematises the hitherto exclusive link between masculinity and war (Morgan 1994). During the Vietnam War female combatants came to epitomise all that was emasculating about women in war (Bourke 1999). In America, the proportion of women in the US military increased from less than 2 per cent in the first two years of the 1970s, to nearly 5 per cent by the middle of the decade, and 7 per cent by 1990. In Britain, 10 per cent of the forces were female by the end of the 1980s (Bourke 1999).

Women were not seen to have participated in war as warriors prior to the Gulf conflict. In her interviews with Australian Navy officers, Agostino (1998) found that some men felt threatened by women they perceived to be actively competing with them for this warrior identity. A young Sub-Lieutenant, for instance, argued that during the Gulf War women were receiving "all" the media attention. In demanding equal participation with Navy men, women were "seen to be chipping away at this 'innate' masculine role. In doing so, men perceive women to be undermining the very fabric of society, to be going against 'natural' gender laws which endow each human with an essential sexual and gender identity" (Agostino 1998: 61).

At the same time as the changes outlined above more subtle changes were taking place which were changing the military in which Gulf veterans had served. The relationship between militarism and masculinity has begun to change (de Groot 1999), as reflected in the change in the military role in the postmodern world (Higate and Hopton 2005). Increasingly, the British forces were finding themselves in peacekeeping roles, often with limited power to act. Higate and Hopton highlight the importance of a 1990s British Army recruiting advertisement which "emphasised the intergration of women in the Armed Forces and, significantly, linked this to the growth in the army's peacekeeping role (2005: 442). It is apparent that "pure fighting functions will become of secondary importance" and that the main task for the military is now to "protect, help and save" (Dandeker 1999: 60).

The veterans I spoke to often described what they saw as the changing face of the military as a result of human rights laws. These laws meant there were stricter rules referring to how new recruits and others could be treated. Many cite this change as affecting the discipline within the armed forces. It was suggested to me on numerous occasions that such laws in effect weakened soldiers because physical discipline

and force could no longer be used; thus, the forces were undermined and weakened by these new changes. As has been discussed in previous chapters, the training of new recruits can be seen as a “toughening up” process or even “making men out of boys”. The new human rights laws, however, are seen to prevent this necessary process, meaning that the forces as a whole became soft and feminised. As Higate and Hopton note that within the UK military there was,

decreasing tolerance of physical brutality directed toward military recruits by their training instructors. If physical brutality were to be considered an accepted and previously unquestioned component of (military) masculine ideology, then changes to basic army training through which recruits are more ‘empowered’ (rendering them less open to physical and mental assault from instructors) represents a further important development (Dandeker 1999: 36; Skaine 1999: 138). (2005: 440).

Some military commentators have noted an eroding of firm boundaries around militaries as a result of a culture of rights and litigation. Fundamental to the system of war is the “recognition that soldiers are not merely civilians in uniform: they form a distinctive group within our society that needs a different set of moral values in order to succeed in circumstances which greatly differ from those prevailing in civilian life” (Rose 1997: 20). Furthermore, this military commander points out that this separation is necessary for, no other group in society is required to kill or sacrifice their lives for the nation. With the military following wider cultural trends of pursuit of individual rights, the division between civilian and soldier is further diminished.

Another change that occurred during the time most of my informants were in the military was the increased domination of technology. Success in war is scored mainly in terms of territory captured, enemy weapons destroyed or industrial infrastructure disabled (Clausewitz 1976; Payne and Gray 1980 in Gusterson 1991). Gusterson argues that the representation of the Gulf War was remarkable “for the way in which it treated bodies as objects for mechanical enhancement, weapons as surrogates for the bodies of warriors” (1991: 49). He also notes the absence in the media of maimed, scarred and dead bodies in a war that was entirely televised and had at least 100,000 casualties. Technology reigned supreme with supremacy portrayed in terms of the allies’ ability to transcend the limitations of the human body (Gusterson 1991). The body was re-engineered through machinery and medications, creating a more powerful and effective fighting tool. In focusing on the way in which human bodies could be improved, the vulnerability and deficiency of

human bodies was emphasised. The fit, strong, human, male body was simply not good enough.

The vulnerability of bodies to the threat of chemical and biological weapons was addressed with chemical protection suits, inoculations and NAPS tablets, which supposedly armoured ordinarily fragile human bodies against such threats. In order to suppress the body rhythms which constrained their Iraqi enemies, US pilots used amphetamines to enable them to bomb continuously. US and UK soldiers used night vision goggles and thermal sights to enable them to see targets in the dark which would not usually be visible to the human eye (Schmitt 1991). The bodies of the soldiers “thus had a post-human, cyborg-like quality² which was often foregrounded in television images of soldiers in chemical suits with masks, or in night-vision goggles” (Gusterson 1991: 49).

As Gusterson comments, the media representation of the war focused on the machinery involved. This often had the effect of making the war look like it was fought only between machines. In the postmodern age of war where bodies are deemed lacking and technology reigns supreme, is GWS an act of protest? Are GWS sufferers, through their symptoms and their suffering, demanding that their bodies be seen and heard? The body is crying out to be noticed. The question remains: what happens to these bodies when they are once again stripped bare? Bodies that were made to feel vulnerable and inadequate were hybridised, but after the war their machine and chemical improvements were stripped from them leaving them exposed: exposed and more aware than ever of their vulnerability. They are no longer a hybrid, superman or superhuman. Alternatively, the chemicals and medication given to them to respond to their vulnerability are now, as they see it, permanently a part of them: changing them and their bodies irreversibly.

The link between masculinity and domination of technology has a long history in militaries. Pilots have long been seen as the ultimate masculine ideal, a perception that began in the First World War. That “pilots controlled the most up-to-date machinery no doubt reinforced the masculine ideal [...] The fighter pilot mediated between the individual and the perils of modernity” (Mosse 1996: 118). Thus, those who do not master technology or, worse, are mastered by it, are deemed less masculine.

2. It has been argued that gender is blurred in the cyborg soldier (Hables-Gray 1997). Technological developments in a postmodern world could be seen as moving towards a situation where women soldiers are interchangeable with male soldiers (Higate and Hopton 2005).

The changes mentioned above directly affect the lives of these men and the way they experience the world. The majority of the veterans I met had taken (or been forced to take) redundancy during the period of “Options for Change”. Thus, within months or a few years of the Gulf War they were made redundant; they lost the military identity they valued so highly. Most suggested that they found the change from military to civilian life difficult – that they simply could not fit into civilian culture or find suitable work. Thus, many depended on war pensions and other benefits whilst their wives worked.

Did They Fight or Didn't They?

With the advent of new technology, there is an increase in non-combatant and support services in militaries (Connell 1992). Interestingly, most of my informants did not play an active combat role in the war, as the majority were support troops. Support troops are those who are not actively engaged in combat, but who are part of the infrastructure that maintains those soldiers who are.³ There are a disproportionate number of GWS sufferers who had the role of medical assistants, nurses, theatre technicians and chefs. Their expression of being unmanned may be linked to their lack of warrior role, the absence of a chance to fight and their anomalous role as carer in the military. It is possible that this is related to the contradictory roles in the forces and in the war, whereby they performed a “feminine” task of nurse, carer, cook, provider.

Most join the forces to fight, to be a pilot, to drive a tank (Jones 2004); but the majority of sufferers found themselves in much less masculine and exciting jobs. As mentioned above, the reading of masculinity as warrior involves a clear distinction between the protectors and protected, masculinity and femininity; yet these soldiers had roles which blurred this strict notion of masculinity. GWS may have something to do with this contradiction of soldier role, but carer job. It must also be remembered, in light of the discussions contained in Chapter 3, that support staff such as chefs, medical technicians and nurses are involved in work that transcends body boundaries. They deal with liminal and risky substances.

3. Arms of the military are divided into three main groups: combat or “teeth” arms (infantry, tank crews), combat support arms (engineers, artillery), and combat service support arms (anything else, i.e. medical support, clerks).

As the military is central to the creation of dominant masculinities, the men who join the forces can be seen as striving to achieve an ideal form of masculinity that emphasises strength, mastery, violence, protection and rationality. Many soldiers I spoke to suggested that they were pleased to have been chosen to go to war in that “this is what I was trained for” or “it’s my job”. They had longed for the opportunity and suggested that those who did not get it remained jealous. As Barrett suggested, the US Navy has “an elaborate system of awards and rituals that reinforce the value of demonstrating mastery, especially successful performance under pressure [...] These organizational practices – surveillance, testing, recording, keeping career records – begin to shape and guide the passions of these men. They yearn for the opportunity to demonstrate prowess under pressure” (1996: 136). The question remains: what happens when they simply do not get an opportunity to demonstrate such prowess? As mentioned above, many of the sufferers of GWS were support troops in the war who simply did not get an opportunity to fight or even see the enemy. They had roles of chef, nurse, medical technician and clerk, which meant they were away from the front lines and were, thus, denied the opportunity to fight.

Barrett (1996) found that in the US Navy supply officers (support troops) were considered the lowest status in the Navy. Combat specialists often referred to them as “supply pussies” or “suppo weenies” – the use of the metonymy of small genitalia connoting lack of virility and power in this culture. Unlike aviators and surface warfare officers, “supply officers are not permitted the traditional masculine experiences: the opportunity to take risks, to command and be in charge, and to be autonomous” (Barrett 1996: 139). If GWS can be seen as an expression of unmanning, then the vocation in the military and their role in the actual war must be seen as a contributing factor.

If fighting and going to war are the ultimate expressions of masculinity, what happens to those who are denied it? Most men join the military to fight, to kill, to use a gun. The opportunity to go to war is seen as a positive experience of “proving oneself”. Yet the majority of sufferers did not get such an opportunity. Indeed, 16 per cent of sufferers I interviewed were not deployed to the arena of war. This means that they remained behind, were not sent to the Gulf and did not participate in the war at all. In total, 78 per cent of my GWS sufferer informants were either support troops or non-deployed.⁴

4. In actual fact this number may be higher. Of the 45 sufferers I interviewed 38 told me their role in the military. Thirty-five of these were either non-deployed or support (combat and service support). This means that of those sufferers who gave this information 92 per cent were non-deployed or support. Others may have been support, but it was not clear from their answers.

Even for those in combat roles, there was little opportunity to fight. After months of preparation, the ground war lasted for less than 100 hours. Many felt disappointed and described the war as a letdown. As the British commander, Sir Peter de la Billière wrote, “some soldiers, inevitably, had a feeling of anticlimax. For men who never fired their weapons, or had a real go at the enemy, it all seemed a bit of a waste of time” (1993: 300). Many also suggested that they did not do what they set out to do: a persisting sentiment, particularly in light of the more recent conflict in Iraq, is that “the job was not done”.

My very first meeting with a Gulf veteran was dominated by his discussion of the experience of coming back from war and subsequently leaving the forces. He focused on the problems veterans have: from discovering that they cannot get a job to their wives’ difficulty in running a household in the absence of the social support found on a military base. He said,

You get these problems all the time after the wars. Readjustment, getting life back to state where thinking for yourself, but I still feel that things are very different on the Gulf side. Maybe because there was no end. Started, but no end. Just told to stop firing now. Firing and then told not to and still being fired at. Seems like it was a game.

It has been suggested that killing is a pleasurable part of war for soldiers: killing “was intrinsically glamorous.”⁵ Bourke describes the pleasure of war as experienced by Vietnam veterans: it was like ‘getting screwed the first time’ and gave men ‘an ache as profound as the ache of orgasm’⁶. In the words of a black Muslim Marine, ‘I enjoyed the shooting and the killing. I was literally turned on when I saw a gook get shot’⁷ (Bourke 1999: 32). It has been suggested that Marine Corps training for Vietnam produced a degraded masculinity (Eisenhart 1975) and the soldiers were whipped up into a state of quasi-sexual excitement. The war experience did not provide them with sufficient outlet, though, and the “ordinary Marine, whipped up to a pitch of sexual frenzy, never ‘got his gun off’” (Shephard 2000: 356) – the result of which was suffering Vietnam vets who were seen as dysfunctional supermen. Evident in the above historical descriptions of killing and war is the sexual nature of it. War is highly sexualised, as is the language of war (Littlewood 1997).

5. Michael Herr, *Dispatches* (London 1979) p.199

6. Philip Caputo, *A rumor of war* (London, 1977), p.268; and James Jones, *The Thin Red Line* (New York, 1962), p. 197.

7. Mark Baker, *Nam: The Vietnam War in the words of the men and women who fought there* (London, 1982), p. 51.

The inference is that killing is essential in the experience of war and those who are unable or did not get the opportunity were at risk. Bourke found that in the First World War men “unable to cope with killing were an aberrant group. Frighteningly, psychiatrists recognised that more men broke down in war because they were *not* allowed to kill than under the strain of killing ... The absence of any outlet for aggressive tendencies put soldiers at risk of psychological disorders, argued numerous psychiatrists in later conflicts” (1999: 248–49). Again, it should be remembered that the ground war was very short and likely added to the general feelings of dissatisfaction and discontent, predominant in discussions of GWS.⁸

As mentioned previously (Chapter 5), wives, mothers and partners play a major role in labelling illness as GWS. On many occasions veterans explained that their wives spoke about their partners to other wives and this is how they came to suspect GWS. I would suggest that the dominant role of women in identifying illness in their partner and pushing for a GWS diagnosis may be caused by an underlying dissatisfaction with their husband’s behaviour and performance. Many women I spoke to said that their husbands were irritable, distant and emotional and said that this is when they first began suspecting something was wrong. When the men returned, they seemed like strange creatures. In the media report of the recent conflict in Iraq, it was said that women were often apprehensive about the men’s return because they were used to being on their own and were worried about having to start the relationship again (Kennedy 2003). Thus, GWS must be seen in the context of men returning home from war and in so doing altering the way of life women had experienced. Men returned home and seemed different from the way they had been before. In addition, in most cases, men returned home full time as most left the forces soon after the war as a result of “Options for Change”. Women may be eager to maintain their partner’s identity as a soldier, through

8. Frustrations about the Gulf War and lack of combat experience was depicted in the 2005 film *Jarhead* which showed US Marines in the Gulf War battling months of boredom and a sense of isolation rather than enemy combatants. Once the Marines eventually advance through the desert they face no enemies on the ground and the real threat seems to be from accidental fire from their own side. Finally given a combat mission, Swofford, a sniper, and Troy, his spotter, are ordered to shoot two Iraqi officers, but moments after they pinpoint one of the officers in his sights, another team of Marines appears and calls in an air strike. Desperate to make a kill they plead to let them take the shot. When his pleas are denied, Troy breaks down in a fit of despair and weeps. Moments later the airport is bombed by U.S. warplanes and the two return to base to discover the war is over. They bemoan the fact that they never fired their rifles.

GWS and veterans' associations, in order to preserve or re-establish status. Furthermore, employing GWS may be an acceptable way to explain the failures and inadequacies they observe in their husbands. Their men may not have lived up to the masculine ideal and, thus, the women in their lives may have sought an explanation on their behalf.

Gender Anxiety

GWS narratives invariably point to anxieties about gender identity and masculinity. The veterans I spoke to often discussed a lack of libido and impotence. This theme is further developed in narratives of GWS, which focus on the notion that veterans suffer from "old people's diseases", "women's diseases", "old women's diseases". It would seem that veterans, through their bodies, are expressing their sense of being unmanned. Their experiences made them feel as though their masculinity was under scrutiny and came up lacking.

Women are "othered" in a particularly intense way within military culture. Discipline, "obedience, compliance, and exacting detail, ideals that are depicted as 'tough' and masculine, depend upon contrasting images of the feminized 'other' – being undisciplined, scattered, emotional, unreliable ... One way to emphasize discipline, endurance, and rationality as masculine traits is to depict lack of discipline, unreliability, and emotion as feminine" (Barrett 1996: 139). What GWS may be expressing, in part, is a contradiction within these men, who perceive themselves as containing what they were taught were negative, feminine qualities. They were trained by the military to detest and avoid such feminine qualities (fatigue, failure, emotion) yet they find themselves embodying them.

One commentator spoke about the more recent war with Iraq in terms of a response to twenty-first century white male malaise and emasculation. Norman Mailer (2003) suggests that the real reason the US went to war with Iraq was to boost the white male ego; the ongoing malaise of the white American male needed a remedy. Their dominance in sport was eroded, with "black genius" prevailing. The women's movement had taken hold and "the old, easy white male ego had withered in the glare". This key group for President Bush's political footing was floundering. "As a matter of collective ego, the good white American male had had very little to nourish his morale since the job market had gone bad, unless he happened to be in the Armed Forces. There, it was certainly different. The Armed Forces had become the paradigmatic equal of a great young athlete looking to test his true size" (Mailer 2003). White men still dominate the armed forces and,

importantly, they dominate the highest ranks and most highly regarded trades. If we cannot find our machismo anywhere else, says Mailer, we can certainly settle in on the interface between combat and technology. This passage reveals the way in which war and fighting are intimately linked not only with individual masculinity, but the collective masculinity of a culture.

The problem of linking masculine gender with bodily changes has been a matter of anthropological concern. In his monograph on his struggle with a spinal chord tumour, Murphy exposes the contradictions that emerge as “weakening and atrophy of the body threaten all the cultural values of masculinity” (1987: 94). A study of elderly US veterans’ ideas about masculinity sheds light on Gulf veterans’ difficulty in coming to terms with aging and illness and their need to reformulate gender identity. In this study ideas about gender have been investigated in veterans suffering from prostate cancer (Stansbury et al. 2003). With prostate cancer and treatment, difficulties associated with chronic illness are “multiplied as sufferers come to terms with assaults on embodied bases for gender identity, most directly in the forms of urinary incontinence and impotence” (Stansbury et al. 2003: 177). The authors conclude that coming to terms with disease, chronic illness and aging may be challenging for men who adhere to an inflexible gender schema. They found that prostate cancer patients reaffirm a strongly moral normalising discourse about “being a man” yet tend to separate roles and values from male physical and sexual attributes (Stansbury et al. 2003).

Research also suggests that men with a fixed view of masculinity may have worse health outcomes (Stansbury et al. 2003). Health psychologists have cast the relationship between masculinity and coping in a problematic light. Eisler and Blalock (1991) suggest that a “male behaviour template” underlies aggression, combativeness and other aspects of some male coping styles; it can lead individuals with rigid ideas about masculinity to suffer greater stresses with illness than are suffered by those who do not hold such views. Inhibited emotions, over-reliance on aggressive behaviour, a need for control and an obsession with competitiveness are noted as basic dispositions that can account for problems. Eisler and Blalock see a “strong commitment to masculine gender role cognitive schemata” (1991: 49–50) at the heart of the problem. It has been suggested that men

[W]ho most strongly retain an image of male physicality against the realities of aging and diseased bodies are most at risk for stress, depression, and difficulties with personal support networks. Successfully coping [...] involves redefining the self, at least in part through very partial transformations of the normalizing ideology of masculinity. This is not an act

of resistance: it is a gentle, if certain, rounding of cultural edges. (Stansbury et al. 2003: 196)

The patterns the authors saw may well reflect a masculine image that emerges from the military's role as a socialising force for men, even as the monolithic nature of masculine constructions in the military may be overstated (Barrett 1996; Agostino 1998; Connell 2000: 215).

Leaving the Military

GWS sufferers endure gender anxiety where they have moved from an extremely ritualised and structured masculine world into a much more chaotic life. They express this existential crisis by way of their bodies and the symptoms they suffer. Veterans experience a crisis of personhood, identity and masculinity in a post-combat, post-forces context. Gulf veterans' reported health problems are worse the lower their rank is, and after they have left the forces (MRC 2003). As mentioned previously, most of the veterans I spoke to left the military during the period of "Options for Change". What this meant was that almost immediately after the dramatic experience of war they found themselves in civilian life. Whilst they were in the forces they had a structured identity – that of a masculine soldier, warrior, employed man, hero. They then found themselves in an entirely new world where they had to fend for themselves: pay bills, find a job and struggle with the lack of established identity.

It could be suggested that ascribing to a GWS narrative enables a floundering veteran to anchor himself to a complete and fully-formed identity. Beck and Giddens have both suggested that living in contemporary society requires a reflexive "Do it yourself" approach to one's biography (Beck 1992: 135). The GWS movement provided an attractive template to reconfigure veterans' identity. This identity is one of fractured hero, created out of illness and of being wronged. GWS sufferers often redefine their identity along the lines of illness and the community of sufferers they inhabit, yet their identity as GWS sufferers acts as a constant reminder of their status as veteran, soldier, warrior in the Gulf War. Their new identity, therefore, continues their association with the Forces.

Many veterans explain that they found it difficult to move from military life to civilian life. My first meeting with a veteran, mentioned above, surprised me in that instead of focusing on the illness itself, he emphasised other social and economic factors. This veteran, one of the leaders of the GWS movement, spoke mainly about veterans'

experiences of returning home, of leaving the military, and of unemployment and pension problems. He suggested that the military sets men up to be dependent; they are taught not to think for themselves, but this causes problems when they leave the forces. Soldiers and ex-soldiers can identify each other from a mile away,⁹ as though their bodies will always be military. Although other veterans seemed to focus more on symptoms and the illness itself, I found that my conclusions were to come full circle, back to this first meeting with the veteran mentioned above.

Veterans explain that it was difficult to adjust to a life where one had to fend for oneself. In the military, they explain, they were told when to eat and meals were provided for them. Their bills were paid, accommodation was arranged: their life was entirely routine and organised. Not so in civilian life – and many suggested that this was a difficult reality with which to come to terms. Employment was also not as straightforward as they presumed. Finding that their identity as a soldier and war veteran was not as valuable as they had expected was an unsettling realisation for some. Many veterans say they found it difficult to find a job and for the ones who did it was often difficult to work with civilians. Civilians and military people were different animals, I was told on numerous occasions.

A major aspect of military identity is its perceived dominance over civilians. Military careers are positioned as demanding more from the average person than civilian careers (Agostino 1998). There is an “us and them” mentality; civilians are associated with the protected and the feminine. These boundaries are blurred when the veteran leaves the forces: he is neither civilian nor soldier. Although the majority of sufferers I interviewed were ex-military and, technically, civilian, they maintained a fierce distinction between themselves and the rest of civilian society. When speaking about the centrality of the distinction between civilian and soldier for the warrior masculine ideal, it is important to remember that there are a high proportion of sufferers who were in the TA and reserves. They, too, blur these boundaries from the very outset. They are neither civilian nor military. They are seen as not fully military by regular soldiers, yet seen as military by civilians. It would seem, therefore, that there is a tension between the veteran’s life within civilian society and their previous identity as a soldier. In the military their identity was anchored in being better than and different from civilians, yet they now find themselves as part of this denigrated culture.

9. I was often told that this was due to the way they dressed, but also the way they moved and always looked cautious and watchful.

Leaving the military behind also meant losing an identity and comrades. Much of military life is based upon close relationships and the community of soldiers. Most of my informants fondly recall the close friendships they had and missed the camaraderie of military life. The veterans' association fills that absence to some degree, creating a community of ex-soldiers along the lines of the military environment. It surprised me that although it was the military that they held responsible for making them ill, the veterans I spoke to remained fiercely loyal to the forces. Many told me that their years in the forces were the best in their lives and many regret leaving. Veterans often told me that they would go back to serve if they could. During interviews in their homes I would see pictures and souvenirs from the war displayed in prominent positions. For example, one soldier had a huge wedding picture above his mantelpiece in which he was dressed in full uniform. I was surprised by this as the veteran had been a TA soldier. Instead of a military uniform they wear their veterans' association uniform with their regimental tie. It was clear that veterans highly valued their military identity and tried to retain it. The identity they re-created in the form of GWS sufferer places their military past at the forefront.

Such ongoing loyalty to the forces has been seen in the US as one major constraint for veterans in thinking of their illness as GWS (Shriver et al. 2002a). The veterans interviewed by these authors remained very patriotic, which "often led to difficulty connecting their sickness to their wartime experience as they had to reconcile their patriotism with their belief that the government is not acting appropriately" (ibid.: 131). By participating in military culture, individuals learn to value group cohesiveness highly and to avoid any activities that counter unity and camaraderie. There were ways, however, to overcome such constraints. Many veterans "replaced their original sense of solidarity with all soldiers with a sense of connection to other veterans with similar understandings of Gulf War illness" (ibid.: 132). Far from constraining the GWS movement, I would suggest that an ongoing focus on the military as the epitome of patriotism and heroics reinforces labelling illness as GWS. GWS means that the sufferer is always linked with their heroic past and their military identity.

A view of gender identity as contingent, negotiable and fluid has become important in both medical anthropology and in anthropology in general. Writing about gendered outcomes in cancer, for example, Manderson (1999) examines patient narratives, raising the issue of renegotiating gender and sexuality. She noted that men seek to "remain masculine" when faced with the iatrogenic collateral damages implied by prostate cancer treatment. This contrasts markedly with

women's struggles to "recover femininity" after surgery. Stansbury et al. note that the "negotiation of chronic illness can imply fundamental redefinitions of self and identity, and that these reformulations may be quite different from a reassertion of normalcy. In some illnesses, transformation involves the blending of identity and disease diagnosis" (2003: 182). The authors point out that Estroff, (1993) showed how patients diagnosed with schizophrenia become the illness as they redefine their identities according to the schizophrenic label. Similarly, GWS sufferers become their illness and the illness itself becomes an organising feature in their life: a lifestyle. Unemployed and unable to work, many of these men organise their time around the illness: internet searches; doctors' appointments; and writing letters to and contacting lawyers, doctors, the government; and contact with other sufferers. The illness and its accompanying battle for recognition becomes the central focus in their lives. More recently, authors have begun to analyse these profound identity transformations as a reaction to social processes and contexts (van Dongen 2001; van Dogen and Reis 2001).

The Military Context

The above discussion focuses on the way in which veterans from the Gulf War experienced a crisis of identity as they moved from military to civilian life. This crisis is not unique to the Gulf case; similar difficulties have been reported in other military groups. We have also seen that Gulf veterans faced particular difficulties in addition to the hurdles arising out of a change in status as a soldier, but problems are not isolated to those moving away from military culture in that soldiers are seen as representing a particular group with unique troubles. Social and psychological problems have long been associated with military men and women. The military context and its unique difficulties is of paramount importance to GWS sufferers and is worthy of investigation to help us better understand all aspect of their particular mileu.

Among evidence of special difficulties is the fact that a disproportionate number of the single homeless population have a background in the armed forces (Anderson et al. 1993; Randall and Brown 1994; Gunner and Knott 1997). Domestic and other forms of violence have also been seen as a military problem. After the recent conflict in Afghanistan the media reported domestic murders committed by returning troops. Timothy McVeigh, the man responsible for the Oklahoma bombing, and John Allen Muhammad, the Washington

sniper,¹⁰ were both Gulf veterans. GWS was briefly implicated in both of their crimes. Some advocates, such as Haley, continue to link such behaviour to brain abnormalities caused by GWS (Serrano 2003). There have also been cases in the UK of Gulf veterans killing; GWS has been at times named as a factor. Although there have been a small number of cases in addition to these, which have reported the uncontrollable, violent nature of the returning Gulf veteran, the general representation is of an enfeebled man made sick by his government.

It has been suggested that war and returning from war result in impotence and emasculation. Shephard (2000) has noted that women reacted to the First World War with a powerful increase of libido, whereas impotence was one of the principal side-effects of shell shock.¹¹ A great deal of attention has been paid to the way in which demobilisation of a country's fighting force may threaten to "feminize the male population" (Randolph Higonnet et al. 1987: 38). Showalter and others have reported the literal and symbolic impotence from which First World War veterans suffered. For returning First World War veterans, being in the company of women was "strange"; women's pity as well as their new power was a source of anger. Furthermore, the war had "desexed" them and rendered them impotent (Bourke 1996: 166). Theweliet (1989) writes about the constant danger of dissolution which threatened the Freicorps soldier, a danger which was more internal than external. Recent representations of the Vietnam War have been depicted as an attempt to shift the male lack¹² which attached itself insistently to the returning veteran (Jeffords 1994). Silverman (1992) suggests that the male subject is brought into a traumatic encounter with his lack in the situation of war.

In her work Silverman (1992) traces the consequences for masculinity of a particular historical upheaval: that of the First World War and the recovery period. In her psychoanalytic analysis, Silverman isolates the "equation of penis and phallus as a privileged site for the investment of collective belief, and it will emphasise the degree to which our society's entire 'reality' depends upon the maintenance of that

10. Muhammad, with his young conspirator, was responsible for a three-week campaign of terror that left 10 people dead in and around the US capital in October 2002.
11. Shephard (2000) argues against the historical cliché that a collective impotence descended on the Western male: the real point about shell shock, he writes, is that it undermined men's authority.
12. This is a difficult term, but in absence of an alternative it will, hopefully, suffice. By "male lack" or, simply, "lack" I mean to suggest the absence of desired qualities: inadequacy, lack of potency and dominance. It relates to the Freudian idea of "castration" from which all males are said to suffer. It can be seen in symbolic terms to suggest a loss of potency, power and authority.

equation" (1992: 8). She explores Hollywood movies produced soon after the war, with their pre-occupation with male lack and gender role ambiguity. Silverman argues that these movies attest to a massive loss of faith in traditional masculinity. They dramatise the implications of this dissolution not only for gender and the family, but for the larger society. The focus is on the veteran returning home and not adapting well to the new situation. Sometimes "the veteran also finds himself strangely superfluous to the society he ostensibly protected during the war; his functions have been assumed by other men, or – much more disturbingly – by women. These texts thus dramatise the vulnerability of conventional masculinity and the larger dominant fiction to what I will call 'historical trauma'" (Silverman 1992: 53). There is the sense that the veteran is so scarred by the experience of a loss of potency and power that he finds it impossible to re-enter society.

The movies are structured around the castrated male: the penis-phallus equation has been disrupted.

[Even] under the most auspicious circumstances, moreover, the fiction of a phallic masculinity generally remains intact only for the duration of the war [...] For the society to which he returns, moreover, he represents a sorry travesty of "our fighting men and boys," a living proof of the incommensurability of penis and phallus. Because of the resulting crisis of faith, "reality" itself is at least temporarily jeopardized. (Silverman 1992: 63)

These movies focus on the re-alignment and restoration of the dominant fiction. Post-war periods are characterised by an attempt to re-configure masculinity. The wars mentioned above involved long, drawn-out hostilities that affected societies greatly. In comparison, the Gulf War was short and did not affect the home society from which soldiers came: it remained localised. Instead of all of society re-figuring male authority, it would seem that this is occurring amongst the culture of sufferers and in the bodies of men.

Post-combat Syndromes

Unwin et al. (1999) suggest that the discovery that active military service leads to long-term adverse health effects is not new. Each modern war has produced its own post-combat syndrome. Although they are represented by similar clusters of symptoms, individual wars generate their own physical focus, diagnostic terms and explanations. Such a reading of post-combat syndromes corresponds with the interpretation of illness as metaphor (see Introduction). Gulf veterans respond negatively to this line of inquiry as it undermines the status of GWS as a new, unique and

physical illness. Seen as characterised by unexplained medical symptoms, the current thinking about post-combat syndromes can be seen as allied with theories of somatisation arising from psychological distress.

War syndromes “present as clusters of unexplained symptoms for which no demonstrable organic cause can be found. They reflect the health concerns of their time, and their focus alters as society’s fears change as a result of developments in medical science” (Jones 1999a: 4). Late nineteenth-century wars, for example, produced combat syndromes characterised by illnesses involving the heart. This was a reflection of the medical focus on the heart during this period, mainly because of new medical findings. Health issues were a major source of concern for veterans and led to the formation of pressure groups campaigning for improved benefits and treatment (Jones 1999a). The 1960s, however, “witnessed a cultural change as the rights of the individual were promoted in favour of the duties of the citizen to the state” (Jones 1999a: 4). As Jones suggests, the increasing litigious nature of Western society as well as the increasing role of the media’s sympathy to ex-servicemen’s issues mean that veterans’ groups are more likely to campaign for health issues.

Table 1: War Syndromes

War Syndromes characterised by unexplained medical symptoms

Pre-1914

Soldier’s heart, irritable heart, palpitation, Da Costa’s syndrome, disordered action of the heart, nostalgia, wind contusion

First World War (1914–1918)

Shell shock, effort syndrome, neurocirculatory asthenia, war neurosis, gas hysteria

Second World War (1939–1945)

Non-ulcer dyspepsia, psychoneurosis, battle exhaustion

Vietnam War (1965–1974)

Effects of Agent Orange; post-traumatic stress disorder (PTSD)

Gulf War (1991)

Desert Storm Syndrome, Gulf War Syndrome, Gulf-related illness

Source: Jones and Wessely (2003a: 2)

Although challenges to the US and UK military are rare, GWS is not the first time veterans have confronted the government over environmental exposures and related illness claims. Scott (1992, 1993) has documented Vietnam veterans' challenges to the US government over exposures to Agent Orange. Less publicised claims have also come from Atomic veterans: those members of the US armed forces who were exposed to ionising radiation from atomic and nuclear weapons tests between 1945 and 1963 (Shriver 2001).

The Vietnam War produced two divergent syndromes: one that was linked to Agent Orange and one which focused on psychological effects of traumatic memories – PTSD. The former can be seen as similar, in part, to GWS in that it focused on war-time exposure to toxins, producing a wide range of medical complaints including birth defects. Similar to GWS as well, the link has not yet been proven. Young's (1995) work on PTSD looks at the social and cultural milieu of the creation of a new illness category. Developed in American military hospitals, PTSD provided an avenue through which Vietnam veterans could assuage the guilt they felt over the war. Young suggests that the category transformed the veteran from the aggressor into the victim. The diagnosis has now become available for taking on other troublesome questions regarding the attribution of personal or official responsibility in a contractual society. One of the reasons I became interested in GWS was the fact that regardless of the acceptance of PTSD as a defined and war-related category, Gulf veterans dispute a link between their illness and PTSD (Chapter 5; see also Kilshaw 2008).

Post-combat syndromes are in the domain of psychiatry and have been constructed by the historical relationship between psychiatry and the military. Although previously thought to be physical in nature, such syndromes were transformed into the realm of psychiatry and seen as conversion or hysterical disorders. Again, boundaries are blurred as that which was thought to be the realm of women – hysteria – was converted into an illness from which men could suffer. War provokes the re-interpretation of such issues and the blurring of boundaries. The emphasis veterans and their advocates place on the physical nature of their illness is linked to the fact that PTSD and other psychiatric/psychological problems contradict entirely the idea of masculinity which embodies strength and rationality under pressure. The true soldier is prepared and does not crack under stress. Furthermore, in the military, saying one may be having psychological difficulties is likely to prevent one from being allowed to do one's job (for example, one's gun will be removed). This adamant denial of psychological factors of the illness, though, is also rooted within a deeper cultural stance, which deems psychiatric and psychological problems less worthy of attention.

Conclusions: Embodying Male Lack

As mentioned in the Introduction, anthropologists have argued that physical bodies are shaped by culture, by means of widely held models, images and metaphors. Metaphor becomes embodied (Kirmayer 1992), whilst the body is a rich metaphor for society (Scheper-Hughes and Lock 1987). As we have seen above, the link between the individual soldier, his body, his masculinity and the nature of the surrounding culture is direct. It is not surprising, then, that bodies of veterans embody their experiences and post-combat milieu. Following these arguments, GWS can be interpreted as the embodiment of a failure to reach the masculine ideals espoused in the military and in the wider society. Just as their pre-war bodies were shaped by culture, particularly military culture, so too are their post-war bodies. The metaphor of impotency, unmanliness, fatigue and weakness has been embodied.

The military is a gendered and gendering institution and, thus, it is not surprising that narratives of GWS concern themselves with issues of gender and masculinity. The way in which there is a precedent of difficulties amongst military personnel has been discussed in order to understand the context of the illness better. One of the contradictions inherent in the masculine culture of the military is that, while the organisation creates experiences of inevitable failure, there is no legitimate way for members to justify failure (Barrett 1996). GWS provided an explanatory system to explain each person's and the collective group's experiences. The majority of veterans I interviewed had a number of threats to their masculinity: (1) not fighting, the lack of the warrior role, (2) their role as support troops within the war and the military, (3) Options for Change, with its resulting redundancies, (4) women and civilians entering the military, (5) the changing face of the military, and (6) the dominance of and dependence on technology.

This chapter has outlined the way in which the military establishes strong boundaries which define and embody an idealised masculinity. I have revealed the way in which these boundaries have been blurred in general, but in the lives of GWS sufferers specifically. As discussed in Part II, veterans see their bodies as vulnerable, porous and "leaky". This can be seen as a reflection of wider boundaries which they see as no longer secure. The military itself is a boundary breaker: it attacks and owns the body. Historically, war blurs boundaries. The absence of women in First World War combat, for example, "had an additional component: gender roles were rendered more fluid in wartime as men were required to carry out many tasks that had formerly been the preserve of the opposite sex" (Bourke 1996: 133). For Gulf veterans

external boundaries were compromised: women and civilians entered the military, veterans left the confines of the military and entered civilian life. A world full of structure and rules was suddenly replaced by one of chaos. The human rights laws, entrance of women and civilians into the forces, the new emphasis on peacekeeping as opposed to fighting could all be seen as weakening the military and making it vulnerable to outside, undesirable forces. Boundaries and borders which used to be structured were now penetrable and indistinct. Similarly, boundaries between enemies and friends were hazy, as can be seen in GWS theories of causation and stories of friendly fire. Veterans' discussions of their illness reflect these blurred boundaries, as in discussions of auto-immune diseases and leaky bodies.

However unique, GWS must also be seen against its more general cultural backdrop. This illness could only arise as it did out of a specific cultural milieu. This environment gave rise to but also shaped the illness. An illness can be seen as a conduit for the expression of social ills and social concerns; it may demonstrate shared sentiments, common fears or tensions between particular groups. GWS can be seen as part of a group of new illness movements such as CFS, MCS and FM, which are shaped by common cultural themes; it is to this that I will turn in the next chapter.