

Chapter 2

Unsettling Notions

War Neuroses, Soldiering, and Broken Embodiments



Without the neurotic the mind of man would be stationary. The war may teach those who have not already learned the lesson by what slightly graded steps the normal differs from what we call the abnormal.

—Montague David Eder, *War-Shock*

Over the years, combat psychiatry has evolved from a barely recognized entity to a sophisticated science with ramifications in every area of military planning. Beginning with the Civil War, each subsequent conflict has led to a refinement of treatment techniques and has added progressively to our understanding and conceptualization of man's ability to deal with the stresses of combat.

—Peter Bourne, "Military Psychiatry and the Viet Nam War in Perspective"

Soldiers subject themselves and their bodies to a whirlwind of activity when seeking assistance for something that somehow feels broken, or not quite right. Medical interventions begin once a soldier presents to a physician, by choice or sometimes without volition, with bodily sensations that get worked up as symptoms once they are transcribed onto the physician's notepad. Diagnosis as a practice begins with physicians seeking physical causes for the manifestation of symptoms first and diagnosing war neurosis only when there is no physiological etiology. Once a physician ascribes a specific war neurosis—irritable heart syndrome, battle fatigue, or mild TBI (mTBI)—as a category of illness, a psychiatrist then prescribes treatment as a collection of modalities that for many turn into regiments that structure the organization of daily living. Psychiatry, the military, and masculinity each play a role in the constitution of ill soldiers and war

neuroses and together set the stage with a specific cast of characters and a script for living as a weary warrior. All three are complex ensembles of values, power relations, and social practices and each can be identified as a separate entity with its own internal structures, practices, and processes that strive to sustain and reproduce in relation to each other; that is, each is a specific configuration of power/knowledge.

The weary warrior is a unique entry point into an inquiry of these ensembles, for it is through psychiatry, the military, and masculinity that the psychologically wounded soldier comes into focus and is disclosed as a subject (Hekman 2010). In its early years of existence, psychiatry as a medical practice focused solely on madness and insanity, leaving neurologists to deal with illness associated with nerves as the visceral parts of bodies. Over the twentieth century, psychiatry extended its purview, taking over the mental (or nonbodily) side of nervous conditions and expanded to include a host of illnesses and disorders related to the mind.¹ Against a backdrop of an ascending dominance of medicine as the way to treat ill bodies, psychiatrists became part of the standing military—that is, psychiatrists were integrated into military service rather than as civilians in service to soldiers, and psychiatry as both a science and a practice became subject to military rules, conventions, and imperatives. Over time, as mental health settled into one aspect of the overall health of the individual soldier, psychiatry, psychiatrists, and psychiatric thinking became more integrated into recruitment efforts, training protocols, and structures of command. Commonly held beliefs about what it means to be a man were part and parcel to the joining of psychiatry and the military, especially as played out through being ill as a result of deep emotional distress during combat. Although hard-and-fast rules do not govern all aspects of masculinity, there are ideas and notions that weeping, cowardice, and breakdowns are not manly, and that stolidity, courage, and control are.

Information about trauma, neuroses, soldiering, citizenship, treatment, disability benefits, and tactical training is useful in order to explore to what extent particular ideas organize possible activities psychiatrists and soldiers engage in. Yet it is not just the ideas we focus on; from information on the same topics, we also examine the arrangement of the mechanisms used for the exercise of power (force relations) as constitutive of the lives of ill soldiers. We can trace palpable effects of psychiatry, the military, and masculinity on traumatized soldiers, including ongoing emotional distress, intensity of symptoms, limited economic opportunities for veterans, and material acts of violence done to veterans in the name of psychiatric treatment.

In this chapter, we make our way through literatures about the use of culture in psychiatry, the military and its practices, and a range of dif-

ferent types of masculinities. We pick at the use of culture as a means to explain illness and psychiatry, and explore some of the ways that culture figures into our own framing. We take up conventional theories of the military and contrast them with oppositional descriptions of power as a way of rereading the military. We also critically engage with the notion of masculinity in a way to trouble stereotypical ideas about men without dismissing them as significant in defining what it means to be a soldier in the military.

Renegotiating the Link between War Neuroses and Culture

One of the difficulties in studying illness, whether at the scale of the individual body or of society, is how to account for differences across cultures. Manifestations of symptoms associated with war neuroses vary from place to place and time to time, nervous exhaustion bringing on epilepsy among Russian soldiers in the Russo-Japanese war, gastrointestinal problems among German soldiers in the initial years of Nazi Germany's advance across Europe, and low rates of battlefield nervous breakdown among American soldiers in Viet Nam in the early 1960s (Binneveld 1997: 97; Shephard 2000: 340; Wanke 2005: 18, 24). Differences could partially be attributed to the way in which psychiatry was being practiced in these particular places. In Russia, military psychiatry focused on the neurological aspects of mental disease producing a materialist bias far exceeding the type of psychiatry being practiced elsewhere at the time. After the Second World War, German psychiatrists maintained that they had put into practice the lessons learned from the Great War, and thus used military discipline to halt the creation of neurotic soldiers in combat. For American soldiers, the increase in the number of psychiatrists serving in Viet Nam, the twelve-month service rotation, and a general state of high morale were credited as having kept low rates of combat fatigue in the early years of the war.²

A limitation in the existing literature on war neuroses is the consistent use of culture, in various guises, as an *explanation* for differences in the manifestation of neurotic symptoms among soldiers and veterans. There is no place other than in analyses of hysteria that culture stands out as the root cause of illness. In the formidable sea of writing about women's hysteria, Elaine Showalter's body of work is the most recognized and popular contemporary scholarship on the topic.³ Her interpretations of the work of Jean-Martin Charcot, Josef Breuer, and Sigmund Freud form the basis of a feminist critique of hysteria based on two premises: that hysteria is a cultural construct arising out of women's social circumstances, and

that women even in hysterical states can speak for themselves. In France, Charcot (1987) legitimated hysteria as a range of bodily manifestations of psychological distress, which for him was in part hereditary and in part psychological. Although maintaining that hysteria was predominantly a female condition, Charcot argued against hysteria being solely a female problem; the causes of hysteria, however, differed for males and females.⁴ In Austria, Josef Breuer and Sigmund Freud ([1905] 1997) introduced, and for the most part developed, psychoanalysis through famous case studies, including those of Anna O. and Dora.⁵ Their work on theorizing the unconscious through “talk therapy” solidified the link between hysteria and sex by making the singular cause of hysteria a psychological conflict over a sexually traumatic incident (Freud [1905] 1997).⁶ Freud attempted to outline a theory on male hysteria to a professional audience of psychoanalysts who were simply not interested (Showalter 1993: 290). That hysteria was primarily attached to women’s bodies changed drastically at the onset of the Great War with soldiers presenting with what doctors at field hospitals saw as hysterical neuroses. Even though psychiatry on the whole recognized male hysteria, it was not a popular diagnosis, not the least of which because hysteria implied an effeminate way of being and seemed to be linked to homosexuality and sexual impotence (Showalter 1985: 171–73). This movement from women’s hysteria to warrior’s neuroses waned once the war ended, with military psychiatry severing men’s war trauma from women’s maladies.

Showalter maintains that ideas about hysteria as an illness made great strides in Charcot’s and Breuer and Freud’s times, if for nothing else because of the break with the biologically deterministic role of women’s reproductive system (which had been the prevailing medical view before Charcot). Her criticism of this work lies with the dismissal of other social circumstances that lead to hysteria and further reinforce the restrictive pillar of sexual repression, thus providing welcomed cultural support to a patriarchal society. Showalter maintains that after the end of the Great War women knew better than men about shell shock because they knew how powerlessness can lead to pathology (Showalter 1985: 190). She also argues that the soldiers and military psychiatrists, even the most sensitive ones, were so firmly ensconced in patriarchal culture that they could not see the true meaning of hysteria.

What is problematic with Showalter’s focus on culture to explain the manifestation of war neuroses is that by using socially constructed cultural concepts that organize bodies (patriarchy) as causes for other socially constructed cultural concepts that describe the experiences of bodies (hysteria), she fails to identify a material basis to hold the concepts in place. Showalter repeats the same weakness when she applies the same

argument she developed for understanding war neuroses among male hysterics to Gulf War Syndrome (GWS), which she calls a contemporary collective expression of hysteria, some seventy-five years later (Showalter 1998: 133–43). Even though GWS arose in a different era from the era in which shell shock arose, among different social and cultural circumstances, Showalter reiterates that soldiers presenting with somatic illness can only be a response to a collective cultural narrative that renders material differences in the bodies of ill soldiers as mere physical expressions of emotional trauma—that is, Gulf War veterans clamoring for the recognition of GWS are the same as the male hysterics from the Great War. Yet in contrast to mutism and other forms of paralysis indicative of male hysteria among soldiers during the Great War, GWS veterans present with skin rashes, headaches, fatigue, burning semen, anxiety, respiratory ailments, and birth defects in their children born after the war.⁷ Bodily differences do not count in her analysis. Her grip on culture remains tight, and as a result she reinforces the need for the power of psychiatry as a medical configuration of power/knowledge to silence soldiers' stories of their own ill bodies that link deleterious effects of their bodies to toxic vaccinations and depleted uranium, and that ends up bolstering the moralistic imperative that these suffering soldiers would be better off with a psychotherapist and not another medical test.

In contrast to Showalter's use of culture as an explanation for the widespread onset of bodily symptoms, the practice of military psychiatry during wartime uses culture to explain differences in dealing with soldiers presenting with symptoms associated with war neuroses. Culture can be used to explain differences at a very fine scale, such as the professional practices among a group of military psychiatrists. In Britain during the Great War military psychiatrists were apt to describe war neuroses differently depending on the rank of their patients, a practice that led to variations in treatments offered. Officers suffering traumatic neuroses and treated at Craiglockhart Hospital near Edinburgh had recorded in their medical notes vaguer descriptions of symptoms than the rank-and-file soldiers treated at Maghull Hospital near Liverpool—fatigue, depression, lapse of memory versus loss of speech and hearing, paralysis, fits, and hysterical gaits (Leese 2002: 85–102, 103–20). At Craiglockhart, psychotherapy or the talking cure was the favored choice of treatment; at Maghull, electroshock therapy was more prevalent (Leese). Culture also can refer to the organization of military practices in the treatment of traumatized soldiers. In Nazi Germany, the low rates of mental breakdown among combat soldiers in the latter part of the 1939–45 war have been explained in terms of extreme military discipline—that is, the execution of an estimated 15,000 young men in the last two years of the war who had

cried, showed cowardice, tried to leave the battle, or broken down in any other way (Shephard 2000: 305).

These various uses of culture to explain particular aspects of the psychologically wounded soldier tend toward being culturalistic explanations of individuals. Culturalistic explanations use an aspect of culture as the direct *causal* link for a particular action (a specific diagnosis used by a group of physicians at a particular hospital; low rates of mental breakdown being the result of military disciplinary policy), a symptom (mutism among the rank and file because they are unable to speak against their leaders; an issue civilians are grappling with being introduced into military contexts, such as sexual repression being sublimated or irrational fear of toxins causing rashes), or a treatment (materialist bias in Russian psychiatry focus on organic processes, psychotherapy preferred by Western psychiatrists).

Determining a causal link between some aspect of culture and onset of war neurosis is not always straightforward. Culture, when invoked as explanation, glosses over complex processes of the constitution of the materiality of meaning. Edgar Jones and Simon Wessely (2005a: 192) claim that by drawing on Clifford Geertz's (1973) definition of culture as "systems of meaning" as "learned patterns of behavior and thought," "functional disorders are prone to its effects in terms of symptom identification, labeling, explanation and treatment." Besides oversimplifying Geertz' notion of culture, they set up a direct link between culture (as a set of learned behaviors) and the malfunctioning of soldiers' bodies. Rather than exploring the learned patterns of behavior and thought within military psychiatry, they identify the psychiatrist as the medium through which a set of nonmedical ideas enter into the clinical encounter that the individual psychiatrist as clinician then acts on in some manner. For instance, they claim that disordered action of the heart did not "go away" and was actually reintroduced after the Great War as "effort syndrome" by cardiologist Sir Thomas Lewis of Mount Vernon Hospital. They argue that in lieu of his organic rationale for disordered action of the heart in his early work, Lewis (1920) chose a psychogenic diagnosis for effort syndrome in 1940 because psychiatry—as a cultural practice, not as an effect of power—"eclipsed" organic models for understanding soldiers' irritable hearts (E. Jones and Wessely 2005a: 194).⁸

Edgar Jones and Simon Wessely (2005a) go even farther with their claims about how war neuroses are linked to culture, and use it to explain how diagnosis relates to the incidence of illness. They maintain, "it remains conventional wisdom that as psychological *enlightenment* spread during the twentieth century, psychiatric models for unexplained symptoms gained ascendancy over more *intellectually suspect* organic claims"

and that “[t]he former popularity of the [hysteria] diagnosis was a cultural phenomenon, which may be unrelated to *real* changes in the incidence of hysteria” (196; emphasis added). They relegate the medical practice of diagnosis to the cultural sphere and hysteria to the realm of mental illness, while at the same time claiming that hysteria is a psychiatric disorder without organic genesis. They support their argument by showing how nonulcer dyspepsia prevalent during the Second World War among British troops and the exposure to toxins for soldiers during the Gulf War were effects of popular health concerns among civilians being transported into war theaters (198–99). They argue that contemporary fears of gastrointestinal illness among urban dwellers during the Second World War, and later the impact of phosphates, pesticides, vaccinations, and radiation in everyday understandings of the body and the environment during the 1990s influenced the ways in which soldiers presented symptoms and came to tell their stories of illness.⁹ They conclude that these illnesses were merely conversion disorders. What is significant in all these claims that Jones and Wessely make is the use of culture as an authoritative justification for the wielding of psychological explanations of soldiers’ ill bodies.

Culture can also be called upon to explain individuals themselves, especially in terms of a set of collectively held cultural values inscribed onto the body. Masculine notions of soldiering, for example, though multifaceted, generally include some form of camaraderie and loyalty among themselves and fellow soldiers, chivalry toward the vulnerable, obedience to authority and nation, bravery in battle, and fitness of the body—in short, the honorable warrior (Ignatieff 1998). Such masculine values of soldiering usually exclude any and all moral and physical weakness, except for wounds resulting from acts of bravery. As an ideal, these notions shape the context within how soldiers come to understand themselves as soldiers. With regard to illness, a general understanding of a set of cultural values as part of masculinity and as part of the military can explain the general tenor of how illness is integrated into soldiers’ identities. However, culture in this sense cannot explain either the individual or the collective body (the antebellum, Victorian, or Jazz Age body in the United States, or the Biedermeier, Weimar, or Nazi body in Germany) or the specificity of a symptom (paralysis, memory loss, diarrhea, flashbacks, or outbursts of violence). Arguments based on culturalistic premises also support naturalistic framings of bodies. In further discussion of the impact of culture in the ascription of diagnostic categories on soldiers’ ill bodies, for example, Jones and Wessely conceptualize culture as an entity separate from the military practice of medicine and psychiatry and come to the naturalistic conclusion that “war syndromes are one more phase in the continually evolving picture of man’s [*sic*] reaction to adversity” (208). Undoubtedly,

these types of explanations tend to reduce individuals to strands of formless thoughts, positioned as mere points in a wider trajectory of history.

Works that draw on culture to explain aspects of the ascription of a war neurosis onto a soldier's body are even more problematic when claims rest on the assumption that psychiatry and the military either are outside culture or should be immune to the effect of cultural values and practices. Psychiatry over the past century has increasingly dealt with the biological basis of mental illness, with brain science being given more credence, respectability, and authority to explain the mind. However, even though psychiatry is a discourse about biological and physiological processes, it remains a body of knowledge that is sustained by practices regulated by a professional body, and as such is (a) influenced by other discourses and bodies of knowledge and (b) not anchored in any way to the mind as a physical entity. Moving toward a more science-based psychiatry, free from cultural values, further reinforces a naturalistic view of illness based on culturalistic practices. Thus, when Jones and Wessely (2005b) claim that war syndromes should be categorized as medically unexplained symptoms, they are actually pulling all soldiers' bodily sensations into a psychiatric discourse that endorses one particular way of understanding the body and the mind—in biological and physiological terms.

Breaking away from a culturalistic grounding in accounts of situating war neuroses entails renegotiating the link between illness and the process of creating weary warriors. So, in lieu of unscrambling the influences affecting symptoms, diagnoses, and treatments of psychologically wounded soldiers in cultural terms, one could focus instead on how weary warriors come to be—both conceptually and in practice. Claiming culture as something needing explanation rather than invoking it to explain war neuroses takes seriously the notion that weary warriors are not culturally specific. Illness is not determined by culture, nor is it merely influenced by cultural values. Accepting that illness is not simply a breakdown, malfunction, or defect in or of the body means looking farther afield at how bodies develop, sustain, and live with illness within and across various cultures. If illness itself is something that cannot exist outside multiple sets of social relations, then tracing the articulation points of culture and the ill bodies of soldiers with ravished minds can show how cultural explanations are *effects* of the circulation of power and knowledge.

Soldiering as an Institution

By engaging theoretically and empirically with military institutions, we maintain that there is both more and less to military institutions than

meets the conventional gaze, especially with regard to what constitutes soldiering. We are drawn to question the model of military establishments depicted by most of the literature over the past century or so as a set of stable, formal structures that wield sovereign power. The actual functions and lived effects of the military in the arena of military psychiatry for emotionally traumatized soldiers—rather than only, and simply, the official claims and institutional-centric portrayals of military establishments—are significant. We reject the conception of soldiers as static machines, instilled with a set of national and civic values, trained to obey orders, and invoked as needed to sustain the state, as too one-dimensional, and instead probe for additional effects and multiple meanings of both the military and soldiers.¹⁰ Similarly, we reject the assumed self-evident solidity of the military, and prefer to look for unstable identities, changeable social practices, and fluctuating relationships.¹¹ By looking at fluidity and diversity within military establishments, we are not rejecting the realities of state coercion, formal authority, and prescribed hierarchy. Rather, we are building on and engaging with these highly visible actualities because we are interested in identifying processes and techniques that constitute soldiers in relation to often contending domains of psychiatric knowledge and in relation to particular historical periods and cultural settings, technological innovations, and military contexts.

The idea that the military is a human machine rests on a history of organizational studies and social theories that include bureaucratic rationalization and domination, classical leadership and management studies, a scientific view of war and systems analysis for military operations (with constructing scenarios and applying game theories), official war histories, and new public management, especially in our contemporary age of neoliberalism (Becker 1998; Morgan 1997; P. Smith 2008). The machine imagery is longstanding in the social and natural sciences, an image that “works best when the social world acts in a very repetitive way,” or when those in control desire an environment or organization to operate in a systematic and predictable manner (Becker: 40). The emphasis, with this mechanistic imagery, is on a system organized around hierarchies and formal positions, around a legal-rational administration in which behavior is rule-based, and around a narrative tradition that highlights leaders and downplays the rank-and-file. This emphasis is especially apparent in military history.

Five dimensions characterize the machine-like nature of the military. First, in recent centuries the need for a close alignment between the nation-state and sovereign power has led to the institutionalization of coercive powers. Historically, in empires and kingdoms, militaries were tied to “the consolidation of power by national monarchs who felt the need for

permanent military forces to protect their dominions and to support their rule" (Huntington 1957: 21). In more contemporary times, militaries are integral to the modern state that, as Max Weber argues in his definition of the state, is "a compulsory organization with a territorial base [where] the use of force is regarded as legitimate only so far as it is either permitted by the state or prescribed by it" (M. Weber [1922] 1968: 56). The modern military is thus inextricably linked to the legitimate coercion of the state; military force is lawful force. Morris Janowitz (1960) elaborates on this fundamental dimension: "The unique character of the military establishment derives from the requirement that its members are specialists in making use of violence and mass destruction" (200). As an institution for the exercise of state-sanctioned force, the military must "maintain combat readiness [and be] prepared to fight effectively and immediately" (201).

Second, modern militaries are professional militaries, a phenomenon with origins in the Prussian army of the early 1800s (Huntington 1957), if not earlier. John Keegan (1976: 63) writes of post-Renaissance armies, "from the seventeenth century onwards, it is Roman military practices—drills, discipline, uniformity of dress—and Roman military ideas—of intellectual leadership, automatic valour, unquestioning obedience, self-abnegation, loyalty to the unit—which are dominant in the European soldier's world." A new and conspicuous branch of knowledge regarding warfare and militaries, symbolized by the work of Carl von Clausewitz in the 1830s, articulated a scientific view to war and combat, prioritizing the professional status of the military. Alongside the emergence of the officer corps and military education was the conscription of men, producing a shift from "the temporary citizen, soldier, sailor, and aviator [to] professional armed forces" (Janowitz 1960: 204).

Third, military institutions are elaborate bureaucracies; they are large, complex systems of interrelated branches and divisions with an overall functional *unity* of command. With formal structures organized on the hierarchical principle that higher-rank officers supervise and order lower-rank officers and enlisted men, militaries contain elaborate regimes of rules that determine the roles, statuses, and actions of all personnel. In comparison to other formal organizations in contemporary societies, the military has a high degree of differentiation in functions and of stratification in positions and formal status. Structures are real, in this understanding, entailing controls and constraints, with a primacy over the actions and choices of the actors who populate military structures. Military establishments also have a high degree of expected conformity to the norms and values of the armed forces. Even more than bureaucracies, *militaries are institutions*. Institutions, as theorized in organizational sociology, are a more developed form of complex organizations in society by "develop[ing] an

inner logic and direction of their own” encouraging a well-defined identity and recognition as a special depository of cherished social values and exercising considerable autonomy (Perrow 1986: 176).

Fourth, military institutions spawn cultural systems with their own configurations of practices and rituals, histories and critical events, heroes and villains. More-particular sets of beliefs and values—military subcultures—are recognized to operate, and are officially encouraged to persist within the navy, army, air force, marines, merchant sea, and special forces branches. As mini-societies, they contain their own personnel, courts, police, rules, housing, health care, and education services. They constitute a symbolic universe of distinctive values, beliefs, vocabularies, ideologies, and outlooks on the world (English 2004; Freeman 1948; Huntington 1957; Janowitz 1960; Jenkins 2004; Spindler 1948); this universe is also known as a total institution that is relatively closed and disciplinary in nature. Erving Goffman (1961), from a less structural viewpoint than the ones elaborating the bureaucratization of the military, coined the term “total institution” to describe organizations in which the everyday spheres of work, sleep, and play occur in the same place, with the same coparticipants, and under the same authority and staff surveillance. Goffman suggests that military academies and induction centers, naval ships and air bases, army barracks, concentration camps and POW camps, as well as military hospitals and treatment centers resemble total institutions in the way in which they organize everyday life.

Fifth, the relationship between the military and civil society is fraught with tension. As Samuel Huntington (1957: viii) expresses it, “the formal, structural position of military institutions in the government [raises the issue of] objective civilian control” over this system of force and authority. If the prime intended beneficiaries of military organizations are the citizenry, then “the crucial problem posed ... is the development of democratic mechanisms whereby they can be externally controlled by the public” (Blau and Scott 1962: 42). At the height of the Cold War, alongside the alarm over the military-industrial complex, the military’s relationship with civil society came under heavy scrutiny with much attention given to the existence of a separate political system within a state. More recently, even with the declared end of the Cold War in 1989, issues of civil-military relations remain a serious issue for military leaders and scholars across nations (Charters and Wilson 1996).

These five dimensions sum up most social science literature on military, focusing on institutional distinctiveness, internal cohesion and discipline, and the apparent stabilities of command structures and functional continuities in actions over time. Yet our refusal to view soldiers and the military as static entities forces us to turn to competing understandings that

emphasize fluidity, porosity, aberrations, and multiplicities, like those in Foucault's concept of power/knowledge. Even so, Foucault himself was not immune from the tendency to assume these dimensions in his references to the military in his own work.

On many occasions, Foucault wrote or spoke about the military far more like a structural functionalist than one might expect, describing the military as a set of coherent hierarchical arrangements of force relations, together with a discursive logic of strategies, commands, and tactics, built on a juridical notion of power tied closely to national sovereignty, and to civil and international law (Foucault 2003). From this perspective, military institutions are constitutional systems of domination, organizations of right and might, repressive powers with single centers of legitimacy and control, with "the professional and technical prerogatives of a carefully defined and controlled military apparatus" (Foucault: 267). Recruits are selected, trained, and disciplined to be capable, dedicated, and obedient within highly formalized, rigidly hierarchical, and explicitly nationalistic structures in order to produce strong identifications to the unit and overall institution through feelings of camaraderie, duty, and patriotism.

Foucault argued that most studies of institutions focus on the overall structures and the people who rule them or on the ideologies developed to legitimate their existence, activities, and resource claims. He preferred, however, a third approach, investigating "the techniques, the practices that give concrete form" to the institution and the political rationality embedded in the strategies and processes of a given institution, whether an asylum, hospital, or prison (Foucault 2000b: 410). But he did not identify the military as a social institution in need of investigation. In other work, Foucault (2007) offered analytic guidelines for studying major social institutions. Institutions as such were not the prime focus of analysis for Foucault; instead he conceived them as mechanisms of conduct and effects of power. He recommended going behind the institution and seeking, in a wider perspective, what he called a technology of extrainstitutional power; querying the internal function officially expected to be performed and, instead, examining the actual functions linked to external factors; and detaching the relations of power from a given object and examining those power relations from "the perspective of the constitution of fields, domains, and objects of knowledge" (Foucault 2007: 118). Likewise, we do not endeavor to write a history of the military, psychiatry, nor how masculinity fits into either; rather, we attempt to unravel regimes of discursive and material practices concerning the ill bodies of soldiers as constituted in the military through psychiatry; both these institutions are embedded within and informed by various understandings of masculinity.

During what turned out to be the final decade of his life (1975–84), Foucault turned his research attention to matters of war, struggle, and the army.¹² As the intermediary between war and civil society, Foucault (2003: 159, 163) saw military institutions as having general effects on the whole society through developments in medicine and teaching clinics and, in regards to “the distribution of weapons, the nature of weapons, fighting techniques, the recruitment and payment of soldiers, [and] the taxes earmarked for the army,” as having implications for “the economy, taxation, religion, beliefs, [and] education.” He wrote also about the “military dream of society,” an ideal type of discipline that emerged in the 1700s, with “its fundamental reference ... to the meticulously subordinated cogs of a machine ... to permanent coercions, to indefinitely progressive forms of training, and to automatic docility” (Foucault 1979: 169). In a view of history undoubtedly influenced by Machiavelli, Hobbes, and Nietzsche, Foucault stated, “Humanity does not gradually progress from combat to combat until it finally arrives at universal reciprocity, where the rule of law finally replaces warfare; humanity installs each of its violences in a system of rules and thus proceeds from domination to domination” (Foucault 1977: 151). Here Foucault is making a claim, one with deterministic overtones, that a persistent militarism exists supported by the ongoing militarization of culture, economics, and politics in our age (Cowen 2005; Enloe 1983, 2000, 2007; Shigematsu and Camacho 2010a).

This deterministic approach appears in Foucault’s general tendency to describe the military in mechanistic images and in terms of sovereign versus disciplinary power. While Foucault called for analyzing the tangible functioning of institutions and acknowledged that technologies of discipline never quite work out as planned, he repeatedly refers to armies and military institutions as “a manifestation of force, ... the physical, material and awesome force of the sovereign, ... [and as] a precise system of command” (Foucault 2000c: 232). In comparison with other institutional fields of action he examined—*asylums, sexuality, and prisons* are clear examples—Foucault never saw the military as an institution in and of itself with people and processes or an entity in need of analysis. For Foucault, the military as an institution is a “crystallization of diverse programs, technologies, practices, mechanisms and strategies” (232) that in turn “inform individual behavior” (232) and “act as grids for the perception and evaluation of things” (232). Foucault’s threefold types of power—*sovereignty, disciplinary, and governmentality*—were not broadly employed in understanding militaries or the military as an institution. There is a surprising reliance on the legal and constitutional powers of the body politic as repressive and negative (Wickham 2006) and, to some extent too, a reliance on disciplinary power as subjection. With a heavy emphasis on

official practices and systems of authoritative discipline, bodies then were produced as static and monolithic. In this way, the military as an institution works to “produce permanent and solid effects that can perfectly well be understood in terms of their rationality. . . . This is what gives the resulting apparatus its solidity and suppleness” (Foucault 2000d: 23). And so is the case with soldiers. Yet apparatuses are fluid entities formed through various articulations of force relations and informed through both material processes and competing discourses that produce only the appearance of being solid and supple.

In a similar fashion, Foucault habitually depicted soldiers in mechanistic terms as docile bodies. He emphasized macrostructures and top-down power relations rather than the relational approach to the microphysics of power elaborated on in his other writings.¹³ Docile bodies are subjected and practiced entities, with increased aptitude and utility along with increased submission and domination. The docile body is subjected to various techniques of control designed to transform the human body (gestures, behaviors, and self-awareness) to instill certain qualities and skills, and above all what we may call productive obedience for use within machineries of power, such as schools, factories, hospitals, and, of course, armies. In a military context, docile bodies are produced through processes of recruitment and screening, basic training, socialization and indoctrination, exercises and drills, plus other practices, all the while under close surveillance. The soldier is “a sort of machine with many parts, moving in relation to one another, in relation to arrive at a configuration and to obtain a specific result” (Foucault 1979: 135). Being both an object and target of power soldiers are produced to be compliant bodies as well as practical bodies. From training, marching drills, and command structures of militaries comes the “body-weapon, body-tool, body-machine complex” (153).

In a careful assessment of the docile body thesis from a feminist perspective, Monique Deveaux (1994) identifies as pitfalls the reductionist and static conception of the subject and power. She writes, “Foucault’s extreme reluctance to attribute explicit agency to subjects in this early account of power results in a portrayal of individuals as passive bodies, constituted by power and immobilized in a society of discipline. Significantly, this analysis gives way, in Foucault’s later works, to a more complex understanding of power as a field of relationships between free subjects” (228). Basically, Foucault failed to take his own evolution in thinking on power and the body, and apply it to the military and to soldiers. In addition, the distinction between the body and the soul or psyche, which Foucault proposed in some of his works, remained underdeveloped and certainly never applied to military contexts.¹⁴ The promise of Foucault’s approach to the military, though unfulfilled, is worth undertaking along analytical

lines of poststructural inquiry for examining soldiers suffering distress in or after combat. We do not try to describe or explain war neuroses, ill soldiers, and broken bodies in terms of a single universal narrative. Instead, in our poststructural approach to the military and weary warriors, we examine multiple practices, consider resistance, and move away from an institutional-centric view, just as Foucault counseled. We go beyond Foucault's work by tracing specific points in the military of how ill bodies of traumatized soldiers are produced, processes that challenge the conventional images of the military as stable, closed, and formal systems. In the later years of his work, Foucault wrote about people as living, thinking beings, ideas suggestive of soldiers as active, self-reflective subjects. And while Foucault tended to present military establishments as purposefully coherent and systematic organizations, he also advised students in his lectures that such structures mask confrontations and subjugate knowledge; that is, structures stifle awareness and understanding from those below, those at lower ranks in an organization, and those deemed unqualified by leaders or experts to speak with credibility on particular issues. For us, the idea of subjugated knowledges masked by seemingly fixed structures fit the experiences of shocked soldiers, traumatized veterans, fatigued pilots, exhausted troops, and their emotional struggles in combat and memories of battles. For us, it is crucial to imagine the individual soldier or veteran not as a docile body that is solely the effect of disciplinary mechanisms, particularly ones in the military, but rather as an embodied self constituted by material and discursive forces within a given power/knowledge configuration.

Ravished Minds and Broken Bodies

Scholars and researchers interested in war neuroses tend to address psychological wounds either through medicalized understandings of the mind—that is, via psychiatry and psychology—or through the context within which a war neurosis as a set of unsettling bodily sensations is experienced—that is, the military. Even if indeed primary, psychiatry and the military are not the only ensembles of discourses, materialities, and practices that shape soldiers' experiences of psychological wounds. Masculinity, too, has a dramatic impact on the ways in which weary warriors express illness and engage with psychiatry in the military, and beyond to other social institutions, to seek medical advice. Weak, sick, and ailing bodies contradict the masculine ideal of soldiers' bodies being strong, healthy, and energetic, and set up ill bodies as unreliable, gutless, and fallible, not worthy of being soldiers, not worthy of being men.¹⁵ Women,

too, are subjected to these masculine ideals. Because military training in most Western countries rests on specific ideas of manhood as tough, virile, and honorable, for example, ill bodies by definition cannot be soldiers (Goldstein 2001; Huebner 2008). A soldier becoming ill after suffering deep emotional stress during combat questions the very constitution of a warrior.¹⁶ Such readings of the discursive links between masculinity and soldiers' ill bodies cannot account for deviations, contestations, and transformations of relations and practices within psychiatry, the military, and masculinity itself. The challenge becomes one of recognizing masculinity as part of the constitution of a warrior without using it, or its breakdown, to explain the existence of weary warriors in the military.

Studies of men have coalesced into a field of study over the past thirty years or so. The field itself has shifted toward understanding masculinity rather than focusing on men. Key to understanding men's studies is the concept of masculinity that has undergone various conceptual shifts over time. Most prominently, masculinity has been conceptualized in three different ways: as a patterned hegemony, a cultural ideology, and a gendered performance (see Reeser 2010; Whitehead 2002).

Robert Connell, for example, suggests four general patterns of masculinity in Western society: hegemony, complicity, subordination, and marginalization (1995: 77–81).¹⁷ Connell's model casts men and masculinity as social constructs, with a hierarchical organization of multiple ways of being a man and producing the identity of man. The dominant conception of masculinity, the hegemonic one, is at the top of the hierarchy and describes the organization of gender relations as the support of a patriarchy that subordinates women. The latter patterns exist in relation to the hegemonic pattern within any given context; each pattern serves to maintain the hegemony of one particular type of masculinity. Men may choose to do their gender in a way to make them appear normal (complicity), while gay and bisexual masculinities are marginalized and nonwhite masculinities subordinated. In effect, the classification structure could be applied anywhere when there are various masculinities subordinate to a dominant masculinity; it is only when manhood, manliness, and men are attributed specific characteristics that specific masculinities emerge. In a Western hegemonic masculinity, men's identities are valued over women's, white identities over nonwhite, heterosexual identities over homosexual and transsexual, aggressive identities over passive, and able bodies over bodies that are impaired. The idea of a hegemonic masculinity means that heterosexual aggressive white men are advantaged, even when not all men and women engage in practices of hegemonic masculinity, because a hegemonic masculinity entails men's subjugation of women, nonwhites, nonheterosexuals, and passive identities.

In contrast to Connell's conceptualization of masculinity as a patterned hegemony, John MacInnes (1998) favors understanding masculinity as a cultural ideology, or a system of thinking about behavior (and of behaviors themselves) that serve the interests of a dominant group. This use of ideology emerged to describe the hegemony of one class over another, which, as Sara Mills puts it in *Discourse* (1997: 30), entailed one class being "duped into using conceptual systems which were not in their own interests." MacInnes argues that the notion of masculinity emerged as a process of socialization at the advent of modernity in order to maintain inequalities between men and women. Rather than being built on biological claims about men being superior to women, claims that were popular at the time, masculinity as a cultural ideology could eschew sexual difference as the basis for which to differentiate women and men in society and could rely on the social constructed nature of gender to support the subordination of women, reproduce the sexual division of labor, and sustain men's privilege in society.¹⁸ Like Connell's use of hegemony in understanding various forms of masculinity, MacInnes also relies on a model of dominance to explain how masculinity retains value and privilege at the expense of women.

Distinguished from being either a patterned hegemony or an ideology is the notion of masculinity as a gendered performance. As Judith Butler (1990) argues, gender identity, including masculinity, is a cultural construct invoked to maintain heterosexual desire by defining what is feminine and what is masculine. Individuals *perform* gender in accordance with what is culturally accepted to be indicative of what women and men do and how they are to act as women and as men. Because masculinity when performed is a social construction that does not rely on biology as the basis for manhood nor on ideology as the glue that holds identity in place, the focus of masculinity is more on the doing, rather than the being, of manhood.

These views of masculinity are readily apparent when looking at the military, especially in terms of training. Following Connell, if the practice of training warriors in the military were organized around a set of values that sustain an idealized form of masculinity, then the threat of the feminine and the homosexual would become central in the maintenance of that hegemony. Reinforcement of masculine qualities in training techniques takes place through routine humiliation tactics, such as a drill sergeant calling recruits ladies, girls, fags, and homos, names that serve to emasculate recruits; and group sanctioning practices, such as the threat of rape or rape itself, for those whose behavior is somehow out of synch with the others, in attempts to force peers to adhere to the (for the most part unwritten) warrior code. These techniques are also used with

female recruits (Francke 1997). In tandem with MacInnes (1998), if masculinity were conceived as a cultural ideology, it is easy to see how training recruits by invoking hypermasculine values parallels the creation of nationalist ideologies through the identification of military heroes, both of which sustain masculinity culturally as something needing to privilege men in settings even beyond the military (see Dawson 1994). Butler's idea of masculinity as a gendered performance is apparent in the training song, "This is my rifle, this is my gun; this is for fighting, this is for fun," with the recruits holding their rifles in one hand, and grabbing their crotches with the other.¹⁹ Through these types of repetitive acts, soldiers are set up to perform their military identities in specific ways.

Yet all these conceptual frameworks for masculinity preserve the relatively tight links between men and masculinity and between women and femininity by framing masculinity in opposition to femininity, and men's identities in opposition to women's. This is even the case with performativity, whereby performative acts assume empirical bodies. Studies juxtaposing women with masculinity and men with femininity expose how concrete bodies are presumed to be a certain way. As soldiers, women's bodies are a rich site for exploring the presumed links between masculinity and male bodies because women are not expected to be located in male institutions like the military. Annica Kronsall (2005) looked at Swedish women in the military to sort through how a hegemonic masculinity actually works. She argues that the norms of the institution appear more clearly through the comportment of female officers when wanting to be seen as a member of the military rather than as a woman. As well, the toning down of sexualized language and the ridding of the armed forces of pornography, both of which challenge the militarized link between sex and violence, reveal how the very presence of women in the military alters how the hegemony of masculinity works. Kronsall's argument supports the idea that hegemony is a process that is never complete, is subject to resistance, and is flexible in the production of masculinities in the military.

These conceptualizations of masculinity also tend to keep out other types of discourses that effect complex identities. For example, the militarization of masculinity describes the process through which notions, ideals, and expectations of men's behaviors generally are linked to globalization, war, and the military, particularly in the context of nation-building and national identity. Cynthia Enloe examines militarized masculinities in her work on globalization and international relations (Enloe 2004, 2007). She argues that masculine ideals have to include the delineation of feminine ideals and that the national identities of men and women are judged by these ideals. In her extended example of Serbian militias, militarized versions of masculinities, when embedded within the context of nation-

building, cast women as mothers-of-soldiering-sons, as making maternal sacrifices for the sake of the nation (Enloe: 106–9). While the idealization of (younger) women as Serb soldiers in service of the Serb nation contradicts mothers-of-soldiering-sons, Enloe maintains that the mothering ideal is stronger and therefore takes up a more prominent positioning of defining femininity.

Even though the conceptualizations of masculinity variously as a patterned hegemony, an ideology, and a gendered performance attempt to separate bodies from concepts, the conflation between bodies and concepts is reproduced in empirical studies about masculinity in the military. In both Kronsall's and Enloe's works, women as part of a militaristic understanding of the world are inserted into a male institution, both literally and symbolically, to draw out how a hegemonic masculinity works on the ground. But both interpretations of women's bodies in these settings remain tied to expectations of how men's bodies look and behave. Women change their comportment when called upon to be an officer to a normative demeanor, one closely resembling that of a male officer. The idea of integrating women as mothers-of-soldiering-men as integral to the reproduction of the nation keeps women's bodies out of masculinity and aligns them firmly as a definition of femininity. In addition to the strength of this definition of femininity that Enloe notes, the woman as soldier threatens the definition of masculinity in that there is too much overlap between possible acts and expectations of men's and women's behaviors.

This conflation of concepts and bodies is further enhanced when layered with culturalistic understandings of soldiers suffering mental breakdown or nervous exhaustion in battle. Although scholars, particularly feminists, have sought to highlight the gendered nature of the structures of the military, militarization, and globalization, less attention has been paid to the link between traumatic stress issues and masculinity. Two exceptions are Sandra Whitworth's (2008) examination of masculinity and PTSD and Susie Kilshaw's (2009) anthropological reading of GWS. Whitworth argues that the presence of war neuroses lays bare the foundation upon which militarized masculinities are based. Through a gendered analysis, she explores the rites, myths, and training that constitute the recruit as a warrior, and argues that because of the differential rates of PTSD among women and nonwhite men, PTSD appears to stem from cultural norms rather than combat per se. She makes the case that for men, PTSD arises from the failure to live up to the standards of the military's expectations of manhood; for women, from experiences of sexual assault and abuse; and for nonwhite men, from being assigned to dangerous duties and high risk activities. Then she reasons that because the masculinity activated in the military is a type of hypermasculinity, *all* aspects of femininity, indeed

all aspects of the other including homosexual and nonwhite identities, must be excised from the psyche in order for masculinity to take hold and sustain itself among those in the military. It is only when the feminine emerges through, for example, PTSD, that the fragility of what constitutes the military's idea of masculinity is disclosed. Though on the surface compelling, the argument falls prey to the same pitfalls of culturalistic claims; that is, using culture in the form of the cultural norms of a militarized masculinity to explain onset of a war neurosis.

Kilshaw's (2009) account of GWS echoes the culturalistic claims made by Whitworth as well as those made by Elaine Showalter, Edgar Jones, and Simon Wessely. Kilshaw refuses the construction of GWS as a result of toxic poisoning of depleted uranium or long-lasting reactions of vaccinations, and characterizes GWS as a collective bodily expression of communal war experiences, experiences that threaten a warrior's sense of masculinity.²⁰ She identifies several types of threats to masculinity, ranging physically from lack of fitness to infertility, impotence, and burning semen syndrome; culturally from the practice of men serving alongside women to the acquisition by men of women's diseases; and emotionally from shame over being ill as a noncombatant to anxiety over being house-husbands after the war. She argues that the acute juxtaposition of detesting the feminine during training and then enduring seemingly feminine bodily sensations once a warrior, such as fatigue, weakness, and emotions, causes a general anxiety over a warrior's gendered identity, which serves to ensconce the idea of a threatened masculinity even further as a cause of illness. Muddled in this jumble of threats are wider cultural practices that influence the ways in which veterans make sense of their illness, including medical classifications of somatic syndromes as medically unexplained physical symptoms and general angst over health. Kilshaw agrees that GWS, like other new illness movements, tends to illustrate at an extreme scale a more generalized theme of risk society, that of being worried over threats to health.²¹ Relying on culture, including the threat of masculinity, to explain GWS as a warrior's illness reinforces the bifurcated understanding of war neuroses—that is, instead of being understood as organic illness, war neuroses are expressions of cultural anxieties and beliefs and reduced to being understood and subsequently treated psychologically.

Within most frameworks about masculinity, militarism, and war neuroses, as Whitworth's and Kilshaw's works illustrate, soldiers crystallize within a military that seeks to keep masculinity in the soldier and the soldier in a masculine institution. Yet masculinity as a concept is more complex and as a practice works in more subtle ways than simply a dogmatic military code prescribing manhood and defining manliness among warriors. There is agreement that there is no singular masculinity pro-

moted in the military (see Agostino 1998; Belkin 2012; M. Brown 2012; Connell 2000; Highgate and Hopton 2005). Studying the deep distress soldiers experience during and after combat poses conceptual barriers when trying to understand how masculinity—as a material discourse that sets up expectations for behavior and as a practice that reinforces ideas about manhood—shapes the task of soldiering as well as appropriate means through which soldiers express illness. Categorizations of fixed and semifixed identities for men, historically specific cultural ideologies of masculinity, and ideas of gendered performances have given way to more subtle understandings of how men’s subjectivities are constituted through changing notions of manliness over the life course and from context to context.

Connell (2002) values the subsequent work by others that have introduced flexibility and fluidity into the concept of masculinity. These works have enriched understandings of how men’s lives as men come to unfold, by identifying multiple types of masculinity, both conceptually and empirically, that have complex relationships with one another in tolerance and tension. Yet studies of men’s fleshed bodies have not kept pace with the extensive theorizations, partly because of the way in which masculinity entered into academic debates: via discussions about identity, ideology, and performativity (Edwards 2006: 151ff). The scene has been slowly changing. Stephen Whitehead (2002) reintroduces the male body as something that is a product of both genes and ideas, and of both expectations and acts, rendering the body as both a discursive and a material construct. Judith Halberstam (1998), in *Female Masculinities*, undermines the presumed link between masculinity and manhood with men’s bodies and offers a more open reading of what constitutes gender. Todd W. Reeser (2010) follows up on Halberstam’s notion of stripping masculinity of its inherent link to men and challenges people to think about how complicated masculinity as a concept actually is, how visible it becomes when one does not assume that it resides only with men, and how unstable the practices of masculinity are in everyday life. Aaron Belkin (2012) shows how militarized masculinities are falsely unitary, and routinely engage the unmasculine to firm up a fictitious masculine norm.

There is little doubt that the onset of a collection of bodily sensations that military psychiatrists frame as a war neurosis compromise the masculinities the military have on offer to warriors and pave the way for soldiers’ ravished minds and ill bodies to be key sites in the feminization of military bodies. But explaining the onset of symptoms as a breakdown of coherence in a warrior’s sense of identity fails to account for the more flexible notions of masculinities and the ways in which other sets of relations may be psychiatrized, militarized, or masculinized in different ways.

Tracing various articulations of the sets of force relations and the associated practices within psychiatry and the military as part of an embodied account of an apparatus that produces soldiers with ill bodies as subjects could show how masculinity informs the way weary warriors experience illness, engage in treatment, and live as veterans.

Toward Broken Embodiments

In challenging and amending some of Foucault's ideas with his own conceptual apparatus, we are not rejecting the role of hierarchy, the place of sovereign state power, or the effects of disciplinary mechanisms. Rather, we critically investigate their contingencies and disjunctures and consider various forms of resistance and struggles in military contexts over the ill bodies of soldiers. In addition, we do not readily accept the thesis that after the Cold War militaries shifted from a modern to postmodern form of organization (Gilroy and Williams 2006; Janowitz 1976; Moskos, Williams, and Segal 2000). In this view, "the postmodern military is said to be less tied to nation-states, increasingly 'androgynous,' and more fluid and permeable with civilian society" (Shigematsu and Camacho 2010b: xxvii). To be sure, transformations have taken place in western militaries, such as the shift from conscription to all-volunteer forces in many countries in recent decades (Gilroy and Williams), yet scholars who have interrogated this notion of postmodern military suggest that "heteronormative and racialized relations of power" persist in contemporary militaries (Cowen 2005; Shigematsu and Camacho 2010b).

Throughout the remaining chapters, we present our analysis by generating in-depth snapshots and pulling out bits and pieces of overarching narratives located in psychiatry, the military, and masculinity. Through these snapshots, we *place* war neuroses in and on soldiers' ill bodies and demonstrate some of the effects of this placement. We show how the authority of psychiatric knowledge guides the initial diagnosis of a war neurosis and shapes the range of options for treatment in specific time periods. We also pay close attention to how masculinity as an effect of power shapes the maintenance and contestation of particular configurations of psychiatric knowledge and popular cultural norms, especially in the sense of how particular forms of manhood dovetail with military practices. To guide our analysis we introduce complementary theoretical concepts that elaborate our main argument as laid out here about embodiment as a lived fusion of discourse and materiality, and embodied apparatuses as arrangements of mechanisms used for the diffusion of power/knowledge. Embodied diagnosis highlights the body and its descriptors as a dynamic

interaction between discourse and materiality, and takes embodiment more seriously than merely an avatar of a familiar idea. Contested illness pulls together our ideas about power relations and ill bodies as cultural constructs. It refers to illness that is “dismissed as illegitimate—framed as ‘difficult,’ psychosomatic, or even non-existent—by researchers, health practitioners, and policy-makers operating within conventional paradigms of [power/]knowledge” (Moss and Teghtsoonian 2008: 7).

As we sift through various military psychiatric as well as nonmilitary settings that address soldiers’ ill bodies, we show how specific environments provide space to both reinforce and contest discourses and social practices about war neuroses, sometimes even at the same time. As well, we identify processes that soldiers diagnosed with a war neurosis engage in that reproduce and challenge prevalent notions of what it is to be ill as a result of trauma from combat as both a diagnosable psychiatric entity and an illness not recognized as legitimate by the military. These processes comprise specific discursive and material practices, including entitlement to health-care benefits, claims for social welfare, clinical presentation of symptoms, and policy formulation. Engaging ideas about resistance and activist acts among soldiers and veterans to claim and reclaim their bodies as ill or disabled, especially in terms of collective identities, is a significant component of understanding the effects of war neuroses.

Notes

1. The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* has been the standard for psychiatric diagnoses from its first publication in 1952. Since that time, the DSM has expanded in its four subsequent editions to include not only major mental illness such as psychoses, schizophrenia, and phobias, but also learning disabilities, personality disorders, environmental and psychosocial factors, and acute medical conditions, with special attention to children under eighteen years old. Critiques of the DSM focus on the pervasiveness of mental illness categories describing things having to do with the mind, the creation of diagnoses that transform everyday life activities into mental illness, and the authority of psychiatry to determine mental illness. For a discussion of these issues, see Loughran (2012). In the context of diagnosing depression, see Horwitz and Wakefield (2007). See also the thoughtful review of their works by R. Williams (2009).
2. Although this number never exceeded twenty (Shephard 2000: 343).
3. Showalter’s most significant works on hysteria are from 1985, 1990, 1993, and 1998. Other recent interesting feminist analyses of women’s hysteria include Mazzoni (1996) and Appignanesi (2007). Other feminist takes on mental illness more generally can be found in Fee (2000).

4. Even so, Charcot created a spectacle of the hysterical women he was treating at the Salpêtrière in Paris by parading them through his Tuesday night lectures and featuring their images in photographs as part of his physiognomic records. See Charcot (1987) and Didi-Huberman (2003). See also Showalter (1985: 147–54 and 1993: 315). See also the discussion in Lerner (2003: 22–27) about Charcot’s interest in traumatic neurosis and English physician John Eric Erichsen’s interest in Railway Spine, and their link to the wider discussions about hysterical conditions in the 1870s and as precursors to contemporary diagnoses of PTSD.
5. The case study of Anna O. was included in this volume. The case study of Dora was published later by Freud, and gives a stricter interpretation of hysterical neurosis in Sigmund Freud ([1905] 1997). Dora’s name was Ida Bauer.
6. “Talk therapy” was a phrase coined by Anna O. [Bertha Pappenheim] for the psychoanalytic process between the therapist and the patient. For details, see Breuer and Freud ([1895] 1974).
7. Symptoms associated with GWS are designated in a variety of places. Kilshaw (2008: 229–30 [appendix]) presents a collection of the symptoms soldiers in the United Kingdom reported that were drawn from Gulf War veterans’ associations.
8. Although E. Jones and Wessely (2005a: 194) note that perhaps the hypothesized organic reasons for disordered action of the heart could have been proven incorrect, it is clear that they understand the trajectory of Lewis’ effort syndrome to be one with a psychological cause and not an organic one.
9. See Kroll-Smith and Kelly (2008: 304–22) for a discussion of general understandings of the interactions among bodies and, in, and with the natural environment.
10. The idea that bodies are subject to the exercise of disciplinary power to the point of docility was developed by Foucault in *Discipline and Punish* (1979: 135–69). In this perspective, the body becomes a cog in a machine that can be moved from place to place, from task to task. Our critique, based on Foucault’s own arguments in *Discipline and Punish* as well as his later works on sexuality, challenges this idea. The critique does so by undermining the intensity of docility by reintegrating a relational notion of power into a reading of the military. For more details on power and its circulation, see chapter 1.
11. Teresa Iacobelli (2007) examines the seemingly random pattern of executions in the Great War among Canadian soldiers on trial for desertion. She queries how military justice and discipline work in a military where only 25 of 222 guilty verdicts led to execution. She maintains that this high number of pardons challenges the generalized notion of the military as an absolute, closed institution and that military justice was accomplished in different ways during wartime (see also Iacobelli 2013).
12. In a self-admitted fascination with the ideas of Clausewitz on war, Foucault was curious to explore if war provided a valid analysis of power relations, of making sense of modern societies, and of understanding historical processes. He wondered “if military institutions and the practices that surround them ... are ... the nucleus of political institutions” (Foucault 2003: 47). When ad-

- dressing the political significance of military institutions, however, he reiterated a structural functionalist approach, remarking that national militaries “obviously make it possible to win victories [and] they also make it possible to articulate society as a whole” (158).
13. For an in-depth inquiry into Foucault’s preoccupation with war, force, and power, see Hanssen (2000), chapter 3.
 14. For discussions of soul and psyche in Foucault’s work, see *Discipline and Punish* (1979: 29–30), *The Care of the Self* (1988b: 133–44), *The Government of Self and Others* (2010: 303–6, 352–74), and throughout both *The Hermeneutics of the Subject* (2001) and *The Courage of Truth* (2011a).
 15. Elaborating the ideas about gender and sex in a peacekeeping military, Kron-sall (2012) argues that the feminine excised in acts of war as aggression, dominance, and might reemerges and must be embraced in order to develop peaceful relationships among combative nations. Her work challenges the static notion that normative masculine dimensions of a soldier’s identity must dominate.
 16. Some psychodynamic approaches to the explanation of weary warriors would point to this fundamental contradiction as the source of a war neurosis. For example, see Kudler, Blank, and Krupnik (2000: 176–98).
 17. Robert W. Connell also publishes under R.W. Connell and Raewyn Connell.
 18. Though controversial among gender theorists, MacInnes’ ideas about masculinity are important because they foreground the problematic nature of using cultural arguments to explain social relations. See Howson’s (1998) review of MacInnes’s *The End of Masculinity* for a short assessment of the controversial nature of MacInnes’s arguments. See also Duff’s review in *Journal of Sociology* (1999: 388–89).
 19. The example of the training song comes from William Arkin and Lynne R. Dobrofsky (1978).
 20. See Wheelwright’s (2001) account of the construction of GWS through the efforts of key people including Gulf War veterans, researchers, doctors, and press agents. See Lehr (2010) for a rationale to counter the material (toxic) causes of GWS.
 21. Kilshaw (2008: 214–15) cites new illness movements as those where the sufferer becomes the expert and where the sufferer and advocates “maintain an unfaltering conviction as to [the illness’] nature.”