

Chapter 9

Military Bodies and Battles Multiple

Embodied Trauma, Ontological Politics, and Patchwork Warriors



For now that it was all over, truce signed, and the dead buried,
he had, especially in the evening, these sudden thunder-claps
of fear. He could not feel.
—Virginia Woolf, *Mrs. Dalloway*

The guys coming back from Afghanistan, my heart goes out to them,
because I know what they are going through. Somebody has to support
them, because there is going to be a lot of screwed-up guys, man.
—Murray Bradshaw (Canadian Viet Nam veteran), in *After Shocks*

If you're fine after what you've just experienced then
there is something quite wrong.
—Major Grace Pederson, psychiatrist in *Combat Hospital*

Weary Warriors has surveyed aspects of a global phenomenon in a historical period that still occupies the world: the age of war neuroses.¹ The persistence of neurotic soldiers as a recurring crisis implicates a bundle of relations having to do with the association between mental health and military capacity through the practices of military psychiatry. Soldiering, and its breakdown, is intimately tied to masculinity, its ideal, and its practices, as well as to the truth games played by soldiers, psychiatrists, scientists, physicians, chaplains, family members, bureaucrats, and politicians. In these crises, at stake are soldiers' and veterans' identities, their subjectivities, and their ongoing reconstituting presence in the various spaces of battle, convalescence, homecoming, and everyday life.

For our work, we had three overall objectives. Our first was to highlight how the conceptual categories of soldiers' neurotic minds, bodies, and souls emanate from specific practices in military psychiatry as well as how the physical expression of war neuroses are located firmly in soldiers' ill bodies, and to illustrate how these conceptual categories and constitutive processes have shifted over time in particular places and specific military conflicts, disclosing the porosity of both the categories and the soldiers' ill bodies. Our second objective was to elaborate on specific processes through which soldiers and psychiatrists in the context of many other actors (human and nonhuman) engage that generate, reinforce, and contest the enactments of psychologically and emotionally traumatized warriors. Our third objective was to extend the critical thinking and understanding of the practices that create, strengthen, and dispute the discourses about and the material existences of the broken embodiments of combat soldiers as well as the materiality of the discursive practices shaping their ravished minds, ill bodies, and troubled souls.

We accordingly sought to disentangle various sets of social practices and relations that give rise to the emergence of traumatized soldiers—specifically, practices and relations such as psychiatry, the military, and masculinity through venues such as hospitals, popular culture, the family, and state institutions. We accomplished this task by taking up atypical lines of inquiry, not always focusing on the obvious, and challenging conventional understandings of what a weary warrior is. We showed the impact of material-discourses on the way illness is experienced and we examined how specific forms of knowledge about emotional distress among soldiers and veterans circulate within psychiatry, the military, in the pastorate, and in society. Moreover, we focused on concrete cases to illustrate particular formations of power, knowledge, and resistance in how soldiers suffer trauma. We presented examples of how psychiatry and the military construct ill soldiers by means of diagnosis, regulation, punishment, disregard, and public policy. We conceive these ways of diagnosing, managing, subjectifying, fixing, depicting, and governing as having discursive-material effects on soldiers suffering psychic and emotional breakdowns in or after combat.

We employed poststructural and feminist theories for explaining the role of power and knowledge in the causes, onsets, symptoms, and treatments of trauma in combat soldiers. Discourse (as a set of material practices) plays a central role in shaping understandings of (an ontologically multiple) reality as well as expressing relations of power. Indeed, we paid close attention to the presence of multiple and often competing discourses about the health and illness of combat soldiers. Names of symptoms, diagnoses, and illnesses are unstable and contextual, alongside being con-

tested by various established professions and practitioners (Moss and Teghtsoonian 2008). We approached a history of weary warriors as a set of disjunctures in processes and contradictions in events that are manifest in official memories and counter-memories. We were interested in how identities formed and in how soldiers took on any number of subject positions (via repeatable, recognizable scripts) depending on such factors as location and time period. Eschewing binary oppositions, while accepting the possibility of tensions, we embraced the coexistence of likelihoods and paradoxes, durability and frailty, human agency and social structure.

We have drawn out the notion of embodiment in the complex of an apparatus as lived bodies that are deeply discursive and deeply material at the same time that, in specific spaces, generates multiple embodied subjectivities and multiple ontological realities (Braidotti 1993; Grosz 1994; Hekman 2010). Within these discussions, ill bodies, minds, and souls are more than just ailing biological entities just as they are more than products of failed idealizations of healthy bodies. Ill bodies, just like ill minds and ill souls, are an effect of power relations and the production of situated knowledges in regard to both the material bodies and the bodily discourses of individual lives. So, too, are notions of masculinity, spirituality, and the relational extensions of soldiers, including family, friends, and psychiatrists. Thus, one of our arguments in this book is that the discursive and the material simultaneously constitute the subjectivity of the neurotic, traumatized, ill soldier.

Another argument made throughout the book is that over time a shift has taken place in the manifestation of symptoms of war neuroses and the description of the soldiers' ill bodies. Weary warriors engage in various struggles—in multiple battles (after Mol 2002). This is particularly evident in the proliferation of names for war neuroses and attempts by military psychiatrists and the militaries themselves to prohibit the use of certain terms at various times, such as shell shock, exhaustion, and fatigue; and to promote the adoption of other terms, such as PTSD, OSI, or TBI, for diagnostic, treatment, and benefits purposes. Soldiers' combat trauma comes in different forms and is interpreted, negotiated, or imposed in various ways. The use of any one of these terms discloses a particular reality that has material effects on soldiers' and veterans' lives, effects we have discussed throughout the pages of this book. More generally, in different sites, personal and collective relationships and procedures shape the shattered combatant's experiences in the numerous conflicts. "The practices of power unite the discursive and the non-discursive [material] into an indistinguishable whole" (Hekman 2010: 57). Yet, as we have shown, that indistinguishable whole is uneven with puncture marks, serrated edges, and crumpled surfaces.

A theme from our analysis is the always present contention of knowledge claims, including claims of what knowledge is, regarding combat-related trauma and emotional breakdown in terms of the causes, the prevalence, the diagnoses, the treatments, and the postdeployment supports for weary warriors. This contention of knowledge claims provokes debates, impositions, and resistances between and among psychiatric, military, pastoral, and governmental actors and institutions. As a consequence, war neuroses and soldiers' ill bodies have become the battleground on which the flows of psychiatric, military, pastoral, state, and familial power play out. These struggles have been going on for over a century in the armed forces: in the bodies of military personnel, in screening and recruitment practices, in treatment facilities on and off the battlefield, in military courts, in and around families, in society's depictions of trauma and mental stress, in national defense and veterans departments of government, and in welfare state programs.

Unlike Ben Shephard's (2000) account of military psychiatry over the twentieth century, we see that military psychiatrists were neither dramatists nor realists; rather, each one continually negotiated the tension between the practice goals of psychiatry and military imperatives through their psychiatric (diagnosis, treatment) *and* military (report-writing, grading, boarding) *practices*. The tension between the objectives of psychiatry and the military is only an organizing tool. The forces that facilitate the various shifts in naming war shock, generating traumatized soldiers as subjects, treating war neuroses, and supporting veterans include power and knowledge configurations that sit snugly within psychiatry and the military as apparatuses. It is through military psychiatric practices that the generation and transformation of psychologically wounded soldiers were constituted as the result of individual flaws throughout the interwar period yet considered normal throughout the second half of the twentieth century. The same force relations within different configurations of power and knowledge are seeking to differentiate the physiological effects of brain trauma and postconcussion syndrome from the psychological effects of posttraumatic combat stress and operational injuries at the beginning of the twenty-first century.

Over this time frame a unique double movement has taken place. First, there has been a *structured normalization of struggles* over the broken embodiments of combat soldiers and a *naturalization of trauma*. State propaganda is a notable element of this process of structured normalization (Matsumura 2004). This does not mean that combat and psychiatric disorders are regarded as wholly legitimate, or that they are socially accepted. Stigma, silence, and shame are perennial themes in the modern history of weary warriors. We suggest, rather, that war neuroses have become inte-

gral to operational goals of the military while remaining tightly connected to the individual soldier's body. With this integration, war trauma itself has been naturalized; the inevitability of psychological difficulties and emotional strain, including delayed mental stress, *must* be managed by armies using military psychiatry.

Second, and at the same time, there rages on a *vital contestation of praxis* that takes place through the various disputes over relevant theories and effective techniques for nervous disorders among soldiers. Critical tensions exist between the aims of psychiatric care and military duty, both of which rest on masculinist claims about knowledge and masculinist ideals of the ideal soldier. These tensions play out in specific processes that generate, maintain, and disrupt the linkages within embodied apparatuses that are then plugged into another one through the intertwined processes of the militarization of psychiatric wounds and the psychiatrization of military bodies. Implicated in this double movement is the experience of weary warriors as "bodies-in-time ... embodied and embedded fully immersed in webs of complex interaction, negotiation and transformation with and through other entities" (Braidotti 2006: 154). Accompanying this coexistence of a structured normalization of struggles/naturalization of trauma and vital contestation of praxis is the ontological politics of weary warriors.

The Ontological Politics of Weary Warriors

Our work here has shown that an ontological politics of weary warriors emerge across several sites: whether wartime neuroses are the same as peacetime neuroses in terms of etiology; whether shell shock, Vietnam Syndrome, or GWS actually exists; and whether and to what extent the abnormal soldier is well. These questions beg a related one: Who "is entitled to define the norm, against those who deviate from that norm"? (Foucault 2003: 61). We have argued that there exist multiple ontologies of soldiers' ill bodies, ravished minds, and troubled souls, and that it is through the various practices in which the cast players engage that enact soldiers traumatized by the war as weary warriors. For us, it is clear that culture, no matter its scale, is not the differentiating factor that determines onset or form of battlefield breakdown. Similarly, we refuse the notion that there is a timeless, organic disease that manifests differently in each armed conflict. Nor do we embrace the idea that a war neurosis or traumatized soldier exists solely through the relationship between a therapist and a patient. We maintain that the bodies, minds, and souls of soldiers are discursive-material entities that are generated in a continual process of

becoming, and that the practices and effects of power fuel the mechanisms through which weary warriors themselves are enacted. Picking apart the complexities of specific sites yield access to these many mechanisms, some of which we have described across these pages.

An ontological politics also exists in the truth games of applying the classificatory knowledge of psychiatry; in distinguishing between real and simulated illnesses and efforts to detect malingering (the performance of making something real); in determining the resonance of how soldiers come to integrate war trauma into their ideas of what a soldier is or should be; and negotiating the dissonance between life after military service for individual veterans and what family life is really like for veterans and their meaningful others. Snippets of harmony and discord provide fodder for an ontological politics of the place of religious, faith-based, and spiritual outlets within military environments during war and peacetime. Likewise, the presence of ghosts as entities acknowledged by cultural writers as well as many combat warriors with severe trauma demonstrates the embodied nature of a nervous or emotional breakdown. The role of veterans' groups in challenging interpretations by governmental officials of their eligibility or not for particular services and disability compensation for those diagnosed with a war neurosis is charged with the same ontological tensions of psychiatric legitimacy and military authority. The seeming rigidity of a military institution, we have argued, is not a supreme universal simply producing purely docile military bodies. Soldiers' bodies resist warfare, resulting in an uneven exterior surface, continually mediated by the military through clinical scrutiny and multiple interventions, and as we have observed, through an intensification of the psychiatrization of military bodies.

Cultural representations of war trauma portrayed in literature, film, and television also are caught up in the ontological politics of weary warriors. For instance, what is the reality, if any, in *Mrs. Dalloway* by Virginia Woolf ([1925] 1996)? This fictional work, which features among other characters a veteran, is certainly influenced by Woolf's own struggles with mental illness and her troubling encounters with doctors as well as by the contested phenomenon of shell shock from the Great War. The words of Woolf seemingly echo in the lived experience of the Viet Nam veteran quoted at the front of this chapter; a Canadian veteran of an American war who, in turn, projects his knowledge of what is real for veterans postdeployment onto "the guys coming back from Afghanistan" (M. Reid 2010: 40). One of the main characters in *Combat Hospital* (2011), Major Grace Pederson, is a psychiatrist who deals with a wide range of psychiatric problems, almost all of which address some facet of PTSD.² Written into the storyline, however, is a tension significant in the wars in Iraq and Afghanistan; that tension

concerns the psychiatric distinctions between PTSD and mTBI. The reality of war trauma does not have a fixed, given status, but rather a changeable form within cultural and historical settings. The politics of ontology is about who gets to determine what belongs to the real, when it belongs, and how it belongs.

Ontological politics of weary warriors, therefore, involves actions and inactions by numerous individuals, groups, and institutions (i.e., the human and the nonhuman) with regard to the making, unmaking, and re-making of social realities in all the aspects noted above. It also involves struggles over shaping what is, could be, or ought to be made more real or less real (Law and Urry 2004: 396; Oksala 2012). Annemarie Mol (1999, 2002) offers a view of an ontological politics that we find congenial to our work. She defines it as “a politics that has to do with the way in which problems are framed, bodies are shaped, and lives are pushed and pulled into one shape or another” (2002: viii). It concerns “the conditions of possibility we live with” (1999: 86). She maintains that “*ontology* is not given in the order of things, but that, instead, *ontologies* are brought into being, sustained, or allowed to wither away in common, day-to-day, sociomaterial practices” (2002: 6; emphasis in original). To be part of the military, individuals require being established as military bodies, assembled, evaluated, and trained, and then directed to carry out particular tasks, commands, and routines. These activities occur through relations of power, interconnections of knowledge, and exercises of resistance that can result in multiple struggles, multiple battles. Of the jumble of relationships that comprise a soldier’s social world, aspects that are privileged at any given time—the political ontology of the moment—affect what opportunities exist for meaningful interactions, what issues are up for discussion, how topics are framed discursively and materially, and what interventions are on hand.

These struggles are unmistakable when military bodies with emotional wounds and embodied trauma come up against established biomedical paradigms and clinical practices, and confront military understandings of what constitutes a real illness for soldiers whether it is the trenches of Europe, foxholes on Pacific Islands, or the mountains of Afghanistan. Veterans’ activism and activism on behalf of veterans during and after wars has been a constant feature in modern times. Much of this activism has been undertaken by women.³ More than political lobbies for pensions and access to a range of services, veterans’ groups across nations have organized around raising awareness of their experiences of illnesses and mobilized around the legitimacy of lay knowledge vis-à-vis expert knowledge.

We can add a temporal dimension to the ontological politics of weary warriors. Instead of focusing on the linearity of time, we focus on the cycli-

cal, repetitive, discontinuous, and intermittence of time (after Deleuze and Guattari 1987; see also Braidotti 2006). For the individual soldier, there is the prospect of shifting symptoms and fluctuations in health and illness over days, weeks, and months or even a much more extended period of time, possibly over decades in the life of a veteran. The collapse and compression of time in relation to embodied responses to war trauma brings to the fore the issue of when the reality of an illness should be determined and by whom. For social movement mobilization, there is the process of one group of veterans with a contested illness, such as Gulf War veterans, learning from the tactics and achievements of an earlier movement, such as the struggle by Viet Nam War veterans. The struggle for recognition of delayed expressions of trauma in the form of Vietnam Syndrome or GWS, feeds into decisions about the provision of new services and support programs. Issues plaguing soldiers in the battlefield of the Great War seem somehow in accord with current conflicts, which illustrates the relationship of history with the present.

Even though we did not present a chronological account to neuroses in warfare, we have been very interested in exploring assorted configurations of the social relations of power along with the formation and circulation of various kinds of knowledge across a relatively long period of time. Having examined events from the mid to late nineteenth century to the early decades of the twenty-first century, we conclude there is nothing evolutionary about the names ascribed to emotionally tattered soldiers, nor has there been greatly enhanced clarity over the mental or emotional distress that combat soldiers experience. Shifts in the names of war neuroses have changed gradually and unevenly over long periods of time, revisiting previous iterations while marking identifiable points in the shifting nature of competing explanations and struggles in social relations over the applications of power and knowledge in specific places. Thus we reject a view of history as the positive unfolding toward better understandings of war trauma, better treatment regimes, better public images of mentally ill veterans, or better access to needed services and supports. We do not accept a conception of history that is inherently fatalistic about the possibilities of social change in ideas and practices concerning weary warriors, because of the force of psychiatric power or the heavy hand of military hegemony with its bureaucratic inertia.

We generally regard the history of weary warriors as uneven, jagged, contradictory at times, with both positive and negative effects; a history that is contingent and always contextual; a history with instances of learning and change and openness to new diagnoses, as well as opposition to innovative treatments, failing to learn or forgetting past lessons from specific armed conflicts and particular social settings.⁴ Postwar social and

political milieus across the globe shape the ways in which nervous soldiers and veterans, inextricably tied to psychiatric diagnosis, treatment practice, and masculine norms, are woven into the fabric of society. No master narrative, no total history here; no general trend of inevitable progress. History is a series of discontinuities through which we can, to some degree, map out certain paths of interaction such as those encountered by soldiers within the history of psychiatric practice in the military.

Present practices by psychiatrists and other medical personnel in the military remain tied to past debates over the reality of combat trauma and over the best means to deploy ill soldiers. Pat O'Malley (2010: 491) aptly observes, "Mental disorder in the battlefield has been the site of long-term struggle between military psychiatry which frequently regarded this behavior as a symptom of psychogenic injury and the generally more pervasive view of military command for whom soldiers who 'broke' were weak or cowards." While we have written about the psychiatrization of military medicine, we have also noted a tension between psychiatric practice and military imperatives. Concerns about malingering and overmedicalizing the symptoms of combat-related strains remain as salient today as they were a hundred years ago. In this way, we have engaged in writing a history of the present (Foucault 1979, 1995). To put this in other terms, we have written historical accounts or in-depth snapshots that disclose associations between current terms and practices with earlier ones assumed to have disappeared or been abandoned, or taken on fully as a real thing. "Writing a history of the present means writing a history *in* the present: self-consciously writing in the field of power relations and political struggle" (Roth 1981: 43; emphasis in original). As a methodology, Mitchell Dean (1994: 21) characterizes the history of the present approach as the "use of historical resources to reflect upon the contingency, singularity, interconnections, and potentialities of the diverse trajectories of those elements which compose present social arrangements and experience." Drawing out a history of the ravished minds, ill bodies, and troubled souls of combat soldiers as a set of discontinuities discloses the various sources of present-day standards and practices. Having done so, we can now look toward making "intelligible the possibilities in the present" (21).

Foucault and Beyond

Weary Warriors draws extensively from and engages vigorously with the ideas and arguments of Michel Foucault across the many phases of his thinking and writing. We have employed many Foucauldian notions, such

as *dispositif*, power/knowledge, resistance, classification, death, pastoral power, subjectification, psychiatric power, power-effects, docile bodies, familial power, truth games, and a history of the present. In our work, we advanced some critical interpretations, presented empirical applications, and offered our own conceptual modifications and extensions. Overall we engaged in a sympathetic application and elaboration of concepts from Foucault's considerable oeuvre. Our specifically feminist materialist approach assisted us in reformulating some of Foucault's key concepts in unexpected ways. Our ideas about how social practices are embodied and how these practices contribute to the fragile yet mobile subjectivities of weary warriors supported our empirical applications of feminist theory. Enactments, disclosures, and the ways in which discourse and materiality intra-actively, interactively, and simultaneously exist are part of the ontological generation of a weary warrior. Thus, our contribution to the burgeoning field of Foucault studies includes novel ways to engage his work.⁵ In this final chapter we wish to briefly highlight a few concepts used by Foucault—specifically, the military, death, pastoral power, and confession—to indicate the ways in which our work contributes to extending Foucault's ideas theoretically and empirically, and to point toward possible directions for future work.

Foucault, though for a time fascinated with the potential of using war as a framework for examining power, never investigated armies or military power in great depth. As an institution, Foucault viewed the military as the codification of numerous relations of power and as the sovereign power of the sword, the power to kill. True, in some work he did look at the soldier, but usually in terms of his notion of docile bodies, thus emphasizing the hierarchical authority of the military and the passivity and submissiveness of the soldier as easily managed and conformist (Foucault 1979). For our analysis this conception was problematic having left out, as it did, possibilities of human agency and resistance through specific and sometimes commonplace practices manifest in acts of military desertion, refusal to obey orders, self-inflicted wounds, malingering, and simulation of illness. So while we recognize the sovereign power and hierarchical authority of military establishments, we also take note of embodied resistance (observed in the Great War) as well as of informal relationships and social dynamics (acknowledged by some psychiatrists during the Second World War) as central to morale and resiliency of soldiers under combat. We were interested in exploring the fluidity of the military: both the changeable and variable elements in the armed forces; and the unstable, unpredictable, and volatile nature of military operations. We paid attention to cultural standards of masculinity, which fits nicely with Foucault's thinking on processes of normalization.

On the topic of death, Foucault viewed the military as a power of death, a machine of violence and destruction. Interestingly, he tended to stress the power of armies in the traditional sense of a repressive and coercive apparatus, and did not explore the more general theoretical claim he made in some works that there is a productive side to power. In his views on the relation between power and death, Foucault seems to follow the English political philosopher Thomas Hobbes, who put forward the proposition for “a general inclination of all mankind a perpetuall and restless desire of Power after power, that ceaseth onley in Death” (Hobbes [1651] 1968: 42). We examined Foucault’s belief that power ceases with the death of the person and we showed that, for soldiers, power relationships are alive even in the realm of death. Even in death, soldiers are entangled in the sets of relations that were part of their ontological generation. Struggles by family members and friends for state resources, official recognition, and public remembrance of soldiers continue long after their death. We also offered the concepts of *public death* and *social death* to illustrate the empirical complexities of loss of life and the passing away of weary warriors even though both deaths remain part of a collective memory.

Pastoral power is an intriguing analytical notion introduced by Foucault but never fully examined by him. The same can be said of elaborating on the concept of the soul as a bodiless reality (Foucault 1979). We therefore devoted space in this book to consider the role of religious organizations within military contexts with respect to military chaplains and their roles and relationships with soldiers to show how the soul takes on its own embodiment. We noted that the armed forces have long been an institutional space in which pastoral power has operated. Our discussion on pastoral care and military personnel, in which we described the three types of work they commonly perform in the armed forces, concurs with Joanne Benham Rennick (2011: 16) that “religion retains significance for many people, especially in dealing with questions of values, meaning, and morals as well as issues relating to operational stress.” But what of the soul, or that which is ontologically distinct from both the mind and the body? (Foucault 2010: 272; 2011a: 159–62). The idea of pastoral power in the context of weary warriors challenges the presumed binary on which war neuroses are defined: it is the mind that is broken, not the body. What happens when the soul breaks? And what does military psychiatry look like then?

Confession, for Foucault, was a concept used to describe a specific disciplinary technology of the self. Confessional practices certainly shape the subjectivity of weary warriors, as manifest in the plethora of autobiographical accounts of experience of nervous breakdowns and the way in which the body can confess mimicry of bodily claims to someone who knows how to read the body medically. Revelations of truths and untruths

are not just of a religious kind pertaining to one's soul, but also to the condition of one's mind and body, the boundaries among them porous. Spanning several processes, from preselection screening to postdeployment programming, recruits, trainees, veterans, and ill soldiers undergo litanies of tests and lines of questioning about childhood memories, family histories, and medical background. In part, this involves "obliging him to recognize himself in his past, in certain events of his life" (Foucault 2006: 270). Such confessional acts, along with being statements and divulgences of biographical truths and thus processes of self-recognition (on the way to some sort of self-knowledge), are relations of power and techniques deployed by psychiatrists and military personnel for the administration and management of soldiers. Confessions take place at different times and in different places as settings infused with particular relationships.

In the power-effects and resistance games as part of the games of truth, the other side of confessions has to be recognized: the nondisclosure, the denial, the misrepresentation, and perhaps the tactical divulgence. There are confessions to comrades and close friends of anxiety and fears of battle just as there are worries about home life shared in confidence with military chaplains. Conceivably there are contrived confessions to psychiatrists intended to secure an evacuation from active duty as well as extorted confessions obtained through techniques of psychiatric and military tribulations. Debriefing sessions at TLD sites serve as depots where incidents of trauma and stressful experiences are expressed in group sessions by individuals or groups sharing stories of battlefield experiences. And there are confessions to comrades in a peer support groups or sympathetic family members of being unwell and needing help. As weary warriors disclose their broken embodiments to others, they manifest their multiple subjectivities—not as an indiscernible mess, but as strategic embodied formulations that can hold a shape for a while as a particular soldier or veteran. We see then how intimate acts of confession about difficult topics and terrible deeds circulate within larger institutional systems, including psychiatry, the military, the family, the church, and the state, and are managed through cultural systems such as soldiering, camaraderie, fatherhood, and fraternity. In this sense, the weary warrior is the effect of multiple institutional processes and power dynamics which, in turn, warriors condition through their bodies, minds and souls, and discursive-material practices.

The Weary Warrior as Patchwork

The weary warrior as an analytical concept has many pieces; it is an ontological multiplicity. Most generally the concept is a theoretical and histori-

cally empirical construction of military personnel with utmost attention to combat soldiers and veterans in the armed forces, including the army, the navy, and the air force. We also have given specific attention to potential recruits, trainees, military deviants (or rejected soldiers), psychiatrists, and family members of those serving in the military.⁶ Nonetheless, our prime focus has been on the deep emotional stress, the psychological trauma that combat soldiers encounter during service or as a result of engagement in battle. These are the traumatized subjects, the so-called screwed-up guys, some of which become segregated subjects confined to lunatic asylums. Some soldiers with war neuroses are constructed as dangerous subjects both to themselves (e.g., due to suicidal thoughts) and to their unit as a burden and as a threat to the group's morale. Such constructions of the weary warrior are a frequent cultural form and theme in film noir. Part of being failed combatants includes the emasculation of soldiers because they have failed to live up to the masculine ideal of the armed warrior, thus marring them in civilian life as weak, effeminate, and womanly. Of course, this matters for soldiers who are male and female. In this manner, as embodied subjectivities, weary warriors are military bodies subject to and generated by the practices of psychiatric power. Through the psychiatrization of military bodies, we have shown that any member of the armed forces becomes a potential psychiatric case or, at minimum, a case file with test results and interview notes and perhaps such additional information as a personality profile. From this, the weary warrior may become a diagnostic category, a soldier with the invisible wounds of a ravished mind and troubled soul.

In addition, we examined the construct of weary warrior as a broken embodiment, a fleshed body with the discursive-material realities of physiological symptoms, organic injuries, cultural restrictions, and societal rejection. We examined the weary warrior as a troubled soul with religious needs and spiritual concerns and perhaps a crisis in his or her belief system or faith. We also examined adjusted veterans that can reenact their broken embodiments under specific (and sometimes imposed) circumstances. afield, we have discussed the weary warrior as a moral category, the social construction of deserving and undeserving individuals based on their own conduct as soldiers (acts of heroism or fleeing from fear) and the goodness of the war (the Great War versus the Second World War, or the Viet Nam War versus the Gulf Wars). The weary warrior also carries with him or her competing power/knowledge configurations. There are tensions among what a soldier is feeling sensorially and emotionally, what the psychiatrist is observing physically and in the context of received psychiatric training, and what government bureaucrats cram into their tick boxes on the pension application form. Moreover, we have shown how the subjectivities of weary warriors are effects of the many folds of the mate-

rial part of the body, the relation between force relations, the relational connection between truth and being, and the outside itself.

In the realm of soldiering on, in life after the military, weary warriors of course are part of a welfare state category as clients of various benefits, programs, and services for veterans. A number of veterans, some of whom are weary warriors, also join the ranks of veterans as an active political constituency, bound by shared experiences, and involved in collective political action aimed at raising awareness and challenging prevailing psychiatric, medical, and governmental stances. These are weary warriors as political subjects. O'Malley (2010: 496) makes the point that "subjectivities within the military are not simply formed by military imperatives, but also are shaped by the liberal political environment, an environment that also shapes the nature of the military itself." In this liberal political environment, which is a fair description for Australia, Britain, Canada, and the United States, among other nations, some weary warriors are a discarded group, either abandoned or conceivably departed from family and other personal networks, the socially dead among us.

Without caveats we can say that weary warriors are all of these subjects, a patchwork, a multiple ontology, the effect of numerous material-discourses as well as several configurations of knowledge and power. As with any patchwork, there are discrepancies and disconnections, bindings and links, gaps and holes. As a tapestry, there are tatted patterns, creases brown with age, the folds somewhat automatic. The threads are densely intertwined in some parts, unraveling in others, creating an uneven yet sophisticated brocade with tattered edging. One can even see the effects of the reparation processes, the picking apart and cobbling together in both familiar and unusual ways. The pliability of the patchwork emphasizes that there can always be new folds, new threads, new stitching. Given the wide range of constitutive features shaping ill soldiers, there emerges uniqueness in the weary warrior, a specific discursive-materiality of the soldier's body, mind, and soul in lived spaces. We intend our use of the patchwork to indicate that modern notions of trauma are produced through multiple struggles; that what is real about weary warriors is the ubiquity of battles multiple.

Notes

1. Approximately 2.59 million American military personnel served in Viet Nam. In addition, about 300,000 South Koreans, 49,000 Australians, and 4,000 military personnel from New Zealand served. About 12,000 Canadians served in Viet Nam as part of the U.S. armed forces.

2. *Combat Hospital* (2011) is a Canadian and U.K. production of a multinational medical unit in Kandahar, Afghanistan, 2006.
3. For the Australian case after the Great War, see Tyquin (2006). For American women's involvement after the First Gulf War, see Shriver, Miller, and Cable (2003).
4. On the theme of forgetting lessons from past wars of anticipating the psychological breakdown of military personnel and the subsequent treatments, see Glass (1966) and Slight (1944).
5. We have detailed a reworking of *dispositif* (apparatus) in chapter 1 organized around embodiment that we do not repeat here.
6. Beyond our focus in this book, the analysis can be extended to others figures of combat-related trauma that include child soldiers, POWs, and special forces of a military.