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# Posttraumatic Stress Disorder and the Returning Veteran: The Rhetorical and Narrative Challenges

ON AUGUST 1ST 2009, THE POST-9/11 GI EDUCATION BILL WAS PASSED, offering both active and reserve members of the military full tuition, and universities began accommodating more veterans than before. To qualify for the Bill, the veteran must have served 90 days of active service following 9/11 or 30 days of service and have been discharged for a service-related disability (“The Post 9/11 GI-Bill”). As educators, it is our obligation to prepare for the presence of veterans in our classrooms, but also to understand that their bodies are “sites of memory,” both for their individual experiences and for a collective memory that is prescribed upon them.<sup>1</sup> We believe, then, that helping veterans transition into civilian life means allowing their bodies to perform identities that extend beyond that of a veteran. Our focus in this paper is on combat-related Posttraumatic Stress Disorder (PTSD), one form of trauma that is largely misunderstood, especially as an invisible disability. More specifically, we are interested in the way the identity of veterans with PTSD is constructed by politics and the media and how these constructs are absorbed by educational institutions as they work to create programs that assist veterans in their transition.

## Understanding PTSD: The Invisible Disability

While most civilians expect veterans to be suffering from physical disabilities, PTSD as an invisible disability presents challenges not only to the veterans themselves but also to others around them. Although PTSD has likely been one of the major disabilities experienced by returning soldiers of many wars, it was “first formalized as a diagnosis in 1980, [and] is an anxiety disorder initiated by exposure to a traumatic event and characterized by symptoms of avoidance, reexperiencing, and hyperarousal” (MacGregor, et al. 224). According to MacGregor, et al., studies have indicated that there is a greater prevalence of PTSD occurring in those injured in combat (224). Likewise, Hoge, et al. “found that OIF veterans who indicated

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1. Pierre Nora discusses “sites of memory,” or “lieux de mémoire,” as locations where “memory crystallizes and secretes itself” and further explains that interest in these sites has taken place during a historical moment when it seems that “memory has been torn—but torn in such a way as to pose the problem of the embodiment of memory in certain sites where a sense of historical continuity persists” (7).

'being wounded or injured' had a 3-fold higher risk of PTSD" than other combat veterans (qtd. in MacGregor, et al. 229). This combat-related PTSD is carried by veterans through every part of their lives—in some cases, overtly experienced, and in others not. Since the ADA Amendments Acts of 2008 (ADAAA) added "'concentrating' and 'thinking' to its expanded, non-inclusive listing of 'major life activities'" (Shackelford 38), PTSD has become an acknowledged disability that is currently gaining attention as veterans return from Iraq and enroll in colleges throughout the U.S. Many symptoms of PTSD can likely affect a student's progress in the classroom, particularly if it has gone undiagnosed without proper documentation that would warrant accommodations. Understanding PTSD as an invisible disability, rather than just a reaction to war, is the first step for universities to begin learning how to accommodate returning veterans. Seeing PTSD as a disability might allow individuals access to rightful accommodations.

Yet, as a disability, PTSD is more likely to accrue stigma, rather than afford understanding and adaptation. PTSD is negatively represented through the military's rhetoric, which privileges the able body. In a presentation from the United States Department of Veterans Affairs, Gregory A. Leskin, Ph.D from the National Center for PTSD points out that resilient people are less likely to develop PTSD. Leskin defines resilient people as those who "stay fit physically and psychologically. Resilient people tend to be optimistic. . . . Individuals believe that they have the skills necessary to effectively manage or accomplish the task at hand, which results in a sustained effort and greater likelihood of success" (Slide 31). This suggests that veterans with PTSD may not be successful, and if veterans were more resilient, they would be less likely to experience PTSD. In short, this language assumes that the veteran with PTSD is inadequate and, therefore, incapable.

Likewise, the medicalization of this disability reinforces ideas of inadequacy based on the individual's inability to "contribute" to society. In "Posttraumatic Stress Disorder and Health Functioning in a Non-Treatment Seeking Sample of Iraq War Veterans: A Prospective Analysis," Vasterling et al. write that "Such functional impairment [as a result of PTSD], especially when health-related, may result in significant costs to society. For example, individuals with a PTSD diagnosis use more medical services and incur higher healthcare costs than do individuals with other psychiatric disorders" (347). This ableist rhetoric is perpetuated by the military and medical community and is condemning for the veteran with PTSD both as military personnel and as an American citizen. Because of the negative perception of the disability and the emphasis on the need to be an able-bodied veteran, the veteran with an invisible disability is pushed to a decision of what Rosemarie Garland-Thomson refers to as "whether to come out or pass" (14). Beyond the individual's decision, PTSD then also has a collective cultural meaning. The same ambiguity about coming out or passing is often a source of misrepresentation in the media. Political and social constructs of identity some-

times force identities to be prescribed upon veterans. This forced identity is often accepted by society at large and allows a collective to be identified in a way that is less threatening and more comfortable for the general public. Two prominent constructs of veteran identity are the Homeric hero and the Ticking Time bomb.

## **The Homeric Hero**

This representation of the Homeric hero is a combination of the mythic, battlefield hero, with the role of civilian. This identity holds the veteran to a higher standard than a civilian and expects perfection and exemplification of a heroic masculinity. Omer Bartov discusses the role of myth in the formation of the nation state, arguing that, “The Homeric hero . . . represent[s] a view of human existence, reflecting and molding a social and political reality by practicing their image of war on the battlefield, and striving to adapt the reality of their civilian environment to their martial ethos” (Keren 3-4). This identity is created both by politicians and the military to enhance the support of the soldiers and the war overseas. However, this construct places a tremendous amount of pressure on the returning veteran to live up to the expectations of his identity, which becomes extremely problematic for the veteran struggling with PTSD or another invisible disability. Michael Keren develops the construction of the veteran as “The representation of war by the means of popular culture [which] tends to turn away from narrative toward image commemoration, but this involves a distortion rather than commemoration of soldiers’ war experience” (7). In order to become the hero, the soldier must display his loyalty in his “fight for freedom”— to adopt popular military rhetoric. This soldier, as an embodiment of freedom, is forced into presenting both a physical and mental strength that fulfills the mythical narrative of the nation. In the classroom and in a university setting, the veteran’s subjectivity is formed for him by the gaze of those around him, who perceive him as either a hero, or someone who should be heroic. We often neglect to realize that we are forcing returning vets into a fantasy, a fragmentary, idealized identity, rather than a more nuanced and complex whole. Within this construction, there is little or no room for deviation from the norm. The veteran body must represent the triumph of battle.

By acknowledging the role of hero, the veteran is unlikely to admit disability unless that disability is visible or has been somehow recognized and validated by the military with recognition like the Purple Heart. The Purple Heart, however, is only given to those who have sustained physical injury in battle, not to those who have sustained mental injury. According to Jenny Eliscu, “there will be 500,000 troops from Afghanistan and Iraq experiencing psychological injuries and [sic] they do not qualify for a purple heart, adding insult to injury” (qtd. in Church 47). Those who do qualify, however, are sometimes exploited by the media and politicians by what Shapiro calls “the inspirational disabled person” or “supercrip”

(16). For example in 2006, *USA Today* ran the story “Amputee Iraq Vet Fulfills Wish, Jogs with Bush” which highlighted a disabled veteran’s “recovery” from two leg amputations, resulting from a roadside bomb. The article reinforces an identity that calls for the heroically disabled veteran to return to a state of able-bodiedness. However, this story of the disabled veteran as a “supercrip” “does not reflect the day-to-day reality of most disabled people, who struggle constantly with smaller challenges” (Shapiro 17). Furthermore, the narrative of “overcoming” a physical disability is a more comfortable story rather than one that involves psychological challenges that are often difficult to “see” and thus to normalize.

## **Ticking Time Bomb: Hero Becomes Villain**

PTSD has become a popular narrative device utilized by the media for portraying returning veterans as the stereotypical “ticking time bombs,” emotionally unstable men who resort to violence and alcohol as a means of coping with their war experiences. The PTSD veteran is then caught in a liminal state between his social identity construction as hero and hero turned villain. Just as the heroic vet seems to justify warfare, the image of the “broken” vet is used to condemn it. A 2008 article in *Rolling Stone* magazine by Eliscu furthers this stereotypical portrayal of the veteran with PTSD by representing Blake Miller, an Iraqi War veteran known to many as the Marlboro Man, as a smoking, drinking, swearing, reckless, porn-watching, ticking time bomb. Eliscu furthers this portrayal of the veteran: “I just want people to understand what PTSD is,” Miller says. “It’s not that you’re a wack job who needs a straitjacket. It’s just that you have thoughts not exactly on the level [as others].”<sup>2</sup> This representation, not unlike other media and entertainment portrayals, stigmatizes the veteran who has PTSD and reinforces negative stereotypes of the veteran to the civilian public.<sup>3</sup>

This becomes increasingly problematic when these representations can be reinforced by our academic institutions. One place where we see such reinforcement is in the creation of, and the rhetoric surrounding, exclusionary college programs and classrooms that separate the veteran from the civilian population.

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2. Eliscu continues to focus on the veteran turned villain when she quotes Rep. Bob Filner, the chairman of the House Committee on Veterans' Affairs, who stated: “The military makes it hard for these guys to get help. . . . We’re letting ticking time bombs out into society. Suicides are increasing among vets, and many of those with PTSD have felony convictions. The VA and the Department of Defense won’t acknowledge the incredible size of the problem, and it’s yet another indictment of the war we’re fighting and how we deal with these fighters” (57). Although this statement is probably meant to show the lack of resources for veterans, it also emphasizes the negative attributes of vets that the general public fears, which is problematic because the general public is the intended audience.

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3. Discussions of PTSD have been prompted by recent popular television shows like *Army Wives*, which at times perpetuate the ticking time bomb stereotype, as well as films like *Home of the Brave* (2006) which tell the story of returning veterans who left the war with visible physical injuries but continue to fight their invisible psychological battles while struggling to balance the demands of everyday life.

## Confronting PTSD in the University Setting

As veterans begin to make their transition back into civilian life, the university has become and will continue to become an important site of transition that will need to negotiate the extremes of what the veteran has come to represent. Perhaps fueled by the value placed on able-bodiedness by the military, universities continue to ask veterans to perform an able-bodied identity even if they are struggling with PTSD, denying any connection between an individual's physical and mental state. In effect, this prohibits any admission of the disability that might allow the veterans to seek treatment, understanding, or some form of recovery. John Schupp is the pioneer of a program for veterans at Cleveland State University called Supporting Education for the Returning Veteran (SERV), which offers veterans the option of an exclusive classroom space. SERV recognizes the challenges that universities present to veterans. Schupp explains, "Colleges don't care if you succeed. Imagine going from a place you've been for four years that does everything they can to help you succeed, and then you go to a place that does not care." This said, such programs for veterans, which no doubt have good intentions and do "care," often also problematically absorb the public and national rhetoric about heroes or villains. The university, in its attempt to reintegrate veterans into civilian life as students, excludes them based on their differences, ostensibly "protecting" them and the public. Educators also need to be mindful of identifying these men and women only as veterans rather than as individuals who have survived a series of traumatic events. Exclusive classes, leading to less real contact between veterans and civilians seem unlikely to facilitate greater understanding. In other words, in our efforts to reintegrate, we take the risk of segregating returning veterans by refusing to allow them to escape their identity as veterans.<sup>4</sup>

In the SERV program at Cleveland State, Schupp supports the initiative by invoking

"need to be mindful of identifying these men and women only as veterans rather than as individuals who have survived a series of traumatic events"

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4. As veterans are collapsed into one body, gender is as well considering that traumatic experiences differ for men and women. Women veterans are sometimes forced to cope with the trauma from the battlefield as well as any possible (sexual) trauma from within the military. John Schupp explains this important distinction by stating, "If you are a female in the military, you can't fail. You need to be stronger than the men." There is always "a threat of sexual trauma: 'If you don't give in to me, I won't watch your back in combat!'"

ing the heroism and patriotism: “They have volunteered to serve and they represent everything that makes America great. We owe it to this country to see that they have all of the opportunities for success” (qtd. in *VA Recognizes Cleveland State's SERV Program*). Schupp's statement also collapses all veterans into one collective body. It seems that the university is identifying veterans as representatives of the nation. In Schupp's emphasis that “we owe it to the country to see that they have all of the opportunities for success,” educators have to ask themselves an important question: Why do we owe it to the country? Don't we owe it to the veterans themselves? While it is clear that SERV's purposes are admirable and specifically made with the veterans' needs in mind, a patriotic rhetoric is never abandoned in these discussions.

The language adopted makes it sound as if these programs are necessary not only to aid the veterans with their transition, but also to help the universities in their acceptance of these veterans, the “ticking time bombs” perceived as potential financial and physical threats. Beneath this language is an inherited panic that comes from the media's representation of PTSD.<sup>5</sup> In a video titled “SERV-The American Veteran” sponsored by the Department of Veterans Affairs, Schupp discusses SERV and explains, “the GI Bill prepares the vets for the campus, the higher-ed section T prepares the campus for the vets.” Schupp's discussion of “Section T,” as the video goes on to explain, is a reference to an amendment to the 1965 Higher Education Act titled “Centers of Excellence for Veteran Student Success,” which offers funding to institutions like Cleveland State that wish to pilot their own veteran programs to better meet the needs of this growing percentage of the student body. Cleveland State has adopted the veteran-only classroom as one part of their model. While proper funding and support is a necessity, there is an underlying assumption in this exclusionary model that without proper preparation the veterans would present a challenge to the university. The suggestion here is that the university requires a sort of quarantine, and that the veterans, unleashed upon the campus without this remediation, represent a threat.

SERV and other similar programs segregate veterans by offering exclusive classes. This further underscores the ideological segregation that results from the continued use of patriotic rhetoric and builds the rest of the university around a pocket of veterans. In the program at Cleveland State, veterans begin their first semester with three entry-level SERV classes, such as English 101 (only veterans) and only one class with non-veteran students. As Schupp explains, the fifteen minutes prior to each SERV class as everyone arrives, is a signif-

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5. It is important to consider the role that patriotic rhetoric, which draws upon the image of the Homeric hero, plays in overshadowing some of the more problematic presentations of the ticking time bomb popularized by the media that cause of some of the underlying fears surrounding veterans and their growing appearance on university campuses.

icant community building time for veterans who use that small window to discuss whatever may be on their minds whether it be mundane comments about the day thus far or war experiences. Since these discussions sometimes take place prior to the professor's arrival, the teacher does not participate in these dialogues. For veterans coming to terms with physical disabilities and those who are still working to recognize PTSD as a disability, the possibility of even sharing their narratives can be difficult. Schupp argues that PTSD is not a disability because, "If you call it a disability, you'll lose them. They aren't disabled, they are wounded. They are extremely strong-willed people." In other words, operating within that national able-bodied rhetoric is central to veterans' transitions.

## **What Can Be Done**

At the heart of learning how to accommodate a changing veteran population on university campuses is the recognition that a fine line often persists between inclusion and exclusion and that our responsibility as educators is, first, to the veterans but also to the university as a whole and what that space represents. While it has taken time to learn how best to provide for this growing demographic of students, there are some necessary steps that need to be taken. The first steps are to recognize popular cultural myths about veterans, the ways these myths enforce ableism or stigmatize perceived "weakness," and to resist writing across students' bodies and identities with these stories.

Despite the problematic nature of exclusionary classes, the SERV program has also begun to take pragmatic steps that could work at other institutions, too. On a smaller level of day-to-day interaction with veteran students, professors need to be educated on the trauma of war and how to approach students who may be dealing with PTSD and other disabilities stemming from their war experiences. Professors must also not, as Schupp says, "try and treat or talk about [war experiences]." Schupp explains, "I don't want the teachers to have to do anything but teach." Teachers are not counselors: the professor's job is to educate the student, to recognize the individual issues each student is confronted with, and to know how to point the student in the right direction if help is needed. There is no replacement for services like the counseling center, veterans' groups, and other veteran resources. This includes liaisons at every college and university who will help veterans sort through everything from complicated financial aid processes, registering for classes, and meeting with other veterans if they choose to.

Furthermore, space established for veterans outside of the classroom, including a veteran lounge—like a commuter center that many colleges have—can encourage them to network with people who understand the difficulties that returning to school can present. Ideally, such social spaces might replace exclusive classes. Veterans could find support from



other veterans here and would not need segregated classes for this network and community. Within the veteran lounge, resources on war trauma must be made available to students, including information on contacting veteran liaison(s) and where to find the PTSD specialist(s) on campus. According to Schupp, "[students with PTSD] usually won't go to the teacher, unless they have no one else to talk to about it." We may consider offering them the opportunity—through blogs or personal narratives—to talk about their trauma if they want to, to allow these stories to enter into the university community as a whole and combat the rhetoric that continues to label them. In the end, the most important thing we can do for veterans is give them our respect, ensure the resources are clearly available, and show we are invested in their success as unique individuals.

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