Alternate Routes

A Journal of Critical Social Research

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The editorial emphasis of the journal is on the publication of critical and provocative analyses of theoretical and substantive issues. We welcome papers on a broad range of topics and encourage submissions which advance or challenge theoretical questions and contemporary issues. We also welcome commentaries and reviews of recent publications, works in progress and personal perspectives.

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Perspectives

'Canada's Troubled Troops': The Construction of Post-Traumatic Stress Disorder and Its Uses by the Canadian Armed Forces

Paula Godoy-Paiz

Since the late 1990s, there have been a number of news stories in Canada with headlines like "Casualties of Peace" and "From National Hero to Park Bench Drunk," reporting on the prevalence of mental illness, particularly post-traumatic stress disorder (PTSD) among Canadian Armed Forces personnel. In January of 1997 Canada's Department of National Defence carried out an epidemiological survey of Canadians who had served in the Gulf War to establish the overall health status of Gulf War personnel as well as the incidence of any symptoms of illness among them. The results indicated that among other health problems, Canadian soldiers who had served in the Gulf War were suffering from PTSD (Veterans Affairs Canada, 2002). Subsequently, there has been an increasing amount of discussion within the military and in the media about the incidence of PTSD among Canadian soldiers. In this analysis, I examine the construction of PTSD and how the disorder is being drawn upon by members of the Canadian Armed Forces. I begin by first examining what exactly it is that PTSD refers to through tracing the development of the disorder. Particular attention is directed towards the differing accounts of the origins of PTSD offered by Judith Herman (1992) and Allan Young (1995). I then examine a number of news stories of Canadian soldiers suffering from PTSD that have appeared in Canadian news. I argue, drawing on Allan Young (1995), that rather than representing a timeless and universal disorder, PTSD is a recent social construction that emerged following a political struggle by psychiatric workers and activists advocating for recognition and benefits on

behalf of large numbers of Vietnam War veterans who were suffering from undiagnosed psychological effects of war-related trauma. Moreover, being a social construct, PTSD serves to reinforce and advance particular beliefs and ideologies within society. For instance, the discourse of victimhood and 'the troubled troop' facilitated by PTSD works to reinforce the image of the 'good', 'caring' peacekeeper and Canada as a similarly 'good' and 'caring' nation. Therefore, while the disorder may be empirically experienced by many, it nevertheless represents a social construct that makes certain discourses possible, such as the discourse of victimhood, while foreclosing the possibility of others, like that of Canadian soldiers as perpetrators.

The 'Discovery' or Construction of PTSD?

The literature on the origins of PTSD can be divided into two camps. In the first, it is believed that the disorder is timeless and universal and that there have always been persons suffering from it. In the second, however, PTSD is seen as a social construct emerging at a particular point in time and it is espoused that while there have always been people suffering as a result of difficult experiences, they were not prior to the 1980s suffering from PTSD. The first position is articulated by Judith Herman (1992) in her book *Trauma and Recovery* and the second is found in Allan Young's (1995) *The Harmony of Illusions.*

Herman's position is that in 1980, for the first time, the characteristic syndrome of psychological trauma became a 'real' diagnosis as the American Psychiatric Association included in its official manual of mental disorders a new category, called 'post-traumatic stress disorder' (1992:28). Herman argues that while the disorder became a 'real' diagnosis in 1980, it had always 'been there'. Herman's position is evidenced in statements such as, "[t]he clinical features of this disorder were congruent with the traumatic neurosis that Kardiner had outlined forty years before. Thus the syndrome of psychological trauma, periodically forgotten and periodically rediscovered through the past century, finally attained formal recognition within the diagnostic canon" (Herman, 1992:28.). Herman maintains, therefore, that the social and political context of the late 1970s and early 1980s facilitated the emergence of PTSD as part of official psychiatric nosology, but the disorder itself existed before then.

Most of what has been written about traumatic memory and PTSD over the last twenty years or so has discussed these developments from the viewpoint of researchers and clinicians, such as Herman, who are convinced it is timeless (Young, 1995:5). Young (1995) argues that this position is based on a chronicle of events that are as follows. The position that sees PTSD as timeless begins with the premise that although there is a "lack of historical and theoretical continuity" in the evolution of psychiatric knowledge of PTSD, the disorder itself has been around from the earliest of times. One of the first physicians to discuss the syndrome was John Erichsen, who identified it during the 1860s while examining victims of railway accidents. Erichsen attributed the syndrome, which he called "railway spine", to neurological mechanisms defined unclearly. Later, Charcot, Janet, and Freud concluded, on the basis of clinical evidence, that the syndrome could also be produced by a psychological trauma. During World War I, the disorder's typical 'cause' shifted from railway spine (Erichsen) and hysteria (Charcot, Janet, Freud) to the battlefield, where large numbers of soldiers were diagnosed with 'shell shock.' According to Young, exponents of this position then point out that interest in the syndrome declined after World War I but revived during the 1940s, when the American Abram Kardiner, codified its criterial features and correctly identified its delayed and chronic forms. Despite Kardiner's achievement, however, the psychiatric establishment ignored the classification. Finally, it is maintained by exponents of the position of PTSD as timeless, the diagnosis achieved general acceptance only in 1980, when PTSD was included in the official psychiatric nosology following a political struggle of psychiatric workers and activists on behalf of the large number of Vietnam War veterans. In other words, it was during this period that the disorder, that had always existed, was 'discovered' and became an official diagnosis.

Having traced the reasoning behind the position, which treats PTSD as timeless (and hence merely 'discovered' in the late 1970s/early 1980s), Young argues that the disorder was actually created during this time. In *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* Allan Young (1995) argues against the generally accepted picture of PSTD discussed above. Young argues that the generally accepted picture of PTSD and the traumatic memory that underlies it is mistaken. "The disorder is not timeless, nor does it possess an intrinsic unity. Rather it is glued together by the practices, technologies and narratives

with which it is diagnosed, studied, treated, and represented and by the various interests, institutions and moral arguments that mobilized these efforts and resources" (Young, 1995:5).

Young argues that although it is true that as far back as one can go, there have been people tormented and incapacitated by memories of sad and horrific occurrences, PTSD is a fairly recent creation. To demonstrate this, Young traces the construction and development of PTSD as a psychiatric diagnostic category. This is not to say that Young argues the disorder is not "real". He concedes that the reality of PTSD is confirmed by the empirical experiences of many people. He states, however, that his job as an ethnographer of PTSD is not to deny its reality but to explain how it and its traumatic memory have been *made* real (Young, 1995:6). In examining the development of the current trauma discourse, Young locates its origins in the late nineteenth century when the term 'trauma', then used only in reference to physical wounds, was extended to also refer to psychic wounds. Until the nineteenth century, Young argues, the term "trauma" referred specifically to physical injuries; however, trauma was subsequently extended to include psychogenic ailments through an analogy that connected the newly discovered effects of surgical shock to effects that could be produced via "nervous" shock (Ibid). Through this analogy there emerged what Young terms an "affect logic", whose starting point is the experience of *fear*, conceived as memory, both individual and collective, of traumatic pain. The now more familiar version of traumatic memory, the notion of thoughts and images located in the mind, therefore, was born in the closing decades of the century, "when this analogy and its distinctive affect logic were conjoined with the practices and proofs of clinical hypnosis" (Ibid.). Young argues that these proofs, which culminate in the clinical narratives of Janet and Freud, "point to the existence of parallel domains of psychic life- the conscious mind and the subconscious (Janet) or the unconscious (Freud)- thereby making it possible to say and show that the mind keeps (traumatic) secrets from itself" (Ibid.). Young maintains, therefore, that the traumatic memory emerges at the end of the nineteenth century, at the intersection of two evolving fields of medical knowledge: "knowledge of how trauma affects the nervous system and, through it, the rest of the body, and knowledge of how pathogenic secrets impact on the mental life of their owners" (Young, 1995:39). Young argues, however,

that although the traumatic memory emerges at the end of the nineteenth century, it attracts little attention at this time.

The neglect of traumatic memory, however, ends with World War I (Young, 1995:40-41; Leys, 1996). A half-century after Erichsen published his first book on railway accidents, physicians serving in the Royal Army Medical Corps (RAMC), like their counterparts in the other combatant armies, were witnesses to an epidemic of traumatic paralyses. By the end of the war, 80,000 cases of shell shock had been treated in RAMC medical units and 30,000 troops diagnosed with nervous trauma had been evacuated to British hospitals. After the war, 200,000 ex-servicemen received pensions for nervous disorders (Stone, 1988:249 in Young, 1995:41-42). During this period the work of W.H.R. Rivers, an ethnographer and a temporary captain of the Royal Army Medical Corps, serving as a psychiatrists at the Craiglockhart Military Hospital, becomes significant because of his engagement with war neuroses (Young, 1995:42). According to Young, Rivers had the opportunity to observe a variety of psychiatric casualties and his articles on the psychogenic origins of war neuroses were widely read. Young argues that once the traumatic memory was born, however, it would take a further step for it to become PTSD.

DSM III & PTSD's Inclusion Into Official Psychiatric Nosology

Having traced the development of the traumatic memory, Young examines how it was ultimately transformed into PTSD. He points out that it was in *The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association* (DSM III) published in 1980, that PTSD became part of official psychiatric nosology. Although, he argues, it was nominally just another edition of the manual, DSM-III was fundamentally different from the preceding volumes, both in its positivism and in its authority (Young, 1995:7). The first edition of the manual included a similar diagnosis, "gross stress reaction," defined as a "psychoneurotic disorder originating in an experience of intolerable stress" (Young, 1995:107). Unlike PTSD, however, gross stress reaction was treated as a transient response, and its symptomatology was vague and consistent with DSM-I's system of classification. Moreover, the following edition (DMS II) dropped this diagnosis altogether. The closest that DSM II came to PTSD was "transient situational disturbances" and it was thought that if the patient had good adaptive capacities, his symp-

toms would usually recede as stress diminished. If, however, the symptoms persisted after the stress was removed, the diagnosis of another mental disorder was indicated (Young, 1995:107). The disorders found in the first and second editions of the manual thus contrasted with the current understanding of PTSD, which not only includes 'transitory experiences', but also long term experiences of 'trauma' as a result of exposure to difficult situations.

The adoption of the DSM-III was part of a large transformation in psychiatric knowledge making that had begun in the 1950s (Young, 1995:7). According to Young, "[t]hese changes profoundly altered clinical practice in the United States and prepared the way for a new science of psychiatry based on research technologies adopted from medicine (experimentation), epidemiology (biostatistics) and clinical psychology (psychometrics)" (Young, 1995:7.). With the publication of the DMS III, PTSD is established as an official diagnosis and its defining characteristics are outlined as follows: (A) An individual experienced "a recognizable stressor that would evoke significant symptoms of distress in almost anyone,". (B) The traumatic event is re-experienced through i.) recurrent, intrusive memories and distressful recollections of the event; ii) recurrent distressful dreams of the event; iii) sudden acting or feeling as if the traumatic event were recurring. (C) There is a numbing of responsiveness to the external world, or reduced involvement in it as evidenced by at least one of the following; i) markedly diminished interest in one or more significant activities; ii) feelings of detachment or estrangement from others; iii) constricted affect. (D) At least two of the following symptoms were *not* present before the trauma: i) hyperalertness or exaggerated startle response; ii) sleep disturbance; iii) guilt about surviving when others have not, or guilt about behavior required for survival; iv) memory impairment or trouble concentrating; v) avoidance of activities that arouse the recollection of the traumatic event; vi) intensification of symptoms after being exposed to events that symbolize or resemble the traumatic event (Young, 1995:117). In the course of the aforementioned developments, "the traumatic memory, up to this point a clinically marginal and heterogeneous phenomenon, was transformed into a standard and obligatory classification, post-traumatic stress disorder" (Young, 1995:7).

Young maintains throughout his book that one of the most notable and significant features of PTSD, is that it is a disease of time. In other

words, the distinctive pathology of PTSD is that it permits the past (in the form of the memory) to relive itself in the present (in the form of intrusive images and thoughts and in the patient's compulsion to replay old events). Young argues that "the space occupied by PTSD in the DSM-III classificatory system depends on this temporal casual relation: etiological event —> "symptoms" (Young, 1995:7). Without it, Young argues, PTSD's symptoms are indistinguishable from syndromes that belong to various other classifications for there are numerous clinical cases that resemble PTSD in every respect except that time runs in the wrong direction, that is, form the present back into the past. He also points out that the characteristic of time running in one direction (from past to present), has practical implications also, since it is the basis on which PTSD qualifies a "service-connected" disability (a precondition for getting access to treatment and compensation) within the Veterans Administration Medical System. I come back to the issues of time and the practical applications of the disorder when examining PTSD among Canadian soldiers.

Stories of 'Troubled Troops': PTSD Among Canadian Armed Forces Personnel

Since the late 1990s there has been a push from within the Canadian military calling attention towards the incidence of PTSD among its members. The Veterans Affairs Canada website, for instance, is filled with stories and information regarding PTSD and the 'large' numbers it affects. Veterans Affairs Canada has posted information about PTSD, from what the characteristics of the disorder are, to its effects on individuals and their families, treatment, and 'reducing the shame' often attached to the disorder. Accompanying the push has also been an increase in news stories covering the issue. An article appearing in the *CBC News–The Magazine* in December 1999, had the headline "Casualties of Peace." The title of the article sets the tone of the entire piece, evoking the sentiment that it is the Canadian soldiers who are suffering the costs of Canada's involvement in 'peace.' The introduction to the article reads:

> This is an unsettling look behind Canada's face abroad – the peacekeepers we send into some of the world's troubled spots. Now it seems many of them are coming home highly

> troubled themselves. Recently, a Canadian Forces inquiry put an official stamp on what many soldiers have long known to be true. That long after our troops have left the fighting, the killing, the humanitarian disasters behind, they are still waging private battles; battles with the memories of all they have seen and experienced. (Piercey, 1999)

The article goes on to describe the life and experiences of armed forces member Master Corporal Steve Atkins whose first assignment was Croatia who had to leave his wife and three–day old son behind. The article discusses the level of conflict in Croatia and states that, when Atkins came back, he was no longer sure he still loved the military life, but kept the doubts to himself. Atkins is quoted as stating, "I knew that when I got back from Croatia in '93 that I was different; that something had changed, I was much more cynical, much more emotionally detached." The article discusses other assignments Atkins would subsequently be given, among them his assignment to Bosnia. Upon leaving for Bosnia he took many pictures of his children, and his wife would send him drawings his children had made. Moreover, the article reads, "even the mementoes of his family's love did not shield him against the evil of Bosnia". Atkins states that "it's almost impossible to explain to somebody who hasn't been in a theatre like that to really, I think, get someone to comprehend what that place was like."

The piece also discusses the story of Brent Ratzloff who served in Bosnia as a military police officer and whose tasks included identifying bodies buried in mass graves. The reporter states that now Ratzloff, "spends his time painting and making crafts to help pass the time, and as therapy of his post traumatic stress disorder." Ratzloff states, "I still get flashbacks and stuff, but I stay in the house mostly now. I don't much like to go around a lot of other people. I prefer to stay here. It's safe." The news feature also contains various pictures of both Atkins and Ratzloff looking 'distressed'. The article concludes with a discussion of how the military is trying to help soldiers like Atkins and Ratzloff, and mentions the opening of a center in Edmonton among one of the five across Canada employing psychologists and social workers to help soldiers "come to terms with their emotions."

On February 6, 2002 a couple of similar articles appeared in The Globe and Mail Newspaper, which too discussed the issue of PTSD

among Canadian soldiers. The first of the two pieces, written by Daniel Leblanc, summarizes a statement by the Minister of Defence Art Eggleton regarding "the stigma surrounding shell shock, which is often dismissed in the military as an unmanly and wimpy condition". The article opens with a brief explanation of what PTSD refers to and states that PTSD is thought to affect up to 20 percent of Canadian soldiers who are sent on foreign missions. In response, Eggleton is quoted as having stated that the health and well-being of troops was his foremost concern and that there was a "need to effect a cultural change to eliminate the stigma associated with PTSD, or any type of mental injury". The article also contains excerpts from an interview with Lieutenant-General Christian Couture who stated that the key to reducing the stigma associated with PTSD is to keep telling soldiers that "PTSD is as real an injury as a broken leg". The article concludes with military ombudsman André Marin saying that the Armed Forces are heading for crisis unless quick action is taken to address the disorder.

The second article on PTSD appearing in The Globe and Mail on February 6th 2002, is different from the first in the sense that rather than discuss the phenomenon of PTSD among Canadian soldiers in general, it examines the story of one soldier. The story very much echoes the sentiments evoked in the CBC News-The Magazine piece discussed above. It is a story of a Canadian soldier serving in Uganda in 1996 and coming home "psychologically scared". The article's author, Jill Mahoney states that during his deployment to Uganda, Canadian soldier Christian McEachmern, "could do nothing but watch as a woman was raped outside his compound". During the same deployment, Mahoney states that McEachmern saw a man beaten to death and his disfigured body dragged away:

> When he returned to his Edmonton base before Christmas that year, his unit was not debriefed on the horrors they had witnessed in Africa. The infantry soldier first suffered nightmares, depression and bouts of crying after. [...] Soon after the deployment, Mr. McEachmern developed more severe signs of posttraumatic stress disorder, including nausea, severe chest pain and night sweats" (Mahoney, 2002:A6).

It is undeniable that the experiences of Canadian armed forces personnel include horrific occurrences that would produce some sort of effect in most people. Like Young (1995), I do not dispute that the soldiers indeed suffer as a result of the stressful events they have lived through and experienced. In fact, I concede that their experiences and emotions are quite 'real'. What I am interested in, however, are the broader implications of the application of PTSD to Canadian soldiers. I am particularly interested, as the following section illustrates, in the discourses PTSD enables, the ideologies it supports and to what ends these discourses and ideologies are used.

PTSD & The Discourse of Victimhood

One of the discourses made possible by PTSD is that of victimhood. In the introduction to *Trauma and Recovery*, Judith Herman (1992) indicates that her book is about commonalities between rape survivors and combat veterans, between battered women and political prisoners and between survivors of vast concentration camps "created by tyrants who rule nations and the survivors of small, hidden concentration camps created by tyrants who rule their homes" (1992:3). Herman establishes and underscores the commonalities in the experiences of those who may be diagnosed with PTSD. In emphasizing similarities, however, she fails to point out that the sufferers' experiences of PTSD may also be different. At issue is not so much that Herman argues that there are commonalities between different groups of people (there may well be), but that she does not acknowledge that there could also be deep points of difference between, say a battered woman and a combat veteran. Moreover, even the experiences of two combat veterans may be quite varied as well. The first issue raised by placing various groups of people into one category is perhaps the more obvious. The diagnosis of PTSD takes a wide range of social experiences and reduces them to a set of 'measurable' characteristics found among individuals. According to Bracken (1998:38), the current discourse on trauma has systematically sidelined [the] social dimension of suffering, promotes a strongly individualistic focus, "presenting trauma as something that happens inside individual minds."

The second issue raised by subsuming the suffering of rape survivors, combat veterans, battered woman, and political prisoners into one category is perhaps less obvious, and one I draw out in this analysis. Namely, in placing a number of groups into one category (i.e. sufferers

of PTSD), the distinction between victim and perpetrator is elided. Moreover, the perpetrator seems to disappear, as the various sufferers of PTSD become 'victims'. One of the issues that stands out from Herman's book as well as the news stories and articles on PTSD in newspapers and on the Veterans Affairs website is how PTSD opens up a space for a discourse in which the soldier is discussed solely as a victim; a 'kind', 'gentle' and 'caring' soul whose only flaw is 'caring and fighting for his country'.

Again, I do not dispute that to a certain extent, the soldiers are 'victims' and do suffer, but I am interested in the ideologies fed by the discourse of victimhood. One of the important questions raised by the language of victimhood made possible by PTSD is the question of why the military, the media and individual soldiers (who presumably would want to uphold an image of 'heroic' Canadian soldiers) have latched onto a construct that opens up space for a discourse of weakness and victimhood. The answer lies in the fact that in the case of the Canadian Armed Forces, who pride themselves and are praised for being 'peacekeepers', PTSD works to further the image of the Canadian soldier as 'heroic', 'caring' and 'sensitive'. While on the surface the images of the 'heroic' soldier and the 'troubled troop' may appear to be opposed to one another, the 'troubled troop' language made possible by PTSD actually serves to strengthen the discourse of the Canadian soldier as a 'good hero' and by extension Canada as a 'good' country. 'Real' or not, PTSD, like any other disease category, is a social construction and as such is a depository for particular ideologies and discourses. It also, in turn, opens space for particular claims to be made and discourses to be advanced and utilized to support particular agendas.

For individual soldiers, PTSD allows them to make particular claims about their life and invest their worlds with particular meanings. As Hacking (1996) and Young (1995;1996) point out, PTSD allows for moral claims to be made about the soul. In tracing the development of the 'science of memory' to its beginnings in the late 19th century through the work of Ribot, Charcot, Janet, and Freud and Ian Hacking sheds light on how we have come to the assumption that memory is knowable and highlights how this knowledge has become highly politically charged. Drawing on Michel Foucault's notions of "anatomo-politics" and "bio-politics", Hacking argues that the sciences of the memory have produced

a third realm of power: "memoro-politics" in which assertions about the memory take on a moral and political quality and constitute claims about the soul. At the core of the "memoro-politics", then, is the idea that what has been forgotten is what forms our character, our soul. Like Hacking, Allan Young (1996) examines how PTSD accommodates for moral claims over identity and the soul by looking at the two senses of trauma it relies on. Young points out that the most common answer found in psychiatric literature is that the two senses of "trauma" (bodily and mental) are linked by analogy; he argues, however, that this account is incomplete for two reasons. First, the initial transfer occurred between two kinds of bodily mechanisms; surgical and nervous shock (not between bodily and mental traumas). Second, Young argues, "the historical relation between these bodily mechanisms is genealogical rather than analogical" (1996:89). In advancing his arguments, Young shows that there are actually two different meanings of trauma in psychiatry; one produced by analogy and the other by genealogy. The former produces traumatic memory consisting of images, emotions, sensations, and "words located in psychological space" (1996:89). The latter produces a kind of memory rooted in neuroanatomy, physiology, and evolutionary history. Young argues that both senses of traumatic memory are currently present in psychiatry and demonstrates this by discussing PTSD. He states that the DSM-III, in outlining the central criteria of PTSD, makes the distinction between the mental memory and bodily memory of trauma. Young argues that bodily memory gets traumatic time to run in one direction and it is at this point, that he sees bodily memory entering Hacking's memoro-politics thus allowing for moral claims and presentations of the self and soul.

Looking at the experiences of individual soldiers through the lenses of Hacking and Young one could argue that PTSD allows the soldiers to make moral claims to 'goodness'. The articles on Canadian soldiers I have examined also contain information on the motivation of the men for joining the army. These reasons are either that the soldier came from a military family and wanted to follow in the tracks of their grand/fathers or they had a 'rough' upbringing and saw the military as their only 'way out'. The articles describe a sense the soldiers had of 'making a difference' and 'a contribution to their country'. The articles then describe their lives after their missions; often being at home and feeling 'useless'. Again, their suffering is probably quite real, but on another level, the dis-

order is appealing because of the moral claims it makes possible. As I outlined above, Young argues that PTSD is a disease of time, that it gets time to run in one direction—from past to present (traumatic event? symptoms). Time running in one direction permits soldiers to link their current symptoms and situations to their lives in the military in a way that any other diagnosis would not. The unidirectionality of time in PTSD enables the soldiers to keep alive their stories of 'military life' and reaffirm an identity they had hoped to gain from joining the military in the first place: an 'outstanding', 'good' person making a 'difference' in their country. In examining the case of depression, Dwight Fee (2000) argues that it is often a discursive project; a reflexive process of self-definition and identity construction, an active, interpretive process of culturally informed self-communication. I would argue that PTSD, while empirically experienced by many, is also a discursive project and process of self-definition and identity construction.

Based on his ethnographic research among Vietnam War veterans and institutions in the United States catering to them, Young found that the direction of time (past?present) is the basis on which PTSD qualifies a "service-connected" disability within the Veterans Administration Medical System. Young found that a service-connected designation is a precondition for getting access to treatment and compensation. In the case of Canada, because it has been quite recently that PTSD among soldiers has received attention, the issue of compensation remains fuzzy. It will be interesting to see how compensation and benefits will be dealt with in Canada however, it seems likely that the direction time runs in will also be central.

It is not only at the level of individual soldiers that PTSD opens space for particular discourses or works to advance particular ideologies and agendas. I have discussed the language of victimhood enabled by PTSD, however, there is one consequence of this I have not yet mentioned; in focusing on the 'suffering' of Canadian soldiers, attention is deflected from the suffering *created* by Canadian soldiers (which is incidentally quite convenient for the Canadian military). In light of the of the news articles and stories of Canadian soldiers suffering from PTSD which I have examined in this paper, it is quite interesting to examine and juxtapose a report prepared by Sherene Razack (2000) documenting the practices of Canadian soldiers in Somalia. Razack offers insight into a side of the peacekeepers' activities not offered by the news reports or articles

off the Veterans Affairs website. In the report entitled *From the "Clean Snows of Petawawa": The Violence of Canadian Peacekeepers in Somalia,* Razack (2000) exposes the gruesome acts of violence, including soldiers firing into a crowd gathered at a bailey bridge, the severe beatings of prisoners, children bound and held overnight, and the torture and killing of Somalis perpetrated by Canadian soldiers in Somalia while on a 'peacekeeping' mission in late 1992 and early 1993.

While the articles I examined in the previous section emphasized the resultant suffering of Canadian soldiers from the horrific atrocities they 'witnessed', Razack examines the atrocities perpetrated by them. Razack discusses how, from the "clean snows" of the Petawawa military base in Ontario, Canada sent troops to perform peacekeeping duties in Somalia late in 1992. Razack (2000:127) argued, however, that the troops returned six months later with blood on their hands, pointing out that, on March 30, 1993 newspaper headlines announced that a Somali prisoner had been shot by members of the same regiment. She stated:

> In January 1995, videos were shown on national television showing Canadian soldiers engaging in a number of degrading, violent, and racist acts during numerous initiation rites. Moreover, photographs and videos also emerged of soldiers posing with bound Somalis, many of whom were children.

A few weeks later, the Minister of National Defense announced the disbandment of the Canadian Airborne Regiment, and on March 20, 1995, the government also announced the creation of a Commission of Inquiry into the Deployment of Canadian Armed Forces to Somalia (2000:127.).

From this sequence of events, Razack notes that the public was left with intensely disturbing visual images of torture and degradation, documented instances of the army's chain of command encouraging the torture at worst and turning a blind eye to it at best, and disturbing official attempts to destroy or suppress important documents relating to events (2000:128). She argues that:

> The Somalia Affair, as it was called, simultaneously ruptured and confirmed central aspects of the Canadian national narrative. Canadians who knew themselves offi-

> cially as peacekeepers of the world, as non-racist, and as non-involved in conquest and other imperial acts confronted in a dramatic way the possibility that the reality was otherwise. While the trophy photos, videos, and soldiers' previous involvement in racist organizations, as well as the actual deaths of Somalis, suggested that racism and violence were endemic, the official story of a nation of peacekeepers and a nation relatively free of racism prevailed. To date, we still do not know exactly what came forth from the "clean snows of Petawawa" (Razack, 2000:128).

One of the central issues taken up by Razack in her examination of the violent practices of Canadian soldiers in Somalia, is how despite the fact that the images of Canadian soldiers engaging in violent and degrading acts against Somalis went against the dominant image of the 'good peacekeeper', the violence visited on Somali bodies disappeared from Canadian national and legal consciousness. Razack argues that, "peacekeeping as a national vocation, and as the dream of middle power that exists next door to the United States, neatly enables Canada to tell a story of national goodness and to mark itself as distinct from the United States. Peacekeeping makes it possible to proclaim a history of "doing good" and "maintaining order among the fractious nations and peoples of the 'world' (Granatstein, 1992:224 and 231 in Razack, 2000:134). Razack's main contention is that "Canadian atrocities in Somalia disappeared into the national mythology of 'clean snows' and innocent peacekeepers—noble intermediaries between the superpowers" (2000:134.). Razack argues that as a national mythology taught to children and often featured in the media, the narrative of Canadian peacekeepers as 'disinterested' and 'innocent' blocks accountability for the violence in Somalia, just as it blocks accountability for racist violence within Canada (2000:134-135). The image of the 'troubled troop' suffering from PTSD thus works to advance the narrative of Canadian soldiers as 'good', the 'casualties of peace' (i.e. the ones who suffer the consequences of Canada's 'peacekeeping'). In opening up this discourse, PTSD deflects attention from any wrongdoings committed by Canadian soldiers.

Razack argues that the image of the peacekeeper as 'good,' 'kind' and 'innocent' is intimately linked to a process of nation building in Canada. She states that peacekeeping as national vocation enables the

narrative that a nation 'so gentle' could not possibly have participated in the acts of violence reported in the media. Moreover, this "refusal to accept responsibility grows out of another national mythology, one that is related in critical ways to the peacekeeper narrative: the notion that Canada is a kinder, gentler place than the United States" (Razack, 2000:135). PTSD makes these claims easier as it draws our attention to the suffering of Canadian soldiers rather than the suffering they have caused. So while PTSD may be a term applied to a set of empirical experiences, it is also a social construct that feeds and reinforces particular ideologies and has applications beyond the label given to a particular set of symptoms. For instance, the popularity of PTSD not only comes at a time in which the image of the 'good peacekeeper' is being questioned by some, it also comes at a time in which the military is pushing the federal government for additional resources complaining of a lack of personnel and equipment. PTSD, therefore, is not only being employed to uphold a particular image of Canada and its soldiers, but also to lobby for increased funding.

Conclusion

In this analysis I have examined the construction of PTSD and the various ways it is being drawn upon by individual soldiers, the Canadian military, and the media. I examined what exactly is meant by PTSD through tracing its development and drawing attention to the differing accounts offered by Herman (1992) and Young (1995). I argued that rather than being a timeless disorder and merely representing a label applied to a defined series of symptoms, PTSD is a social construct facilitating particular discourses while foreclosing the possibility of others. Drawing on Canadian news stories and the work of Sherene Razack (2000), I demonstrated that PTSD creates a discourse of victimhood. Moreover, the image of the 'victim' and the 'troubled troop' facilitated by PTSD works to reinforce the image of the 'good', 'caring' peacekeeper and Canada as a similarly 'good' and 'caring' nation while working to deflect attention from suffering and violence perpetrated by Canada and its soldiers.

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