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Review by Corrine E. Hinton

The Fire Within: Shedding Light on Trauma

By Mat Vance & 21 contributors | CreateSpace Independent Publishing, 2017. 240 pp. ISBN 9781542912723

A 2012 report released by the Department of Veterans Affairs (VA) concluded that an estimated 22 veterans a day commit suicide, renewing national attention to the growing epidemic of self-harm by our nation's former service members (Kemp & Bossarte, 2012). "22 a day" evolved from a statistic to a public outcry, supporting suicide prevention interventions within the VA healthcare system and sparking efforts outside the VA by non-profit groups like Mission 22, Stop Soldier Suicide, and 22 Too Many. While the statistics have since been revised to 20, the fight to end veteran suicide is still fervent as veterans represent a disproportionate percentage of the total number of suicides each year (Shane & Kime, 2016). Research likewise heightens the attention to mental health issues resulting from, or exacerbated by, military service or veteran reintegration, especially posttraumatic stress disorder (PTSD). Despite a thorough treatment in the DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders*), PTSD among veterans remains misunderstood, often by civilians but also by military service members, their families, and even mental health care providers (including those within the VA). Most individuals with PTSD would argue that to understand it, you must experience it. From this belief, *The Fire Within: Shedding Light on Trauma* enters the conversation about PTSD. *The Fire Within* offers 22 personalized accounts of PTSD written by soldiers, Marines, and military family members who experience it or who have been impacted by it.

The goal of this compilation, as explained by the book's lead editor and Army veteran, Mat Vance, is to underscore the range of PTSD in its origins and manifestations as a disorder¹, as well as the veterans' varying approaches to treatment, coping mechanisms, stigma, and outlooks for the future. Vance himself is a published author, having released a memoir about humor in combat, *The Funny Side of War: For the Sick and Demented* (Outskirts Press, 2015). While each perspective adds valuable nuance to the way we (those unaffected directly or secondarily) understand PTSD, *The Fire Within* collectively seeks to raise awareness about invisible injuries while dispelling common misconceptions. Sadly, many of their stories also underscore negative perceptions of mental health among current service members and inadequacies in the VA healthcare system.

The voices of the collection's contributors are raw, honest, and unapologetically insistent in telling their truths and positioning themselves in the contexts of other veterans they know and love. Of the 22 authors, 21 are veterans (Army, Marine Corps, and one Navy SEAL) and one, Amy Miner, is the widow of a veteran. Her story, as I'll explain later, is one of the most heart-wrenching. The book is divided into six sections: three chalks, two resupply spots, and a concluding story. For the civilian audience, Vance explains that a chalk is "military jargon for a small group of troops that are loaded up and ready ... mentally and physically prepared to do what is necessary to complete the mission" (2017, p. xvii). Thus, the main contributors to the collection are organized into small groups.

¹ While some readers may dispute the use of the term "disorder" to describe PTSD, I'm adopting the clinical classification from the DSM-5. In the manual, PTSD is now included in a new category: Trauma- and Stressor-Related Disorders.

The two resupply sections contain the voices of unique contributors to the collection, including family members who have lost those closest to them (Amy Miner, two Marine veterans, and a Navy SEAL). The stories in chalk one come from six Army veterans, those in chalk two come from three Marine veterans, and those in chalk three come from eight members of the same Army unit who served at different times in Iraq and Afghanistan. All of the stories shared represent the combat veteran perspective; however, even that generalization should be taken with caution. Frequency and type of enemy engagement varies, and so a veteran's relationship with combat while serving (including combat-related PTSD) varies as well. By hearing about PTSD from those closest to it, *The Fire Within* offers first-hand accounts into a disorder that has been studied by those in the scientific and academic communities, stigmatized by those in and outside of the military, and demonized by the public and our media.

As a qualitative researcher, I am intrigued by the stories people tell, and I use those stories to generate a clearer, more comprehensive understanding of particular phenomena. As I worked my way through *The Fire Within*, I could not help but to conceive of every individual account as a new narrative to add to the primary data available to help answer the question, *What is life like for military-connected individuals living with or beside PTSD?* If we consider the authors' stories as contributions to our understanding, then we find that this collection adds depth and complexity to the genesis, response to, and treatment of PTSD among military members (particularly combat veterans), unveils the secondary impacts of PTSD on immediate family members, and rejects some common misconceptions about PTSD and veterans with PTSD.

Among the individual voices represented, some trends emerge of particular interest to those working with and for veterans and military families. Several of the authors observe the benefit of talking about their experiences, thoughts, and feelings—be those recounting tales from their service (the good and the bad), post-service transition issues, everyday civilian stressors, or those specifically related to mental health. Admittedly, opening up is not always easy, but many have learned to use talking as a way to stay connected and to vocalize their issues with their military buddies, family members, and spouses/intimate partners. What several of the authors note as aspects of their personal journeys toward disclosure has been reiterated in the clinical literature in the field. For example, Briana S. Nelson Goff and her colleagues (2016) investigated the relationship between trauma disclosure and relationship functioning in 50 Army veteran couples. They found that the couples within the high disclosure group indicated they had better communication, adjustment, and relationship cohesion than the couples with lower levels of trauma disclosure (Nelson Goff, et al., 2016, p. 117). However, as David Rogers rightly points out in his chapter, veterans need to have control over what and when to disclose. Rogers uses writing as a way to grapple with his own emotions so that he can “make sense” of them before deciding to invite others in to his battle (2017, p. 47).

Other veterans in *The Fire Within* paint silence and isolation as paths into the dark woods. “PTSD is hardest when you feel alone,” Joshua D. LeBel admits (2017, p. 184). Isolation, silence, and loneliness are attributed to fear, anxiety, guilt, and—eventually—shame. The collection is laden with alcohol (ab)use as an escape mechanism, and the veterans who recount their experiences offer nothing positive about the approach. And yet, the tale seems commonplace enough to suggest it as a normal part of the coping process—to fail through avoiding emotions before succeeding in facing them. Successful conquering of PTSD, however, is not the theme of this book; rather, it is understanding the complexity and individual nature of each veteran's journey. In Resupply one, we hear from Amy Miner, the widow of a combat veteran. Her story is a horrible yet necessary contribution to this collection. Miner describes how her husband tucked away his struggles inside “boxes” he would “hide away” and every once in a while, bring out, releasing “a memory or a feeling”

(2017, p. 52). The value in Miner's story is her perspective: the spouse/intimate partner who, through attempts to help her veteran heal, adopts his burdens as her own. Miner learns how to sense changes in her husband's behavior and emotional state, to respond and react in strategic ways to de-escalate trigger moments, and to develop emergency response plans to keep her children safe. As a military caregiver to a veteran with PTSD, I could draw some parallels to my own experiences and to those of my veteran spouse friends. When you are part of a family unit that includes someone with PTSD, you begin to live much of your life around their needs rather than your own. Miner's story is just one in what we know is a long line of spouses, partners, and family members affected by losing their veterans to mental health struggles. Their stories are often left untold, but organizations like the Elizabeth Dole Foundation are helping connect our nation's military caregivers to resources and to each other so that they, unlike Miner, do not have to endure their experiences in silence or in isolation.

The collection editors made a wise decision to provide the resupply chapters that help us see the secondary impacts of PTSD on military families. While we get these perspectives firsthand through Amy Miner and "Thumper" Johnson, they are also salient in many of the chapters by the veterans themselves. Many of the contributors admit that at some point, they realized how their manifestations of and/or acknowledgement of PTSD occur through contact with their immediate family members. As the chapters represent the veterans' stories, the reader isn't privy to the intimacy of these moments except in small glimpses. What we do learn, however, is that family members can play a pivotal role in supporting veterans. Several authors credit their parents, wives, or siblings with helping them—even if that meant just providing a trusting, nonjudgmental ear. At the same time, these family members are often on the front line of fire when the veteran is triggered. We, both the collective scholarly body and civilians in general, need to know more about the family members' experiences and the resources we can provide to assist them in their roles.

One chapter, by an Army veteran named "Shep," calls attention to another prevalent theme, one that makes its presence known stealthily but forcefully within our nation's military: negative stigma about mental health (including PTSD) among active duty service members. Shep admits that he and his buddies didn't talk about PTSD while in service, because they "didn't want the label associated with it" (2017, p. 148). This avoidance response doesn't generate without a cultural context that supports it, a context reaffirmed through the stories of Shep, Nathan "Thumper" Johnson, John Francisco, and Dana Brown. While serving, expressing mental health concerns makes a service member appear "weak and untrustworthy" to his comrades; having PTSD means you're unfit for the honor of serving or, worse yet, a liar who is trying to avoid (re)deployment (2017, p. 126). Even if one overcomes this first layer of cultural shaming associated with PTSD, another layer exists within service leadership. Several of the chapter authors admit trying to seek help while on active duty or disclosing through the post-deployment questionnaires. In these instances, the red flags were noticed but they were ultimately brushed aside and told to "toughen up" (2017, p. 207). The stigma perpetuated among active duty service members follows them as they transition into their identities as veterans and as civilians, as many of the collection's authors mention. While the public communities in academia, mental health advocacy, and others call for the destruction of stigma surrounding mental health and PTSD, for veterans, the stigma is often more difficult to elude. For example, in a recent piece here in the *Journal of Veterans Studies*, Derrick Kranke, Eugenia L. Weiss, and Jodi L. Constantine Brown (2017) discuss how "some stigma barriers held by student veterans...[can] minimize disclosure and help-seeking" behaviors on their respective campuses (n.p.). In fact, Kranke, Weiss, & Brown (2017) call attention to "double stigma" whereby a veteran on campus may already feel stigmatized by his or her connection to military service/veteran status (which may cause separation from civilian students/faculty); to add a secondary layer of stigma

through the disclosure of a disability may “enhance feelings of ‘differentness’” (n.p.). The same double stigma, it seems, applies to several of the veterans in *The Fire Within*, as they negotiate their own “differentness” in the face of layers of stigma.

Shep offers talk as a way to dismantle the perpetuation of negative stigma associated with mental health issues prevalent among active service members. He insists veterans have “to empower each other and let each other know that it’s OK to be scared and that we can ask for help up when we fall down” (2017, p. 152). Other contributors to the collection discuss the importance of peer-to-peer support in their own journeys, akin to the models for support offered through organizations like Vets4Warriors. Through the authors’ stories, we are privy to a myriad of conventional and unconventional approaches to managing PTSD: writing, art, outdoor activities, sports, social groups (usually veteran related), and companion/service dogs. While some veterans dismiss and degrade the quality of service provided through the VA, others credit it with beginning their journeys toward reconciliation. As one of the collection editors, K. Brown tells us in his summary, the focus of treatment should never be on “trying to get back to the way we were” — this is the new normal (2017, p. 216). K. Brown’s concluding contribution forms a perfect bookend to a collection that, overall, advocates for a change in the way we talk and think about PTSD. Kevin “Mac” McEnneny and Grant Rogers, a Marine and an Army veteran respectively, adopt the same analogy of PTSD, one which I have started to adopt as well. Their individual perspectives are worth sharing:

McEnneny: “This ‘disorder’ is not a disease. It’s a scar and before it becomes a scar it is an open wound. If you’re bleeding, you ask for treatment, you treat the wound, clean the wound and don’t cover it up pretending like it’s just fine.” (2017, pp. 112–113)

Rogers: “The way I see it, is that it’s a wound that needs healing treatments and stitched together. After taking care of it, it will become a scar, a scar for life” (2017, p. 195).

A scar: a scar that with time and treatment may fade — sometimes to the point of invisibility. But the scar is never *not* there; rather, it lives and camouflages itself to look like the other skin. And yet, it feels different to the touch. It responds differently from normal skin to external attempts to modify it, like the sun or ink from a tattoo machine. I think this line of comparison makes more sense than any others I have heard, as it aligns with the permanence PTSD can have on a person. Likewise, it attests to ways in which a scar only means as much as the person carrying it; for some, the scar is small and inconsequential to their lives. For others, its significance goes beyond the veteran himself or herself, touching intimate partners, spouses, and family members almost as if they had sustained the wound themselves.

Certainly, the collection’s limitations must be addressed. While the cultivation of individual voices is commendable, the diversity of those voices lacks in areas of interest to many veterans studies scholars and to a growing sector of the public as well. First, *The Fire Within* includes no accounts from female veterans; scholars in the field working actively with female veterans would note the ways in which concurrent service-related experiences (Military Sexual Trauma, harassment, or alienation) as well as other gender identity issues may further nuance the relationship between veterans and their combat experiences. Their absence, while palpable, was not intentional. When I asked Vance about the lack of female presence, he explained, “I actively sought out any veteran willing to write about their opinions on the subject matter without caring about gender, race, religion or anything else that seems to be dividing us these days” (2017, n.p.). Faced with looming deadlines, Vance had to gather what stories he could. The collection also lacks equitable representation from veterans of color; in his chapter, “Black Horse: Honoring My Ancestors in War,” Phillip M. Chavez accounts for the cultural influences of his indigenous heritage as a healing mechanism, and I think readers would be curious to

hear more stories like Chavez's for comparison to the majority (white, male) experience. Readers can learn also from the experiences of McEnney, a gay veteran who reveals the pain he feels after being rejected by his comrades. His story, like others in the collection and in veterans' research, reaffirms the idea that service-related repatriation experiences can exacerbate PTSD when other self-identity-related conflicts occur. McEnney explains, "I got back from war and I didn't handle it very well. I would say half of my issues were from the combat I saw, but the other half being that my brothers from war now wanted nothing to do with me. I felt like I was the trash we threw in the fire pit" (2017, pp. 109–10). As for its limitations, Vance says, "This book is just the beginning," and I certainly look forward to a future collection that accounts for greater diversity in gender, identity, service era, branch of service, non-combat-related PTSD, and other stories that further complicate (in a necessary way) our understanding of PTSD (2017, n.p.).

In fact, even writing this review has complicated PTSD and veteran suicide for me. For example, reading the firsthand accounts of the journeys each contributor has traveled to accept, adopt, and adapt to combat trauma (in and beyond traditional clinical settings) continues to dismantle the reliability of approaches that support a single point of treatment. At the same time, *The Fire Within* reminds me of the importance of helping veterans find trustworthy, caring human connections; the longer and more difficult the veteran's journey toward owning his or her scar, the more vital those connections become to circumventing self-harm. Although I have spent nearly a decade working with and writing about veterans and their families, I continue to learn through the stories they share— personally and publically. In the two months I've been working on this review, I've come into contact with nearly a dozen stories. In that time, I've also helped two veterans—a student veteran and a staffer at our university—during moments of crisis. And I've helped another university colleague do the same for an active service member in her family. As humans, we have a need to connect with each other, and so much of what divides us can be reconciled through sharing stories; in this way, we humanize and individualize the generalizations and stereotypes that pervade our culture and media. "22 a day," or as we are seeing it now, "20 a day" is a statistic that is supposed to compel us to action; unfortunately, it may also overwhelm us, as we focus on the magnitude of the number and not the faces and the stories of which it is composed. *The Fire Within* shares with us just a few stories of service members and their families who continue to live with the primary and secondary scars of trauma. While not a scholarly or empirical investigation of trauma, *The Fire Within* contributes meaningfully to our understanding of the daily, very human experience of living with and beside PTSD.

Dedication

Sgt. David L. Cavanaugh, USMC (12/28/1992 – 9/5/2017)

and

Sgt. Jesse "Bobby" Labonte, USMC (5/30/1994 – 9/8/2017)

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