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Review by Kate Hendricks Thomas

On Military Memoirs: A Quantitative Comparison of International Afghanistan War Autobiographies, 2001–2010

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Veterans experience higher rates of mental health concerns than non-veterans, and poor mental health is an oft-discussed health problem in the mental health community (Wilcox, Finnery, & Cedarbaum, 2013). Estimated rates of stress injury and depression vary widely from 15-50% (Acosta, Adamson, Farmer, Farris, & Feeney, 2014; Coughlin, 2012). Though many veterans do get diagnoses and treatment, many more struggle with moral injuries, stress injuries, depression, and anxiety without diagnosis (Thomas et al., 2015). Closely correlated with suicide, mental health issues place a service member at risk; suicide risk is almost four times higher in the veteran population than in non-veterans (Bossarte, 2013; Department of Veterans Affairs, 2014; DSM V, 2013; Hoge & Castro, 2012). Military deployment to a war zone elevates the risk of long-term physical, psychological, and social problems and reduces overall health status (Spelman, Hunt, Seal, & Burgo-Black, 2012).

The question of how to help veterans reintegrate by connecting with civilian community members is a uniquely salient one. Reintegration into new roles and loss of community felt when leaving the military contribute to depression among recently discharged veterans (Brenner & Barnes, 2012). Analyses of veteran demographics indicate that two million veterans return to civilian life each year, with the liminal space of transition creating a major issue impacting mental health outcomes (Friedman, 2015; Romero, Riggs, & Ruggero, 2015; Thomas & Plummer Taylor, 2015). Yet, the programs in place to help veterans reintegrate has historically low adherence rates. Thus, the need for creative options well beyond the simple answers offered by traditional therapy programs (Malmin, 2013; Thomas, Plummer Taylor, Hamner, Glazer, & Kaufman, 2015). The veteran service community has long acknowledged the utility of journaling and writing as therapeutic endeavors, and the sharing of wartime narratives can be a valuable means of translating experience, creating connections, and exorcising mental challenges (Pizzaro, 2004; Van Emmerik, Kamphuis, & Emmelkamp, 2008).

Into this space, Dr. Esmeralda Kleinreesink's quantitative analysis of military memoirs steps. *On Military Memoirs: A Quantitative Comparison of International Afghanistan War Autobiographies, 2001–2010* was penned during the author's military assignment to the Netherlands Defence Academy. I was keenly interested in reading her book because my military behavioral health research continually points to questions of treatment stigma and protocol adherence as crucial problems that prevent optimal wellness for many of our military veterans. I wondered whether the author's analysis would find that memoir-writing was a method veterans use to reach across the military-civilian divide, to share, to normalize, and to assuage feelings of alienation and distress. I wanted to dive into the book's methodology and see whether writing offered some quantitatively-verifiable therapeutic benefit.

As a United States Marine who deployed to Iraq as a Military Police Officer in 2005, I am personally invested in questions of how to reach veterans outside the traditional therapy construct. In my own experience, when times became challenging, I was completely unwilling to recognize a need for help or to reach out for it. Writing was therapeutic for me, and I was interested in what the

author, also a military veteran with deployment experience to Afghanistan, had to say about war memoirs' impact on those writing and reading them.

Esmeralda Kleinreesink, Ph.D. is a Lieutenant-Colonel with the Royal Netherlands Air Force. After her deployment to Afghanistan, she penned and published a memoir of her experience with stress injury and redeployment challenge, *Officier in Afghanistan* (Muelenhoff, 2012). A military professional *and* an academic, she straddles two worlds and thus is uniquely positioned to offer insight.

The issue of military mental health is cross-culturally salient. Within the military community, much of the issue lies in the problem of getting veterans to avail themselves of treatment services (Currier, Holland, & Allen, 2012; Koo & Maguen, 2014). Lack of screening for depressive disorders and the quality and type of medical care available to service members suffering from depression are important concerns but have less of an impact. In one post-deployment study, 42% of screened reserve and National Guard soldiers answered questions in such a way that they were flagged as being in need of evaluations and possible treatment (Greden, et al., 2010). However, only half of those soldiers referred sought treatment. Only 30% of those that sought treatment followed the basic program through the full eight sessions (Greden, et al., 2010). Part of the issue is the stated disconnect combat veterans feel from civilians, even civilian mental health professionals who treat the military population (Malmin, 2013). Service members and veterans often feel they are wasting their time dealing with people who cannot relate to their perspective; in fact, service members and veterans and may actually feel more comfortable in the war zone (Hoge, 2010; Hendricks Thomas, 2015). In addition, warrior subculture tends to promote the belief that acknowledging emotional pain is synonymous with weakness; asking for help for emotional distress or problems is considered unacceptable (Malmin, 2013). Depressed veterans face inexorable stigma when it comes to care-seeking for a possible or confirmed condition because of these normative values (Ahmed, 2010; Shiraev & Levy, 2010).

Aims & Audience

Kleinreesin's position statement prefaces the aims and methods sections, providing a refreshing glimpse into the standpoint that abdicated the always-false objective researcher position. After initially reviewing the literature on existing information on soldier-authors, Kleinreesink discovered large gaps. Existing studies tend to be field-specific, focus only on English-language writers, and offer narrow-aperture analyses of writings by one subpopulation (such as women veterans or ground combat veterans). Very few studies analyze military memoirs that are published online or via self-publishing platforms. Kleinreesin argues that knowledge about international military writing over the last fifteen years is wildly incomplete. As a result, the book's purpose is less to articulate a therapeutic or social cohesion case for writing and reading war memoirs and more to inform the field quantitatively about who writes war memoirs, whether the contents express negative feelings about time in service, the mediums in which such memoirs are published and which publications or companies choose to publish them. Because of the sheer quantity of memoirs available, Kleinreesink created some lateral limits for the sorts of memoirs she analyzed. She chose to focus on the long war in Afghanistan between the years of 2001–2010 and to examine writing only from US, UK, Canadian, German, and Dutch authors:

The aim of this book is to enhance knowledge about Western soldier-authors of autobiographical books on their deployment to Afghanistan by using qualitative descriptive coding techniques in combination with statistical analysis to compare military background, plots and explicit writing motives in all autobiographical books including self-

published books published between 2001 and 2010 by soldiers from five different Western countries. (Kleinreesink, 2017, p. 8)

Intended Audience

Interestingly, Kleinreesin makes a case for the usefulness of her analysis to publishers seeking to decide which military memoirs may be best-selling and to defense policy makers and public relations personnel looking for a predictive model that indicates how many military members can be expected after deployment to write a memoir. She also addresses the issue of how many of those are likely to be negative. The opportunity for the military to focus editing and redacting efforts more closely is a bit troubling if readers feel that war stories bridge military-civilian divides and are thus useful for the author mentally and beneficial for the civilian reader socio-culturally. Kleinreesin does not seem to wholly buy into the utility of art therapy practices for stress injury treatment, however, claiming that it is really fringe soldiers that are likely to find benefit from penning a narrative because “they are not entirely representative of the general soldier” (Kleinreesink, 2017, p. 301). Another intended audience is the military social work and public health communities, of which I count myself a member.

Research Design

Kleinreesin’s mixed-methods analysis of 54 Afghan War memoirs included qualitative content analysis and quantitative analysis of author and book-style variables. Using an inductive, grounded theory approach to the content analysis, Kleinreesink looked for emergent themes in each memoir. Data collection also included numerically-coded variables about the books’ authorship (solo, partner, ghost writing, etc), author demographics, deployment experience, censorship and editing model, and plot style. Kleinreesin’s intent was to provide amplifying information about a small sample of military authors and to provide country-specific generalizability concerning how many personnel can be expected to write and with what tone.

Impact

Kleinreesink’s analysis yielded interesting results. Compared to military memoirs of previous war eras (characterized by higher civilian participation in conflict to include military drafts), Afghanistan memoirs focused heavily on perceived alienation from the civilian culture soldier return to post-deployment. Specifically, the tone of negative plots was different, with disillusionment discussed more as an issue of connection and respect rather than a shattered worldview or psyche. This finding agrees with the literature that social cohesion problems plague military service members in the wars of the last fifteen years. Social support is a known contributor to health and longevity, with recent studies indicating that high levels add 7.5 years to the average American life expectancy (Egolf, Lasker, Wolf, & Potvin, 1992; Rankin, 2013). Studies have shown that there is an inverse correlation between lack of social support and increased depression symptoms, comorbid depression and anxiety, decreased scores for health measures, and more suicide attempts (Nayback-Beebe, 2010). Many military service members are subjected to repeat deployments, which can result in compromised intimate relationships with spouses and children, shifts in family role responsibilities, financial concerns, and diminished community support (Cox & Albright, 2014). Kleinreesink’s analysis finding is important because it suggests an urgency for the military to expand the scope of programming to prevent depression by prioritizing cohesion, including social support at the unit level and family programming that is integrated and highlighted.

Kleinreesin's introductory skeptical tone about the health utility of writing as therapy shows up in the results shared on writing motivation. Analyzing why soldier-authors write yielded interesting conclusions that would seem to debunk the notion that all military memoirs are written as a form of self-help.

By outsiders, therapy is often assumed to be the most important reason for soldier-authors to write. However, this is most certainly not one of the major writing motivations indicated by authors themselves. It is only mentioned as a writing motive in 15% of the books, predominantly by authors who also mention experiencing mental adaptation problems (Kleinreesink, 2017, p. 279).

Kleinreesink's data showed that most soldier-authors reported a need for recognition, a desire to motivate systemic change, or a desire to help others through sharing and normalizing experience. However, these data are all self-reported, and the results do not take into consideration issues of cultural stigma discussed at this review's outset. The likelihood that military authors would self-report a need to write for self-help purposes is antithetical to warrior culture's social norms (Hendricks Thomas, 2015; Malmin, 2013). As such, the author's findings about writer motivation are quite limited.

Kleinreesin ends with a powerful reflection study results, comparing them to her own personal experience as a war veteran who has written personal, memoir-style narratives. This refreshing introspection underscores the point of Kleinreesink's study design, which is the place individual writing in comparative context with other works by peers of the same conflict era and in the same geographical conflict. Kleinreesin admits to struggling to realize that many Western authors are writing disillusionment narratives indicating difficulty adjusting to military-civilian gap realities. Kleinreesink's own writing is of this genre. Her struggle to recognize that her own writing and that of study participants' often carries a negative tone indicating mental disillusionment offers a glimpse into the cognitive dissonance faced by many veteran authors. Participants struggle to share authentically, though they are personally influenced by military cultural norms to continuously present a veneer of professional and personal efficacy and stability.

This in itself is a valuable field contribution, but *On Military Memoirs* does much more than elucidate stigma and cultural divide issues. The merging of personal position analysis with a true scientific study design of set-period autobiographies is a unique research undertaking, and sets the stage for such mixed-methods research that honors embodied experience. In this sense, Kleinreesink's work is ethnographic, and embraces feminist standpoint theories of researcher-as-stakeholder in any study design.

Though it is a dense manuscript intended for academic and policy audiences interested in military writing, war experiences, and mental health promotion, it is of value to veterans as well. More research and practice should be peer-led, as is Kleinreesink's. Veterans' reported sense of disconnect while transitioning out of Active Duty service may actually be stronger for the modern veteran; only 12% of men and 3% of women under the age of 35 are veterans of Iraq or Afghanistan (Castro & Kintzle, 2014). The research shows that this cultural disconnect may be generational, impacting younger veterans of Iraq and Afghanistan to a greater degree than predecessors (Thomas, et al., 2016). Because of military culture insularity and the lack of communication between bureaucratic treatment agencies, only those programs that seek to collaborate, bridge gaps, and use peer leadership meet with real success (Greden, et al., 2010). In that sense, this contribution to the literature on military writing is uniquely relevant and valuable.

References

- Acosta, J., Adamson, D., Farmer, C., Farris, C., & Feeney, K.C. (2014). *Improving programs that address psychological health and traumatic brain injury: The RAND toolkit*. CA: RAND Corporation.
- Ahmed, S. (2010). *The promise of happiness*. Durham, NC: Duke University Press.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Arlington, VA, American Psychiatric Publishing.
- Bossarte, R. M. (Ed.). (2013). *Veterans suicide: A public health imperative* (1st ed.). Washington D.C.: American Public Health Association.
- Brenner, L.A., & Barnes, S. M. (2012). Facilitating treatment engagement during high-risk transition periods: A potential suicide prevention strategy. *American Journal of Public Health, 102*, S12-S14.
- Castro, C.A., & Kintzle, S. (2014). Suicides in the military: The post-modern combat veteran and the Hemingway effect. *Current Psychiatry Reports, 16*, 460–469.
- Coughlin, S. S. (Ed.). (2012). *Posttraumatic stress disorder and chronic health conditions* (1st ed.). Washington D.C.: American Public Health Association.
- Cox, J., & Albright, D. L. (2014). The road to recovery: Addressing the challenges and resilience of military couples in the scope of veterans' mental health. *Social Work in Mental Health, 12*, 560–574.
- Currier, J. M., Holland, J. M., & Allen, D. (2012). Attachment and mental health symptoms among US Afghanistan and Iraq veterans seeking health care services. *Journal of Traumatic Stress, 25*, 633–640.
- Department of Veterans Affairs. *Mental Health and Military Sexual Trauma*. Accessed January 12, 2017. Retrieved from <http://www.mentalhealth.va.gov/msthome.asp>
- Egolf, B., Lasker, J., Wolf, S., & Potvin, L. (1992). The Roseto Effect: A 50-year comparison of mortality rates. *American Journal of Public Health, 82*, 1089–1098.
- Friedman, J. (2015). Risk factors for suicide among army personnel. *Journal of the American Medical Association, 11*, 1154–1155.
- Greden, J. F., Valenstein, M., Spinner, J., Blow, A., Gorman, L. A., Dalack, G. W., & Kees, M. (2010). Buddy-to-buddy, a citizen soldier peer support program to counteract stigma, PTSD, depression, and suicide. *Annals of the New York Academy of Sciences, 1208*, 90–97.
- Hendricks Thomas, K. (2015). *Brave, strong, and true: The modern warrior's battle for balance*. Clarksville, TN: Innovo Publishing.
- Hoge, C. W. (2010). *Once a warrior, always a warrior* (1st ed.). Guilford, CT: Lyons Press.
- Hoge, C. W., & Castro, C. A. (2012). Preventing suicides in US service members and veterans. *Journal of American Medical Association, 308*, 671–672.
- Kleinreesink, L.H.E. (2017). *On military memoirs: A quantitative comparison of international Afghanistan war autobiographies*. Boston, MA: Brill.
- Koo, K. H., & Maguen, S. (2014). Military sexual trauma and mental health diagnoses in female veterans returning from Afghanistan and Iraq: Barriers and facilitators to Veterans Affairs care. *Hastings Women's Law Journal, 25*, 27–38.
- Malmin, M. M. (2013). Warrior culture, spirituality, and prayer. *Journal of Religion and Health, 52*, 740–758.

- Nayback-Beebe, A. M. (2010). *Post-deployment social support and social conflict in female military veterans*. (Unpublished doctoral dissertation). Austin, TX: University of Texas.
- Pizarro, J. (2004). The efficacy of art and writing therapy: Increasing positive mental health outcomes and participant retention after exposure to traumatic experience. *Art Therapy, 21*, 5–12.
- Rankin, L. (2013). *Mind over medicine: Scientific proof you can heal yourself*, Los Angeles, CA: Hay House, Inc.
- Romero, D. H., Riggs, S. A., & Ruggero, C. (2015). Coping, family social support, and psychological symptoms among student veterans. *Journal of Counseling Psychology, 62*, 242–252.
- Seal, K.H., Metzler, T.J., Gima, K.S., Bertenthal, D., Maguen, S., & Marmar, C.R. (2009). Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs health care, 2002-2008. *American Journal of Public Health, 99*, 1651–1658.
- Shirayev, E. B., & Levy, D. A. (2010). *Cross-cultural psychology: Critical thinking and contemporary applications* (4th ed.). Boston, MA: Pearson.
- Spelman, J.F., Hunt, S.C., Seal, K.H., & Burgo-Black, A.L. (2012). Post deployment care for returning combat veterans. *Journal of General Internal Medicine, 27*, 1200–1209.
- Thomas, K.H., & Plummer Taylor, S. (2015). Bulletproofing the psyche: Mindfulness interventions in the training environment to improve resilience in the military and veteran communities. *Advances in Social Work, 16*, 312–322.
- Thomas, K.H., Plummer Taylor, S., Hamner, K., Glazer, J., & Kaufman, E. (2015). Multi-site programming offered to promote resilience in military veterans: A process evaluation of the Just Roll With it Bootcamps. *Californian Journal of Health Promotion, 15*(2), 15–24.
- Thomas, K.H., Albright, D., Shields, M., Kaufman, E., Michaud, C., Plummer Taylor, S., Hamner, K. (2016). Predictors of depression diagnoses and symptoms in United States female veterans: Results from a national survey and implications for programming. *Journal of Military and Veterans' Health, 24*(3), 6–17.
- Thomas, K.H., Turner, L.W., & Kaufman, E., Paschal, A., Knowlden, A.P., Birch, D. A., & Leeper, J. (2015). Predictors of depression diagnoses and symptoms in veterans: Results from a national survey. *Military Behavioral Health, 3*, 255–265.
- Van Emmerik, A. A., Kamphuis, J. H., & Emmelkamp, P. M. (2008). Treating acute stress disorder and posttraumatic stress disorder with cognitive behavioral therapy or structured writing therapy: a randomized controlled trial. *Psychotherapy and psychosomatics, 77*(2), 93–100.
- Wilcox, S. L., Finney, K., & Cedarbaum, J. A. (2013). Prevalence of mental health problems among military populations. In B. A. Moore & J. E. Barnett (Eds.). (2013). *Military psychologists' desk reference* (pp. 187–196). New York: Oxford University Press.

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