



Review by Steve Wahle

Fields of combat: Understanding PTSD among veterans of Iraq and Afghanistan

Erin P. Finley | Cornell University Press, 2011 | 221 pp. ISBN: 978-0801478406

While Post Traumatic Stress Disorder (PTSD) is diagnosed on the individual level, the study and treatment of it is cultural. Typically, the subject of veteran trauma is discussed from a mental health perspective. While not a diagnosis specific to veterans, veteran experiences have driven the creation and study of PTSD. The creation of PTSD and its inclusion in the third edition of the *Diagnostic and Statistical Manual (DSM)*, can be traced to efforts by Vietnam Veterans Against the War, to name the distress they noted in returning combat veterans (Scott, 1990). The readers of this journal will of course be familiar with other areas of discussion, such as art, policy, and entertainment. However, much urgency has been given to the research and treatment of PTSD on the heels of veteran suicide and veteran homelessness statistics. The cultural response is the generic refrain, “We need to do more for them.” This is difficult to tackle in what Admiral Mike Mullen called the “sea of goodwill,” as disjointed efforts and competing priorities have convoluted the process (Mullen, 2008).

In 2011, Erin Finley, PhD took a look at PTSD in our current milieu. The anthropological perspective in *Fields of combat: Understanding PTSD among veterans of Iraq and Afghanistan*, is an attempt to sort out cultural assumptions and real experiences. Her ethnography of Post-9/11 combat veterans, drills down on the individual veteran experience with PTSD in the United States.

Finley was awarded the Margret Mead Award in 2012 for this book. For a book to be nominated for the award, it’s argument must, “employ anthropological data and principles in ways that make them meaningful and accessible to a broadly concerned public” (Society for Applied Anthropology, n.d., n.p.). Currently employed as a researcher at the South Texas Veterans Health Care System and associate professor in the departments of psychiatry and medicine at University of Texas Health San Antonio, with research focused on evidence-based practices, PTSD and access to care, Finley is well entrenched within the conversation.

This book is the product of a 2007-08 Post Deployment Stress study Finley conducted. Sixty-two veterans were interviewed and asked to, “not only to talk about their own experiences with deployment and life afterward, but also about how they thought about PTSD and what the illness meant to them” (p. 7). Additionally, family members, clinicians, and community members were interviewed. The stated purpose of this book is to convey, “the myriad ways in which combat PTSD is understood in American life have a profound effect on how veterans with PTSD understand their own symptoms, feel about their diagnosis, and make what may be lifechanging decisions about coping and care seeking” (p. 9). While about half of the text is dedicated to sharing the stories of research participants, the other half is used to weave cultural context into these individual experiences.

The structure of the book lays out a clear and easy to follow path for readers in the field of PTSD work and for the average reader interested in contextualizing the current conversation. To assist the reader there is a list of abbreviations and an introduction to the main characters. This is particularly important, as the book does not follow one research participant at a time, and most of the language is centered on Department of Defense, Veterans Administration, and mental health professionals who all use specialized language. Additionally, the method of referencing endnotes by chapter allows for easy reading and reference. While this is a serious scholarly work, the book remains accessible to the untrained reader.

The first four chapters focus on the lifecycle of a veteran: It starts with him/her joining the military then experiencing combat and eventually returning from war. Most importantly, it explores what PTSD and war means to these veterans. While the main characters are composites of

participants, the stories and trajectories of their lives are easy to follow. The focus on participants' lived experiences tackle the conversation from the personal rather than the scientific perspective. Rather than pointing to a large data set, Finley uses the words of those who have lived through these experiences to highlight trends among participants.

The second half of the book zooms out to a cultural perspective and follows the history of trauma in western culture, examining cultural responses to war trauma from the US Civil War to contemporary conflicts. From there the author discusses the stigma of mental health issues and the implications of treatment.

One thing that is unique about the treatment of trauma-related issues in the veteran population is that there is a clearly identified champion for veteran care: the VA. There is no national agency to treat trauma for the rest of the US population. Additionally, the VA provides monetary compensation to veterans who can show that their trauma was acquired while on active duty and is impacting them negatively after leaving active duty. Chapter seven does a fantastic job highlighting the reality of treating veterans in this system of competing priorities. Money and politics are involved in the treatment of PTSD; both muddy the waters from policy and treatment perspectives. Finley lays out the history of the VA and the evolving treatment of a fairly new condition while unpacking the complexities of doing so on a national stage. This is an important chapter because much of the trauma research and treatment we rely on to further the conversation happens in or around VA decision making.

Chapter eight revisits the participants and how they deal with PTSD. The author uses this as an opportunity to discuss moving forward rather than staying in the trauma. It is significant that the author provided evidence to make the argument that there is a way forward; PTSD is treatable.

The Conclusion wraps up the book with a look at what was being discussed at the time of publication (2011) and provides recommendations based on the author's research. The author proposes four categories: prevention of combat trauma, minimizing the severity of combat trauma, decreasing the impact of combat trauma on family, and supporting resilience. It would be interesting to look into whether any of these have been heeded, if the results are in from the field, and what conclusions have been drawn from them.

There are two areas of concern readers will likely notice. First, since the book's publication in 2011, we now have more data and new research around PTSD diagnosis and treatment. Notably, the definition of PTSD in the *DSM-5*, was published with some changes to criteria and methodology of diagnosis in 2013. There was even discussion by the American Psychiatric Association (APA) about changing PTSD to Post Traumatic Stress Injury to reduce stigma and increase access to care among military personnel. APA concluded, "It is the military environment that needs to change, not the name of the disorder, so that mental health care is more accessible and soldiers are encouraged to seek it in a timely fashion" (2013). While it would be great to have timely data to go with this book, the points made by the author are no less salient. Though the clinical criteria have changed since the interviews with the participants, it does not change the veteran experience captured in this book.

Second, the research focuses on male veterans. Though 12 research participants were women, Finley argues that there were not enough women to have a representative sample. However, she does dedicate a good portion of the conclusion to women and their unique experiences with war trauma and returning to civilian life. While it was mostly men that showed up for the study, Finley does not neglect to clearly outline the cultural similarities and differences captured in the interviews of women (p. 161).

When I recommended this book for review, the concern was that it may not be very relevant to the current body of study due to its age. Overall, however, the important contribution this book

makes is in reframing the conversation. Finley opens the conversation up to PTSD as a cultural issue rather than a veteran one.

Of note, Chua published “Collaborative research between student veterans and faculty in higher education” in this journal last spring. The paper discusses the collaboration between a civilian academic and student veterans to conduct an ethnographic research project centered on the female veteran experience. They used *Fields of combat* as introductory training material for their research team. I believe this demonstrates the timeliness and exigence of this book to current researchers of the veteran experience.

Though the book is eight years old its contributions should not be overlooked. The author balances personal narratives with an anthropological study of what it means to go to war and then have trouble readjusting to the culture that sent the veteran to war. Why do veterans feel more comfortable in Iraq and Afghanistan than in their homes? Are the effects of war reversible? Most importantly, what can veterans gain from those experiences and can these experiences be empowering? One of the more vital topics touched upon is whether PTSD is over diagnosed. This was not a popular notion eight years ago, and there are still only whispers and murmuring around this question. However, the implications are important. What if what society and veterans call PTSD is *not* PTSD? What if there is a wholly different problem and set of solutions we could be working on to improve the quality of life for those misdiagnosed? Also, what about veteran PTSD knowledge is carried over to the general population and what are the implications there?

Other authors have built upon Finley’s work and started to tackle the above questions. David J. Morris’ *The evil hours: A biography of Post Traumatic Stress Disorder* (2015), uses *Fields of combat* to discuss how PTSD and culture have been intertwined since the Homeric stories of the Iliad and the Odyssey were first recorded. In Sebastian Junger’s *Tribe: On homecoming and belonging* (2016), Junger cites Finley’s 2013 article “Empowering veterans with PTSD in the recovery era: Advancing dialogue and integrating services.” Both of these works touch on the cultural elements that influence PTSD’s existence and treatment.

The purpose of the book is to explore, “the myriad ways in which combat PTSD is understood in American life have a profound effect on how veterans with PTSD understand their own symptoms, feel about their diagnosis, and make what may be lifechanging decisions about coping and care seeking” (p. 9). *Fields of combat* shows us that we will need to balance big data sets with the individual stories of veterans, their family members, and the professional helpers in our communities. Veterans do not exist in a vacuum; neither do solutions. This is an important read for those interested in the cultural aspects of PTSD within the veteran population.

References

- American Psychiatric Association. (2013). *Posttraumatic Stress Disorder*. Washington, DC.
- Chua, J., 2018. Collaborative research between student veterans and faculty in higher education. *Journal of Veterans Studies*, 5(1), pp.122–138. DOI: <http://doi.org/10.21061/jvs.9>
- Junger, S. (2016). *Tribe: On homecoming and belonging*. New York, NY: Hachette Book Group.
- Morris, D.J. (2015). *The evil hours: A biography of Post Traumatic Stress Disorder*. New York, NY: Houghton Mifflin Harcourt Publishing Company.
- Mullen, Mike. (2008, May 26). Honoring life on Memorial Day. *The Washington Times*. Retrieved from <http://www.washingtontimes.com/news/2008/may/26/honoring-life-on-memorial-day>
- Society for Applied Anthropology (n.d.). Dr. Erin P. Finley selected for Margaret Mead Award. Retrieved from <https://www.sfaa.net/news/index.php/archive/vol-24-2013/vol-24-3-feb-2013/members-news/dr-erin-p-finley>

Scott, W. J. (1990). PTSD in *DSM-III*: A case in the politics of diagnosis and disease. *Social Problems*, 37(3), pp. 294–310.