

POSTTRAUMATIC STRESS DISORDER AS A STATE OF LIMINALITY

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The following explores Post Traumatic Stress Disorder (PTSD) as a social problem by applying Van Gennep's "rites of passage" to the homecoming experiences of (mostly) American veterans of modern wars and peacekeeping missions. It is my intention to suggest that the absence of a socially defined and publicly acknowledged period of aggregation for homecoming veterans exacerbates and lengthens the transitional adjustment period between separation from the field and reincorporation into civilian life; and in the most complex cases, prevents veterans from reincorporating into civilian society at all. Additionally, Turner, Douglas and Bloc's ideas regarding liminality, pollution and infamous occupations are used to address the marginalization of veterans returning from missions. The bulk of PTSD information is drawn from accounts of American veterans' experiences; however, brief accounts of experiences of Israeli and Dutch veterans have been included for comparison.

According to Young, the American Psychiatry Association (APA) defines PTSD as resulting from, "an event outside the range of usual human experience that would be markedly distressing to almost everyone"¹. Furthermore, such an event usually involves some kind of extreme violence (caused by human beings or natural disaster).² Litz, Gray and Bolton suggest that a traumatic event may also involve "intense or protracted exposure" to adverse, unpredictable and uncontrollable experiences that challenge

¹ Allan Young, *A Description of How Ideology Shapes Knowledge of a Mental Disorder (Posttraumatic Stress Disorder)*, in *Anth 501.48 Book of Readings: Fall 2005*, Dr. Anne Irwin, ed., (Calgary: University of Calgary Bookstore, 2005), p. 108.

² *Ibid.*

one's sense of world order and cause feelings of vulnerability, helplessness and powerlessness.³ Although the term "post-traumatic stress disorder" did not become an official psychiatric term until the 1980s, terms such as "soldier's heart" (American Civil War), "shell-shock" (WWI) and "combat neurosis" (WWII) had been used to describe the psychological affects of war since at least the nineteenth century.⁴ Young asserts however, that PTSD differs from earlier descriptions of war trauma because it accounts for the significant periods of time that can pass before the onset of symptoms.⁵ Young also notes that PTSD is harder to diagnose because the causal event or events may have taken place long before the onset of symptoms.⁶ Moreover, in the absence of a clear causal event or events, PTSD is difficult to distinguish from other disorders and illnesses such as alcoholism, paranoid schizophrenia, depression or anxiety.⁷

According to Litz, Gray and Bolton, as of 2003 the APA defines a diagnosis of PTSD as warranted if it meets the following criteria: a "potentially traumatizing event" (PTE) must be reported; a PTE must be re-experienced at least one time; avoidance or emotion-numbing symptoms must be experienced at least three times; hyper-arousal symptoms must be experienced at least twice; avoidance, emotion-numbing and hyper-arousal symptoms must persist for a month following the PTE; and the above symptoms must interfere with "occupational, social or other important domains of functioning".⁸ The authors maintain that the one month cut-off is important for distinguishing "normal" PTSD symptoms that are rather common following combat and peacekeeping missions

³ Brett T. Litz, Matt J. Gray and Elisa E. Bolton, *Posttraumatic Stress Disorder Following Peacekeeping Operations in The Psychology of the Peacekeeper: Lessons from the Field*, T.@. Britt and A.B. Adler, eds., (Connecticut: Praeger, 2003) p. 244.

⁴ Young, p. 110.

⁵ Ibid

⁶ Ibid., p. 109.

⁷ Ibid., p. 110.

⁸ Litz, etal, p. 246.

from symptoms that indicate a psychopathology (ibid).⁹ A more detailed discussion of the symptoms of PTSD is appropriate however, before addressing PTSD prevalence variability.

According to Young, the APA associates PTSD with three kinds of symptoms which can be broadly described as re-experience symptoms, isolation symptoms and hyper-vigilance symptoms.¹⁰ Re-experience symptoms are recurring and involve the reliving of traumatic events such as nightmares, waking dreams and intrusive memories (flashbacks).¹¹ PTSD sufferers undergoing re-experience symptoms may “act out” the causal traumatic event(s) as if they were happening again.¹² Additionally, significant dates, images, sounds and events that remind the sufferer of the traumatic event(s) can trigger re-experience symptoms.¹³ For example, some American veterans (WWII, Korean War, Vietnam War, and Desert Storm) treated for PTSD by Dewey have expressed a dislike for gun-fire and have had to give up hunting as a result.¹⁴ Other veterans find it necessary to avoid sensational media coverage.¹⁵

According to Young, sufferers of PTSD sometimes attempt to avoid thoughts, feelings or situations that could potentially trigger re-experiences by isolating themselves from potential triggers.¹⁶ Isolation symptoms are characterized by “insulating” behavior such as substance abuse and emotional detachment.¹⁷ Dewey suggests that many American veterans, who were socialized into drinking during their

⁹ Ibid.

¹⁰ Young, p. 108.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

¹⁴ Larry Dewey, *War and Redemption: Treatment and Recovery in Combat-related Posttraumatic Stress Disorder* (Burlington: Ashgate, 2004), p. 61.

¹⁵ Ibid., p. 230.

¹⁶ Ibid.

¹⁷ Young, p. 108.

military service, have tended to use alcohol to help them sleep and to avoid “battle dreams” and nightmares.¹⁸ Dewey asserts that while “transiently helpful”, frequent use of alcohol as a sleep aid can lead to addiction.¹⁹ Furthermore, Dewey notes that alcohol disrupts normal sleep patterns sometimes causing insomnia to get worse.²⁰ Therefore, isolation symptoms combined with sleep deprivation can make some veterans more vulnerable to alcoholism, depression and anxiety disorders.²¹ Shay, whose work has been done mostly with American Vietnam War veterans from the Boston area, describes numbing strategies such as danger-seeking, overworking oneself and “sexaholism” as further examples of isolation symptoms.²² Shay argues that for some veterans, their ability to “enjoy the company of others” gets numbed along the way.²³

According to Young, hyper-vigilance symptoms may include eruptions of anger, difficulty concentrating, exaggerated startle responses and sweating; furthermore, they are sometimes triggered by circumstances that remind PTSD sufferers of traumatic events and are often exacerbated by lack of sleep.²⁴ According to Shay however, hyper-vigilance symptoms, aptly referred to by Higate as “behavioral residue”, are more complicated.²⁵ Shay describes a constant state of mobilization of the mind, marked by the shutting down of those mental and physical functions that are not necessary for survival:

Selective suppression of emotion is an essential adaptation to survive lethal settings such as battle, where numbing grief and suppressing fear and physical

¹⁸ Dewey, p. 190.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² Jonathan Shay, M.D., PhD, Odysseus in America: Combat Trauma and the Trials of Homecoming (New York: Scribner, 2002), p. 39.

²³ Ibid.

²⁴ Young, p. 109.

²⁵ Shay, p. 304.

pain are lifesaving. Whatever the psychological and physiological machinery that produces this emotional shutdown, it appears to get jammed in the 'on' position for some veterans.²⁶

Shay further maintains that as a result of "having learned too well how to survive combat", many veterans find themselves in a state of "continuous mental and physiological mobilization for attack".²⁷ According to Dewey, the conditioned, autonomic responses of hyper-vigilance may never completely go away, although they abate with time for many veterans.²⁸ He notes however, that a small number of veterans never seem to be able to get their nervous systems adjusted to peacetime.²⁹ The results can be disabling for these individuals.

Shay argues that fearing crowds, for example, is an adaptive response to a combat zone; a number of people bunched together in one place makes an easy target for a sniper.³⁰ During peacetime however, such a response is dysfunctional and sometimes keeps veterans from participating in social, economic or political events they may wish to be a part of (spending time with family or friends, getting and keeping a job, voting).³¹ Fearing open spaces because they may hold hidden traps or be an ambush waiting to happen is another example of combat adaptations that are disabling for veterans during peacetime.³² Shay describes a Massachusetts veteran who could not have a picnic in an outside park with his wife because he was unable to stop feeling vulnerable in the spaciousness.³³ Dewey describes veterans who cannot sit in a

²⁶ Shay, pp. 39, 149.

²⁷ *Ibid.*, p. 64.

²⁸ Dewey, p. 83.

²⁹ *Ibid.*

³⁰ Shay, p. 150.

³¹ *Ibid.*

³² *Ibid.*, p. 64.

³³ *Ibid.*,

restaurant unless they can see all the doors and windows while others cannot sleep without a personal weapon nearby.³⁴ He also describes how automatic combat reflexes can be triggered in some veterans when they find themselves in vulnerable physical positions or when they are approached from behind by surprise.³⁵ One veteran cited by Dewey was afraid to wrestle with his son for fear of hurting him by accident.³⁶ Dewey emphasizes however, that hyper-vigilance does not make veterans dangerous or prone to violence (unless they are drunk); rather, he describes particularly tight behavioral and emotional control in the veterans he has worked with.³⁷

There are other significant PTSD symptoms that are not accounted for by the APA's typology, however; these include feelings of guilt, shame and social distrust. According to Dewey, as disturbing as conditioned responses such as nightmares, flashbacks and exaggerated startle responses are to the veterans he has worked with, they were generally not described as the most disabling symptoms of PTSD.

What they are most troubled by is the guilt over killing, the traumatic grief they suffer for beloved comrades brutally killed and the fear that they may have let their comrades down at some crucial point... To my surprise, I have found... that even fifty years later many common soldiers who fought and killed in war struggle with a deep inner burden that they may in some fashion be guilty of murder.³⁸

Dewey indicates behavior for which veterans have described particular feelings of guilt: killing civilians or seeing civilians getting killed and not being willing or able to prevent it, accidentally killing one's own ("friendly fire"), killing out of hate or rage or killing with a

³⁴ Dewey, pp. 60-61.

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid., pp. 14-15

sense of euphoria and “vigilante” killing or failing to prevent vigilantism.³⁹ Dewey describes guilt itself as a locus of trauma.⁴⁰ Moreover, Dewey notes that some of veterans have told him that they are afraid to discuss their war experiences with their friends and families because they fear their families will be ashamed of them, or will see them as monsters.⁴¹

Finally, social distrust is described by Shay as an indicator of the most complex forms of PTSD because it tends to prevent people from getting and retaining treatment.⁴² Social distrust is the expression of a world view that Shay refers to as, “the expectancy of exploitation for other people’s advancement” and results from the experience of having lost friends or seen them maimed because individuals in powerful positions ‘went by the book’ instead of looking at the details of a particular situation and choosing a common sense solution.⁴³ Social distrust also stems from previous experiences with mental health professionals deemed by the veteran as careerist.⁴⁴ According to Dewey, for many veterans the worst of PTSD symptoms wear off with time; however, they can reactivate unexpectedly when triggered.⁴⁵

Referring to the prevalence of PTSD in (mostly American) veterans, Hansen, Owen and Madden write,

For those with severe PTSD, the aftermath of a war is an endless, introspective, acutely depressing existence. Some veterans in our acquaintance who do lead perfectly normal lives still experience occasional flashbacks or nightmares. The question is therefore not

³⁹ Ibid., p. 74

⁴⁰ Ibid., p. 75.

⁴¹ Ibid., p. 61.

⁴² Shay, p. 166.

⁴³ Ibid., p. 166-167.

⁴⁴ Ibid., p. 167.

⁴⁵ Dewey, p. 69.

whether a combat veteran continues to experience war as aftermath, but rather the degree.⁴⁶

Why then, do some veterans experience such severe symptoms while others do not? Referring to PTSD among UN peacekeepers, Litz, Gray and Bolton assert that the acute distress experienced immediately following a traumatic event wears off for most soldiers within a few months.⁴⁷ The authors argue in fact that a “potentially traumatic event” alone may not be sufficient to cause severe PTSD.⁴⁸ According to Shay, what distinguishes simple PTSD (veterans’ are affected by their symptoms but they still manage to live fulfilling lives; employment, for example and the enjoyment of others) from complex PTSD is the loss of a veteran’s ability to trust society.⁴⁹ Dewey indicates that propensities towards alcoholism, drug abuse, depression and psychosis appear to increase the onset of severe problems upon homecoming for some veterans; as does coming home to a “disconnected” or unsupportive family.⁵⁰ Accordingly, Shay maintains that veterans who had experienced rapes, abuse and severe neglect in childhood and adolescence have tended to have the most “violent and intractable” cases of PTSD that he has encountered.⁵¹

According to Litz, Gray and Bolton, in addition to variable degrees of PTSD in veterans of wars and peacekeeping missions, the nature of the stressors that cause PTSD vary as well. Well known causal events occurring both in a war zone and on some peacekeeping missions include; being under enemy fire, witnessing combat

⁴⁶ J.T. Hansen, A. S. Owne, and M. P. Madden, *Parallels: The Soldier's Knowledge and the Oral History of Contemporary Warfare* in *Anth 501.48 Book of Readings: Fall 2005*. Dr. Anne Irwin, ed., (Calgary: University of Calgary, 2005), p.156

⁴⁷ Litz, etal, p. 245.

⁴⁸ Ibid.

⁴⁹ Shay, p. 152.

⁵⁰ Dewey, p. 57.

⁵¹ Shay, p. 39.

related injuries and atrocities, being surrounded by the enemy, unexploded mines, clearing civilian corpses and driving accident.⁵² The authors suggest however, that because the kinds of “defensive military structures” that are common in a war are generally absent in peacekeeping missions, peacekeepers experience heightened vulnerability and anxiety.⁵³ When added to changing goals, ambiguous rules of engagement, poorly identified enemies and self-constructed perceptions of the mission as meaningless or more or less threatening, the prevalence of PTSD among peacekeepers involved in different missions becomes extremely difficult to measure,^{54 55}

However, Dirkzwager, Bramsen and Van Der Ploeg, in their study of Dutch veterans from peacekeeping missions since 1975, suggest that PTSD prevalence may vary according to personal characteristics such as education level, marital status, previous exposure to war trauma, ethnicity, pre-existing psychological conditions and one’s sense of control.⁵⁶ Additionally, in their discussion of Gulf War stress, Wolfe, Brown and Kelley add sexual assault and sexual harassment to potential causes of PTSD.⁵⁷ Furthermore, Wolfe, Brown and Kelley suggest that the scales used to measure PTSD since the Vietnam era may not be sensitive to the “distinctive experiences” of women, married and older military personnel that currently make up the all-volunteer US armed forces.⁵⁸ Generally speaking however, according to Litz, Gray

⁵² Litz, et al, pp. 254, 251.

⁵³ Ibid., p. 244.

⁵⁴ Ibid., p. 254.

⁵⁵ A. J. E. Dirkzwager, I. Bramsen and H. M. Van Der Ploeg, *Factors Associated with Posttraumatic Stress Among Peacekeeping Soldiers*, *Anxiety, Stress and Coping* 18(1), 2005, p. 47

⁵⁶ Ibid.

⁵⁷ Jessica Wolfe, Pamela J. Brown and John M. Kelley, *Reassessing War Stress: Exposure and the Persian Gulf War*, *Journal of Social Issues* 49(4), 1993, p. 17.

⁵⁸ Ibid.

and Bolton, those missions in which there exists an identifiable peace tend to show the lowest rates of PTSD (about 3%); and the most dangerous missions, especially those that require the “enforcement” of peace, tend to show the highest rates of PTSD (about 15%).⁵⁹

Litz, Gray and Bolton suggest that conventional treatment for PTSD can be divided into three kinds of therapy that may be used in combination with each other (2003:253).⁶⁰ “Exposure therapy” involves the disclosure of the traumatic event or events and dealing with the feelings and memories associated with them (ibid). Young adds that exposure therapy also involves the veterans’ understanding of how their psychological injuries are affecting their present lives.⁶¹ “Cognitive therapy” involves the “correction of maladaptive beliefs”; that is, feelings of guilt and shame.⁶² Lastly, “anxiety therapy”, involves learning breathing and muscle relaxation techniques along with role playing and assertiveness training.⁶³ Litz, Gray and Bolton suggest that exposure and cognitive therapies appear to be more effective than anxiety management and that they are particularly effective when used together.⁶⁴ According to Dewey, anti-anxiety, anti-psychotic and anti-depressant medications can be used effectively alongside most kinds of therapy as well.⁶⁵ Finally, less conventional, more socially oriented forms of therapy are perhaps more appropriately addressed later, as part of the discussion on aggregation rites.

According to Van Genep,

⁵⁹ Litz, etal, p. 248.

⁶⁰ Ibid., p. 348.

⁶¹ Young, p. 111.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Lita, etal, p. 348.

⁶⁵ Dewey, p. 113.

...Every change in a person's life involves actions and reactions between sacred and profane - actions and reactions to be regulated and guarded so that society as a whole will suffer no discomfort or injury.⁶⁶

Van Gennep goes on to suggest that changes in a person's life are marked by ceremonies whose, "...essential purpose is to enable the individual to pass from one defined position to another which is equally defined".⁶⁷ Furthermore, the sacred and the profane are so incompatible for Van Gennep, that one cannot pass from position to another without some kind of transitional experience.⁶⁸ It is not my intention here to suggest that either military service or civilian life is either sacred or profane; however, they do appear to be incompatible enough to warrant an intermediate stage in order for their members to be defined, by society, as belonging to one or the other. Additionally, while Van Gennep asserts that ceremonies he calls "rites of passage" are created by society to protect it from the "harmful effects of change", he also notes that rites of passage function to protect the individuals who make up society as well.⁶⁹ This paper is concerned with the way that society has failed to protect homecoming veterans from the harmful effects of change. It is for this reason that I believe it is valuable to use Van Gennep's ideas to explore PTSD as a social problem.

Admittedly, Van Gennep is describing transition through changes that most members of a small-scale society pass through (prior to birth, birth, "social puberty", marriage, parenthood, social advancement, occupational specialization, death, beyond death, borders, seasons, years, etc...); and in most "western" industrial nations all

⁶⁶ Arnold Van Geenep, The Rites of Passage (Chicago: The University Chicago Press, 1960), p. 3.

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ Ibid., p. 13.

members of society do not experience a period of military service.⁷⁰ However, as noted by Turner,

Rites de passage are found in all societies but tend to reach their maximal expression in small-scale, relatively stable and cyclical societies, where change is bound up with biological and meteorological rhythms and recurrences rather than with technological innovations.⁷¹

Turner argues that in more complex societies rites of passage are equally present, if less obvious, and may include “states” such as one’s legal status, marital status or profession.⁷²

The ceremonies that Van Gennep calls “rites of passage” are those that he believes “accompany a passage from one situation to another or from one cosmic or social world to another”.⁷³ Van Gennep further suggests that ideally, “rites of passage” can be divided into a tripartite process including “rites of separation”, “transition rites” and “rites of incorporation”; although sometimes the three types of rites are not equally important or developed to the same degree.⁷⁴ If applied to homecoming veterans with psychological injuries, this process might resemble the following: separation from the field, experiencing PTSD and reintegration with civilian society.

Turner, referring to Van Gennep’s rites, describes separation as symbolic behavior marking an individual’s or group’s exit from a “fixed point in the social structure or a state of social conditions”.⁷⁵ Turner describes transitional rites as “liminal”; that is, an ambiguous state of being wherein an individual is neither exactly who he or she was

⁷⁰ Ibid., pp. 3, 189.

⁷¹ Victor Turner, *Betwixt and Between: The Liminal Period in Rites of Passage* in *Betwixt and Between: Patterns of Masculin and Feminine Initiation*, L.C. Mahdi, S. Foster and M. Little, eds. (La Salle: Open Court, 1987), p. 4.

⁷² Ibid.

⁷³ Van Bennepe, p. 10.

⁷⁴ Ibid., p. 11.

⁷⁵ Turner, p. 5.

before separation, nor who he or she will be following transition.⁷⁶ Reincorporation (or “aggregation” as described by Turner) marks the conclusion of the passage; the individual or group is in a “stable state once more” and therefore able and prepared to take upon her whatever responsibilities or rights that society has infused into the new position.⁷⁷ This is significant because if North American society has no formal aggregation rite for homecoming veterans of wars and peacekeeping missions (as I am suggesting); then there is no conclusion to their passage from the field back into civilian life. The war or mission has no consummation for them. Moreover, what if PTSD symptoms are exacerbated or made chronic as a result of this incomplete “passage”? In order to address this question it may be helpful to first consider liminality as state of being.

In reference to veteran homecoming experiences, Dewey notes that,

Combatants often experienced a profound change in how they feel about themselves and the world in general. The nature of their relationships is also deeply altered. Those who knew them before the war always saw significant changes in their loved ones on their return....⁷⁸

Dewey appears to be indicating confusion on both sides. The veteran is dealing with all that has been learned and endured while deployed and his or her family cannot quite match the person they see in the present with the person they remember from the past. Similarly, Turner describes the liminal state as a “condition of ambiguity and paradox, a confusion of all the customary categories”.⁷⁹ Using the categories of life and death as an example, Turner asserts that the “liminal personae” is not alive, not dead, but

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Dewey, p. 14.

⁷⁹ Turner, p. 7.

somehow both and neither.⁸⁰ Therefore, in both Dewey's account and Turner's example, the dissonance seems to be in the absence of clear categories. There appear to be further parallels between Turner's ideas and the homecoming experiences of some American veterans.

Turner suggests that initiates undergoing transitional rites enjoy a certain freedom from society's hierarchical and cultural structures.⁸¹ However, while initiates do return to society with "more alert faculties" and "enhanced knowledge of how things work", Turner maintains that upon their return they are once again subject to the society's customs and laws.⁸² According to Turner, the "alternative" ways of thinking and behaving during the transitional period can have potentially disastrous consequences once the initiates are returned to secular society.⁸³ Hyper-vigilance symptoms and the persistence of combat skills and adaptations, so common in sufferers of PTSD, seem to mirror Turner's "alert faculties" and "enhanced knowledge". Indeed, as noted above, such alertness and knowledge can be dysfunctional in peacetime and harmful to some veterans. Knowledge can be powerful as well, as noted by Douglas, and liminal rites may symbolically expose boys to "power that is enough to kill them or make them stronger".⁸⁴ Certainly soldiers risk their lives on deployment. Finally, Turner notes that close friendships are often formed (and encouraged) among initiates in transitional rites and that these connections are special, frequently enduring beyond the rites themselves and into old age.⁸⁵ Similar friendships appear to form among some veterans, especially

⁸⁰ Ibid.

⁸¹ Ibid., p. 9.

⁸² Ibid., p. 15.

⁸³ Ibid.

⁸⁴ Mary Douglas, *Purity and Danger: An Analysis of Concept of Pollution and Taboo* (New York: Routledge, 1966), p. 120.

⁸⁵ Ibid., p. 10.

those who are able to find each other following the war or peacekeeping mission.⁸⁶ In fact, PTSD may be a partial result of losing this support network after exiting the field.⁸⁷

Douglas makes liminality more complicated however, when she adds to it the concept of danger.

Danger lies in transitional states, simply because transition is neither one state nor the next, it is indefinable. The person who must pass from one to another is himself in danger and emanates danger to others.⁸⁸

Veterans are no longer merely ambiguous or in possession of special, powerful knowledge that sets them apart from the rest of society; they have become dangerous as well. According to Douglas, danger comes from ambiguity and the inability to classify something (i.e. is a veteran a soldier or a civilian?).⁸⁹ Douglas suggests that there are several ways in which just about all societies deal with ambiguities (or “anomalies”); although always according to their individual systems of classification.⁹⁰ Ambiguities may be ignored or condemned and if they are stubborn enough to persist, a new category may be created for them.⁹¹ Ambiguities may be forced into existing categories or “reduced”, or they may be controlled or eliminated (sometimes by violent means).⁹² Others ways of dealing with ambiguities noted by Douglas include avoiding them and ritualizing them; thereby, in a sense, making them sacred.⁹³ If all ambiguities are dangerous however, why are veterans with psychological injuries such as PTSD more likely to be ignored, avoided, condemned, controlled or reduced rather than made

⁸⁶ Dewey, p. 4.

⁸⁷ Ibid.

⁸⁸ Douglas, p. 119.

⁸⁹ Ibid., p. 48.

⁹⁰ Ibid.

⁹¹ Ibid.

⁹² Ibid.

⁹³ Ibid.

sacred (or have a new category created for them)?⁹⁴ It is as if by virtue of being marginal, they have somehow become deviant.

According to Van Gennep, rites of transition include the crossing of thresholds.⁹⁵ Therefore, points such as doorways, town lines and borders may be thought of as liminal or marginal areas.⁹⁶ Douglas suggests that orifices of the body also signify marginal areas because they exist upon thresholds of the body; between “inside” and “outside”.⁹⁷ She therefore argues that if all margins are dangerous and body orifices are marginal areas, then:

We should expect the orifices of the body to symbolize its specially vulnerable points. Matter issuing from them is marginal stuff of the most obvious kind. Spittle, blood, milk, urine faeces or tears by simply issuing forth have traversed the boundary of the body. So have bodily pairings, skin, nail, hair clipping and sweat. The mistake is to treat bodily margins in isolation from other margins.⁹⁸

Douglas further asserts that the nineteenth century discovery of bacterial transmission of disease caused the idea of dirt to be irretrievable from the “context(s) of pathogenicity” and hygiene; in other words, dirt is unclean and where there is dirt, there is disease.⁹⁹ However, she also argues that if one were to remove the perceptions of cleanness and disease from dirt it simply becomes “matter out of place”.¹⁰⁰ As (quite famous) examples of “matter out place”, Douglas lists a number of examples: shoes, clean by themselves but dirty on the dining room table; dirty cooking utensils, appropriate in the kitchen but not in the bedroom; food, acceptable on its own but dirty on someone’s clothing; “outdoor things indoors”; underwear worn as outerwear,

⁹⁴ Ibid., p. 150.

⁹⁵ Van Gennep, p. 20.

⁹⁶ Ibid.

⁹⁷ Douglas, p. 150.

⁹⁸ Ibid.

⁹⁹ Ibid. p. 44.

¹⁰⁰ Ibid.

etc....¹⁰¹ Perhaps, much like shoes on the table and dirty spoons in the bedroom, soldiers who are perfectly acceptable and appropriate in a combat zone become “matter out place” in civilian society. Those who are having the hardest time adjusting such as those with PTSD are perhaps especially “out of place”. Furthermore, these soldiers “out of place” become “dirty”, dangerous and potentially infectious upon homecoming.

Addressing perceptions of dirt and danger, Douglas also maintains that,

...Rules of uncleanness pay attention to the material circumstances of an act and judge it good or bad accordingly. Thus, contact with corpses, blood or spittle may be held to transmit danger.¹⁰²

It seems reasonable to assume that while on deployment, soldiers, especially those who experience traumatic events, come into contact with blood, corpses, spittle, sweat and various other forms of marginal material. Therefore, within the contexts of dangerous marginal substances and Euro-American/Canadian beliefs regarding dirt, a soldier whose work is marginal even when occurring in the appropriate “place” (a combat zone), becomes “dirty”, perhaps even devious, once lifted out of his or her “proper” context. Indeed, as noted by Turner,

...Liminal personae nearly always and everywhere are regarded as polluting to those who have never been, so to speak, ‘inoculated’ against them, through having been themselves initiated into the same state.¹⁰³

Bloc adds particular insight to Douglas’ ideas regarding danger and pollution by applying them to specific occupations. In his discussion of “infamous occupations”, Bloc argues that from Roman to early modern times, European and Japanese societies have

¹⁰¹ Ibid., p. 45.

¹⁰² Ibid., p. 13

¹⁰³ Turner, p. 7.

stigmatized and marginalized particular professions.¹⁰⁴ According to Bloc, members of specific professions such as barbers, skinners, tanners, tooth-pullers, grave-diggers, healers, chimney-sweeps, entertainers, executioners, and others were “despised, treated with contempt and set apart from ordinary social life”.¹⁰⁵ However, more than “proscribed” and “despised”, notes Bloc, members of these occupations were considered unclean.¹⁰⁶ Bloc asserts that the taboo status of these occupations cannot be located in utile terms; in fact, attempting to group them together in utile terms fails to draw connections between them.¹⁰⁷ Looked at in terms of culture, however; and especially using Douglas’ ideas about pollution, danger and dominant classification systems, similarities may be drawn from such a seemingly disparate group of occupations.¹⁰⁸

All reported cases of infamous occupations involve a confusion of dominant social categories. Perceived as potentially dangerous, all contacts with them had to be ritualized. A large group of these professions was formed by healers and cleaners, whose work centered on disposing of and removing bodily dirt, specifically that of humans, but also that of animals.¹⁰⁹

Bloc argues that society was forced to ritualize their interactions with these individuals because their services and trades were so indispensable that society could not afford to avoid, condemn, control or reduce them.¹¹⁰ Members of infamous occupations were therefore very much a part of the community in which they were despised. Bloc calls these individuals “specialists in impurity”; their job, to remove

¹⁰⁴ Anton Bloc, *Honour and Violence* (Cambridge: Polity, 2001), p. 44.

¹⁰⁵ *Ibid.*, p. 45.

¹⁰⁶ *Ibid.*

¹⁰⁷ *Ibid.*, p. 48.

¹⁰⁸ *Ibid.*

¹⁰⁹ *Ibid.*, p. 51.

¹¹⁰ *Ibid.*, p. 49.

“quintessential matter out of place”.¹¹¹ Specifically, those individuals whose job is was to cut or remove bodily waste and decay, body parts (i.e. teeth, hands, heads, limbs, hair, nails, foreskin), blood, sperm, milk, spittle, corpses, etc....¹¹² Furthermore, suggests Bloc, “the nature of the material they dealt with and removed... directly evoked images of death”; not only was this material polluting, those who came into contact with it were polluting as well.¹¹³ Therefore, the categories confused above are life and death. Chimney sweeps and entertainers, for example, were despised for confusing different categories such as inside and outside and male and female.¹¹⁴ However, it is the life and death confusion of categories that is more significant for veterans.

It seems reasonable to suggest, for many of the reasons listed above, that the occupation of soldier can be looked at as an infamous occupation. In fact, applying this concept to veterans seems quite telling. The work of war and peacekeeping is “dirty” yet indispensable. In societies such as the USA, with an all volunteer army, most civilians are probably glad there are soldiers whose job it is to go to war so that they do not have to. What remains to address however, is why some ritualized form of contact does not exist between civilian society and veterans, such as that described by Bloc? A veteran quoted by Hansen, Owen and Madden told them the following,

There’s a lot of suffering that people don’t see from war in veterans’ facilities. They’re like farms that hide the pain from the public... and the public wants to wave the flag on Veterans’ Day, but they don’t want to see the pain. They don’t see the missing limbs and broken spirits and broken hearts.¹¹⁵

¹¹¹ Ibid., p. 52.

¹¹² Ibid., p. 54.

¹¹³ Ibid., p. 66.

¹¹⁴ Ibid., pp. 51, 60.

¹¹⁵ Hansen, etal, p. 184.

Perhaps silence persists because although the work that soldiers do is indispensable (for Americans at least), it is not usually done on home soil. No ritualized contact to compensate for pollution is necessary because by the time most veterans have returned home, their work is already done. Society risks nothing by shunning or marginalizing the veteran. Perhaps a soldier's classification as belonging to an infamous occupation exacerbates PTSD symptoms in a veteran returning from the field.

Seclusion and perceptions of pollution surrounding individuals undergoing liminal rites is not unusual in many societies.¹¹⁶ In fact, it is often considered to be an important aspect of a rite of transition from one state to another. Indeed, as noted by Douglas,

Dirt, obscenity and lawlessness are as relevant symbolically to the rites of seclusion as other ritual expressions of their condition. They (liminal individuals) are not to be blamed for misconduct....¹¹⁷

This is not to suggest that liminal, homecoming veterans with psychological injuries are somehow misbehaving (although their behavior may be considered unusual by some) but to point out that where rites of passage are reducing the harmful effects of change, the transitional stage is supposed to be temporary.¹¹⁸ The liminal individual may be "cast out", but with the expectation that she will return.¹¹⁹

Douglas argues that a "polluting person", someone who has crossed conventional categories, is dangerous while in a liminal state.¹²⁰ Her comments regarding the experiences of ex-convicts attempting to reintegrate into civilian society bear some resemblance to the experiences of some (American) homecoming veterans,

¹¹⁶ Douglas, p. 120.

¹¹⁷ Ibid., p. 121.

¹¹⁸ Ibid., p. 120

¹¹⁹ Ibid.

¹²⁰ Ibid., p. 140.

With no rite of aggregation which can definitively assign him to a new position he remains in the margins, with other people who are similarly credited with unreliability, unteachability, and all the wrong social attitudes.¹²¹

Ironically, perceptions of a veteran's status as liminal may be compounded by seeking professional help for his or her psychological injuries. Douglas, citing findings of an old Canadian study, suggests that entry into mental health facilities may mark the threshold of tolerance for individuals with mental illnesses.¹²² Behavior that was regarded as merely "quirky" prior to admission becomes "abnormal" following it.¹²³ Douglas' examples seem to illustrate that for aggregation to occur, society has to be involved.

As noted above, for Shay, the significant distinguishing factor between simple and complex PTSD is the destruction of the veteran's ability to trust society. Shay therefore asserts that effective healing must include the community and must help the veteran to regain his or her capacity for social trust.¹²⁴ Furthermore, Shay expresses concern for what he seems to regard as the construction, by the mental health field, of PTSD as a "disorder".¹²⁵ Shay prefers the term "psychological injury", arguing that an individual who has had his arm blown off in combat is not described as having "missing arm disorder".¹²⁶ Using this analogy, Shay argues that an important condition for recovery from physical injury is physical nutrition.¹²⁷ Recovery from a psychological injury, maintains Shay, requires "social nutrition".¹²⁸ Dewey also advocates treating PTSD from a social perspective. According to Dewey, veterans described the following

¹²¹ Ibid., p. 121.

¹²² Ibid.

¹²³ Ibid.

¹²⁴ Shay, p. 162.

¹²⁵ Ibid., p. 4.

¹²⁶ Ibid.

¹²⁷ Ibid., p. 150.

¹²⁸ Ibid.

as factors that best helped them heal: keeping busy and working, service to others, spiritual participation, supportive spouse and family, relationships with other veterans and friends, forgiving oneself and others, humor, pets and medications for sleep, depression and anxiety.¹²⁹ Dewey emphasizes that this description has very little to do with any type of conventional treatment.¹³⁰ Significantly, almost every factor has to do with feeling part of a community.

According to Shay,

Acts of war generate a profound gulf between the combatants and the community left behind. The veteran carries the taint of a killer, of blood pollution... that many cultures respond to with purification rituals. Our culture today denies the need for purification and provides none, even though in the past it has done so.¹³¹

Shay notes that medieval Christianity required penance of all those who shed blood in war.¹³² Moreover, Shay describes "tragic theatre", performed by combat veterans in ancient Greece, as a form of cultural therapy whereby the community made veterans into citizens again through rites of purification, healing and reintegration.¹³³ Finally, as more modern example, Israeli veterans maintain a sense of maturation and pride upon their return from military service, ascribing to it deeper sense of independence, self-confidence, sensitivity and growth.¹³⁴ Dar and Kimhi suggest that the experiences of Israeli veterans may have to do with the centrality of the Israel Defense Force within Israeli society and the fact that conscription is universal, obligatory, beginning at a

¹²⁹ Dewey, p. 230.

¹³⁰ *Ibid.*, p. 231.

¹³¹ Shay, p. 152.

¹³² *Ibid.*

¹³³ *Ibid.*, p. 153.

¹³⁴ Yechezkel Dar, and Shaul Kimhi, *Military Service and Self-Perceived Maturation Among Israeli Youth* Journal of Youth and Adolescence 30(4): pp. 428, 430.

relatively young age (18 years) and brings with it social prestige.¹³⁵ Furthermore, they suggest that veterans describe a kind of rite of passage into adulthood as part of their military service.¹³⁶ Perhaps, because the conflict is at home and such a huge part of Israeli society is familiar with the experience of war, the rites bring Israeli veterans back safely from the margins. However, whether veteran reincorporation into Israeli society is a ritualized mitigation of pollution in exchange for indispensable work done on home soil, or the public consummation of a liminal rite, is a context-specific question that cannot be addressed here. Either way, Shay stresses that for North American society, the creation of a public rite of purification and aggregation, involving numerous religions, performers, musicians, poets (Shay deems the arts particularly therapeutic), members of the mental health field and veterans, would help to rebuild social trust for veterans suffering from PTSD.¹³⁷ Shay also specifically calls for the exclusion of government from such a ritual, arguing that it would otherwise be “kidnapped” or manipulated to serve political interests.¹³⁸ Perhaps he is referring to Veteran’s Day or Remembrance Day.

According to Hansen, Owen and Madden,

When society sent them (veterans) to fight its wars, it undertook a reciprocal commitment to reintegrate them and their knowledge back into society when the wars were over.¹³⁹

Correspondingly, should one choose to look at war or peacekeeping as a social contract (albeit a hard one to enforce), then PTSD may be a consequence of society’s failure to

¹³⁵ Ibid., p. 446.

¹³⁶ Ibid., p. 446.

¹³⁷ Ibid., p. 245.

¹³⁸ Ibid.

¹³⁹ Hansen, p. 157.

meet its responsibilities. The potential terms are limbs, lives, hearts, and minds in exchange for protection.

Among many North Americans, the ideal (if not often enough the reality), is that home should mean safety, acceptance, respect and a place where one can sleep. However, home means none of these things for a veteran with complex PTSD because her culture's classification system of the un-understandable keeps her from ever coming home. Without a rite of aggregation, the isolation resulting from the psychologically injured veteran's feelings of shame, guilt and anger, combined with society's content to keep him in the space between, may exacerbate and lengthen the symptoms of PTSD. Experiencing traumatic events may be inevitable for soldiers; however, in my opinion, permanent banishment into the margins causes the "disorder".