
Combat Trauma: Imaginaries of War and Citizenship in post-9/11 America

by Nadia Abu El-Haj

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Reviewed by Dr. Joshua Morris



“Thank you for your service” is a phrase that every Soldier and veteran has either heard or uttered. On its face, the phrase is appropriate: we thank our service members for the call they answered. In other ways, though, the phrase is a symptom of a broader malaise within the US cultural landscape in knowing how to care for veterans. In our post-9/11 landscape, there remains a reverence for returning Soldiers. That reverence can, simultaneously, guide and motivate our spiritual care while also preventing any critique of the wars in Iraq, Afghanistan, and beyond. To support the troops, therefore, is to tacitly support the war, the logic cannot work otherwise. This, however, has not always been the case. The question for this review is: whom does the gratitude serve?

In *Combat Trauma: Imaginaries of War and Citizenship in post-9/11 America*, Nadia Abu El-Haj, traces the genealogy of the United States civilian population’s relationship with military service.¹ A genealogy is more than merely relaying the historical significance of events. Rather, a genealogy is interested in challenging common narratives by attending to counter stories. Furthermore, she critiques the ideological ramifications of allowing the traumatic experiences of combat to impact our collective valorization of those individuals. In other words, Soldiers are deserving of valorization due to the trauma.

Abu El-Haj’s work narrates the history of post-traumatic stress disorder, “born initially of a radical, anti-imperial, and anti-war politics articulated in psychiatric terms” to our present understanding of PTSD as a “pillar holding up the enormous edifice of ... ‘the new American militarism.’”²

In some ways, then, her book tells a counter story; tracing how a commitment to providing care for Vietnam veterans—that was once a source of liberation—has institutionalized that care and cemented it as a bedrock of maintaining the status quo. To get there, Abu El-Haj tells the story of America’s reception of the traumatized veteran. She attends to how trauma has been narrated through American history: from the soldier’s heart of the Civil War to the shell shock of World War I, to the combat fatigue of World War II to post-Vietnam syndrome. Abu El-Haj shows how the social narrative around combat trauma shifts from something is “wrong” with the traumatized veteran (individual neuroses) to an understanding that pathological responses to trauma are normal, and not a signal of individual cowardice.³

In 1980, the significantly revised Diagnostic and Statistical Manual of Mental Disorders (DSM III) included a diagnosis for post-traumatic stress disorder (PTSD). What has happened since? For Abu El-Haj, in this period, there

were two “iconic” traumatized figures: “the soldier and the female victim of rape.”⁴ It was precisely that shift of cultural and institutional understanding of trauma that enabled Vietnam veterans, veteran activists, and feminists advocating for rape survivors and children suffering from child abuse to lobby and begin shifting cultural opinion. This is a complex history, and one that falls outside the scope of this review. Central to Abu El-Haj’s argument is a shift in the politics of trauma studies. With the country divided on its reception of Vietnam veterans, the new understanding of the traumatized veteran “allowed Americans of all stripes to set aside their political differences and focus instead on the suffering of veterans and their need to heal.”⁵

It is in this post-Vietnam milieu that Jonathan Shay begins his work with Vietnam veterans in Boston. Shay, while facilitating support groups for Vietnam veterans in a Veterans Affairs (VA) clinic in Boston, coins what we now understand as moral injury. In working with those veterans, Shay noticed how often “what’s right” came up in discussions and sessions. The comments centered on failed leadership and betrayal. Shay’s definition of moral injury has become canonical: a “betrayal of what is right, by a person who holds legitimate authority (e.g., in the military—a leader) in a high-stakes situation.”⁶ The term re-emerges after the first generation of US military personnel

returned from Iraq and Afghanistan. Brett Litz, another VA clinician, moves the site of responsibility away from the organization and places it on the agent: “morally injurious events such as the perpetrating, failing to prevent, or bearing witness to acts that transgress deeply help moral beliefs and expectations.”⁷ There is a distinct strand of moral injury scholarship focused on the soul wounds, and soul repair, of moral injury. I will return to this in my conclusions. Suffice it to say, the spiritual turn within moral injury care literature signaled a shift from the political activism of Vietnam veterans against immoral wars to a focus on the internal turmoil of warfare.

Abu El-Haj argues that the care modalities for those experiencing moral injury are “severed”⁸ from the politics of the wars in Iraq and Afghanistan. For all the attempts to move moral injury away from a medical model, including framing it as a soul wound, the phenomenon “replicates” the medical model.⁹ The factors at play concern the individual veteran’s personal understanding of right and wrong and the military “moral orienting system” *qua* ecosystem of receiving orders, maintaining discipline, etc.¹⁰ Abu El-Haj contends that without any critique of the wars or recognition of the damage done to the populations we are fighting healing is “effectively impossible.”¹¹

Abu El-Haj’s text is vital for Unit Ministry Teams (UMTs), Religious Support Teams

(RSTs), or chaplain directorates looking to support Soldiers in fresh ways. It pushes religious leaders to have difficult conversations around not just the care of those who go to war, but the integral relationship between the morality of war and that care. Within that tension, I think there will continue to be a need for a ministry of presence. There is still deep congruence with ritual and providing communal care for those impacted. With Abu El-Haj’s critique in mind, UMTs/RSTs can understand their care as situated within the broader political community. Abu El-Haj is concerned that within the discourse around combat trauma, the veterans remain “eye-witnesses”¹² and “experts” on the combat experience. While true to an extent, this forecloses experiences at home that also need attention. Therefore, it is also the responsibility of the veteran community to listen to our families and the broader U.S. civilian community as well. The civil-military divide typically places the veteran as the arbiter of the experience but the responsibility for war is a collective one. We Americans must all reckon with the wars of the last two decades even as we look to an uncertain horizon of future wars. To return to the liturgical phrase “thank you for your service,” may it become an initial conversation to explore ways to support our veterans while also proactively working to privilege further discussion on the same wars to which we deployed (and still deploy) our Soldiers.

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NOTES

1 Abu El-Haj, *Combat Trauma*, 7.

2 Abu El-Haj, *Combat Trauma*, 13.

3 At the time of its diagnostical inception into the *DSM III*, it classifies PTSD as a "normal response to an abnormal situation." American Psychiatric Association, *DSM-III: Diagnostic and Statistical Manual of Mental Disorders* (Washington, D.C.: American Psychiatric Association, 1980), 256. And further, trauma is caused by an "event outside the range of normal human experiences," 236.

4 Abu El-Haj, *Combat Trauma*, 81.

5 Abu El-Haj, *Combat Trauma*, 36.

6 Jonathan Shay, "Moral Injury," *Psychoanalytic Psychology* 31.2 (2014): 183.

7 Brett T. Litz et al., "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy," *Clinical Psychology Review* 29.8 (2009): 697.

8 Abu El-Haj, *Combat Trauma*, 129.

9 Abu El-Haj, *Combat Trauma*, 185.

10 Practical theologian and former military chaplain Zachary Moon describes the phenomenon of moral

orienting systems as, "military recruit training, by design, destabilizes and diminishes the constancy of a recruit's pre-existing moral orienting system. Having stripped away such moral coding, including embedded values, beliefs, behaviors, and meaningful relationships, military recruit training indoctrinates recruits with a new moral orienting system that supports functioning in military contexts," *Warriors Between Worlds: Moral Injury and Identities in Crisis* (Lanham: Rowman & Littlefield Publishing Group, 2019), 3.

11 Abu El-Haj, *Combat Trauma*, 185.

12 Abu El-Haj, *Combat Trauma*, 230.